

Money and Mental Health's submission to the Department for Work and Pensions consultation into Work Capability Assessment: activities and descriptors

Introduction

The Money and Mental Health Policy Institute is a research charity established by Martin Lewis to break the vicious cycle of money and mental health problems. We aim to be a world-class centre of expertise developing practical policy solutions, working in partnership with those providing services, those who shape them, and those using them to find out what works. Everything we do is rooted in the lived experience of our Research Community, a group of 5,000 people with personal experience of mental health problems.

This written submission has been informed by the experiences of our Research Community, including a survey with 263 people with lived experience of mental health problems about the Work Capability Assessment (WCA) activities and descriptors and different conditionality regimes. This response also draws on our wider body of research. Unless otherwise specified, all quotes in this response are drawn directly from the Research Community.

In this response, we answer questions 3, 4, 5, 6, 7, 8, 9, and 10.

Background

- In any given year, one in four people will experience a mental health problem which affects their cognitive and psychological functioning.¹ Over a lifetime, this proportion rises to nearly half the population.²
- There is a large and sustained employment gap between people with mental health problems and those without. The size of this gap varies by condition: people with mild anxiety or depression had an employment rate 6 percentage points lower than the overall population in 2014, rising to 28 percentage points for those with severe anxiety and depression.³
- People with mental health problems are more likely than the rest of the population to receive benefits.⁴ A 2014 snapshot found that nearly half (47%) of working-age adults receiving an out-of-work benefit have a common mental disorder, such as depression or anxiety. People with more severe conditions were much more likely to receive Employment

¹ McManus S et al. Adult psychiatric morbidity in England, 2007. Results of a household survey. NHS Information Centre for Health and Social Care. 2009.

² Mental Health Foundation. Fundamental facts about mental health. 2016.

³ Bond N and D'Arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. The Money and Mental Health Policy Institute. 2020.

⁴ Bond N and D'Arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. The Money and Mental Health Policy Institute. 2020.

and Support Allowance (ESA), with it being claimed by more than one in five people with severe anxiety or depression (21%), post-traumatic stress disorder (22%), bipolar disorder (21%) or who had attempted suicide in the past year (23%).⁵

- WCAs routinely fail to capture the extent to which mental health problems can affect people's daily lives. Questions tend to focus on people's physical ability to carry out activities. Members of our Research Community tell us how questions aimed at understanding mental health problems are limited and do not cover the full range of their symptoms, so they often have to translate how their mental ill health affects their ability to complete tasks.⁶
- For those with mental health problems who are not assessed as having limited capacity for work-related activity, they can face challenges with regards to conditionality, including difficulties understanding their commitments, ensuring they are appropriate, and fulfilling those conditions.⁷
- Lower employment rates and weaker wages when in work, combined with the low level of financial support benefits provide, mean people with common mental disorders like anxiety and depression have typical annual incomes of just two-thirds (68%) of those without those conditions. This is equivalent to a gap of £8,400 per year.⁸

3. What are your views on the two Coping with Social Engagement options?

WCA activities and descriptors are skewed in their focus on people's physical ability to carry out activities, such as moving around, preparing a meal or picking things up. The physical focus of these activities and descriptors means people with mental health problems often have to translate how their mental ill health affects their ability to complete tasks. But this requires a level of mental dexterity that people with mental health problems can struggle with. And more fundamentally, signifies the WCA's inability to effectively capture the impacts of having a mental health problem. Members of our Research Community report how the questions that are aimed at understanding mental health problems are limited, and do not cover the full range of their symptoms. This risks the impacts of people's mental health problems being unaccounted for by the WCA.

Given the already limited opportunity for people with mental health problems to convey how their conditions affect them through the WCA, we oppose the following proposed changes:

- the removal of two activities - 'Coping with Social Engagement' and 'Getting Around', and
- the reduction of points awarded for their associated descriptors.

These are key components of the current WCA that enable people with mental health problems to score points.

⁵ NatCen analysis of NHS Digital, Adult Psychiatric Morbidity Survey, 2014. Covers England only.

⁶ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

⁷ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

⁸ Bond N and D'Arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. The Money and Mental Health Policy Institute. 2020.

We asked Research Community members about which of the existing activities relate to how their mental health problem affects them. Activities related to the ‘Coping with Social Engagement’ activity was most commonly cited, with 83% agreeing that their mental health problems make it hard for them to socialise and be around other people.⁹ It’s clear, therefore, that removing the ‘Coping with Social Engagement’ activity, or reducing the points awarded for its descriptors would limit the WCA’s ability to capture a key way in which having a mental health problem affects people.

We also disagree with the Department that changes to the world of work merit the removal of the ‘Coping with Social Engagement’ and ‘Getting Around’ activities or a reduction to the points awarded for them. While the rise of remote work might make employment more accessible to some of us with mental health problems, many still don’t have the option of working remotely.

Not every job can be done remotely, and for those for whom low-paid work is the only option, the vast majority will be unable to work from home.¹⁰ Given the overrepresentation of people with mental health problems in low-paid roles,¹¹ and the fact that only 8% of low-paid workers were mainly working remotely in the second quarter of 2023,¹² many people with mental health problems do not have the opportunity to work remotely, even if they wanted to.

“There is very little paid work from home jobs available. Of those, you’re competing with many people of all abilities. There isn’t anywhere near enough work from home jobs (that don’t require you to spend any time in the office) to persuade me I could do paid work from home. The market for that kind of work is under-developed.” Expert by experience

Beyond the availability of home working roles, people with mental health problems can still face challenges with social engagement while working remotely. Doing so still requires people to engage socially, just via virtual channels instead of face-to-face. And members of our Research Community told us how the challenges they face when interacting in an office would still persist when engaging via video calls, telephone and email. These include: anxiety about having to speak to colleagues and clients, difficulties reacting to social situations, challenges following conversations and difficulties exercising emotional regulation.

“Working from home still requires you to interact with other people, you still need to speak to supervisors and possibly clients, it often requires telephone calls and zoom meetings which cause just as much anxiety as face to face socialisation. Even through emails, emotionally

⁹ Money and Mental Health survey. Base for this question: 256 people.

¹⁰ Murphy L. Reassessing the Work Capability Assessment: What might the proposed changes to the Work Capability Assessment mean for low-to-middle income families? Resolution Foundation. 2023.

¹¹ Bond N and D’Arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. The Money and Mental Health Policy Institute. 2020.

¹² Murphy L. Reassessing the Work Capability Assessment: What might the proposed changes to the Work Capability Assessment mean for low-to-middle income families? Resolution Foundation. 2023.

regulating can be incredibly difficult, especially if you have to reply in a timely fashion.” Expert by experience

“Right now, the way I feel would prevent me from doing work at home, almost as much as if I went to an office. I would have to make phone calls and video calls, this is just as bad as interacting face to face with people. No real difference in pressure, targets etc.” Expert by experience

Beyond the challenges people with mental health problems would still face with social engagement, members of our Research Community outlined many other challenges associated with their mental health problem that would still make work impossible. Difficulties with motivation and memory, concentrating, managing time and deadlines would all present the same challenges when working from home, as they would in-person.

“How does that [the ability to work from home] get me out of bed when my own children's needs aren't enough? What jobs can you do working from home when you don't have to interact with people? How does that make it easier to compose thoughts? React correctly, be cognitive?” Expert by experience

“With mental health illness it's so very hard to even think about getting out of bed let alone adding the stress of having to work. Trying to think and concentrate and function on a normal person's level is so out of reach.” Expert by experience

Our primary concern with these proposals is that they threaten the incomes of many people with mental health problems. Removing the ‘Coping with Social Engagement’ and ‘Getting Around’ activities, or reducing the points awarded for their descriptors, would make it harder for people with mental health problems to qualify for the Limited Capability for Work Related Activity (LCWRA) element of Universal Credit (UC), currently worth £390.06 a month. The income gap faced by people with mental health problems is already significant,¹³ and the cost of living crisis has squeezed this group's finances further. People with mental health problems are three times more likely to be behind on at least one key payment, and eight times more likely to say they have had suicidal thoughts or feelings in the last 16 months due to rising costs than people without mental health problems.¹⁴ Making it harder for people to receive this vital additional LCWRA income when so many people with mental health problems are already struggling financially would have devastating consequences.

Removing these activities, or reducing the points awarded for them, would also mean people with mental health problems were more likely to be subject to conditionality commitments. Having a mental health problem can create challenges with executive functioning and memory, meaning some people with such conditions will not understand or remember their conditionality

¹³ Bond N and D’Arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. The Money and Mental Health Policy Institute. 2020.

¹⁴ Bond N. Breaking the cycle: The case for integrating money and mental health support during the cost of living crisis. The Money and Mental Health Policy Institute. 2023.

commitment.¹⁵ It can also make fulfilling commitments very challenging, especially when these are unsuitable given someone's condition. For example,

- Attending appointments can be particularly difficult for people who experience memory problems, agoraphobia or social anxiety as part of their mental health problem.
- Alternatively, fluctuating mental health problems may affect a claimant's ability to comply with work search conditions if, for example, a period of low mood makes completing a set number of hours of training impossible.

"I was forced into a job by the JobCentre, who told me I would be sanctioned if I didn't accept it. I left the job as the stress affected my depression, and [I] was sanctioned for 3 months, despite me trying to explain why." Expert by experience

Expectations that individuals must explain their reasons for not complying with commitments to avoid sanctions can be difficult for a person experiencing a mental health problem. If a person does not feel comfortable disclosing their mental health problems to JobCentre staff or is unaware they are unwell, this may be interpreted as wilful non-compliance.¹⁶ Reducing the means by which people with mental health problems can get LCWRA, risks placing more people with mental health problems at the risk of unsuitable conditionality regimes, and ultimately, sanctions.

4. What are your views on the two Getting About options?

As outlined in our response to question three, our concern with the removal of both the 'Coping with Social Engagement' and 'Getting Around' activities, or reducing the points awarded for their associated descriptors, is that it will reduce the avenues through which people with mental health problems can score points under the WCA.

When we asked members of our Research Community about which of the existing activities relate to how their mental health problem affects them, over half (52%) agreed that their mental health problem makes it hard for them to travel about on their own or remember a place they've been to many times before.¹⁷ It's clear, therefore, that removing the 'Getting About' activity, or reducing the points awarded for its descriptors, would further limit the WCA's ability to capture how having a mental health problem affects people.

And again, our overarching concern is that these proposals will put people with mental health problems at risk of a reduced income. Specifically through fewer people being eligible for the increased LCWRA rate, and more people subject to conditionality requirements which their mental health problems might make difficult to fulfil, therefore placing them at risk of sanction.

¹⁵ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

¹⁶ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

¹⁷ Money and Mental Health survey. Base for this question: 256 people.

5. In addition to the above options for change, are there any other WCA activities or descriptors that you think we should be considering changes to and why?

Research Community members frequently struggle to outline how their mental health problem affects their daily life within the WCA activities and descriptors. The WCA's focus is on people's physical ability to carry out activities, and there are limited questions aimed at assessing mental health problems. The Department should focus on introducing activities and descriptors that can better capture the breadth of experiences related to having a mental health problem, rather than stripping back the already limited ways those with such conditions can score points.

"All of the questions about how your health is affected by your illness were geared towards having a physical disability. I found it extremely difficult to explain that although I can physically do certain tasks, it is the motivation, ability to remember, communication, feelings of anxiety etc, that affects me." Expert by experience

We have long called for new questions assessing mental health problems to be developed for WCA and Personal Independence Payment forms that go beyond generic challenges relating to coping with change and interpersonal relationships. This would allow the Department to more accurately ascertain how difficulties affect people's lives on a daily basis.¹⁸ Insights from our Research Community provide some examples of how having a mental health problem can impact people beyond that captured by the existing activities and descriptors. These include

- **Low energy and motivation** - and therefore ability to undertake daily tasks such as getting out of bed, washing or feeding yourself. Existing activities and descriptors focus on these tasks from the perspective of having a physical health condition, which can make questions hard for people with mental health problems to answer.
- **Difficulties sleeping** - which can be driven by both the symptoms of having a mental health problem and the side-effects of medication. The resultant fatigue and exhaustion can make it hard for people to commit to regular routines and stay awake and focused during the day.
- **Sensory challenges** - which people with mental health problems can face when in certain spaces, including those that are crowded or noisy. This can lead to people feeling overwhelmed, confused, stressed and anxious. It can make day-to-day settings like shops, public transport and workplaces inaccessible to some people with mental health problems.
- **Reduced ability to deal with pressurised or difficult situations** - in particular, people spoke about the challenges they faced when confronted with seemingly small challenges at work, which for them can result in disproportionate stress and anxiety, and in some instances, dissociation.

¹⁸ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

This list is neither exhaustive nor representative of all the challenges people with mental health problems face. Instead, it aims to exemplify some of the other ways that having a mental health problem can affect people that aren't currently captured by the WCA. This should encourage the Department to establish a more encompassing set of activities and descriptors for capturing the impact of living with mental health problems.

An additional area for improvement relates to the fluctuating nature of many mental health problems. Members of our Research Community frequently tell us how difficult it can be to explain the fluctuations in their condition through the WCA. Work should be undertaken to ensure the WCA can better capture this reality.

“Worst of all [is] that it is an illness that fluctuates, and your physical state fluctuates with your mental state. I can be ill for months and then have 3 days or 3 weeks feeling good, then be ill for months again.” Expert by experience

6. What are your views on how the LCWRA Substantial Risk regulations could be amended with the emphasis on what work preparation activity an individual is able to safely undertake?

The Department proposes to amend the LCWRA substantial risk definition so that this protection would not apply to people who could take part in work preparation activity. We oppose this proposal. The whole purpose of LCWRA Substantial Risk regulations exist to cover circumstances where the assessment functional criteria cannot adequately identify someone who is unwell, but who would face harm if asked to engage with work-related activity. Expecting this group to prepare for work, therefore, undermines the very distinction between the LCWRA and LCW groups, and places people at risk of harm.

“People who have been assessed as not being able to work, look for work or do any work related activities, have been given LCWRA for a reason.” Expert by experience

The fluctuating nature of mental health problems can make it very difficult for people to regularly undertake commitments.¹⁹ It's important, therefore, that people with mental health problems who have been identified as having LCWRA, are not subject to regular work preparation activity that would be expected of them in the LCW group, nor be placed at risk of sanction if they're unable to fulfil these. If you're struggling with your mental health, the threat of having your income cut doesn't set you up to prepare for work or recover.

A better way to support those with mental health problems with LCWRA who would like to prepare for work - but whose condition means being subject to LCW conditionality is not suitable - would be to provide this group with voluntary employment preparation support. This should be available to people if and when they feel able to engage with it. But crucially,

¹⁹ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

engaging with it shouldn't be used as a justification to remove the vital additional financial assistance they receive, nor trigger a reconsideration of their capability to work and award level.

7. What do you think would be the impact of these changes?

These changes would place people with mental health problems at risk of losing the additional £390.06 a month that is so vital to their income. It would also mean people with mental health problems could be subject to unrealistic conditionality requirements, and at risk of sanctions if they fail to comply.

Members of our Research Community who are either in receipt of UC or ESA and not required to find or prepare for work, routinely told us how they would not like to receive support with preparing for work in the future. For many, this is because their mental health problem simply means they are not in a position to prepare for, or undertake, work. Hence why they are in the LCWRA group. Some respondents cited how an expectation that they could engage in work preparation activity would actually worsen their mental health problems.

"Thinking about work would cause a mental health crisis." Expert by experience

We share the concern that many respondents to our survey raised: that the DWP's intention with this change is less about supporting individuals and putting their best interests first, and more about finding ways to further reduce the financial support provided to people.

"I have no faith in the DWP and how they treat people with mental health difficulties. They lack empathy and understanding. I have had awful experiences at the Jobcentre and hate going there as the staff do not always treat you as a human being. We are just a case to get off their books and back to work regardless of the personal consequences or the effect on someone's mental health." Expert by experience

8. What could constitute tailored or a minimum level of work preparation activity?

As outlined in our response to question six, we do not believe that people who have been assessed as having LCWRA should be subject to work preparation activity. Instead, a more effective way of supporting people with mental health problems in this group would be to provide them with voluntary work preparation support. Crucially this should be for those who wish to prepare for work, rather than another requirement for people to comply with. This should not be used as a justification to remove someone's LCWRA rate, and people should not be at risk of sanction if they don't comply. The threat of losing your income is not conducive to people with mental health problems getting better, or preparing for work.

For members of our Research Community who are not required to find or prepare for work, but who would like support with preparing for work in the future, they wanted to receive the following types of assistance:

- **Help with finding volunteering roles** - Some members of our Research Community told us that while DWP has suggested voluntary work to them, they've received no

assistance with actually finding these roles or consideration given to which roles would be more suitable or accessible in light of someone's mental health problem.

- **Access to good quality education and training courses** - Research Community members can struggle to find courses that feel relevant to their interests or aspirations or that they are eligible for, given the existing educational qualifications they have. It's also important that training and education courses are accessible via a range of communication channels.
- **Assistance in identifying local employers that are accessible to and supportive of people with mental health problems** - While the Disability Confident Scheme exists, members of our Research Community would like the DWP to be more proactive in building links and matching people with employers who they know have a track record of successfully supporting people with mental health problems in both voluntary and paid roles.

In terms of how this support should be delivered, members of our Research Community were keen that any assistance was individualised, offered on a one-to-one basis where appropriate, and delivered by those who had an in-depth understanding of how having a mental health problem affects people.

"A dedicated person to help who is trained 'properly' in helping people with mental health issues, not just a DWP worker who has done a 2 day course. I have had people say really stupid things to me as a person with mental health issues and they do not help at all. Someone who I can build trust with over time so that they can support and encourage me forward at my pace, not theirs. In other words, no targets for these workers. Extra help with finding suitable learning courses would be great and the idea of help with voluntary work would also be beneficial." Expert by experience

9. What are your views on whether we should remove the LCWRA risk group and place the people in this group in LCW risk instead?

We oppose the Department's proposal to remove the LCWRA risk group. As outlined in our response to question three, the current WCA provides limited opportunity for people with mental health problems to convey how their conditions affect them. This can make it difficult for people to score points during a WCA. The LCWRA Substantial Risk regulations ensure that those who don't score sufficient points for LCWRA, but who would face substantial risk to their mental or physical health if they were found not to have LCWRA, are provided with the additional financial support and easement from conditionality they require.

Our overarching concern with the removal of this risk group, is the impact this could have on people with mental health problems' incomes. For those who are in the LCWRA group as a result of the Substantial Risk regulations, the removal of the 'LCWRA risk group' would see them lose £390.06 a month. Cutting this vital additional support when so many people with mental health problems are already struggling financially would be detrimental.

We are also concerned about the impact that being required to engage with work preparation activity would have on this group. People are placed in the LCWRA group specifically because engaging in work-related activity is inappropriate given their health condition(s) and/or disability(s), or because doing so could result in mental or physical harm. While the Department says that individuals would not be required to engage in work preparation activity that wasn't appropriate or tailored, Research Community members' experiences lead us to be concerned about the Department's current ability to deliver on this promise. We routinely hear of people with mental health problems feeling pushed into agreeing to claimant commitments that aren't suitable for them due to their work coach failing to understand the impact of their mental health problem. The result can be devastating on both someone's mental health, and finances if inability to comply leads to a sanction.

What's more, the expectation that people with mental health problems can regularly undertake commitments is unrealistic. The fluctuating nature of mental health problems can make doing so very difficult²⁰ and this is why we would like the focus to be on providing voluntary employment support to people in the LCWRA group if and when they feel able, instead of enforcing regular commitments on people who have been identified as having limited capability for work *and* work related activity.

10. How can this group be safely supported within the LCW risk group?

As we outlined in our response to question nine, we oppose the Department's proposal to remove the LCWRA risk group. This move would lead to too many people with mental health problems missing out on vital additional financial support and being protected from unrealistic conditionality commitments.

²⁰ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.