

# Money and Mental Health’s submission to the Department for Work and Pensions and the Department of Health and Social Care’s call for evidence on fit note reform

## 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 response draws on our wider body of research. Unless otherwise specified, all quotes in this response are drawn directly from the Research Community.

## Background

- In any given year, one in four people will experience a mental health problem which affects their cognitive and psychological functioning.<sup>1</sup> Over a lifetime, this proportion rises to nearly half the population.<sup>2</sup>
- There is a large and sustained employment gap between people with mental health problems and those without. In 2023, the mental health employment gap stood at 28% (79% vs. 51%).<sup>3</sup> People with mental health problems are more likely than the rest of the population to receive benefits.<sup>4</sup>
- Lower employment rates and lower wages when in work, combined with the low level of financial support benefits provide, mean people with mental health problems have a median gross annual income of £2,400 less than people without mental health problems.<sup>5</sup>

## Summary

- We oppose the government’s “sick note culture” rhetoric. There has been a very genuine and concerning rise in the number of people who are struggling with mental health problems.
- While the drivers behind these rising levels of poor mental health are likely to be multiple and complex, at Money and Mental Health we are not surprised by these increases. Some of the known financial drivers of poor mental health have been escalating, and there is a lack of access to timely and effective mental health support.

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

<sup>2</sup> Mental Health Foundation. Fundamental facts about mental health. 2016.

<sup>3</sup> This figure rolls together four quarters worth of data across 2023. It considers those aged 16-64 years old, and includes those in self-employment. The definition of mental health problem is anyone who has reported currently or ever having “depression/bad nerves” or “mental illness, phobia/panics”.

<sup>4</sup> 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.

<sup>5</sup> Lees C and Stacey B. Always on your mind. Money and Mental Health. 2024.

- Instead of making it harder for people to obtain fit notes, the government should focus on addressing the underlying drivers of rises in poor mental health, including financial difficulty.
- The government should also further encourage other professionals to provide fit notes. This will reduce the pressure on GPs and improve timely access to fit notes for people who need a break from work due to their mental health problems.

## **5. What works well with the current fit note process to support individuals' or patients' work and health needs?**

We oppose the government's "sick note culture" rhetoric. There has been a very genuine and concerning rise in the number of people who are struggling with mental health problems. Reports of poor mental health had been increasing for some time before the pandemic, and since Covid-19 we have seen a significant rise in economic inactivity linked to mental health issues.<sup>6</sup> Across 2022, one in four (26%) people who were economically inactive due to long-term sickness had a mental health problem as their primary health condition, while one in eight (13%) of those who were inactive for any reason had a mental health problem as their primary health condition.<sup>7</sup>

### Financial drivers of poor mental health

While the drivers behind these rising levels of poor mental health are likely to be multiple and complex, at Money and Mental Health we are not surprised by these increases because some of the known financial drivers of poor mental health have been escalating. Experiencing financial difficulty can place a significant strain on our mental health. It can cause stress and anxiety, which can often be made worse by collection activities and going without essentials.<sup>8</sup> The link between the two is exemplified by the fact that half of people in problem debt have a mental health problem.<sup>9</sup>

The pandemic, followed by the cost of living crisis, has placed significant pressures on people's finances. Our research has found that more than half of UK adults (54%) have felt either anxious, depressed, filled with dread or unable to cope - or a combination of these emotions - due to concerns about their finances in light of the cost of living crisis. For some this was particularly acute, with one in six (17%) saying that they had experienced suicidal thoughts or feelings as a result of the rise in the cost of living.<sup>10</sup>

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<sup>6</sup> ONS. Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022. December 2022.

<sup>7</sup> D'Arcy C. Untapped potential: Reducing economic inactivity among people with mental health problems. 2023.

<sup>8</sup> The Money and Mental Health Policy Institute. Money on your Mind. June 2016.

<sup>9</sup> Holkar M. Mental health problems and financial difficulty. Money and Mental Health Policy Institute. 2019. Derived from Adult Psychiatric Morbidity Survey 2014: covers England only.

<sup>10</sup> D'Arcy, C. Bombarded: reducing the psychological harm caused by the cost of living crisis. The Money and Mental Health Policy Institute. December 2022.

*“The thought of bailiffs banging on my door makes me feel sick and quite frankly awakens my self harm urge. I’m waiting 18 weeks just to speak to a therapist.” Expert by experience*

Meanwhile, people with mental health problems continue to face barriers to good quality and well-paid work. These barriers include a lack of effective and tailored employment support, biased recruitment practices, and workplaces that fail to provide the required adjustments and support.<sup>11</sup> It is unsurprising, in light of this, that the disability employment rate is lower for disabled people with a mental health condition, including for those with mild symptoms<sup>12</sup> as well as those with more severe conditions.<sup>13</sup> People with mental health problems are therefore more likely than the rest of the population to receive benefits.<sup>14</sup> But the low levels of financial support that benefits provide, combined with lower employment rates and lower wages when in work, mean people with mental health problems have a median gross annual income of £2,400 less than people without mental health problems.<sup>15</sup>

### Limited access to mental health support

As well as these financial drivers of poor mental health, an additional factor that will be contributing to the rise in mental health problems is the lack of access to timely and effective mental health support. In a survey with members of our Research Community, a concerning proportion of respondents were unable to access mental health support. 42% had been unable to access talking therapies, and 35% said they’d been denied mental health support from their GP. This is especially worrying given that GPs are often a gateway to other mental health services.

The main reason members of our Research Community gave for not being able to access services was long wait times. In England, the average wait time between an initial talking therapies treatment (which is often an assessment appointment) and the second treatment (when people actually start receiving support) is 62.5 days.<sup>16</sup> Long wait times deterred some Research Community members from registering for support in the first place. For others it meant they were advised to find private services instead, which many are unable to afford. We also routinely hear of individuals whose mental health problems escalate while waiting to access mental health services.<sup>17</sup>

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<sup>11</sup> [Money and Mental Health’s submission to the Work and Pensions Select Committee’s inquiry into Disability Employment.](#)

<sup>12</sup> Department for Work and Pensions. Employment of disabled people 2023. 2023.

<sup>13</sup> 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.

<sup>14</sup> 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.

<sup>15</sup> Lees C and Stacey B. Always on your mind. Money and Mental Health. 2024.

<sup>16</sup> Baker C and Kirk-Wade E. Mental health statistics: prevalence, services and funding in England. House of Commons Library. March 2024.

<sup>17</sup> Stacey, B. Mental health service wait times: a postcode lottery. The Money and Mental Health Policy Institute. August 2022.

*“[My GP] told me to get in touch with our local talking therapies service. I’ve been there 6 times already and I know the waiting time is 2 years, which is absolutely pointless registering for.”*

Expert by experience

People also frequently spoke about not being eligible for a service. Many have been told that their mental health condition was either not severe enough or too severe to access a service. Others were told they weren’t eligible because they were already receiving support from another service, despite the fact that this was often helping with a different aspect of their mental health. As of 2021, around 8 million people with mental health needs were not in contact with the services they required.<sup>18</sup>

*“Told I was not ill enough for one [service] but too ill for another.”* Expert by experience

*“Unable to be seen by neuro psychiatry while having a course of CBT through general Psychiatry and vice versa.”* Expert by experience

Not being able to access the right support can take a huge toll on people’s mental health, with members of our Research Community frequently speaking about how this led to a deterioration of their condition.

### Misguided action

The government’s argument that the rise in people receiving fit notes is due to a rise in people “over-medicalising the everyday challenges and worries of life”<sup>19</sup> is completely misguided. So too is the suggestion that making fit notes harder to obtain will curb the rise in people who are off work due to poor mental health.

This proposal also undermines the medical professionals whose expert judgement is being called into question by suggesting people are being unnecessarily written off work and provided with welfare. A key strength of the fit note process as it stands, is that you have healthcare professionals, who know their patients, their illnesses, and their treatments, deciding whether or not someone is fit for work. These professionals are best placed to make this informed decision, and any steps to remove their expertise and insight from the process will likely result in people not being able to access the relief from work that they need.

Our previous research has shown that when people are forced to continue engaging with work when unwell, this can actually exacerbate their mental health problem and prolong someone’s recovery, and therefore ability to effectively engage with the workplace.<sup>20</sup>

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<sup>18</sup> National Audit Office. Progress in improving mental health services in England. February 2023.

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<https://www.gov.uk/government/news/pm-to-overhaul-benefits-system-and-tackle-britains-sick-note-culture-in-welfare-reform-speech#>

<sup>20</sup> Bond N and Braverman R. Too Ill to Work, Too Broke Not to: The cost of sickness absence for people with mental health problems. The Money and Mental Health Policy Institute. 2018.

*“I eventually suffered a mental breakdown and took months off work. I then returned to work too quickly and subsequently suffered another breakdown so severe that I have not returned in over a year and am now mutually terminating my contract.” Expert by experience*

Any steps that refuse people the break they need from work when unwell, or that push people to engage with work before they are well enough, risks worsening the challenges they face. This, in turn, will likely have the opposite effect of encouraging people with mental health problems to start, stay and succeed in work. Any efforts to support people into work should be provided alongside, and not instead of, people having time off from work to get better.

Those requesting fit notes face very real challenges with their mental health. The government should focus on addressing the underlying drivers of rises in poor mental health - including increased financial drivers of mental health problems, and limited access to effective mental health support - to help address the high levels of mental-health related economic inactivity.

## **6. What can be done to improve the fit note process to meet individuals’ or patients’ work and health needs?**

A key improvement the government should make to the fit note process is to further the capacity and appetite for a wider range of clinical professionals to sign off fit notes. The range of clinical professionals who can sign off fit notes was expanded in 2022 to include nurses, occupational therapists, pharmacists and physiotherapists. However, it’s concerning that only 8.4% of fit notes are issued by these groups, with the vast majority still issued by GPs.<sup>21</sup>

When you consider the challenges people can face to accessing a GP, it’s clear that many people will encounter barriers to getting a fit note. The average number of patients per GP in England is 2,290, and each GP is responsible for 147 more patients than in December 2019. What’s more, one in 20 patients in England wait at least four weeks to see a GP.<sup>22</sup>

The updated fit note guidance for healthcare professionals, employers and employees outlines that these additional professionals can also sign off fit notes,<sup>23</sup> and is an important step in taking the pressure off GPs. But more work needs to be done to promote and encourage these other professionals to provide fit notes, which will in turn help ensure people can access fit notes more quickly.

## **35. What knowledge, skills and support would healthcare professionals need to accurately assess the impact of a patient’s health condition on their ability to work?**

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<sup>21</sup> Department for Work and Pensions and Department of Health and Social Care. Fit Note Reform: call for evidence. April 2024.

<sup>22</sup> Campbell, D. One in 20 patients in England wait at least four weeks to see GP, figures show. The Guardian. January 2024.

<sup>23</sup> Department for Work and Pensions and Department of Health and Social Care. Fit Note Reform: call for evidence. April 2024.

A healthcare professional needs to have the professional experience to understand how having a mental health problem can impact on a person's functional, social and emotional ability, which can in turn affect their ability to work and communicate.

It is for this reason that we oppose the suggestion of recruiting non-clinical as well as clinical professionals to issue fit notes. Healthcare professionals know their patients, their illness and their treatments best. Any approach that shifts to giving someone who's not involved in an individual's care the power to decide whether or not they are fit for work, will risk inaccurate decisions being made about an individual's capacity for work.

### **36. What knowledge, skills and support would work advisers need to accurately assess the impact of a patient's health condition on their ability to work?**

As outlined in our response to Q35, we believe healthcare professionals should be the only ones assessing the impact of a patient's health condition on their ability to work. However, there are also some skills that we believe work advisers operating within the WorkWell scheme - which the fit note system is being integrated into - should have.

It's vital that any work adviser operating within the WorkWell programme has a good understanding of how having a mental health problem can affect people's day to day life and capacity for work. A common issue we hear with employment support in Jobcentres is that work coaches routinely fail to accurately understand a person's mental health problem and push people down generic routes to work that are not well tailored to their mental health needs. That is why we have called for all staff in DWP customer contact roles to receive regular, high-quality training on how the symptoms of mental health problems affect us practically.

*"I am nowhere near capable of work. The courses offered seem promising, but I feel pressured to say I am improving when I am really not. Fear of being unable to pay rent and bills, so go along with what the coach wants me to do." Expert by experience*

We would also like work advisers employed by the WorkWell programme to receive such regular, high-quality training. If these advisers are to effectively help people manage their health condition and start, stay and succeed in work, it's imperative that they can provide tailored and personalised support that is rooted in an understanding of how someone's mental health problem affects them.

### **38. How could the fit note process more effectively link to different forms of work and health support, such as vocational rehabilitation, occupational health, and employment support?**

If a healthcare professional has decided that someone is not fit for work due to their mental health, we believe they should be given the space and mental health support to be able to

focus on recovery. This is not an appropriate time to be encouraging people into work, when the very thing they have been assessed as needing is a respite from it.

For individuals who are assessed as "may be fit for work taking into account the following advice" by a healthcare professional, there is potential value in taking a holistic view of the multiple barriers they could be facing to work, and referring to both clinical and non-clinical support that could address this.

That is where integrating the fit note process within WorkWell has the potential to be effective. In particular, we welcome the recognition that WorkWell might need to include referrals to more comprehensive community provision, including debt advice, in light of the multiple barriers someone might face to work, such as the effect of financial difficulties.<sup>24</sup> The key recommendation we have concerning these referrals onto different forms of work and health support is that they don't just rely on signposting. While signposting can be helpful for some people, many people with mental health problems can struggle to act on this due to challenges with motivation, clarity of thought or problem solving.<sup>25</sup> We want to see services work together to go beyond just signposting, so when someone is struggling with either their mental or financial health, they are seamlessly transitioned to other support services through warm-referrals and partnership arrangements.

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<sup>24</sup> <https://www.gov.uk/government/publications/workwell>

<sup>25</sup> Clarke T. From pillar to post: why signposting is not enough. Money and Mental Health Policy Institute. June 2017.