SUBMISSION FROM SCOTTISH ASSOCIATION FOR MENTAL HEALTH (SAMH)

About SAMH

SAMH is a Scottish charity which campaigns on mental health and related issues and provides around 80 direct services across Scotland. SAMH provides direct line-management to respectme (Scotland’s anti-bullying service) and ‘see me’ (Scotland’s anti-stigma campaign).

Overview

SAMH is a member of the Scottish Campaign on Welfare Reform and the UK wide Disability Benefits Consortium. During the passage of the Welfare Reform Bill, we briefed MPs as part of these coalitions, produced specific mental health briefings with our colleagues in Mind, Rethink etc and gave evidence to the Scottish Parliament Health and Sport Committee. All of these briefing are available to download at http://www.samh.org.uk/our-work/policy-campaigns/welfarebenefits.aspx.

1. What are the biggest concerns / priorities for your organisation in relation to welfare reform?

Although we have many concerns about areas of the Bill including Housing Benefit, qualification for PIP and changes to the Social Fund, we recognise that the Committee will receive a great deal of evidence. We have therefore chosen to focus on the issues that are most pressing in mental health.

Employment and Support Allowance

People with mental health problems represent the largest proportion of people on sickness benefits who will be reassessed for Employment and Support Allowance (ESA) – 43.7% of Incapacity Benefit/Severe Disablement Allowance in the UK, and 46.2% of claimants in Scotland.¹

Clause 51 of the Welfare Reform Bill time-limits contribution based ESA in the Work Related Activity Group (WRAG) to 12 months. Contributory ESA is paid on the basis that a person has made enough National Insurance payments to qualify, and is not means-tested.

This is urgent; other changes to benefits will not take place until 2013/14, but this time limit will come into effect immediately and will apply retrospectively. This means that people who began receiving contributory ESA in the WRAG group before April 2011 will have their benefit stopped in April 2012.

People whose entitlement to contributory ESA has run out can apply for income-based ESA, which is means-tested. However, if they have capital of over £16,000 or their partner works at least 24 hours a week or earns as little as £7,500, they will not

¹ DWP Tabulation Tool, February 2011
be entitled to receive it\textsuperscript{2}. Estimates are that by 2015-16, 700,000 people in the UK will be affected by time-limiting. Forty per cent of these will not qualify for means-tested benefit\textsuperscript{3}. The UK Coalition Government's own figures show that 94 per cent of people in the WRAG will need ESA for longer than 12 months\textsuperscript{4}.

Clearly, it is wrong that people with mental health problems who are not well enough to work will be forced to look for work or depend on others for support if they do not qualify for income-based ESA. However, this is the current reality, and so the Scottish Government must prepare for the influx of people into the job market in Scotland, and the difficulties that these people will face as they contend with reduced incomes and the additional stress of seeking work before they are well enough to do so.

Given that people with mental health problems are the biggest cohort among ESA claimants, it is clear that they should be a primary concern for the Scottish Government in trying to mitigate the effects of this Bill.

Mental health awareness and support for people with mental health problems must be built into Modern Apprenticeships and other employability initiatives.

The Scottish Government should ensure that health and social services understand what is happening to their clients and how they can assist. Guidance should be issued to ensure that vocational issues are addressed in assessments and consultations, and form part of treatment and support plans, so that people who are able to work can do so. This is an important point as few public sector bodies in Scotland will have historically seen welfare benefits issues as within their remit: the Scottish Government, local authorities and the public, private and voluntary sectors will need to work together to mitigate the effects of the Westminster Bill.

Supporting people with mental health problems to work will require the collaborative efforts of health and social care services and employment support at a national and local level. SAMH is currently piloting an initiative with three health boards called Individual Placement and Support (IPS). IPS entails placing an employability specialist within a Community Mental Health Team. Initiatives such as IPS should be explored and promoted.

The Scottish Government should maintain pressure on the UK Government to ensure that the Harrington Reviews, which seek to improve the introduction of ESA, are implemented in full. A recent Westminster PQ (number 97354, asked by Sheila Gilmore MP) revealed that the “mental health champions” which should have been introduced in every Jobcentre Plus Assessment Centre in the first quarter of 2011 are only operational in two of Scotland’s thirty centres. This means that well-documented problems with the ability of the Work Capability Assessment to assess

\textsuperscript{2} Lord McKenzie of Luton, Lords Committee Stage debate, 8 Nov 2011 : Column GC3
\textsuperscript{3} Lord McKenzie of Luton, Lords Committee Stage debate, 8 Nov 2011 : Column GC3
\textsuperscript{4} Lord Patel, Lords Committee Stage debate, 8 Nov 2011 : Column GC9
entitlement for ESA on the basis of mental health problems have not been addressed, and people may wrongly be disqualified for support.

Organisations such as Citizen’s Advice Bureaux are already seeing increases in enquiries about benefits. The Scottish Government should consider funding an expansion of advice services with the aim of preventing people affected by welfare reform from falling into poverty and debt.

**Disability Living Allowance / Personal Independence Payment**

Disability Living Allowance (DLA) is often used as a passport to other benefits or services. The UK Government has made clear that it expects the number of people who qualify for Personal Independence Payment (PIP), which will replace DLA, to be lower than current DLA claimants. This means that people may not only stop receiving DLA but also cease to qualify for other support.

There is a very long list of services and benefits which a particular rate of DLA (or Attendance Allowance, received by new claimants aged over 65) may qualify a person for, and it varies between local authorities. As a general guide, receiving a particular rate of DLA is likely to qualify a person for energy efficiency grants, motability schemes, discounted use of leisure facilities, exemption from road tax, a Blue Badge, public transport concessions and companion entitlement when travelling.

The Scottish Government must introduce ways of ensuring that people do not lose their DLA and then suffer a domino effect of further loss. We must also prevent a future postcode lottery of entitlement. The Scottish Government must issue instructions to local authorities, health boards and others on new ways of assessing people for entitlement to services. This is especially important for leisure centres: physical activity is an excellent way of improving mental health and it would be a tragedy if people were no longer able to use council facilities in this way.

The Scottish Government should direct the integration of health and social care to include a focus on meeting the transport, nutrition and social inclusion needs for which people would previously have used DLA.

In particular, we are concerned that people in work might lose the support provided by DLA/PIP, and then become so unwell that they can no longer work, requiring out of work benefits and greater social support.

To reduce the likelihood of this, the Scottish Government should undertake a targeted awareness-raising campaign of Access to Work. Access to Work provides financial help to people with disabilities or health problems who want to access work, or are in employment and experiencing difficulties because of their condition. Access to Work is funded by the DWP but grossly underused; at present, only 20,890 people
in the whole of the UK receive Access to Work, and only 340 people get Access to Work on grounds of mental health\(^5\).

The Scottish Government should promote Access to Work through the health, social care and third sectors, and encourage Disability Employment Advisors in Jobcentre Plus to promote Access to Work to both employers and disabled applicants. The Scottish Government should also implement the other recommendations from the Sayce Review on disability employment support\(^6\).

2. What would your organisation want the Committee’s focus to be on?
We would want the focus to be on making practical proposals to the Scottish Government about proposals which could be included in the Scottish Welfare Reform Bill or regulations to mitigate the effects outlined above. The Scottish Government cannot, regrettably, overturn the Westminster Welfare Reform Bill. It should therefore seek ways to reduce its negative impacts in Scotland. Much of this may be more relevant to the regulations that will accompany the Bill rather than the legislation itself. We would therefore urge the Scottish Government to publish the regulations at a sufficiently early stage that this Committee can scrutinise them and make recommendations.

3. If you could question the Government about their implementation of the UK Bill what would you be asking?
How will the Scottish Government use all of the resources and systems at its disposal to address the concerns and implement the suggestions above?

4. What information would you suggest should be collected on how to monitor the implementation of the UK Bill?
- How many people no longer qualify for benefits and services previously accessed via "passporting" from DLA or other benefits?
- What is the impact on advice and information services of people seeking advice on financial, housing and employment issues caused by the Bill?
- What impact on hospital admissions and social care referrals has the Bill had?
- Has sickness absence gone up and does this reflect people having to seek work before they are ready?
- What has happened to crime levels and the prison population?
- For each of these points above, is the impact different depending on gender, ethnicity and other protected characteristics under the Equality Act?

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