WELFARE REFORM COMMITTEE

AGENDA

20th Meeting, 2014 (Session 4)

Tuesday 9 December 2014

The Committee will meet at 10.00 am in the Sir Alexander Fleming Room (CR3).

1. **Decision on taking business in private:** The Committee will decide whether to take item 3 in private.

2. **'Your Say' evidence session** The Committee will take evidence from welfare benefits recipients about their experience of welfare reform and its impact on mental health—

   John Lindsay;

   James Nisbet;

   Peter Roberts.

3. **Work programme:** The Committee will consider its work programme.

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The papers for this meeting are as follows—

**Agenda item 2**

SAMH evidence and cover note  
WR/S4/14/20/1

SPICe Briefing  
WR/S4/14/20/2

**Agenda item 3**

PRIVATE PAPER  
WR/S4/14/20/3 (P)
Welfare Reform Committee

20th Meeting, 2014 (Session 4) Tuesday 09 December 2014

‘Your Say’ – The impact of welfare reform on mental health

Background

1. The Committee has conducted a number of successful ‘Your Say’ evidence sessions with welfare benefit recipients. The focus is on hearing the personal stories of those with direct experience of the benefit system.

Today’s Business

2. Today you will hear from witnesses who have been brought to the Committee’s attention by the Scottish Association of Mental Health (SAMH). You will hear from:

   • John Lindsay
   • Peter Roberts
   • James Nisbet

3. Statements have been prepared by the witnesses and are attached in Annexe A

Heather Lyall
Welfare Reform Committee
December 2014
Annexe A

John Lindsay

1. My name is John Marc Lindsay and I stay in Carfin, Motherwell

2. I started receiving Jobseekers Allowance in September 2011. I was then sent to a job club called the Shaw Trust from October 2011 to around April 2012. I was put on a job placement with the paint shed in Glasgow for 4 months but was unable to find a job.

3. I was then sent to Remploy about June 2012 and was impressed with the first 2 introductory sessions as I was asked many questions about what I could do and about what type of jobs would have a negative impact on my health. I felt like it was only a matter of time before I got work, however this was not to be the case!

4. My experience with Remploy had a terrible effect on my mental health. I was with them for over a year and I had 4 different advisors who were only interested in trying to get me work that would have a disastrous impact on my health. They bullied me into doing a security course which I never wanted to do. They also lied to me before interviews about the nature of the work I would be interviewed on.

5. The final straw which pushed me over the edge was when my advisor made me apply for a security job which involved travelling around Scotland mainly up to Aberdeen. I knew I couldn’t do this job as I was suffering from high anxiety and depression, but they forced me to apply for it anyway. Within a week I got a call from the security company, and then I went for the interview then I got the job, this happened around Aug/Sep 2013

6. I went up to Aberdeen to start the job and realised that all the things I was told were lies, the accommodation was terrible as there were mice running around the kitchen, there was rubbish everywhere and there was around 30 men staying, this was only for starters. I walked out on the morning and headed home.

7. My anxiety and depression rocketed after this, not that it wasn’t bad before. My thoughts on committing suicide were constant although I thought of suicide before this but not all the time. I would cry for no reason all the time, I think I had a sort of breakdown.

8. During these 2 years between September 2011 and September 2013 was when my anxiety really started to increase. Every time I went to the Jobcentre I was talked down to like I was a scrounger, like I wasn’t interested in finding work. They also tried to get me to apply for jobs that were not suitable, even though they knew I had a mental health condition and was on anti-depressants. I had to
go to the Jobcentre every 2nd Thursday at 11am but for a few days before I went to Jobcentre I would be a complete mess. I would start getting really anxious and depressed the thought of suicide would be regular. 2013 was my last year on Jobseekers Allowance. Every time I went to Jobcentre I kept seeing staff talking to customers in a totally disrespectful way. I also kept hearing about people getting sanctioned for silly reasons and I was aware of the powers the DWP had to sanction people. Every time I went in to the Jobcentre I thought I was going to be sanctioned, this made my anxiety and depression hit the roof!

9. In September 2013 I had enough, my doctor gave me a sick note for 3 months and I applied for ESA. In 2 weeks I got notification that I would be receiving around 70 pounds every 2 weeks and I received the dreaded Atos forms saying I was to fill this in and have it handed in within 4 weeks. I tried to leave it for the first 2 weeks to try and forget about the form and get my head together, then I got a got a letter from Atos saying they haven’t received my forms yet and if they don’t get them in the next 2 weeks they would stop my money.

10. In the 3rd week I went to the Citizens Advice to get my forms filled in, when they got round to seeing me they said that I would have arrange an appointment with somebody who specialises in filling these forms, they then gave me an appointment for the day the forms were supposed to be handed in, so I refused them politely and got my mum to fill in the forms for me.

11. On the forms they would ask questions about your past and about suicide. Answering the questions made me feel terrible and suicidal, even though my mum was filling in the forms and asking me the questions.

12. In September the same time as I started ESA I was given an anti-depressant called mirtazapine, this pill was terrible, I would sleep 18 hours a day and fall asleep in public, I was unable to function properly and had no concentration whatsoever. I couldn’t honestly remember how I spent most of my day, I was like a zombie. My doctor also referred me to a psychiatrist and a CPN, the psychiatrist kept upping dosage of mirtazapine and I got worse, the day I was put on the maximum dosage I started to hear whispering noises in my head laughing and telling me to kill myself, these noises happened for 3 days until I dropped the dosage. Thankfully I don’t take this medication anymore I stopped taking them within a few weeks after the noises.

13. The CPN was absolutely terrible! He would come out to my house and ask me how I was getting on. Within 5 seconds of me explaining how I was getting on he would then talk over me and keep talking at me for around 30 to 45 minutes. I was unable to tell him the reasons why I felt the way I did, he wasn’t interested! He was too busy talking at me and giving me daft bits of paper and talking
rubbish about what is happening in his life. I really don’t understand how this man is a CPN!!!

14. Luckily at the same time I was seeing the CPN, I was getting peer support from Richard at SAMH. Remploy advised me to apply for peer support so I did. It was good talking and getting to know Richard because he listened to me and gave me advice as he had a good idea what I was going through. It was Richard who suggested that I should think about going to college and applying for social sciences, this was the furthest thing from my head as I was unsure how to do it, Richard kept me right and advised me. Thanks to Richard he helped steer me in the right direction and I will always be grateful for this.

15. I got a phone call on my mobile in April and a lady on the phone says she is phoning to ask me to come in for my ESA assessment in 2 weeks and it would be a Saturday, obviously I couldn't refuse. The appointment wasn't within the 3 months they said, it was around 7 to 8 months. I went to the appointment with my mum and when we got to the assessment centre we stood outside for a few minutes as we got there early, my phone started to ring and I answered, it was the woman who was assessing me asking if I was coming in today, 15 minutes before appointment, I told her we were outside.

16. Me and my mum went in and we sat for around 10 waiting after appointment time. We then got called into a room, the woman seemed friendly at first. The woman then started asking me questions, I was so anxious that the answers never came out right, the kind of questions asked were all about my mental health. The questions also felt like they were asking me things confuse me to giving the wrong answers. Sometimes when she asked me certain questions and wasn’t satisfied with the answers she would get a bit ratty. She also asked many distressing questions on my suicidal thoughts which I feel was a bit inappropriate would make me more distressed. I think the appointment lasted around 20 minutes.

17. Around 4 weeks later I got a letter from the DWP saying that I was put into the support group and I would be getting my money backdated. I got it backdated around the same time as the letter. Although this was a bit of a relief, the anxiety and depression still remained. I knew that at some point in the future I would have to go through the same procedure if I was still ill. So I applied for several college courses and managed to get onto one.

18. Thankfully at the moment I am going to college and doing well. I don’t have to worry and rely on benefits at the moment as I signed off ESA in the end of August 2014 and am currently getting a bursary. However the anxiety and depression is still there and I am on 2 different medications to lessen the effects of these conditions.
19. I was first diagnosed with depression when I was 15 and was given Prozac, ever since I have been on many medications and seen many psychiatrists, psychologists and CPNs. For some reason when the medications work it only lasts for around 6 to 12 months, there are many that either doesn’t work or the side effects are horrible. My depression can sometimes go away for periods of time but it always comes back and when it does it hits me hard and floors me. I have always had a certain degree of anxiety, but since 2011 it has got worse due to the horrific experiences of Jobseekers Allowance and ESA. Now my anxiety is much worse than my depression and I will never forgive the Tory government and the DWP for this. The way I was treated by the DWP is as though I had made up the fact I had depression and anxiety, even though I have 21 year of medical reports to prove that I did. It’s also like they are trying to say that at the age of 15 I made up the fact that I had to depression to go on to claim benefits at a later stage.

20. Why should people who have medical conditions be put through this experience? This made my conditions much worse and I am sure that others are going through the same experiences. The stress of applying for ESA and the then getting the awards letter with the Atos forms is a terrible way to treat somebody when they have more on their plate already, it’s like saying we will give you money just now but here’s a reminder that we are going to try and stop you from getting this benefit because we don’t believe that you are ill. It’s even worse when they say that you will be assessed within 3 months, and then assesses you in 7. This is 7 months of torture worrying about what is going to happen and constantly thinking and in my case obsessing about it. It should only make sense that through my and others medical history notes that these conditions aren’t faked just to claim benefits.

21. Specialists of these conditions are diagnosing me and others with these conditions, why are they not taken seriously, the information from these specialists should be made a priority as they know how an individual functions with their condition. The questions on the ATOS sheets are not suitable and don’t give people the chance to go into more detail of their conditions and how it affects them. The questions are too rigid, this makes harder for the assessor to assess properly and get the whole picture. Common sense should also be used, for example people with long term medical conditions who are not going to get better should not have to go through this experience every so often as they will never recover.

John Lindsay

November 2014
Peter Roberts

1. I was on Incapacity Benefit but that was stopped. I applied for Employment and Support Allowance (ESA) and sent in medical reports from my consultant, my doctor and my SAMH support worker. I was then placed in the Work Related Activity Group of ESA. I was told to go to the welfare rights service to appeal against this. I haven’t been assessed by anyone.

2. The welfare rights service appealed on about the 3rd of April 2014. In early November I went to the Job Centre to ask about the appeal and they said it was still outstanding.

3. So I have now been in the Work Related Activity Group for over a year and I have been waiting since April to see if they will put me in the Support Group. This is obviously affecting my mental health.

4. I have been put on a CV course. Due to my long term medical illness I’m waiting to see if I can be put on a lorry drivers’ course for my driver’s certificate of professional competence. If I don’t go to any of these courses my benefits can be stopped so I feel pressured to do them against medical advice.

5. One person in the Job Centre advised me to go to the welfare rights. She was very helpful and sympathetic towards my case. The other lady I’m seeing now is pushing me into courses yet she looked up my appeal situation and it’s still outstanding.

6. The benefit system does not assess mental health well. It says I have to do work related activity but my medical advice is clear. Here are some extracts from the supporting evidence I gave DWP.

7. From my GP

8. “Peter Roberts was diagnosed with stomach cancer in 2005 and underwent total gastrectomy (complete removal of the stomach), total splenectomy and lobectomy of the liver. It is fair to say he was not expected to survive this diagnosis but has done surprisingly well and was given the final all clear in 2007. However he will have lifelong side effects from this major surgery, in particular he has difficulty with his bowel habit…

9. “From a mental health point of view, he describes a history of childhood abuse and also post traumatic stress disorder as a result of his experiences in the army while serving in Northern Ireland.”

10. From my SAMH support worker
11. “Peter suffers from flashbacks and trauma from things he witnessed in the army. Peter’s flashbacks can be triggered by the smallest of things and in the past this has caused him to have violent outbursts. Peter can have difficulty in being in close proximity with males due to previous assaults and is working with me to talk through issues from his past to allow him to move on from this. Peter has spoken to me about returning to a working environment and the issues this may cause due to his problems trusting males”.

12. I was referred to SAMH by my financial adviser. She was concerned because I had a noose in my loft.

13. Who is going to take responsibility if I go to work and seriously hurt myself because I am not fit to work?

Peter Roberts

November 2014
James Nisbet

1. Over the past 3 years I have applied for and been given ESA and JSA; which I supplied evidence for when asked.

2. I was on JSA but was having a lot of problems with my downstairs neighbours. That's how I ended up at SAMH Evergreen.

3. I wasn't coping and had to go from JSA and apply for ESA. JSA did not sign me off properly and I did not get any money for 4 weeks. After numerous and various phone calls where I got the run-around, I eventually got my money.

4. I was on ESA for about 3 or 4 months, and then I got sent to a tribunal which decided I was fit for work. I definitely did not agree with this, but still had to reapply for JSA. Because ESA did not sign me off, I had to go through another 4 weeks of phone calls etc. before I got my money.

5. I am now on JSA and have been threatened with sanctions from day one, which has not helped my mental health. I had to go on a computer course for 9 months to keep the Job Centre off my back whilst I was ill. This went on for months but I'm not getting so much bother at the Job Centre now.

6. The people at the Job Centre and the people that did my assessment treated me like a number. They were not nice at all. The Job Centre and Benefit System do not have a clue how to deal with people with Mental Health problems, as what I went through does not help anybody. I went into a deeper depression because of the way I was treated and I don’t want to go through that again. Doctors aren’t sticking by their patients because ATOS put too much pressure on them to sign you off the sick.

7. I came to SAMH Evergreen because of the trouble with my neighbours; loud music, anti-social behaviour etc. All this caused me to go into a depression. I got no help from the council and had to move. I was attending The Cottage and that’s how I heard about Evergreen, started off as a trainee for two and a half years and now I am being kept on as a Volunteer. I have suffered with depression from an early age but didn’t know what was wrong with me until I was about 19. I’ve been in and out of hospital since then. Now I only get medication when I think I need it.

James Nisbet

November 2014
Welfare Reform and Mental Health

Introduction

1. This paper provides some background information on the impact of welfare reforms on mental health. This includes:
   - research on the impacts by the Scottish Association for Mental Health
   - information on the impact of changes from the key benefits for working-age disabled people – Employment and Support Allowance and Personal Independence Payment
   - case study examples of the impact on individuals.

Scottish Association for Mental Health (SAMH) Research

2. In March 2014, SAMH published 'Worried Sick: Experiences of Poverty and Mental Health across Scotland'. The introduction explains that a person may be mentally unwell and then find they are unable to work, lose income and become dependent on benefits. They are likely to find it difficult to deal with finances, such as paying bills and accessing benefits. Equally, living on a low income can have an impact on mental and physical health, leading to social exclusion which reduces a person's ability to access support.

Impact of welfare reform

3. SAMH carried out a survey of service managers and users between May and August 2013. Just over 90% of SAMH service users who responded were receiving out of work sickness benefits such as Employment Support Allowance, Incapacity Benefit, Income Support on grounds of incapacity, and Severe Disablement Allowance. Housing benefit was the next highest claim rate, with 65% of service users in receipt of this benefit.

4. As a result of the welfare reforms:
   - 98% of respondents stated that their mental health has suffered, including increased stress and anxiety
   - 79% of service users have a reduced income
   - 48% of service users are less able to pursue leisure activities
   - 57% were affected by the ‘bedroom tax’
   - 56% did not receive any help from a healthcare professional in providing supporting information about their mental health condition as part of the WCA process

   “In six cases staff had to carry out suicide interventions directly related to welfare reforms.”
5. A majority of staff (85%) said they were providing additional support to service users, including additional mental health and emotional support, as a direct result of welfare reforms.

**Range of impacts**

- There was a low awareness of support schemes such as the Scottish Welfare Fund and Council Tax Reduction, and therefore an impact on finances.
- Bedroom tax had a deep impact on finances, and added to concerns about getting into debt, being evicted or having to move away from their community.
- Misunderstanding of how to secure supporting statements for Work Capability Assessments (WCA).
- Fear of being wrongly assessed as ‘fit to work’ under the WCA, or placed in the Work Related Activity Group.
- Lack of information and poor communication about benefit application processes; reassessment processes; rights and entitlements.
- Anxiety about the change to Universal Credit, including fear of the move to digital applications among people without access to computers, or who lack digital skills or literacy levels.

**Concern of GPs**

6. SAMH referred to the GPs at the Deep End\(^1\) report in 2012 which considered the impact of austerity measures on patients and highlighted that deteriorating mental health was a central concern for GPs. The concern was about patients who had previously been well, and those with existing mental health problems\(^2\).

7. A follow up report stated (2013), “We remain concerned that, in its entirety, the welfare reform programme will be detrimental to the lives and well-being of the poorest in society”\(^3\).

**SAMH recommendation**

8. SAMH recommended that the Welfare Reform Committee consider the impact of welfare reforms on mental health and the relationship between welfare reform, health and socio-economic deprivation.

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1\(^{\text{GPs at the Deep End work in 100 general practices serving the most socio-economically deprived populations in Scotland.}}
2\(^{\text{GPs at the deep end (March 2012) GP Experience of the impact of austerity on patients and general practices in deprived areas.}}
3\(^{\text{GPs at the deep end (March 2012) }}\)
Key benefits for people with mental health problems

9. This section focuses on Employment and Support Allowance and Personal Independence Payment, though clearly, people with mental health conditions may face issues with all benefits. However, these two benefits are designed with disabled people in mind, which includes people with mental health conditions.

Employment and Support Allowance

10. The Work Capability Assessment was introduced to assess entitlement to Employment and Support Allowance which replaced Incapacity Benefit. It was introduced for new claimants in October 2008. Between October 2010 and Spring 2014, anyone receiving Incapacity Benefit, Severe Disablement Allowance and Income Support paid on the grounds of illness or disability would have had a Work Capability Assessment and a move to Employment Support Allowance or other benefits. There are still outstanding cases as a result of Work Capability Assessment backlogs.

11. Flaws in the system have been well documented. For example, there has been a large number of successful appeals against decisions that claimants are ‘fit for work’. Various changes have been made to the Work Capability Assessment following internal reviews and recommendations. The fifth and final independent review was published on 27 November 2014.

12. Mental health has been a particular focus of the fourth and fifth reviews. The Fifth review notes that people with mental health conditions make up 40% of individuals going through a WCA and 41% of the Support Group.

13. The fourth review set out the difficulty in assessing impaired capability associated with mental health conditions and how diagnostic labels can be unhelpful in understanding the impact of functional capacity. A number of recommendations were made, including that the DWP review the training undertaken by both DWP Decision Makers and Healthcare Professionals (HCP), as well as strengthening the requirement for HCPs delivering WCAs to have suitable and sufficient previous experience in dealing with people with mental health conditions.

14. The Fifth review also focused on additional concerns relating to the experiences of people with mental health conditions undertaking WCA:

- Difficulty in answering questions on the ESA50 questionnaire
- A perception that some HCPs did not listen properly to what was being said
- An undue focus on physical conditions when mental health was the prime cause of incapacity

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5 All the reviews are available at: https://www.gov.uk/government/policies/simplifying-the-welfare-system-and-making-sure-work-pays/supporting-pages/improving-the-work-capability-assessment
• Lingering doubts about HCPs’ qualifications or experience of working with people that have mental health conditions
• Residual concerns from some about the applicability of the WCA to mental health.

15. In addition, the Fifth review focused on people with learning disabilities. Learning disability is included in The Mental Health (Care and Treatment) (Scotland) Act 2003, alongside mental illness.

16. The Fifth review made a number of recommendations relating to learning disability, including:

• The DWP should work with the Department for Education and the devolved administrations to develop improved mechanisms for providing information about the world of work, including the WCA, to those with learning disabilities at the point of leaving education.

• The DWP reviews its provision of alternate formats of communication with a view to adopting Easy Read wherever practicable.

• The DWP reviews the training given to its own staff and those of the Provider in relation to learning disabilities to ensure that the risk of overstatement of capability is fully understood.

• The DWP ensures that it seeks the most appropriate evidence for people with learning disabilities, including Hospital Passports and care or support plans. The Department should consider options in each case rather than defaulting to a GP report.

Work and Pensions Committee

17. The House of Commons Work and Pensions Committee published a report in July 2014 on the Employment Support Allowance and Work Capability Assessment. The Committee welcomed the adjustments made to the Work Capability Assessment following the four reviews, but said that problems with the Employment Support Allowance process persist, “and many claimants continue to report a stressful and anxiety-provoking experience”.

Personal Independence Payment (PIP)

18. Disability Living Allowance for working age people aged 16 to 64 is being replaced by Personal Independence Payment under the welfare reforms. Both are non-means tested and payable to people whether in or out of work. Disability Living Allowance was available to anyone under the age of 65 with a disability and who needed help getting around and/or with supervision or attention needs. Since June 2013, Disability Living Allowance has been replaced by Personal Independence Payment for all new working

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age claimants. This new benefit is for those who need help getting around and/or help with daily living activities. Following delays to the timetable, existing Disability Living Allowance working age claimants’ reassessment for Personal Independence Payment is scheduled to start in October 2015, and expected to be completed by December 2018\(^7\).

19. In 2014, the NAO said that that “poor early operational performance” had led to “long uncertain delays” for PIP claimants\(^8\). The NAO recommended that the DWP set out a clear plan for informing claimants about the likely delays they would experience, while plans to improve performance took effect.

20. Both the Work and Pensions Committee and the Public Accounts Committee have described the level of service to PIP claimants and the length of time people are having to wait for decisions on PIP claims as unacceptable. The Chair of the Public Accounts Committee, Margaret Hodge, said the implementation of PIP had been “nothing short of a fiasco.” The Government has said it is “working collaboratively” with the assessment providers to improve performance and reduce the backlog of claims\(^9\).

“The Government said that, as a result of actions it was taking, by autumn 2014 no PIP claimant would have to wait more than six months and by the end of the year no one would be waiting more than 16 weeks. However, this commitment relates to how long a person has to wait for an assessment once they have returned the completed form, not the overall end-to-end journey from initial contact with the Department to the decision on their claim.

According to the Department, PIP claims under the “Special Rules” for terminally-ill people were now being processed in around ten days. DWP is not however intending to publish statistics on clearance times and waiting times for PIP claims until March 2015” \(^10\).

Case study examples of the impact of welfare reform

21. The following provide some examples of how welfare reforms have impacted on people with mental health conditions.

*Mental Welfare Commission for Scotland*

22. The Mental Welfare Commission for Scotland has recently conducted an investigation around the new benefits system (March 2014). The case involved a woman, Ms DE, who took her own life in December 2011. She had recently had a work capability assessment following which the DWP decided her benefits were going to be reduced. She was on incapacity benefit and was told she would not be able to be transferred to Employment and Support Allowance so would receive Jobseekers allowance.


\(^10\) Ibid
“Ms DE was a woman in her fifties who had worked for most of her life but had been experiencing mental and physical health issues so was signed off work and receiving incapacity benefit. She intended to return to work when she was able to. Ms DE had a teenage son and was engaged and planning to get married in 2012. She had been receiving care and support from her GP and her psychiatrist for over 20 years. Her doctors had never been worried during this time about her taking own life”.

The investigation raised numerous issues about the DWP and Atos process:

- Ms DE should have been supported as a vulnerable claimant.
- The assessment process was flawed and should change to be fair to people with mental health conditions.
- The same issues would apply whoever the contractor is.
- The Mental Welfare Commission for Scotland has been involved in ‘useful discussions’ with the DWP about the recommendations they have made.

**CPAG's Early Warning System**

23. CPAG in Scotland has developed the [Early Warning System](#), to gather information and case studies about the impacts of welfare reform on children and their families. They have kindly provided the following examples where there has been an impact on an individual’s mental health.

24. Client is a lone parent with 2 children, ages 5 & 7. The youngest is autistic and gets disability living allowance and client gets carers allowance for looking after him. She was getting income support as a lone parent, but was incorrectly advised by Jobcentre Plus that she would have to claim employment and support allowance (ESA) when youngest child turned 5. Client suffers from sleep deprivation, anxiety and depression, mainly related to role as a carer but this has been exacerbated by having to submit the claim for ESA and waiting for the assessment. As the client is getting carers allowance she could have continued to claim income support once her youngest child turned 5.

25. Client, who lives in Glasgow, was asked to attend a PIP medical in Kilmarnock at 9.05am. She experiences anxiety about going to new places and rarely has the motivation to get up in the morning. She would need her friend to visit at 6am to encourage her to get out of bed and then accompany her to the unfamiliar town. The adviser asked ATOS for an appointment in Glasgow as there was a strong chance that the client would not manage to keep the appointment, but was told that there were not available, the client could keep calling in case an appointment became available, but if it did not the appointment in Kilmarnock would not be cancelled.

26. Client is in her late 50's and has lived in her council property since 1995. She has strong links to the community and needs to stay where she is in order access support. She suffers from mental health problems. Client was subject to the “bedroom tax” and her housing benefit was reduced, but mitigated by a discretionary housing payment. It transpired that the “bedroom tax” should not have been applied as she had been receiving housing benefit since before 1996, but when this loophole was closed it was applied again. The client was offered a new tenancy but felt too distressed to leave her
home and was self-harming as a result. She handed in the keys to the new tenancy after 5 days.

27. Claimant received invitation in July 2013 to renew her DLA application. She didn’t complete it as she couldn’t face doing so - she suffers from anxiety and depression. Her benefit stopped in December.

28. Single parent with mental health problems and addiction issues was receiving ESA. Client was asked to attend an appointment at the jobcentre but could not attend because her mental health was particularly bad. She was sanctioned and her ESA was reduced to £17 a week.

29. Client has been an inpatient on a mental health ward since 2012. He was migrated from incapacity benefit to employment and support allowance. ESA should have been paid at the same rate that IB had been so that the client was not worse off, but the DWP failed to apply the transitional protection and he was £40 a week worse off until it was resolved.

30. Client has alcoholism and mental health issues. She failed the work capability assessment and requested a mandatory reconsideration. The client has not received a copy of the mandatory reconsideration notice. The DWP have refused to send out a copy and the tribunal service refuse to accept her appeal without it. In the meantime she has had to claim JSA and restrict her jobseekers agreement in the hope that she will not be sanctioned for failing to comply with the conditions attached.

31. The client suffers from depression, anxiety and stress due to past trauma. The client was reassessed for ESA but was found fit for work and her benefit was stopped. Adviser is assisting the client in asking for a mandatory reconsideration of this decision however the client’s stress has become worse since her benefit was stopped and the whole affair is having a serious impact on her health. The client does not want to sign on at the Job Centre in the interim as it is too much for her in her current state and so she is relying solely on her left over benefits, meaning she has little money to live on. When her ESA was stopped she also received a letter from the council asking her to pay more rent due to the change in circumstances, this affected the client's health also.

32. Single man with drug dependence and anxiety/depression. He failed conversion WCA and award of IS stopped. He submitted a mandatory reconsideration request within 1 month. He was unable successfully to claim JSA due to his health problems. The mandatory reconsideration took over 8 weeks - reason unclear, despite repeated requests from WRO for a decision to be made, and was eventually carried out following active involvement of his MP’s staff.

33. Young person suffering from borderline personality disorder amongst other mental and physical health issues receives ESA and DLA. The client volunteered for 2 years with a charity and after this time and with significant support from the charity she was offered a post for 5 hours per week. The client currently has to sleep for two days after her day of work but it has been a turning point in her treatment and she hopes with time to be able to work more as she gets better. Because she is in the work related activity group for ESA she is allows to do 52 weeks “permitted work.” Once the 52 weeks ends she either has to reduce her earnings to below £20 a week or stop claiming ESA. The client is unable to negotiate a pay cut to £20 because it is a contract for 5.5 hours and the
charity are unable to pay below minimum wage. Her wages are well below her applicable amount so she needs to continue to claim ESA. The client has suffered severe distress at the loss of either her income or her job and her parent is worried that the stress will cause the client to lose the progress made in her recovery over the past 3 years.

34. Client has learning difficulties and mental health problems including anxiety. She is settled in her home and fully established in her neighbourhood. The client is subject to the “bedroom tax.” She does not fully understand the concepts of housing benefit or discretionary housing payments and gets anxious when any letters arrive in relation to these. She cannot read or write but recognises envelopes from the housing benefit dept. When she receives these she becomes extremely anxious and visits her advice agency in a spin.

Information from qualitative research

Interview 3

35. Liam explains that the anxiety of day-to-day living on such a low income is exacerbated greatly by the situation with his ESA. He's had his second assessment in 18 months and expects to lose his ESA for the second time.
36. Liam thinks that a low income and having his debts has a negative health impact and increases his anxiety.

Interview 8

37. Sally is a single parent with one son aged 11. Sally has not worked for a long time and had been on benefits for many years until she did an access course last year and went on to university to study physics and astronomy. Her finances are very up and down, not least because during the long student summer she has to go on to jobseekers allowance. This means that for those few months she is subject to the job hunting criteria of the benefits system and the conditionality that goes along with this, even though she is not able to take up work because she will be returning to university in October. This makes her finances unpredictable and causes her financial problems.

38. Sally says that her financial situation and the stress it causes has led to negative health consequences. Last year she was not able to do her exams at the first sitting due to stress and anxiety. ‘last year I was so ill, just everything piling up, piling up, piling up’. She also finds the process of claiming JSA at the end of May each year incredibly stressful and is thinking of not bothering this year, even though this would be extremely difficult financially.

Foodbank interview

39. C is an unemployed teacher in her mid-forties. She lives with her dog in a private rented flat in Linlithgow. This interview took place during her second visit to the food bank.

40. The main reason C has had to access the food bank is because all her benefits have been stopped for the past three months. This is because, due to severe mental health
problems, C repeatedly failed to attend her work capability assessment. She describes the situation as being ‘entirely her own fault’.

She has had no income at all during this three month period and her housing benefit and council tax reduction have also been stopped. She is in rent arrears with her private landlord. She has had one crisis grant through the Scottish welfare fund (for £40) and two food parcels from the food bank. When asked how she had managed on such a low income C shrugged her shoulders. She has cut back dramatically on the amount she eats she says. She has fallen behind with telephone, gas and electricity bills but has not yet been cut off as a result. She is confident that when a decision is made on her benefits claim, the award will be backdated and she will be able to clear all her debts.

41. The interview highlighted several issues that C feels need to be addressed. These include the fact that when she applied for a crisis grant over the phone, the local authority officer told her the only way she could access it was to come and pick it up from the council offices. This was a £5 return trip on the bus which C couldn’t afford. She was told there was no way the money could be put in her bank account and that she would just need to find a way to get there.

42. C had also been told that she could access to more than three food parcels from the food bank. She isn’t sure how long the currently benefit delay will last. For this reason she didn’t ‘cash in’ her food bank voucher straight away. This is because she felt she could go a few more days without eating and decided to save the voucher for when she ‘really needed it’. This almost led to the voucher being invalidated.

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3 December 2014