The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

WELFARE REFORM COMMITTEE

Tuesday 9 December 2014

Session 4

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WELFARE REFORM COMMITTEE

20th Meeting 2014, Session 4

CONVENER

*Michael McMahon (Uddingston and Bellshill) (Lab)

DEPUTY CONVENER

*Clare Adamson (Central Scotland) (SNP)

COMMITTEE MEMBERS

Annabel Goldie (West Scotland) (Con)
*Ken Macintosh (Eastwood) (Lab)
*Joan McAlpine (South Scotland) (SNP)
*Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP)
*Kevin Stewart (Aberdeen Central) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

John Lindsay
James Nisbet

CLERK TO THE COMMITTEE

Simon Watkins

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Welfare Reform Committee

Tuesday 9 December 2014

[The Convener opened the meeting at 10:00]

Decision on Taking Business in Private

The Convener (Michael McMahon): Good morning, everyone, and welcome to the 20th meeting of the Welfare Reform Committee in 2014. I ask everyone to make sure that their mobile phones and other electronic devices are on silent or switched to airplane mode.

We have apologies from our new member, Annabel Goldie, who is attending a medical appointment.

Under agenda item 1, does the committee agree to take item 3, which is consideration of our work programme, in private?

Members *indicated agreement.*

Your Say—Mental Health

10:00

The Convener: Item 2 is a your say evidence session on the impact of welfare reform on mental health. I welcome our panel of witnesses and thank the Scottish Association for Mental Health, which has worked with us to enable them to be here today. With us are James Nisbet and John Lindsay. We have apologies from Peter Roberts, who unfortunately could not make it along this morning although he had planned to be here.

We have invited you here today to share your experiences of the welfare reforms. The committee will ask you a range of questions and we are keen to hear about any issues that you have faced, how easy or otherwise it was to apply and anything else that you think could assist us in trying to improve the system. If at any point you feel uncomfortable or do not wish to answer, that is absolutely fine. Simply let me know and we will move on to other questions.

I believe that you have prepared opening statements and agreed an order in which you will speak. I think that you are going first, John, so over to you.

John Lindsay: Good morning. My name is John Lindsay and I stay in Motherwell.

I started receiving jobseekers allowance in September 2011. I was then sent to a job club called the Shaw Trust from October 2011 to April 2012. I was put on a job placement with the Paint Shed in Glasgow for four months, but I was then unable to find a job.

I was then sent to Remploy in about 2012. I was impressed with the first two introductory sessions as I was asked many questions about what I could do and 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, that was not to be the case.

My experience with Remploy had a terrible effect on my mental health. I was with Remploy for over a year and I had four different advisers who were only interested in trying to get me work that would have had 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 that I would be interviewed on.

The final straw that pushed me over the edge was when my adviser made me apply for a security job that involved travelling around Scotland, mainly up to Aberdeen. I knew that I could not do the 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 phone call from the security company, then I went for the interview and then I got the job. That happened around August and September 2013.

I went up to Aberdeen to start the job and I realised that all the things I had been told were lies. The accommodation was terrible. There were mice running round the kitchen, there was rubbish everywhere and there were about 30 men staying in the flat—and that was only for starters. I walked out in the morning and headed home. My anxiety and depression rocketed after that—not that they were not bad before—and my thoughts on committing suicide were constant. I had thought about suicide before, but not all the time like that. I would cry for no reason at all. I think that I had a sort of breakdown.

The two years between September 2011 and September 2013 were when my anxiety really started to increase. Every time I went to the jobcentre, I was talked down to as if I was a scrounger and as if I was not interested in finding work. They also tried to get me to apply for jobs that were not suitable, even though they knew that I had a mental health condition and was on antidepressants.

I had to go to the jobcentre every second Thursday at 11 am. For a few days before I went, I would be a complete mess. I would start getting really anxious and depressed and the thought of suicide would be regular. My last year on jobseekers allowance was 2013. Every time I went to the jobcentre, I kept seeing staff talking to customers in a totally disrespectful way. I also kept hearing about people getting sanctioned for silly reasons. I was aware of the powers that the Department for Work and Pensions had to sanction people. Every time I went to the jobcentre, I thought that I was going to get sanctioned. That made my anxiety and depression hit the roof.

In September 2013, I had had enough. My doctor gave me a sick note for three months and I applied for employment and support allowance. In two weeks, I got notification that I would be receiving around £140—what it says in my written submission is a mistake—every two weeks, and I received the dreaded Atos forms that I had to fill out and hand in within four weeks.

I tried to leave it for the first two weeks to try to forget about the form and get my head together. At that point, I got a letter from Atos saying that it had not received my forms yet and that, if it did not get them in the next two weeks, it would stop my money.

In the third week, I went to the citizens advice office to get my forms filled in. When someone got round to seeing me, they said that I would have to arrange an appointment with somebody who specialises in filling in those forms. They then gave me an appointment for the day that the forms were supposed to be handed in, so I refused them politely and got my mum to fill in the forms for me.

The forms asked 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.

In September, at the same time as I started ESA, I was given an antidepressant called mirtazapine. It 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 could not honestly remember how I spent most of my day; I was like a zombie. My doctor also referred me to a psychiatrist and a community psychiatric nurse. The psychiatrist kept upping the 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. The noises happened for three days, until I dropped the dosage. Thankfully, I do not take that medication any more. I stopped taking it a few weeks after I heard the noises.

The CPN was absolutely terrible. He would come out to my house and ask me how I was getting on. Within five seconds of me explaining how I was getting on, he would 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 was not interested. He was too busy talking at me and giving me daft bits of paper and talking rubbish about what was happening in his life. I really do not understand how that man is a CPN.

Luckily, at the same time as 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 to Richard and getting to know him. He listened to me and gave me advice, because he had a good idea of what I was going through. It was Richard who suggested that I should think about going to college and applying for social sciences. That was the furthest thing from my head, as I was unsure how to do it. Richard kept me right and advised me. He helped steer me in the right direction and I will always be grateful for that.

I got a phone call on my mobile in April and a lady on the phone said that she was phoning to ask me to come in for my ESA assessment in two weeks, and that it would be on a Saturday. Obviously, I could not refuse. The appointment was not within the three-month time period that I had been told; it was in a time period of around seven to eight months. I went to the appointment with my mum and, when we got to the assessment centre, we stood outside for a few minutes because we had got there early. My phone rang and I answered it. It was the woman who was assessing me asking if I was coming in today—15 minutes before the appointment. I told her that we were outside.

My mum and I went in and sat for around 10 minutes waiting for the appointment time. We then got called into a room. The woman seemed friendly at first. She then started asking me questions. I was so anxious that the answers did not come out right. The questions that she asked were all about my mental health. I also felt like she was asking me things to confuse me and make me give the wrong answers. Sometimes, when she asked me certain questions and was not 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 as that would make me more distressed. I think that the appointment lasted around 20 minutes.

Around four weeks later, I got a letter from the DWP saying that I had been put into the support group and that I would be getting my money backdated. It got backdated around the same time as the letter came. Although that was a bit of a relief, the anxiety and depression still remained. I knew that, at some point in the future, we would have to go through the same procedure if I was still ill, so I applied for several college courses and managed to get on to one. Thankfully, at the moment, I am going to college and doing well. I do not have to worry and rely on benefits, as I was signed off ESA at the end of August 2014 and am currently getting a bursary. However, the anxiety and depression are still there and I am on two different medications to lessen the effects of those conditions.

I was first diagnosed with depression when I was 15 and was given Prozac. Ever since, I have been on many medications and have seen many psychiatrists, psychologists and CPNs. For some reason, when the medications work, they last only for around six to 12 months. There are many that do not work or have horrible side effects. 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 my horrific experiences of jobseekers allowance and ESA. Now my anxiety is much worse than my depression and I will never forgive the Tories or the DWP for that.

The DWP treated me as if I had made up the fact that I had depression and anxiety, even though I had 21 years of medical reports to prove that I did. It is as if the DWP is trying to say that, at the age of 15, I made up the fact that I had depression so that I could claim benefits at a later stage. Why should people who have medical conditions be put through those experiences? It made my condition much worse, and I am sure that others have gone through the same type of experiences.

The stress of applying for ESA and then getting the award letter with the Atos forms is terrible for somebody who already has more than enough on their plate. It is like saying, “We’ll give you the money just now, but here’s a reminder that we’re going to try and stop you getting this benefit, because we don’t believe you’re ill.” It is even worse to be told, “You will be assessed within three months,” and then to be assessed in seven. It is seven months of torture that is spent worrying about what is going to happen and constantly thinking about it or, in my case, obsessing about it.

It should make sense to accept that my medical history notes, and those of other people, show that our conditions are not faked just to claim benefits. Specialists have diagnosed me and others with those conditions. Why are they not taken seriously? The information from those specialists should be made a priority, as they know how an individual functions with his or her condition. The questions on the Atos sheets are not suitable and do not give people the chance to go into more detail about their conditions and how they affect them. The questions are too rigid, making it harder for an assessor to assess properly and get the whole picture.

Common sense should also be used for examining people with long-term medical conditions who are not going to get better and should not have to go through that experience every so often, as they will never recover.

The Convener: Thank you. I now invite James Nisbet to give his statement.

James Nisbet: I will keep mine shorter. Over the past three years, I have applied and been given ESA and JSA, which I supplied evidence for when asked. I was on JSA but was having a lot of problems with my downstairs neighbour; that is how I ended up at the SAMH evergreen project. I was not coping and I had to go from JSA and apply for ESA. JSA did not sign me off properly and I did not get any money for four weeks. After numerous and various phone calls when I got the runaround, I eventually got my money.

I was on ESA for about three to four months, and then I got sent to a tribunal that decided that I was fit for work. I definitely did not agree with that decision, but I still had to reapply for JSA. Because ESA did not sign me off, I had to go through another four weeks of phone calls and so on before I got my money. I am now on JSA and have been threatened with sanctions from day 1, which has not helped my mental health. I had to go on a computer course for nine months to keep the jobcentre off my back while I was ill. That went on for months, but I am not getting so much bother at the jobcentre now.

The people at the jobcentre and the people who did my assessment treated me like a number. They were not nice at all. The jobcentre and benefits systems do not have a clue how to deal with people with mental health problems. What I went through does not help anybody. I went into a deeper depression because of the way I was treated, and I do not want to go through that again. Doctors are not sticking by their patients, because Atos puts too much pressure on them to sign them off the sick.

I came to SAMH's evergreen service because of the trouble with my neighbours: loud music, antisocial behaviour and so on. All of that 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 is how I heard about evergreen; I 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 I did not know what was wrong with me until I was about 19. I have been in and out of hospital since then, but now I get medication only when I think that I need it.

I am sorry—I was a bit nervous.

10:15

The Convener: You did absolutely fine, James. The committee will now ask some questions and explore some of the points that you made in a bit more depth.

The committee has been examining these issues for some time now, and we have taken evidence from a number of people, including people from the Department for Work and Pensions. One of the senior medical officials conceded to us that the process itself can lead to pressure being brought to bear on people and can cause them to fail the assessment—well, I do not know whether someone can actually fail an assessment, but they might not come through it in a good way. Has that been your experience? When you were going through the process, did you feel at the end of it that your mental health was in a worse position than it was at the start?

James Nisbet: I have had this since I was 19. I have to say that I have never been able to fill in the forms. It is hard to explain how you feel; I have good days when I could not answer some of the questions because I felt that I would have been lying, and then there were other days when I should have been answering the questions because of the way I felt. Since Atos took over, I do not know why people have to fill in the form, because a lot of them are just getting—pfft.

The Convener: Did you feel that the assessors were listening to you and taking on board the points that you were making?

James Nisbet: No—not one of them.

The Convener: What was your experience, John?

John Lindsay: I felt that they were just ticking boxes. There was no concern shown. It was not like going to a psychiatrist or psychologist, who would try to talk to you about your condition; they were just ticking boxes in a very cold, calculated way. With the kind of questions they were asking you, it almost felt as if they were trying to trip you up.

The Convener: I do not know whether you asked this question or had this feeling, but do you think that the person who asked you the questions had any background in mental health? The criticism that we have heard is that the person who assesses someone's mental health can be a nurse, or even a physiotherapist.

James Nisbet: It was a nurse who did the last assessment when I got signed off. She was not in mental health—she was just a nurse.

The Convener: Is that your experience, John?

John Lindsay: I am really unsure. I did not get round to asking, because at the time I was doped up on medication. It was like the questions started as soon as I got in the room—they never give you the time to ask anything.

The Convener: A delegation of committee members went to an Atos assessment centre to see how an interview was conducted. A scenario was set up, with an actress playing the person being assessed; we were not allowed to see people actually getting assessed, but what we saw was how Atos trains its assessors. The person who was acting—who, I have to say, was very good—played someone with a mental health issue, and the doctor asking the questions, who had a specialism in mental health, was aware of that. If I remember correctly, the interview lasted well in excess of half an hour.

Kevin Stewart (Aberdeen Central) (SNP): It was nearly an hour.

The Convener: It was quite a lengthy process, but, John, you said that yours was over in about 20 minutes.

John Lindsay: It felt like it was over in roughly 20 minutes. It was not an hour. It was 15 to 30 minutes. As I said, I was on medication at the time.

The Convener: But you do not feel as though she got any understanding of your condition in the period that you were there.

John Lindsay: No. She was just asking basic questions. She was reading questions from a sheet and ticking boxes. That was all she was doing. It was not like she was doing it off the top of her head. A monkey could do that—well, not a monkey, but anybody could sit and say, “How does this affect you? How does that affect you?”, and then tick a box.

Kevin Stewart: I want to ask John Lindsay more about the assessment, which seemed to be quite short. You said that your mum was there with you in the waiting room. Did she go into the interview with you, too?

John Lindsay: Yes.

Kevin Stewart: What did she think of the process? Did she keep quiet, so as not to upset you?

John Lindsay: When I was getting a wee bit wound up, she would say something. She was basically told to shut up. Well, she was not told to shut up—you know what I mean. She was told, “It’s his interview.” She thought that it could have been a lot worse. I thought that it was going to be a lot worse, to be honest.

Kevin Stewart: At that interview, did the person speak directly to you or were they fiddling with the computer while they were speaking to you?

John Lindsay: If it was a bit of both, really. When she was asking a question she would look at the computer then she would turn around and look at me for the reply.

Kevin Stewart: Do you think that it is a bit off-putting when somebody is turning away when they are speaking to you?

John Lindsay: Yes. It is definitely off-putting, because you do not know what is on the computer.

Kevin Stewart: I will be honest with you, John: when we were at one of those assessments, at certain points I was more interested in what was going on at the computer than in other things. We got to see the computer afterwards, but we had probably better not go into that today.

The situation was that your mum was there but she was basically not welcome, by the sound of it.

John Lindsay: Yes—she was not welcome.

Kevin Stewart: You were there with somebody who was not speaking to you directly and was fiddling at the same time.

John Lindsay: It feels like the assessor is not interested. It is done in a professional, cold way. It is not proper interaction.

Kevin Stewart: You have a long history of mental health problems. Is it possible for somebody to gather all that information in 20 minutes?

John Lindsay: It is definitely not possible. They do not go into much detail—they do not really go into your background or what has happened in the past. They basically asked me how I felt at that moment and that was it.

Kevin Stewart: Did they ask your doctor about the experiences that you have been through, and what your doctor thought about your condition and whether you were fit for work?

John Lindsay: I am sorry. Do you mean did the assessor ask my doctor?

Kevin Stewart: Yes.

John Lindsay: They did not, as far as I am aware.

Kevin Stewart: That is very useful.

I will ask James Nisbet similar questions about the assessments and tribunals that he has been through. Did you feel that they were paying due care and attention to your condition?

James Nisbet: At the last assessment, my wife was with me but she was not allowed in. I was in there for 10 minutes and then I was out the door. I do not know how I could have been assessed in 10 minutes.

Kevin Stewart: Did they give you a reason why your wife could not go in?

James Nisbet: No. Way back, about eight years ago, when I had a doctor I had been with for years, I had 23 points—I was on the cusp. She was not allowed in then. The doctor gave me a thorough physical examination and spoke about this, that and the other. Since then, I have gone from 23 points to, at my last assessment, nine points, and the DWP has written off even those nine points.

Kevin Stewart: Was no reason given for why your wife could not go in and why you were not allowed support?

James Nisbet: No.

Kevin Stewart: I think that that is one of the first times that we have heard something like that. We probably need to follow up on that.

John—you had your experience in Aberdeen. Coming from Aberdeen myself, I am sorry that you had to go through that. By the sounds of it, you have a support network at home in Motherwell with your mum and other people.

John Lindsay: That is right.

Kevin Stewart: Is it wise for the DWP and others to force folk into work away from home, which means that they lose their support network?

John Lindsay: It is definitely not wise. That was a big worry to me, but at the time I felt that I had no choice but to do it. I felt that I was forced into it.

Kevin Stewart: Did being forced into going up there for that short period give your health a major setback?

John Lindsay: It kind of finished me off. After that, I was really down, depressed and anxious. It was the final straw. Within a week or two, I got a sick note from the doctor and went on to employment and support allowance. What happened really pushed me over the edge. I had to go up to Aberdeen, away from my family. When I was told at the interview that I had the job, I was told also what it would be like and that the accommodation would be great and so on, but it was an absolute disgrace. When I went there and saw that, and when I heard the stories from other people, I could not have stayed in the house any longer. I had to get away the next day and go home—it really pushed me over the edge. After that, I was just so anxious all the time about getting sanctioned.

I would like to get a job eventually, but I want a job that is not going to make me ill. I really want to work. That is why I am at college, which I am quite enjoying at the moment. I want to find something that does not make me ill and which helps me. There is work out there that can help people. I want to have a purpose in my life; I do not want to sit around the house all the time and I do not want to have to rely just on benefits. I want to go out and work.

Kevin Stewart: You have to find something that is right for you with an employer who understands some of the difficulties that you might face from time to time.

John Lindsay: Yes. Certain types of work that I have done in the past have made me ill, and certain types of work have benefited me. I have a rough idea about what works and what does not.

Kevin Stewart: Both of you have had quite a lot of help from SAMH. James—how do you think you would have coped if SAMH had not been there to help you and your family along the way?

James Nisbet: Given what I was going through with the council, my neighbours, the police and what not, my wife and I would probably have been on the streets if I had not been at the Cottage. We could not take any more from the neighbours.

I learned about SAMH through the Cottage, and if it had not been for it, I would not be able to sit here and talk to you now. Two and a half years ago, I was a mess. I had attempted suicide because I was getting nowhere; I was just going round in circles. My wife was going through all that, and I was also fighting the neighbours and the council. I would probably have done myself in. I attempted an overdose, but luckily it must have been meant not to happen. I would not think like that now. I quite often feel suicidal, but I am glad that I did not go then, because I still have a lot of living to do, I hope.

Kevin Stewart: We hope that that will be the case. How has SAMH helped you, John?

John Lindsay: SAMH has helped me, because the people there knew what I was going through; it was not like going to see a psychologist who has learned their stuff at a university. The people at SAMH have experience in mental health issues, especially in peer support, and I felt that what they did helped me to find what I wanted to do. They helped me to find a college course and told me how to go about getting on it. They were very helpful. When I felt that I had nothing in my life, they helped to point me in the right direction by saying, “You could do this.”

Kevin Stewart: Thank you very much, gentlemen.

Clare Adamson (Central Scotland) (SNP): Thank you very much for your evidence. I am very new to the committee—I joined only last week—but your evidence is going to inform things a lot, and I really appreciate your coming along today.

I am interested in a couple of things that the witnesses have said. John Lindsay said that the assessors are interested only in how the person feels at the time of the interview. James Nisbet, when he was talking about filling in forms, mentioned that he was able to engage in that process only on one of his better days. In your experience of the process, have you been given the opportunity to explain the varying nature of your condition and how it affects you as a whole, or has it always been about you being in a room for 15 minutes, half an hour or whatever and the assessor basing their decision on how you behave in that time without taking into account any of that other information?

10:30

John Lindsay: That is exactly what happens. The assessor was interested just in how I felt on that day. They might be interested in what happened in the past few months or so, but they did not ask for too much information about when I started suffering from depression, and how it varies and I can be up or down. They did not really go into that. It is just about ticking the boxes for how we are now.

James Nisbet: I got my medical file from my doctor; it is very thick, but I did not get even one question from the assessor about anything in it.

Because of my kind of depression, at this time of year I suffer from seasonal affective disorder because of the cold. I could go for years feeling like I am okay, but because of what happened with my neighbours, I felt like I was fighting the world. I was assaulted by one of them. He was charged but got off lightly. That went on for 12 months and I was fighting that as well.

I tried to express that to a doctor or the DWP but I did not get a chance to tell them anything like that. I went in to the DWP with a black eye. The person who signed me on asked me what had happened to me and I told them that I had been assaulted, and they said “I wouldn’t like to see him”, but I did not hit him once.

Clare Adamson: John—you said clearly that the whole process and the delays had made your anxiety levels worse. Is there anything in the system that would have made that easier for you? Is there anything in the system that would have prevented that from happening to you?

John Lindsay: Maybe they should have used a wee bit of common sense and gone to my doctor, psychiatrist or community psychiatric nurse to ask them. They are the specialists who know me and they have my records. Atos did not have to send me a letter saying I was getting ESA; they just did not have to do that.

Originally when I went on to ESA, I thought that I was only going to be on it for six weeks to three months. I thought that I was just going to get my head together and start looking again. Then you get the letter from Atos and that just adds to the problem and before you know it, you are worrying about that and all the other stuff and it does not help at all. It makes your condition much worse when you get that letter and then you have the stress of filling out the forms and all the questions.

It is not that they are difficult questions other than in the sense that they are difficult because you have to read them and then think about suicidal thoughts and things like that. It is not difficult to write down the answers, but you have to think a lot and when you have to think about all those different aspects, you feel absolutely terrible when you have finished the form. You feel really—

James Nisbet: Stressed.

John Lindsay: Yes.

Ken Macintosh (Eastwood) (Lab): I also thank you both for coming to tell us about your experiences. John, it sounds like you tried to stay on JSA for as long as possible—is that fair?

John Lindsay: Yes, I did.

Ken Macintosh: Was that because you felt that JSA was less stressful and more supportive than ESA? Were you worried about ESA?

John Lindsay: I wanted to get work—I wanted to find a job. I was on benefits years ago—severe disablement allowance and income support—and I felt a bit trapped, because people become dependent on it. With JSA, I was looking for work and I did not think that I would be on it for long. When I moved down from the Highlands and came down to Motherwell, I thought that I would find a job within a month or so, but before I knew it I had been on benefits for two years, and that had an impact on me. That is why I did not want to go back on to sickness benefits.

Ken Macintosh: I can see that your experience in Aberdeen was obviously a bad one. Was it the doctor who suggested that you go on ESA? The doctor signed you off, but what was the process of transferring from JSA to ESA? Was it your decision or did somebody advise you?

John Lindsay: My doctor suggested that. I went to see the doctor before I went to Aberdeen and was advised to go on the sick, but I was too scared to do it so I went to Aberdeen. When I came back, I went to see Remploy, which advised me to go on ESA for six weeks, just to get my head together. That is what happened. I went to the doctor and got ESA, and before I knew it I had been on it for about a year.

Ken Macintosh: Did you tell the JSA people that you were having mental health difficulties?

John Lindsay: They knew all about it. When you first apply for JSA, they start by asking you basic questions, and I told them about the medication that I was on and about my medical condition, so they knew all about it.

Ken Macintosh: Were both you and they saying that, because you wanted to get a job, you should be on JSA rather than ESA at that point?

John Lindsay: Yes, at the time I thought that JSA would cover me until I got a job, which I thought would be quite soon.

Ken Macintosh: Am I right in thinking that you then applied for ESA and got that benefit? You took a while to fill in the form, but you got some payments.

John Lindsay: Yes—I got about £70 a week.

Ken Macintosh: Then your mum filled in the form, but the benefits were not stopped, were they? I know that you said it took seven months.

John Lindsay: No, the benefits did not stop.

Ken Macintosh: I am intrigued, because you did not have a particularly supportive experience, but at the same time I am not sure that you would show up in any of the official statistics, because you went from JSA to ESA and you received both. The process might have been stressful, but you came through it and were approved.

John Lindsay: Yes. Eventually I was approved and came through it.

Ken Macintosh: It also sounds as if the interview that you had for ESA was aimed at assessing your mental health. We have had difficulties in the past because the whole system is designed around physical disability rather than poor mental health, but it sounds as if in your case they tried to explore—perhaps not very sensitively—how well or unwell you were.

John Lindsay: There was nothing about physical health. It was all about my mental health.

Ken Macintosh: Was the transfer from JSA to ESA your choice or theirs, Mr Nisbet? I am trying to track the system. Even with a few delays, was it they who suggested that you apply for ESA or was it your suggestion, or that of the CAB? Whose idea was it?

James Nisbet: I had to go on ESA because I was not coping. I was taking so many tablets that when I was at the Cottage I could not make eye contact with the woman who was trying to talk to me. I was there physically but I was not there mentally, because I was so doped up. That is what I found hard.

Ken Macintosh: Was it SAMH that recommended that you apply for the ESA support?

James Nisbet: No, the doctor put me on the sick, and I was on it for a while. Because of all the changes, I was in such a mess that he gave me a three-month line. When you get that, you automatically get sent the forms for ESA. I filled them all in and I was fine, but I am still getting flashbacks from that time, two and a half years ago. I have good days and bad days. I was really nervous about coming here.

Ken Macintosh: You are doing fine, so do not worry about that.

Both of you have mentioned that you felt threatened by the possibility of sanctions or of losing your benefits. Have you been sanctioned in the past few months or years?

James Nisbet: When I was on ESA, I asked to get my tablets cut down because I was like a zombie. After the tablets were cut down, I began to feel better but the doctor did not seem to understand that I was still going through it all in my head.

The ESA stuff went on for so long and my doctor was put under pressure not to give me a sick line again. I said to him, “But I still have this, that and the other.” I was sent for an assessment. The nurse who assessed me took me down to nine points. Because of that, I was sent to a tribunal. Like John, I had to fill in all the forms, and while I was doing it I was thinking, “But I don’t feel that bad today.” I did not want to fill it in—I was filling the form out on quite a good day, so I hardly wrote anything. I can understand why I went from 23 points to nine, but if they had got me two and a half years ago, they would have said, “You’d be better going to the hospital, pal” because I was in that much of a mess. The points would probably have been way up. Do you agree with me, John?

John Lindsay: Yes.

James Nisbet: Because of my circumstances, I had shut down. It is hard to explain. I am trying to explain it to make it simple for you.

Ken Macintosh: I understand.

John was obviously very worried about sanctions. You have said several times that you felt that you were being interrogated or judged. You felt particularly anxious about the threat of sanctions. In the end, you were not sanctioned, were you?

John Lindsay: No.

Ken Macintosh: I am trying to work out what we could do with the process to make it less intimidating or judgmental. Are there obvious things that could be done? You have to go along and sign on, and you have to demonstrate the state of your health—physical or mental. Is it the stories that you hear about the sanctions process that make you fearful, is it the attitude of people across the desk or is it a mixture of the two? Is the issue the complications of the form or your anxiety? I am trying to work out which.

John Lindsay: It is both. It was the way I was questioned by the clerks—or whatever you want to call them—behind the desk. One time when I went in, a woman looked at the form and said, “You’ve not written down the jobs that you’ve been looking for.” I said, “Aye, I have.” She looked at the form and said, “Oh, sorry.” It is as if they are always trying to trip people up. We hear all this stuff. I am quite aware of what is happening with the changes. There was a bit of both.

As for how things could be better, staff should start helping folk to look for work instead of throwing them out to wee daft job clubs. We go in there and it is a gloomy, horrible atmosphere.

James Nisbet: People should stop pushing us from one place to another and try to help us.

Ken Macintosh: What is interesting, particularly in John Lindsay's case, is what happened when you had an element of choice. When Remploy and the other experiences that you had did not work for you, the peer support that you eventually had through SAMH—which you seem to have opted for rather than had thrust on you—was more beneficial and constructive.

John Lindsay: Yes. SAMH was suggested to me. It has been beneficial. I could not think of anything else—I was down there. I did not want to do anything, but SAMH said, "You could go to college." That definitely helped.

Ken Macintosh: Can you see a path through this, particularly with college and qualifications or training?

John Lindsay: Yes, possibly.

Ken Macintosh: When you have had a bad experience, it is difficult to see what will happen next.

John Lindsay: I am taking it a year at a time at the moment. I would like to go to college for a couple of years and then see what happens.

Ken Macintosh: Thank you very much.

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): I thank John Lindsay and James Nisbet for their evidence. I will carry on from where Michael McMahon started and Ken Macintosh finished.

When you went in for the interviews and assessments, were you ever advised that you were allowed to take a support worker with you who could help you?

John Lindsay: No.

Christina McKelvie: So you were not informed that that was an option.

John Lindsay: No.

10:45

James Nisbet: I think that the letter says, "You may feel that you need somebody with you," but I do not think that it says that that person should be a doctor, for example.

Christina McKelvie: When you took your wife, she was not let in.

James Nisbet: I always get stressed when I go, so I like to have my wife there if I am having a bad day. After what I had been through, I had to get a taxi, because I was unable to travel on buses in case I bumped into the guy who assaulted me. The assessors do not even ask about things like that.

Christina McKelvie: When you get into the room, are you ever asked if there is a support worker or somebody else with you?

James Nisbet: My wife was there, but I was not even asked if I would like her to come in with me. The woman just said, "In you come."

Christina McKelvie: Did John Lindsay have the same experience?

John Lindsay: I brought my mum along. I did not know whether she would be allowed into the room, but she got in.

Christina McKelvie: Were you asked whether you would like to bring a support worker or somebody else to support you?

John Lindsay: Not that I recall.

Christina McKelvie: Would that have helped?

James Nisbet: My doctor was never even contacted the last time, so what was the point? The people involved had none of my medical records. They were assessing me only as they saw me on the day, not on what had happened since I was 19. If they had had my medical records, they could have asked me some questions, as you are doing today.

Christina McKelvie: Would it have helped to have a support worker from SAMH with you?

James Nisbet: At that time, I was dealing with so many things that I just wanted to get the assessment over and done with, but it would probably have helped if I had had somebody from SAMH there. When I am on a real downer, our instructor can sense that and will ask whether I am okay, and if the place is busy, he will find time to talk to me and ask what is wrong with me, because he sees all that. However, the person who does assessments is not there 24/7. Assessors are not getting tucked up in bed beside people, so they do not see whether someone is having a good day or a bad day. Do you understand?

Christina McKelvie: Yes. It would probably have helped if they had taken into account all of your past history.

James Nisbet: I have never had any help. I went to a citizens advice bureau once when I had to go to a tribunal. I am sorry to say that I would probably have been better speaking for myself, because the woman who spoke for me did not do a very good job. That put me off trying to get somebody to back me up.

However, if I was ever to go through that again, I would definitely want to have SAMH behind me—I would bring my instructor, if he was willing to come with me, because he can tell what state of health I am in. Over the past two and a half years, he has seen the wreck that I was, compared with how I am now. I could not have come into this room two and a half years ago, never mind spoken to the committee.

Christina McKelvie: You are doing fine.

John, do you also feel that it would have helped to have a recognised support worker there—somebody you knew and who knew you?

John Lindsay: That probably would have helped. Support workers have seen me on days when I am not too good, so it would have been helpful.

Christina McKelvie: Should part of the assessment process be that, if a person has a support agency worker, support worker or somebody who knows them really well, they should give some kind of testimony to help the assessors to understand how you cope? Would that inform the process better?

John Lindsay: It could, but I still think that common sense should be used. The assessors should consider the opinions of specialists who know you and have seen you in the past, and assessors should look at your records. That should be taken into account more.

Christina McKelvie: I know that neither of you has had any sanctions, but has either of you experienced the appeals process? James Nisbet mentioned a tribunal.

James Nisbet: When I first came off ESA and was having a problem getting back on JSA, I went in on the first day with my wife, because I did not feel comfortable going back in to sign on, and the assessor saw the two of us together. I had not been sat down for 10 minutes when she was setting me sanctions. I said, “What are you going to sanction me for?” She said, “You’re not doing enough job searches.” I said, “I’ve only just started. I cannae work a computer,” and that is why I ended up having to go on a computer course for nine months. I do not know what has happened now—perhaps Westminster has taken the pressure off—but Atos were like the Gestapo. I do not know whether I should say that.

Christina McKelvie: Did John Lindsay have to go through any appeals?

John Lindsay: No.

Christina McKelvie: When your income fluctuated, whether that was through coming off JSA and going on to ESA or coming off other benefits—such as SDA, which is the old severe disablement allowance—were you signposted to any other benefits that you were entitled to? Was there a huge impact on your earnings and your ability to heat your house and put food in the fridge and so on?

John Lindsay: Definitely. I was affected by the bedroom tax. I had two bedrooms and I had to pay something like £8 a week for that, so that was £16 off the £140, which took me down to £124. With electricity bills rising, I was definitely affected.

Christina McKelvie: When you explained that, were you signposted to other entitlements from the local authority, as far as mitigation—

John Lindsay: I never got told anything.

Christina McKelvie: If you were in a state of high anxiety and were worried about paying your bills, how did that affect you?

John Lindsay: My mum and others helped me quite a bit. I cannot really remember much from that time because, when someone is anxious, they are worrying all the time. The medication that I was on doped me right up. A lot of the time, things were quite blurry. I was not functioning properly at all. That affected me when paying bills and things like that.

Christina McKelvie: What about James Nisbet? Were there similar pressures?

James Nisbet: I was on ESA and it was suddenly decided that I was fit for work, but I had not been signed off ESA.

Christina McKelvie: So you were left for a period—was it four weeks?—without anything.

James Nisbet: I got a sick line. The jobcentre in Kirkcaldy had not signed me off. I had to go through phone calls. My first one cost me £8 and I got nowhere. Thanks to the Cottage, I was able to go in there and make the phone calls. That went on for four weeks. I eventually found out, through one woman I spoke to, that the jobcentre in Kirkcaldy had not signed me off JSA. That is why I did not get any money for four weeks.

I went through the same when I went back—I had no money for four weeks. It got backdated, but how was I supposed to live for four weeks? I had to borrow off friends and family. Not everybody has support like we have.

Christina McKelvie: No, and if someone has a mental health issue, having to go and ask for that support—

James Nisbet: That gave me even more stress. It really put me on a downer. I cannot imagine what it would be like for someone with kids. I have kids, but they are all grown up, thank God. My wife is a diabetic and, if it had not been for that, we would not have got a loan about two weeks into the four-week wait. I got that only because one person had the sense to ask whether my wife had any conditions. They were not bothered about my mental condition, but when I said that my wife is diabetic, the response was, “Oh, you’ll get the loan.”

Christina McKelvie: That was a loan from the DWP.

James Nisbet: Aye, which I had to pay back off my benefits. If I had been given my money, I would not have had to go through all that rigmarole.

Christina McKelvie: Indeed.

I am quite new to the committee but all of us have taken a big interest in these issues. You talked about not being signed off one benefit, which impacted on another. During a phone-in on the radio this morning, somebody said that their forms and records had been lost four times. Have you experienced that a lot?

James Nisbet: I am surprised that the staff did not say that the computer was down. Before we had computers, they used to say, “We’ve lost your forms.” Now, I usually get, “Oh, the computer’s been down and we’re having this, that and the other problem.” There has been so much pressure with everything changing over in the DWP. One department does not know what the other department is doing. I think that that is what happened to me.

I spoke to somebody in Glasgow and they brought up the information on a computer. They did not tell me that the jobcentre had not signed me off. It was one woman who told me, after about three weeks. The computer said that I was not getting my money because the jobcentre had not pressed the button.

Christina McKelvie: Has John Lindsay experienced that?

John Lindsay: Not really.

Christina McKelvie: You have given us a lot of detailed personal feelings about the impact on you. Would one way to solve some of the problems be having one key identified person at the DWP for you to speak to about everything, rather than there being phone calls all over the place?

John Lindsay: Yes.

James Nisbet: Yes, definitely.

Joan McAlpine (South Scotland) (SNP): I, too, thank you very much for coming in, because it is important for us to hear people speaking directly about their experiences rather than through a third person.

I am not an expert on mental health, but my understanding of it is that self-esteem is really important and that, if a person’s self-esteem is damaged, that is a trigger for anxiety and depression. From listening to and reading through your testimonies, I have been struck by phrases such as “treated me like a number” and being talked to in a very “disrespectful way”. That must have an effect on your self-esteem.

John Lindsay: Yes, it does. Definitely.

Joan McAlpine: Can there be an immediate relationship between feeling that your self-esteem is damaged and getting ill, or is it a cumulative thing?

John Lindsay: It builds up. If a person has depression, anxiety or whatever, and somebody talks to them as if they are a piece of dirt, they will take it personally, think about it and obsess about it, and before they know it, within a day or two they are a complete nutjob. They just do not function right. They end up obsessing about the matter and then get really ill. That is what I am like, anyway.

Joan McAlpine: On balance, how do the people you encounter in the system, not just in the main assessments, treat you? Do the majority of them treat you with respect, or are you mainly treated with disrespect?

John Lindsay: The bulk treat me with disrespect. A few people are quite nice and quite sympathetic, but the bulk of people have a professional, cold attitude.

Joan McAlpine: So being in the system is damaging to your mental health.

John Lindsay: It most definitely is. It makes people worse.

Joan McAlpine: Is that your experience, as well, James?

James Nisbet: Definitely. Unless you have suffered a mental health problem, you will not know what is going on in my head. It is not easy to put into words, but I have found that, whoever I speak to, there is still the stigma for a lot of people. When I say, “I’ve got mental health problems,” they think that I am a nutter.

I have dealt with only one or two nice people. I got one really nice person on the phone, and one person in the jobcentre treated me like a person. If somebody treats people nicely, they will talk back to them nicely; if you bawl and shout at me, I will bawl and shout back at you. That is the sort of attitude that I got in the jobcentre. The female who threatened to sanction me made sure that everybody heard her. My wife grabbed my hand. I said, “Well, sanction me.” The female then changed the subject.

Joan McAlpine: Did that make you feel humiliated?

James Nisbet: Imagine somebody shouting at you. How would you react if I shouted at you, “I’m going to sanction you”? I just said, “Well, sanction me.” She changed the subject and calmed down. She must have thought that she was speaking to a

15 or 16-year-old the jobcentre was having problems with. I am 59.

Joan McAlpine: Would people right across the system, not just people who do your main assessment, benefit from more training and more awareness of mental health issues and how their behaviour can affect people's mental health?

John Lindsay: They probably would. Yes.

Joan McAlpine: I also wanted to speak to you about the effect of work. John talked about his security job, which sounded horrific, and a computer course was mentioned. Anxiety can go with depression, but it can also trigger depression. I suppose that, for any of us, any change brings on anxiety—starting a new job is quite an anxious time for everyone, for example—but if a person has a mental health problem, they must be particularly anxious about a change.

John Lindsay: Yes.

Joan McAlpine: Do you think that you get any support in moving into work, or any recognition that doing so is stressful and tense and could affect your health?

John Lindsay: From the DWP?

Joan McAlpine: Yes.

John Lindsay: No, not at all. The DWP does not care; you are just a number. Get him into work—that is all it is.

11:00

Joan McAlpine: What kind of work is particularly damaging for you, given your medical condition?

John Lindsay: Work that is really monotonous. I like to keep busy and do different things. If you are doing something monotonous and boring, you start to think and get anxious, and the depression creeps in. That has a really damaging impact on my health. For example, in a security job you just stand about and you start to think too much and get anxious, and that leads to depression. If I had tried to stick that job up in Aberdeen I would have lasted about a week, to be honest with you.

James Nisbet: You are like me—if you are kept busy, rather than being in a really boring job, your mind does not go back to how you are feeling.

John Lindsay: Yes, totally.

Joan McAlpine: Have you had experience of work that you felt was good for you and for your mental health?

John Lindsay: Most of my experience work-wise has been with voluntary jobs. I did a furniture-removing job. It was not the most exciting job in the world. We just went round houses taking furniture—it was for a charity—and giving it to people on benefits and so on. We would take donations. Jobs like that are okay. It was not the most stimulating job, but I was driving about different places and doing stuff.

Joan McAlpine: They say that helping other people is one of the best things for helping you feel good.

John Lindsay: Yes, and you meet different people, too.

Joan McAlpine: Was that your experience of volunteering too, James?

James Nisbet: SAMH helped me, as I said, because I was a wreck at the time. When I first went to SAMH I kept myself to myself. I have always been an outdoor person, so SAMH was good for me.

I have done a lot of jobs, but I have a bad back now. I have a lot of problems and I cannot do any heavy lifting—that is on the computer, but the first job they tried to send me to was landscaping. I said, "I cannot do that any more; I am going on 59." When they said, "That's not old," I said, "You try lifting a three-by-two slab when you have a bad back and mental health problems." How is that helping? They do not even look at your file. They just say, "What have you done today?"

Joan McAlpine: Did you get the impression that they had quotas for getting people into work and did not really care?

James Nisbet: I just feel that in the last few years the DWP has had a script. Over the past nine months I have got to know the script. I get sent for this job and that job. It is just like what John Lindsay said: they try to trip you up. When you have mental health problems, you cannot remember what you were asked last week unless you have written it down. I have got wise to that and I have started writing things down. Since I did the computer course I am logging things, too. I am trying to fight back.

Joan McAlpine: Okay. Thank you very much.

James Nisbet: Thank you.

The Convener: I have a final question. It is mostly aimed at John, but feel free to answer too, James, if you want to do so.

John, you said in your statement that you are concerned that the Atos form did not allow you enough space to give the information that you wanted to give. That is a common complaint, from what we have heard. People say that the form is basic and ask how anyone can properly assess their condition on the basis of the answers that they are allowed to give.

We have established that the DWP is supposed to make its assessment on the basis of not just the Atos form that is returned but further medical evidence from the general practitioner. In the vast majority of successful appeals, information that was not provided at the outset became available later and helped the person to win their appeal.

You said in your statement that you did not think that information was taken seriously and that priority should be given to the information from the people who know you best—your consultant or whoever has assessed you. Do you know whether your GP provided further medical evidence? Have you spoken to your GP? Did they receive a request for information from Atos?

John Lindsay: I really do not know.

James Nisbet: The first time, they wrote to my GP, and my GP said on the form that he had not seen me for two years. Well, he had not seen me for two years because I got fed up going back so much and getting thingmied with tablets and this, that and the other. The last time, I know that they did not even contact my doctor, because I never got anything back.

The Convener: So you know that your GP was not contacted.

James Nisbet: My GP would not back me up, anyway. That is what I tried to explain. This started when I was 19. I only had two doctors when I was younger. When I started suffering, I should have seen a psychiatrist, not a GP. I actually fought my psychiatrist. I do not know the doctor I have now and I cannot speak to him. He has my medical records, but I bet he has never even read them.

The Convener: The information that we have is that over half of GPs do not return the forms and the information that the DWP seeks.

John, the fact that you did not have to go to an appeal means that the assessment must have been made on the basis of the information from you on the form plus your interview. That is an assumption.

John Lindsay: Yes.

The Convener: If you do not know whether the GP provided additional information, we cannot know whether it was taken into account. I was checking to see whether that was the case.

James Nisbet: There is a place on the form for any further information. When I got my medical records, I gave them certain recent things. They asked, “Why did you not hand that in earlier?” I was told to go out of the room for 10 minutes, then they read the form and gave me it back. Then they said that they could not find any reason why they should still not sign me off as fit.

The Convener: Right.

Is there anything else you want to tell us? When you came here this morning, was there something that you really needed to let us know about? This is your chance to tell us.

James Nisbet: I will try to explain things to you. It has been noticed recently that there are not enough GPs. I only have one doctor, and it takes about a week to get an appointment now. I am actually really nervous today, because I have run out of my medication. My medication has been cut and I have not had a chance to get it. I have been trying to get through to my GP but I cannot get through. Eventually, I will get an emergency appointment. I never had that experience with a doctor before. My wife has three doctors, which is like what I had when I was younger, but I now have one. When I try to get on to another GP’s list, I keep being told, “Oh, that is only for an emergency—you’ve got a doctor.” So I cannot even change my GP.

The Convener: John, do you want to say anything?

John Lindsay: No, I am fine.

The Convener: You are happy with your statement.

I thank you both for coming. I know that it might have been difficult at times to answer some of the questions, but I appreciate the openness with which you engaged with us. We have all learned a lot from you. It has been really beneficial for the committee to hear your testimonies and your experiences of the system. We will use that to build on the information that we already have. We will continue taking the issues forward and challenging the system, because your experience is all too common and is not acceptable to the committee. Thanks very much for giving us more information, which helps us to take forward the issues on your behalf. I also thank SAMH for providing support and assistance for this morning’s your say session.

11:08

Meeting continued in private until 11:15.

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