

Mental health, welfare conditionality & employment support:

Policy recommendations & key findings

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Policy recommendations

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Why is change needed?

The current provision of social security and employment support in Scotland and the wider UK do not effectively recognise mental health. Key concerns are:

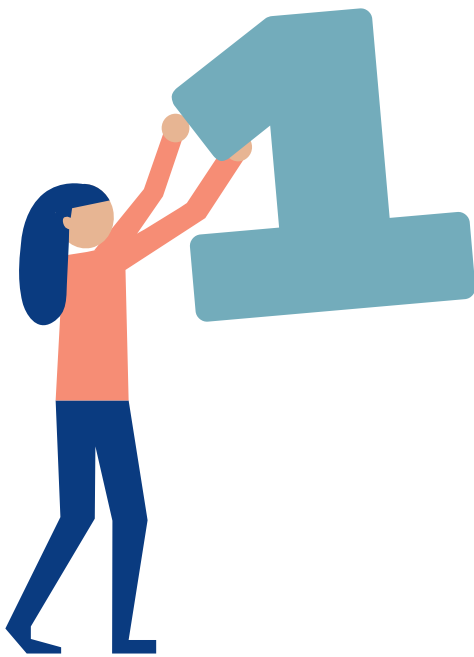
- The use of sanctions is ineffective and can exacerbate mental health problems.
- Welfare conditionality gives little or no consideration to mental health problems and should not have been reinstated during the Covid-19 pandemic.
- Claimants with mental health problems are not effectively supported by existing employment services.

This set of recommendations has been prepared to ensure that the UK social security system does not subject individuals with mental health problems to a one-size-fits-all approach to conditionality, and that personalised distinct employment support for people with mental health problems is available to all. It is informed by:

1. Research conducted at the University of Glasgow as part of the Health Foundation-funded project *Causal effects of alcohol and mental health problems on employment outcomes* – Work Package 3: Qualitative Analysis of Policy and Lived Experience (2018-2020)
2. Expertise of 28 stakeholders working in the fields of social security and mental health in Scotland and England collected in a series of workshops and interviews in 2020.

The recommendations should be read alongside the **three chapters** below presenting key findings on the experiences of welfare conditionality for people with mental health problems in the UK, and the constructions of mental health in UK policy statements.





Recommendation 1: Build a trusted and transparent social security system, where people with mental health problems are not subject to a one-size-fits-all approach to conditionality.

Conditionality and sanctions cause hardship and distress to people who find it harder to work because of a disability or health problem – these issues are especially acute for people experiencing mental health problems because they add to existing anxiety and exacerbate other symptoms. Support for this group should be focused primarily on building trust and rapport.

The Department for Work and Pensions should:

- End conditionality, and therefore sanctions, for claimants awaiting a limited capability for work assessment, in the Employment and Support Allowance work-related group or Universal Credit work preparation group.
- Provide clear guidance and training for work coaches on easements to conditionality requirements for individuals with mental health problems and amend Universal Credit regulation 88c to state the number of hours considered reasonable for work search could be zero¹.
- Ensure the Universal Credit claimant commitment is co-produced by claimants and specialist work coaches (see recommendation 2) through the provision of transparent guidance on the right to make adjustments to a commitment and the right to review at the beginning and at regular intervals during a Universal Credit claim.
- Create a transparent, accountable system to ensure the claimant commitment is tailored to individual need, recognising fluctuating mental health conditions, and local job markets by ensuring DWP set out a clear evaluation strategy on monitoring claimant commitments following the recommendations set out by the Social Security Advisory Committee². Additionally, the DWP should routinely gather and publish data on claimant vulnerability, including adjustments made to support vulnerable claimants.



Recommendation 2: Provide personalised support and improve the experiences of people with mental health problems in the Jobcentre.

In the current Covid crisis, the impact on mental health needs to be recognised in Jobcentre support to people with mental health problems. Support for this group should be personalised and provided by specialist advisors within Jobcentres working with locally-based organisations.

The Department for Work and Pensions and local Jobcentres should:

- Invest sufficient funding in specialist Disability Employment Advisors who have set maximum caseloads and individual caseloads supporting people with mental health problems as well as providing expert advice to work coaches. Disability Employment Advisers need to be suitably trained and have access to adequate resources to support claimants and to offer advice and support to their colleagues.
- Put into place mechanisms for partnership working between local Jobcentres and locally based support organisations to enable signposting and direct referrals of individuals with mental health problems and commit to regular engagement with the organisations in their area on referrals, capacity, support delivered and progress of individuals who have been referred.
- Provide regular, mandatory disability equality training to Jobcentre staff with a specific focus on easements to work-related requirements.
- Ensure that anyone should have the choice of having their appointment in a private space, making adjustments where required and offering appointments in ways that meet the needs of the individual.

¹ Universal Credit Regulations 2013 <https://www.legislation.gov.uk/ukxi/2013/376/regulation/88?timeline=false>

² Social Security Advisory Committee (2019) The effectiveness of the claimant commitment in Universal Credit



Recommendation 3: UK and Scottish Governments should provide sustainable investment to evidence-based, personalised employability interventions for people with mental health problems. Specifically, Individual Placement and Support services should be fully integrated into UK and Scottish employability provision.

A different employment support model is needed for people with disabilities or mental health problems in England/Wales and Scotland in recognition that the Jobcentre does not provide effective employment support for these groups. Employment support provision should be voluntary and person-led.

IN ENGLAND AND WALES

The DWP and NHS England should:

- Expand and roll-out IPS beyond secondary mental health care settings for individuals with more moderate mental health conditions. Open up referrals via primary and community care settings (e.g. community link workers, GPs) informed by findings from the IPS-lite (time-limited) health-led trials in Sheffield City Region and the West Midlands³, Public Health England led IPS alcohol and drug dependency trial, and IPS Grow⁴.
- Provide sustainable funding for IPS NHS provision in secondary mental health care settings.
- Raise awareness of the benefits of IPS programmes amongst potential referrers (e.g. mental health teams, Jobcentre staff team) and ensure referrals are not conditionally based.

The Work and Health Unit should:

- Provide sustainable funding and fully extend Employment Advisors within Improving Access to Psychological Therapies (IAPT) services throughout England and Wales.

The DWP should:

- Review commissioning of employment support provision specifically issues with the payment-by-results model, to ensure contracts are awarded to specialist, localised employment support services for people with mental health problems.

IN SCOTLAND

The Scottish Government should:

- Provide sustainable funding for IPS provision to develop locally based services across Scotland for individuals with moderate to more severe mental health conditions, informed by findings from the ongoing review of IPS delivery within Fair Start Scotland.
- Review accessibility of Fair Start Employability programmes for people with mental health problems across Scotland.

³ Findings from the Institute for Employment Studies led randomised controlled trial of IPS are expected to be published in 2021.

⁴ IPS Grow is an NHS England-backed initiative to support the growth of IPS services across England.

Key Research Findings

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These findings are based on research conducted as part of the Health Foundation-funded project *Causal effects of alcohol and mental health problems on employment outcomes* – Work Package 3: Qualitative Analysis of Policy and Lived Experience.

The findings are presented in three bite-sized chapters:

- 1: Mental health in policy and practice: UK's policy statements versus actual experience of social benefits claimants**
...p5
- 2: Experiences of mental health problems and welfare conditionality in the UK**
...p7
- 3: Constructions of mental health and problematic alcohol use within UK's health and welfare policy**
...p9



1

Mental health in policy and practice: UK's policy statements versus actual experience of social benefits claimants

This chapter compares the statements made in UK and Scottish policy documents about mental health and employment with the actual experience of people with mental health problems who claim social benefits.

Background

- With the evidence that work can be good for health and wellbeing, the UK government aims to increase employment rates amongst people with disabilities, including in terms of mental health. This has operated alongside a broader policy of welfare reform carried out over the last two decades by successive UK governments.
- These reforms have sought to reduce welfare dependency by intensifying so-called 'welfare conditionality'. Welfare conditionality aims to 'correct' claimants' behaviour and increase motivation to find employment through a combination of support and sanctions.
- In addressing these efforts, the UK and Scottish governments have been developing positions on how to tackle disabilities including in terms of mental health. These are outlined in a range of policy documents issued by the UK Department of Work and Pensions, UK Department of Health or Scottish Government among others.
- In this context, it is important to understand how these positions relate to the actual experiences of people with mental health problems who claim social benefits.

Evidence base

The chapter is based on the analysis of **15 most recent UK policy documents** related to mental health and problematic alcohol use, and **144 interviews** with people with mental health problems who either receive a benefit with work search conditionality or are in employment. For details of the documents refer to Chapter 3. The interviews were conducted as part of a separate research project called **Welfare Conditionality** and have been re-analysed with the purpose of better understanding experiences of welfare conditionality for benefit claimants with mental health problems. Significant proportion of the interviewees reported depression (two thirds) and anxiety disorder (one fourth) but there were also cases of bipolar disorder, post-traumatic stress disorder, schizophrenia and borderline personality disorder alongside alcohol misuse and drug addiction. Importantly, many interviewees had more than one mental health problem and/or a physical disability at the same time. For details of interviews refer to Chapter 2.

Analysis

- Policy statements contain a positive message that mental health needs to be taken seriously. They largely call for the need to increase support for people with mental health problems entering, sustaining and returning to employment.

"This Government recognises that our mental health is central to our quality of life, central to our economic success and interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems that scar our society, from homelessness, violence and abuse, to drug use and crime."

DEPARTMENT OF HEALTH 2011, PAGE 2

"Good mental health is essential in achieving and improving outcomes for individuals, families and communities and, as such, underpins successful delivery of a wide range of national priorities and strategy commitments."

NHS HEALTH SCOTLAND 2016, PAGE 5



- Meanwhile, the actual experience of people with mental health problems using the UK welfare system is largely negative. In fact, the pressure and poverty arising from conditionality and sanctions are likely to exacerbate mental health problems.

“The only role they’ve had is just destroying my life, not bettering it. They’re just making it harder every time for you. It’s driving people to depression and everything.”

CRAIG, MALE, 45-49, EMPLOYED FULL-TIME, UNIVERSAL CREDIT

“Even my doctor has had me signed off for it [depression and anxiety]. I take anxiety attacks, I take sharp pains in my chest, and everything. And just like dealing with people on the phone, and not getting anywhere, it’s just like melt down. And I can’t deal with it.”

FERGUS, MALE, 45-49, EMPLOYED PART-TIME, UNIVERSAL CREDIT

“So you end up falling back in to a deeper little hole. And then it just subsides and that hole gets bigger and bigger, and you’re stuck in it and you think which way am I going to turn? I took an overdose, because of the stress.”

THOMAS, MALE, 35-39, DISABLED PERSON, NOT IN PAID WORK, EMPLOYMENT AND SUPPORT ALLOWANCE

- UK policy statements largely assume that a combination of support and sanctions (i.e. welfare conditionality) increases motivation to find employment or return to work. However, the circumstances of people with mental health problems are rarely considered and mental health remains invalidated within the welfare system.
- Meanwhile, in case of people with mental health problems, welfare conditionality does not lead to the assumed behavioural change. It actually can move them away from employment. Return to work at own pace is crucial.

“It actually feels frankly like another shitty stick with which to beat us [...]. I’m in a position where if I’m forced back into work too quickly it’s not going to work and I’m going to be back to where I was before, which is going to cost the government even more money and I don’t want to be there, nobody wants that, including them.”

CHRISTINE, FEMALE, 40-44, LONE PARENT, DISABLED PERSON, NOT IN PAID WORK, EMPLOYMENT AND SUPPORT ALLOWANCE

“I just simply wasn’t ready to work. I’d spent years being able to cope with all my finances, never in debt or anything like that and then from the time of having to leave my job and getting another job, I just had several years of a downward spiral and, yes, being put in the group where [...] you’re kind of ready for work. [...] That wasn’t the right category for me which caused a lot of sanctions.”

ROSIE, FEMALE, 35-39, DISABLED PERSON, NOT IN PAID WORK, EMPLOYMENT AND SUPPORT ALLOWANCE

Conclusions

- There are significant discrepancies between what UK and Scottish policy documents advocate for with regard to welfare conditionality and the actual experience of people with mental health problems.
- Despite being increasingly present in the policy discourse, mental health remains invalidated within the welfare system.
- Pressures and poverty arising from conditionality and sanctions are likely to exacerbate mental health problems and keep people away from employment.

Further reading

Stewart ABR, Gawlewicz A, Bailey N, Katikireddi SV and Wright S (2020) *Lived experiences of mental health problems and welfare conditionality*. Working Paper. University of Glasgow, Glasgow.

[Click to download](#) 

2

Experiences of mental health problems and welfare conditionality in the UK

This chapter presents key findings on the experiences of 'welfare conditionality' for people with mental health problems in the UK. It draws on the experiences of 144 people with mental health problems who either receive a benefit (e.g. Jobseeker's Allowance, Universal Credit, Employment and Support Allowance) or are in employment.

Background

- With the evidence that work can be good for health and wellbeing, the UK government aims to increase employment rates amongst people with disabilities, including in terms of mental health. This has operated alongside a broader policy of welfare reform carried out over the last two decades by successive UK governments.
- These reforms have sought to reduce welfare dependency by intensifying so-called 'welfare conditionality'. Welfare conditionality aims to 'correct' claimants' behaviour and increase motivation to find employment through a combination of support and sanctions. One way to determine whether claimants are fit for work and/or eligible for a benefit is through medical examination - so-called Work Capability Assessment.
- Work Capability Assessment uses a points-based system to evaluate an individual's ability to perform certain activities. In doing so, it establishes whether they can get or continue getting a benefit. The outcomes of the assessment can be the following: 1) fit for work, 2) unfit for work but fit for work-related activities (e.g. job search assistance, work taster placement), 3) unfit for work and work-related activities.

Evidence base

The chapter is based on 144 interviews conducted as part of a separate research project called *Welfare Conditionality*. These interviews were re-analysed with the purpose of better understanding experiences of welfare conditionality for claimants with mental health problems. Significant proportion of participants in this sample reported depression (two thirds) and anxiety disorder (one fourth) but there were also cases of bipolar disorder, post-traumatic stress disorder, schizophrenia and borderline personality disorder alongside alcohol misuse and drug addiction. Importantly, many participants had more than one mental health problem and/or a physical disability at the same time.

Analysis

- Participants reported largely negative experiences of the Work Capability Assessment. It was widely viewed as compassionless, intimidating, casting doubt on medical conditions and anxiety inducing. Participants argued that it had predominantly physical focus and was inadequate to discuss their mental health or the impact it had on their daily life.

"[The medical assessment] is demeaning, condescending, it is painful, it is damaging, it actually makes your disability worse if you've got some disability. And it is completely unproductive. It doesn't get people work. Nothing in what they've done to me has assisted me in getting back in to the employment market. So these people are paid to torture me basically, for money I don't get."

DONNA, FEMALE, 50-54, DISABLED PERSON, EMPLOYMENT AND SUPPORT ALLOWANCE

"[They ask you] silly little thing like [...] 'Can you stand on your toes?' [...] but they don't take into account the emotional side. [...] Just because I can look somebody in the eye, and just because I can speak clearly enough doesn't mean to say that I'm not depressed and no upset."

KATHERINE, FEMALE, 45-49, DISABLED PERSON, EMPLOYMENT AND SUPPORT ALLOWANCE



- A substantial minority of participants, including those with multiple problems both mental and physical, said that they were found 'fit to work' following their assessment.

“ They decided because I can lift my arms up that I was able to work. ”

JOHN, MALE, 55-59, SELF-EMPLOYED, UNIVERSAL CREDIT

“ I did get quite tearful [...] and she could see that I wasn't in a good place. I was nothing but truthful. [...] I didn't have to ham it because I don't want to do that, but when they say you are fit for work, what can you do? ”

LOUISE, FEMALE, 45-49, JOB SEEKER, UNIVERSAL CREDIT

- Participants reported that welfare conditionality was disempowering through the way job search expectations were set with little opportunity for negotiation. Many argued that there was an overall lack of support with often no consideration given for mental health problems. They also said that rather than being supported towards employment they felt under intense pressure to constantly meet all expectations without failure.

“ They don't delve into your situation. Every time it's a different person so every time you need to tell the whole story 'My son is on child protection. I faced domestic violence in the past. I am on benefits. I can't do work because I'm attending some counselling and everything'. Every time you need to repeat it. Then this is what they say 'But you need to start looking for work'. So it's a limited amount you have to listen. ”

YASMIN, FEMALE, 40-44, LONE PARENT, CHILD AND HOUSING BENEFIT

“ Every time I go in and sign on, I feel like I am signing my name to the fact that in the past two weeks I have failed to find a job. [...] It's got harder to approach [staff at the Jobcentre], it's got harder to walk in there, and that feeling of failure is even more evident actually, because the pressure's been put more onto you to find work, to find something. But in fact you feel like you've done something wrong. ”

HELEN, FEMALE, 45-49, JOB SEEKER, CHILD AND HOUSING BENEFIT

Conclusions

- The experience of welfare conditionality among people with mental health problems is largely negative. Welfare conditionality does not have a positive impact on their behaviour.
- The Work Capability Assessment is viewed as profoundly stressful and having a predominantly physical focus among people with mental health problems.
- The pressures arising from conditionality and its disempowering nature are likely to exacerbate mental health problems.

Further reading

Stewart ABR, Gawlewicz A, Bailey N, Katikireddi SV and Wright S (2020) *Lived experiences of mental health problems and welfare conditionality. Working Paper*. University of Glasgow, Glasgow.

[Click to download](#) 

Dwyer P, Scullion L, Jones K, McNeill J and Stewart ABR (2019) 'Work, welfare, and wellbeing: The impacts of welfare conditionality on people with mental health impairments in the UK'. *Social Policy & Administration* 54(2): 311– 326.

3

Constructions of mental health and problematic alcohol use within UK's health and welfare policy

This chapter looks at how mental health and alcohol-related problems are understood and constructed in UK policy statements, in particular in reference to employment.

Background

- With the evidence that work can be good for health and wellbeing, the UK government aims to increase employment rates amongst people with mental health problems. This has operated alongside a broader policy of welfare reform carried out over the last two decades by successive UK governments.
- These reforms have sought to reduce welfare dependency by intensifying so-called 'welfare conditionality'. Welfare conditionality aims to 'correct' claimants' behaviour and increase motivation to find employment through a combination of support and sanctions.
- In addressing these efforts, the Scottish Government has portrayed itself as radically diverging from UK policy, particularly in relation to social security and employability, which it has significant devolved powers to legislate on.
- In this context, it is important to understand how mental health, problematic alcohol use, and employment are defined and configured in relation to each other in both UK and Scottish policy statements.

Evidence base

The chapter is based on the analysis of **15 most recent UK and Scottish policy documents and independent reviews** related to mental health and problematic alcohol use. This covers 7 UK government policy documents, 6 Scottish policy documents and 2 independent reviews published between 2006 and 2018. A list of these documents and details of the methodological approach underpinning this chaptering can be found in **Analysis Protocol** stored in the University of Glasgow online repository.

Analysis

- There is a broad coherence across mental health strategies outlined in the UK and Scottish policy documents which all emphasise that that mental health needs to be taken seriously. Mental health is presented as the crucial lynchpin upon which overall social policy depends, and a range of UK and Scottish government departments and agencies are to acquire additional responsibilities to promote good mental health.
- There is also consensus about the need for policies that increase support for people with mental health problems entering, sustaining and returning to employment.

"Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part."

DEPARTMENT OF HEALTH 2011, PAGE 5

"Working to improve mental health care is not just the preserve of the NHS or the health portfolio. We will be working not only across the Scottish Government, but also across the wider public services to harness the broadest range of opportunities to improve the population's mental health."

SCOTTISH GOVERNMENT 2017B, PAGE 8

- However, there is a significant difference in how UK and Scottish policy documents understand the relationship between mental health and social inequality/poverty. The UK government documents consider social problems (such as poor mental health, homelessness, unemployment and substance misuse) to be the primary cause of poverty and inequality. Meanwhile, the Scottish documents consider poverty and inequality as a fundamental cause of mental health problems.

"Mental health problems can also contribute to perpetuating cycles of inequality through generations."

DEPARTMENT OF HEALTH 2011, PAGE 9

"inequalities [...] can both cause and be the result of mental health problems"

DEPARTMENT OF HEALTH 2011, PAGE 20



“Poverty is the single biggest driver of poor mental health.”

SCOTTISH GOVERNMENT 2017B, PAGE 8

“Poverty and social exclusion can increase the likelihood of mental ill health, and mental ill-health can lead to greater social exclusion and higher levels of poverty”

SCOTTISH GOVERNMENT 2017B, PAGE 11

- There are also differences in what form welfare reforms should take. At the UK level, there is clear preference for interventions targeting people’s attitudes towards work, especially negative attitudes. UK welfare reforms encourage employment on the assumption that ‘worklessness’ contributes to mental health problems. Instead, Scottish documents present UK welfare reform as damaging to mental health and express preference for a protective social security system that reduces poverty and inequality.

“We know that two different people can have the same health condition and yet have different beliefs about their ability to work. A person’s belief about what they can do can be as important as other factors, including their health condition, in determining how likely they are to find a job.”

DEPARTMENT FOR WORK AND PENSIONS 2013, PAGE 4

“We have done a lot to transform the context in which people with a health condition think about work. The fit note has changed the focus so that we concentrate on what people can do rather than what they can’t do.”

DEPARTMENT FOR WORK AND PENSIONS 2013, PAGE 4

“Our overarching aim is to create a social security system in Scotland that is based on dignity, fairness and respect. This will be a system that helps to support those who need it and when they need it. We will ensure that this works for people with mental health problems.”

SCOTTISH GOVERNMENT 2017B, PAGE 8

“Actions to ensure sufficient income for all, including those who can’t earn, can help. For example, ensuring there are local actions in place to provide financial inclusion services; providing accessible services and support for debt advice and mitigating the impact of welfare reform.”

NHS HEALTH SCOTLAND 2016, PAGE 20

- UK and Scottish policy documents understand problematic alcohol differently. The UK Government’s policy portrays alcohol misuse as minority misbehaviour that requires a firm criminal justice response. Meanwhile, the Scottish Government presents alcohol as a public health issue affecting ‘everyone’.

“I know the proposals in this strategy won’t be universally popular. But the responsibility of being in government isn’t always about doing the popular thing. It’s about doing the right thing. Binge drinking is a serious problem. And I make no excuses for clamping down on it.”

HM GOVERNMENT 2012, PAGE 6, DAVID CAMERON’S FOREWORD

“This isn’t about only targeting those with chronic alcohol dependencies or those who suffer the greatest health inequalities, (although we recognise that these groups suffer the greatest harm and that they require specific supports and interventions). [...] Our approach is targeted at everyone, including the ‘ordinary people’ who may never get drunk but are nevertheless harming themselves by regularly drinking more than the recommended guidelines.”

SCOTTISH GOVERNMENT 2009, PAGE 7

- Some consideration is given to the relationship between alcohol and mental health. Supporting mental wellbeing is seen as a way to help prevent alcohol misuse. There is also some recognition (though limited) that ‘dual’ mental health and alcohol services are needed rather than treating these issues in separation.

“Improving co-ordination between mental health, drugs and alcohol services is important for improving outcomes for the most vulnerable and excluded.”

DEPARTMENT OF HEALTH 2011, PAGE 36-7

“We are also keen to explore the opportunities for developing psychological therapies as a generic form of behavioural change intervention which can lead to positive outcomes not only for those with mental health issues but also for those with co-morbidities arising from alcohol and drugs misuse.”


SCOTTISH GOVERNMENT 2009, PAGE 26

- However, problematic alcohol use remains marginal to welfare and employment strategies. The relationship between alcohol and welfare/employment is mostly discussed in relation to economic contribution and jobs created by the alcohol industry.

Conclusions

- Policy makers acknowledge that mental health needs to be taken seriously and to be actively promoted.
- Policy makers recognise the need to increase support for people with mental health problems in employment or those who wish to enter or return to employment.
- Problematic alcohol use is largely detached from debates on employment and welfare.
- There are differences in how UK and Scottish governments understand the underlying causes of mental ill-health and problematic alcohol use.
- There are differences in UK and Scottish government’s approaches to designing welfare reforms.
- Policy makers recognise the need for ‘dual’ mental health and alcohol services.

Further reading

Gawlewicz A, Stewart ABR, Bailey N, Katikireddi SV and Sharon Wright (2020) *Analysis Protocol: Constructions of mental health and problematic alcohol use within UK’s health and welfare policy*. Glasgow, University of Glasgow. [Click to download](#) 

Stewart ABR, Gawlewicz A, Bailey N, Katikireddi SV and Wright S (2020) *Lived experiences of mental health problems and welfare conditionality*. Working Paper. University of Glasgow, Glasgow.

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