

Preventable harm: creating a mental health crisis

Mo Stewart

Mo Stewart is Independent
Disability Studies Researcher
based at Wisbech,
Cambridgeshire, UK.

Abstract

Purpose – *The purpose of this paper is to examine the preventable harm created by the adoption of austerity measures in 2010, added to the welfare reforms introduced in 2008 which, collectively, have negative implications for population mental health in the UK.*

Design/methodology/approach – *A critical reflection of published research papers and key policy documents in this area.*

Findings – *Negative mental health consequences of the combined impact of welfare reforms and austerity measures in the UK since 2010 are identified when relating to disability benefit assessments, and to the increased punitive conditionality applied to disability benefit claimants, as those in greatest need now live in fear of making a claim for financial support from the state or of losing benefits to which they are entitled.*

Research limitations/implications – *This paper identifies the creation of preventable harm by social policy reforms, commonly known as “welfare reforms”. The implications for social scientists are the disregard of academic peer-reviewed social policy research by policymakers, and the adoption of critically challenged policy-based research as used to justify political objectives.*

Practical implications – *The negative mental health impact of UK government social policy reforms has been identified and highlights the human consequences of the adoption of the biopsychosocial model of assessment.*

Social implications – *Reducing the numbers of sick and disabled people claiming long-term disability benefit has increased the numbers claiming unemployment benefit, with no notable increase in the numbers of disabled people in paid employment and with many service users in greatest need living in fear of the next enforced disability assessment.*

Originality/value – *This paper demonstrates the preventable harm created by the use of a flawed disability assessment model, together with the adoption of punitive conditionality and the increased suicides linked to UK welfare reforms which are influenced by American social policies.*

Keywords *Welfare reform, Preventable harm*

Paper type *Research paper*

Introduction

The prevalent intimidation of chronically ill and disabled people by the Department for Work and Pensions (DWP) is a public health concern, not least because of the relationship between physical and mental health and the fact that deteriorating mental health can accelerate a deterioration in physical health (Doherty and Gaughran, 2014).

This intimidation by the DWP (Garthwaite, 2011) has historic relevance, and was very carefully planned. Since the adoption of neoliberal politics (Birch, 2017), every UK government has worked towards the eventual demolition of the welfare state (Stewart, 2016, p. 5). Included in this ultimate goal is the future adoption of private healthcare insurance to replace social security funding for long-term sickness and disability benefit, as first suggested in 1982 by the Conservative Prime Minister, Margaret Thatcher (Travis, 2016). In 1994, the John Major Conservative government invited the American corporate healthcare insurance giant UnumProvident Insurance to advise on future UK welfare claims management. By 1995, Unum adviser John LoCascio co-authored an academic paper with the UK government's

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medical adviser Mansel Aylward. "Problems in the assessment of psychosomatic conditions in social security and related commercial schemes" (Aylward and LoCascio, 1995), which challenged the role of general practitioners and argued that family doctors should not be expected to determine a patient's incapacity.

In 2005, Mansel Aylward left his role as the government's medical adviser when appointed as the Director of the new UnumProvident Centre for Psychosocial and Disability Research at Cardiff University, which was funded with £1.6m by the American corporate government advisers (Cover, 2004). Representing the Blair Labour government, in 2005 the DWP commissioned Mansel Aylward and his colleague Gordon Waddell to produce research to identify future welfare cost reductions. "The Scientific and Conceptual Basis of Incapacity Benefits" (Waddell and Aylward, 2005) was published in October 2005, and recommended the use of a biopsychosocial (BPS) model of assessment for disability benefit claimants, which is a non-medical assessment and totally disregards medical opinion. The methodology used by Waddell and Aylward was the same one that informed the work of UnumProvident (Rutherford, 2007, p. 47) and recommended the use of sanctions, which meant the removal of a claimant's total income from between one to four weeks, with the average sanction being four weeks. Some sanctions can last six months or longer (Bloom, 2017).

The 2005 government commissioned report "The Scientific and Conceptual Basis of Incapacity Benefits" (Waddell and Aylward, 2005) recommended the reduction of incapacity benefit (IB) claimant numbers by 1m (p. 12), the reduction of the value of the disability benefit to the same funding used for unemployment benefit (p. 99) and the use of benefit sanctions for non-compliance of conditionality by claimants (pp. 165-7). In time, these recommendations would be adopted by the DWP and would create preventable harm, which negatively impacted on public mental health (Mehta *et al.*, 2018; Barr *et al.*, 2015).

The manipulation of British public opinion increased with the 2006 Green Paper (DWP, 2006), which promised increased support for sick and disabled benefit claimants qualified by claimant responsibilities. In reality this meant an increase of punitive benefit sanctions by the DWP in cases of non-compliance (Webster, 2015) that removes 100 per cent of disability benefit income, which is linked to starvation (Gentleman, 2014) and death (Elward, 2016; Ryan, 2015).

The creation of preventable harm

From 1997 to 2010, the labour government(s) made welfare reform the top priority when adopting a "workfare" agenda in an effort to reduce the unemployment totals. The Labour Prime Minister, Tony Blair, was keen to reduce the future financial burden of the welfare state when using neoliberal politics and adopting American social and labour market policies (Daguerre, 2004; Daguerre and Taylor-Gooby, 2004), which was the continuation of the Thatcher neoliberal social policy agenda (Scott-Samuel *et al.*, 2014).

By definition, "preventable harm" is identified as the "presence of an identifiable, modifiable cause of harm" in healthcare (Nabhan *et al.*, 2012). The removal of the clinical opinion of family doctors for claimants of long-term sickness and disability benefit was destined to cause preventable harm with the adoption of IB in 1995. IB had replaced invalidity benefit, which was previously allocated using the opinion of the family doctor. IB was introduced with the adoption of the All Work Test, using a non-medical assessment conducted by doctors employed by the government (Rutherford, 2007).

Despite using the All Work Test, which marginalised the opinion of the family doctor, by 2005 the numbers of IB claimants had reached 2.7m and included 39 per cent claiming IB for a mental health problem, which was almost 1m (Rutherford, 2007). There was therefore a need to adopt a more stringent restriction to disability benefit, and this would be achieved by the DWP with the adoption of the Waddell-Aylward non-medical BPS assessment model (Stewart, 2018a, b).

Guided by UnumProvident Insurance, there was a growing political consensus that too many people were workless when supported by IB (Freud, 2007, p. 1). Eventually, there would

be a significant change in political direction to reverse this trend (Rutherford, 2007, Stewart, 2018a, b), with political claims of the need to reduce IB claimant numbers by 1m, suggesting that chronically ill people suffering with a mental health condition were of no concern.

Introduced in October 2008 by the Gordon Brown Labour government, IB was replaced with the Employment and Support Allowance (ESA). To access the ESA sick and disabled claimants were required to subject themselves to the compulsory Work Capability Assessment (WCA), which is the adoption of the critically challenged (Shakespeare *et al.*, 2016) Waddell–Aylward BPS model of assessment. The WCA was adopted for the assessment of all new ESA claimants and the future reassessment of all IB claimants. As a functional assessment which disregards medical diagnosis, prognosis, past medical history and prescribed medicines (Stewart, 2018a, b), the ESA assessment process using the WCA is fatally flawed (Patrick, 2012; BMA, 2013; WPSC, 2014; Garthwaite, 2014; Barr *et al.*, 2015; Baumberg *et al.*, 2015; Mehta *et al.*, 2018).

Several months after the publication of the Waddell and Aylward (2005) report, UnumProvident (2006) Insurance provided a supplementary memorandum as written evidence to the Work and Pensions Select Committee regarding the ESA and WCA, where the company identified their “non-medical” assessment model:

At UnumProvident we have a non-medical, enabling model of rehabilitation and we are working with our partners at the UnumProvident Centre for Psychosocial and Disability Research at Cardiff University to better understand what makes people at risk of long-term or chronic illness. (UnumProvident, 2006)

The WCA was demonstrated to negatively impact on public mental health when using neoliberal politics (Watts, 2018; Mills, 2018). Recommended by the former banker and labour government adviser David Freud (Freud, 2007) the WCA was conducted by the private sector, at an eventual cost to the public purse of £1.6bn (PAC, 2016), over a three year period, to conduct disability assessments for the ESA and related disability benefits. The distress created for disability benefit claimants by repeated WCAs for serious health conditions, particularly those that cannot improve, created a negative impact on public mental health. These adverse trends in public mental health associated with the WCA were identified in 2015 by Dr Ben Barr and colleagues (Barr *et al.*, 2015) and were reported by Lewis Elward:

As well as this wave of unnecessary and preventable deaths, the WCAs impacts include 279,000 additional self-reported mental health cases and 725,000 additional anti-depressant prescriptions and such mental health distress levels contributed to the 590 associated suicides between 2010-13. (Elward, 2016, p. 29)

Led by Prime Minister David Cameron, the election of the Conservative-Liberal Democrat Coalition government in 2010 was guaranteed to increase preventable harm for many with the adoption of austerity measures to add to the ongoing welfare reforms. Funding for public services was to be drastically cut, as was funding for the Local Authorities who provided social care in the community (Cummins, 2018). The adoption of austerity measures added to the reduction of social care in the community was always going to cause preventable harm, and so the Coalition government needed to distract attention from its policies and to lay the blame at someone else’s door.

This was achieved as Iain Duncan Smith MP, when Secretary of State for Work and Pensions, spent five years discrediting claimants of disability benefit at every opportunity (Stewart, 2017), which the tabloid press willingly reported (Hall, 2011). This amounted to what has been described as a “thinly-veiled character assassination” against disability benefit claimants (Garthwaite, 2011).

Discrediting chronically ill and disabled people who were unable to work was very easy to achieve, was guaranteed to negatively impact on public mental health (Beresford, 2016; Garthwaite, 2014) and was necessary to remove the psychological security provided by the welfare state, on route to its eventual total demolition (Stewart, 2016). There would be grave human consequences to this removal of guaranteed financial support by the state for those in greatest need. The constant threat of sanctions led to fear and a significant rise in suicides of ESA claimants (DNS, 2017a, b; Ryan, 2015), and the endless public humiliation of disability

benefit claimants by DWP Ministers was negatively impacting on mental health service users. Professor Peter Beresford (2016) identified the problem:

Welfare reform has been particularly damaging to mental health service users because of the fluctuating nature of many conditions. And Work Capability Assessments, used to decide who is fit for work, have been designed in such a way that can actively discriminate against mental health service users. This leaves people especially vulnerable and puts their mental health further at risk. (Beresford, 2016)

The human consequences of preventable harm

A lot of evidence has identified the negative human impact of austerity measures and welfare reforms on public mental health and, especially, the psychological terror imposed by the adoption of the fatally flawed WCA, which is unfit for purpose (BPS, 2016). The former psychological security of the UK welfare state for anyone whose doctors had deemed their patients unfit to work has been removed, and public opinion of disability benefit claimants has successfully been tarnished (Stewart, 2017).

The WCA “is intrusive, insensitively administered and regularly leads to inappropriate outcomes in respect of disabled people’s capabilities” (Dwyer *et al.*, 2018). Used to restrict access to the ESA and its successor benefit, Universal Credit, there are three possible WCA outcomes which are move to unemployment benefit when deemed to be fit for work, entry to the Support Group for those with the most severe health problems or, most commonly, entry to the Work Related Activity Group (WRAG).

Detailed testimony has identified that the imposition of harsh sanctions by the DWP was life- threatening for some benefit applicants (Mehta *et al.*, 2018), as published research results demonstrated the numbers of ESA claimants placed into the WRAG following a WCA. Detailed public surveys (Barr *et al.*, 2015; Mehta *et al.*, 2018) identified the problems experienced by chronically ill and disabled benefit claimants in the WRAG, which is negatively impacting on mental health leading many claimants to thoughts of suicide, as demonstrated in the research conducted by Dr Jay Mehta *et al.* (2018) in association with Inclusion London:

The impact of Sanctions was life-threatening for some participants. The underlying fear instilled by the threat of Sanctions meant that many participants described living in a state of constant anxiety. This state of chronic fear is unlikely to enable people to engage in work related activity and so is an ineffective psychological intervention. This was exacerbated by the unpredictable way that Conditionality was applied, leaving some participants unsure how to avoid Sanctions. (p. 5)

Charlie then described meeting the same advisor who had sanctioned him following the Christmas break and how it has affected him since (p. 12):

So finally, when new year had ended I had to go back and sign with that same woman who sanctioned me. She said that being sanctioned had shown her that I didn’t have a work ethic. Now I’d been working pretty much solidly since I was 16 and it was only out of redundancy that I was out of work [...] The problem I had with that was the woman who sanctioned me was in the same place and it made me extremely nervous. I now have a problem going into the Job Centre because I literally start shaking because of the damage that the benefit sanction did to me [...] So yeah that was part, the sanction was one of the reasons that triggered the mental health problems I’m having now [...] it was awful and I ended up trying to commit suicide [...] to me that was the last straw and I went home and emptied the drawer of tablets or whatever and ended up in A&E for a couple of days after they’d pumped my stomach out (Charlie, p. 12). (Mehta *et al.*, 2018)

Consequently, long-term sick and disabled claimants in need of financial support by the state live in fear of the DWP, as the ESA is currently being phased out and replaced with Universal Credit. Claimants have been intimidated over a period of years, are very conscious that public opinion is against them and that they are treated with suspicion, not empathy (Garthwaite, 2014). Suicides linked to ESA assessments are climbing (Mills, 2018; DNS, 2017a, b; Ryan, 2015), and a growing number of benefit-related deaths are associated with sanctions (DNS, 2017b) in what has been described as “Britain’s secret penal system” (Webster, 2015). One NHS statistical survey revealed that almost half of ESA claimants had attempted suicide at

some point, and consultant clinical psychologist, Dr Jay Watts, reacted to the statistics, as reported by the Disability News Service:

Being treated like a second-class citizen, being blamed for not being an ideal neoliberal subject, being denied the basic financial means to survive, being sanctioned for being too ill to make an appointment – these belittlements monopolise the internal world and the result is now often suicide. (DNS, 2017a, b)

Conclusion

The UK has been “importing” American social and labour market policies since 1997 (Daguerre, 2004), and that includes the American system of disability denial via the income replacement insurance industry. Successfully manipulated by consecutive UK governments, the previous public empathy for the chronically ill and disabled community has been eroded. Every chronically ill and disabled claimant is conscious of the fact that the WCA was designed to restrict access to disability benefit, and they are also aware that public opinion is now suspicious of disability benefit claimants. The national press and media resisted alerting the public to the fact that the Waddell–Aylward BPS model of assessment, as used for the WCA, has failed all academic scrutiny; identified in 2016 by Professor Tom Shakespeare and colleagues as having “no coherent theory or evidence behind this model” and demonstrating “a cavalier approach to scientific evidence” (Shakespeare *et al.* 2016).

The influence of corporate America on future UK welfare reforms has been ongoing since 1994 when UnumProvident Insurance became official government advisors for welfare claims management, and successive UK governments have successfully manipulated the British public on route to the planned future demolition of the UK welfare state (Stewart, 2016). The identified preventable harm created by various DWP policies to make this political ambition happen is totally disregarded, and chronically ill and disabled people who are unable to work feel persecuted. Claimants with physical disabilities are being afflicted by the onset of mental health problems as this perceived DWP persecution continues. The DWP justify extremes of benefit conditionality whilst overlooking the human consequences of sanctions, which do not increase the numbers moving into paid employment and are deemed to be “psychological tyranny” (Stewart, 2018b) and “the application of welfare conditionality consistently had the opposite effect and pushed disabled people [...] under the threat of sanctions [...] further away from work” (Dwyer *et al.*, 2018).

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Corresponding author

Mo Stewart can be contacted at: Mozzas01@gmail.com

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