

CLINICAL HEALTH PSYCHOLOGY NETWORK

Guidance for Psychologists on Supporting Clients with Physical Health Needs through DWP Benefits Processes

July 2023

There has been a call from psychologists to receive more clarity from professional bodies in relation to their role in the context of the benefits system, and to receive support in how to practise effectively in this context (Cantrell et al., 2021). We hope that this document can contribute towards this much-needed support. It has been produced with psychologists working in clinical health settings in mind, but we hope that the information that we have drawn together will be useful to practitioners across disciplines and beyond physical health settings.

Why is this a role for psychologists?

Firstly, we work with our clients as whole people, helping them to formulate their difficulties and intervening at the points which are most meaningful to them and where effective change is most possible. It is important for us to tailor our work to our clients' individual needs and to keep sight of the bigger picture. This is also supported by the health economic argument for increasing efficient usage of healthcare by reducing crisis and unplanned healthcare usage.

Secondly, financial security is a vital human need. As described by Maslow's hierarchy of needs, it is difficult for anyone to engage fully in therapy or address other issues if they are not confident that their basic needs for food and shelter will be met. Supporting clients to gain the benefits to which they are entitled is not counter to a model of rehabilitation and recovery. Rather, it contributes to the development of a safe foundation on which this work can be built. We have an ethical and professional responsibility to help our clients stay as well as possible and to attain an adequate standard of living and social protection, as defined by the UN Convention on the Rights of Persons with Disabilities and the Equality Act 2010 (particularly for

professionals working for public sector organisations covered by the Public Sector Equality Duty).

Thirdly, navigating the benefits system is highly stressful, frightening, distressing and anxiety provoking, as well as shaming and stigmatising. Stigma may be internalised and existing beliefs may be triggered, such as being disbelieved, unworthy of care, or not good enough (e.g. as a parent or provider). Traumatic memories, such as having been bullied, may be evoked. Lack of control may lead to hopelessness, sense of entrapment and increased risk of suicide. Our skills are highly relevant to the work of supporting clients to manage these emotional impacts, and helping assessors, who do not have specialist psychological knowledge, to understand them.

Fourthly, we have skills relevant to writing effective letters of support. As practitioner psychologists, we have specialist expertise in understanding and conveying the nature and impact of complex interplays of physical, cognitive and mental health needs. We are skilled in providing succinct and accessible narrative formulations, which can be particularly helpful when a case goes to tribunal. These skills are also highly relevant to communicating at strategic and policy levels about the impact of the benefits system on physical and psychological wellbeing.

Helping clients to manage their expectations

Only 50% of initial assessments for Personal Independence Payment result in the benefit being awarded (<https://www.chroniclelive.co.uk/news/cost-of-living/dwp-benefits-blow-pip-thousands-25153421>). Conversely, around 50% of people whose initial assessments are unsuccessful appeal to tribunal and 70% of appeals are successful, even if no additional evidence is presented (<https://www.theguardian.com/society/2022/oct/01/unforgivable-uk-government-errors-denied-thousands-disability-benefits>).

Support and advice from a benefits advice service such as the Citizens' Advice Bureau makes it more likely a claim will succeed. Evidence from a specialist who knows the patient well is the best predictor of success at this stage, making writing letters of support a highly effective use of our time.

Writing an effective letter of support

It is vital to be aware that the DWP does not proactively contact clinicians, so the initiative is with us and our clients to provide letters of support.

Excellent detailed general advice on this is available from the following sources:

[https://citizensadvicefeignbridge.org.uk/wp-](https://citizensadvicefeignbridge.org.uk/wp-content/uploads/Med_Evidence_WCP_Guidance_final_14dec.pdf)

[content/uploads/Med Evidence WCP Guidance final 14dec.pdf](https://citizensadvicefeignbridge.org.uk/wp-content/uploads/Med_Evidence_WCP_Guidance_final_14dec.pdf)

<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/other-policy-areas/social-inclusion/personal-independence-payment-providing-clinical-evidence>

<https://asylummagazine.org/2018/08/supporting-claimants-a-practical-guide-by-jay-watts/>

The aim of this guidance, in combination with these documents, is to enable psychologists to produce effective letters of support in a time-efficient way.

Key points:

- Ensure you are familiar with the criteria used for the process your client is navigating.
- Write clearly, explicitly and including as much detail as possible, and not assuming the assessor will have knowledge of the issues you are describing.
- Take into account aids and adaptations that your client relies on, but might not mention unless specifically asked about.
- Focus on problems and limitations, not strengths, as we often do in therapy. If someone does not have a formal mental health diagnosis, you might state that their symptoms are “in line with” a relevant diagnosis and describe their impact.
- As much as possible, base your comments on your direct observation and evaluation of the client's abilities and limitations. State how long you have known the client. At appeal, this will enable your evidence to be weighted more strongly than that from the DWP assessor, who will have met the client more briefly.
- Share your report with the client before you submit it, to invite their feedback and so that they are not surprised by anything which is mentioned during the assessment.
- Specifically, recall that the client must be able to do the task under consideration reliably (every time they need to do it), repeatedly (without needing breaks), safely (without risk to themselves or others)

and in a timely manner (taking no more than twice the time a person with no difficulties could reasonably be expected to take).

- State clearly the purpose of your report, and that it should not be used for any other purpose without your consent.

A case example

Alan is 55 years old. In his early childhood he had multiple traumatic and abusive experiences. Throughout his life he has lived with psoriasis, which affects his skin and joints. He has experienced being failed by services and, understandably, believes that systems cannot be trusted and will not help him. His joint problems cause pain and limit his mobility, and his skin condition requires emollient cream treatment several times a day. These creams have a smell which he is very conscious of, and they stain his clothes, making him feel dirty and greasy. He worked when he was younger as a labourer on a farm, which he enjoyed. However, his skin condition has worsened as he got older and he is experiencing constant pain in relation to it.

Alan was rejected for Disability Living Allowance and was living on Income Support, on which he was unable to eat or heat his home properly. This directly led to worsening of his condition. He was called regularly to ask why he was not working, which reinforced his beliefs that he was useless and a burden to society and increased his suicidal thoughts and intent. Supporting him in accessing Personal Independence Payment has allowed him to secure better-quality housing and to follow a healthier lifestyle. He can afford to cook and to eat fresh fruit and vegetables. He now has fewer flare-ups of his condition, because of the reduced stress. His mobility is better and his pain reduced. He attends his appointments regularly now he is no longer ashamed of the emollient cream stains on his clothes. His quality of life has improved and he is no longer using mental health crisis services.

Some questions to bear in mind

General considerations

- Are all of the person's physical and psychological conditions being taken into account?
- How do they interact with and compound one another? For example, anxiety may impair attention and memory, resulting in missing medication doses and increased physical symptoms.
- How variable and predictable are their symptoms?
- How do stress and pressure impact the person's symptoms? Are there ways in which this stress can be mitigated?

- What coping or mitigation strategies do they have to use (e.g. avoidance of public transport or certain places or situations which might be linked to past traumatic experiences; do they use headphones to block out voices)?
- Is this a chronic or acute condition? How likely is it that their daily functioning might improve with treatment?
- What support does the person need to function at their best?
- Have they experienced trauma which might impair their ability to engage with a benefits assessment or make them vulnerable to being re-traumatised by it, to the detriment of their mental and physical health?
- Do they have the literacy, executive and other skills to navigate the process of claiming benefits, or are they likely to have understated their problems?
- Have their experiences led them to understate or mask their difficulties?
- Can they afford to attend their appointments (in person or remotely) and to be contactable by their clinicians?
- What are the apparent or likely impacts of undergoing the assessment process and being under pressure to work when unable to do so?
- Do their symptoms fluctuate? What are they like on the worst days?
- Does the person need to attend multiple medical appointments, with limited flexibility in when they are scheduled?
- Do the short- and long-term side effects of their medications impact on their ability to function?
- Does the person experience fatigue, which impacts on their ability to complete activities reliably, repeatedly, safely and in a timely manner?
- Is their sleep disturbed?
- Do they experience low mood, which can impact motivation and exacerbate the effects of physical limitations?
- Are they immunosuppressed and so highly vulnerable to infection?
- Do they experience unpredictable bowel urgency which makes it difficult to travel to a workplace, or attend meetings or perform tasks which require uninterrupted presence?

Some considerations relevant to specific conditions

This list is by no means exhaustive and we encourage psychologists to consider the relevant questions for the conditions their clients live with.

Pain

- How does their pain impact their functioning e.g. ability to prepare food -do they need help with cutting or opening cans? Can they stand for long enough to cook a meal? e.g. washing – do they need help to get in and out of the shower? To get off the toilet?
- What impact does pain have on their daily functioning and ability to walk?
- Does their medication affect their memory and concentration?
- Does pain affect their sleep, leading to fatigue and difficulty concentrating during the day?
- How does their pain affect their mental health?
- What impact does a flare up of pain have on their functioning?
- What impact does it have if they push through pain and fatigue e.g. to attend a hospital appointment – will this increase their symptoms the next day?
- What impact does pain have on their mood and how does this affect their ability to function?
- Do they have unmet social and care needs – such as a support worker or personal assistant – which worsen the impact of their symptoms?

Cancer

- For people who have experienced chemotherapy: do they have problems with memory, thinking or planning which make it difficult to complete everyday tasks?
- Are they immunosuppressed and highly vulnerable to infection, which means they are unable to physically go into work/use public transport?
- Are they needing to take long-term hormone treatments which could affect their mood, physical symptoms (such as hot flushes), and memory/cognition?
- Do they have late effects of cancer and its treatment, such as lymphodema?
- For people who have experienced surgery or radiotherapy for breast cancer: do they have restricted movement of their arms which make it difficult to complete everyday tasks?

Neurological problems

- Consider physical, emotional and cognitive effects
- Is the person more anxious, or more prone to strong or rapidly changing emotions? Are they able to regulate distress? Is their behaviour irritable, aggressive or disinhibited? Problems in these areas are likely to exacerbate the impact of physical symptoms.
- Consider weakness, motor skills, balance, co-ordination, speech, perception and visual neglect, route-finding, speed of processing, practical problem-solving, ability to make sense of complex information, memory, attention, literacy skills and executive function, including flexibility of thought, impulsivity and ability to start and complete tasks
- Do you have consent to share results from neuropsychological testing?
- What situations are particularly challenging and how do they mitigate these (e.g. navigating crowds, changes to routines, sensory sensitivities)?
- Are they able to drive or manage public transport? If so, does this restrict their ability to get to work or carry out the jobs they are qualified to do?
- Consider the person's awareness of danger and vulnerability to exploitation
- Does the person require support managing finances?
- Does the person have sensory sensitivities?
- Do they have a realistic awareness of their own abilities? This is particularly relevant in people with frontal lobe damage. It can be helpful to ask how close family members would describe their difficulties.
- Can their preserved skills disguise their impaired functioning? For example, do they have good language skills which mask their impaired executive functioning under structured interview conditions?
- Have they learnt to mask difficulties by learning desired responses?

Diabetes

- Can they afford a reasonably healthy diet?
- Do they struggle to identify hypoglycaemic episodes?
- Does stress worsen their glycaemic control?
- How do issues with their glycaemic control affect their mental health?
- Do they have any issues with eating which worsen their glycaemic control and ability to function?

Renal

- What is their dialysis schedule and how does this impact on their sleep routine and availability for work?
- What are the cognitive impacts of the disease and the effects of medication, dialysis and nutritional changes (diet and fluid restrictions)?
- Do they have a neck line, which increases the risk of infection?
- Are they having home peritoneal dialysis? This requires sterile environments to do fluid exchanges several times a day.
- Do they have a fistula? This can lead to reduced confidence due to body image issues and social anxiety.

Reference

Cantrell, E., Weatherhead, S., & Higson, H. (2021). Exploring the interface between mental health provision and the benefits system: clinical psychologists' experiences of working in the context of the UK benefits system. *Mental Health Review Journal*, 26(4), 353-365.

This document was written on behalf of the ACP-UK Clinical Health Psychology Network by

Jane Hutton and Simon Mudie, with additional contributions from Sarah Blackshaw, Jenna Love, Masuma Rahim, Andy Tyerman and the Liverpool University Hospitals Social Change Working Group (especially Erika Cantrell, Róisín Cunningham and Rob Dinwoodie) and expert advice from Dorothy Frizelle, Erika Cantrell and Kelly Camillieri

Revision date: July 2024