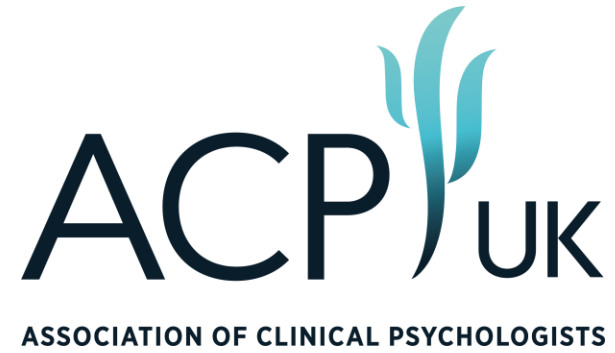


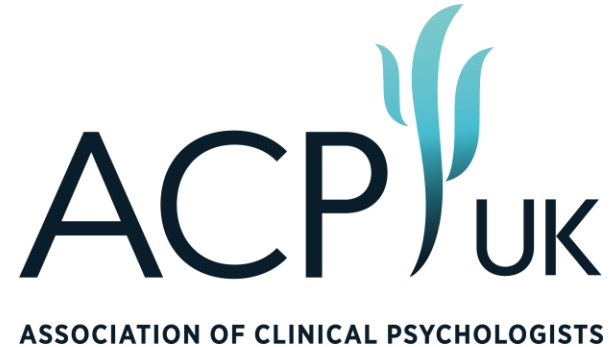
Guidance for Psychologists Supporting Clients through the DWP Benefits Processes

Our paper

- How and why
 - Key things to know
 - Links
 - Questions to have in mind
-
- Thanks to Erika Cantrell, Dorothy Frizelle, Sarah Blackshaw, Jenna Love, Masuma Rahim, Andy Tyerman, Róisín Cunningham and Rob Dinwoodie



Today's webinar



Supporting clients with disability benefits applications

Sara-Nicole Gardner BSc (Hons), MSc, MA, MSc, GradCert, MBPsS
Clinical Associate Psychologist / Research Assistant

Overview of my talk

1. My lived experience
2. Context
3. Is it our job?
4. Why is it so difficult?
5. Impact on clients
6. Writing supporting letters
7. Tips for clients

**"ACCEPTING YOURSELF AS
YOU ARE IS AN ACT OF
CIVIL DISOBEDIENCE.
LOVE YOUR BODY... IT
GIVES YOU LIFE."**



National Theatre

All of Us review - Francesca Martinez's urgent call for radical empathy

★★★★★

Dorfman theatre, London

Personal, political and polemical, this intensely moving play about disability and austerity challenges preconceptions



NICK HERN BOOKS

BUY SCRIPT

FRANCESCA MARTINEZ:

“I knew I wanted to write a play that explored how austerity was impacting different people... I also wanted to explore more universal themes like ‘What defines us?’ and also our notion of disability: ‘Is disability purely physical or medical-based or can we say that a lack of love or care can create different kinds of disabilities?’

I really wanted to look at the human condition and also to break down these arbitrary labels of disabled or able-bodied and try and focus on what we all share. We are on this planet spinning round in space. It’s time to concentrate on what we share and not what divides us.”

My lived experience

Navigating the benefits system after a disabling injury

Introduction

- 2020: Injury
- 2022: Clinical Associate Psychologist
- 2023: Research Assistant- health inequalities



Context

The disability benefits system

I will go after bogus disabled... some of them DO get better! Ex-TV host who is our new Work Minister on the UK's THREE MILLION claiming disability benefit

- Esther McVey, 45, is taking on the role of Minister for the Disabled
- Said she will pursue those who bogus claimants of disability allowance
- Claimed one in 17 could receive allowance within five years if rate continues
- Praised her demolition boss father Jimmy for her political views
- Said many of those classed as 'disabled' are not and that 'bodies heal'
- Also revealed she does not regret not having children and never got married as she 'never met the man'

By [SIMON WALTERS FOR THE MAIL ON SUNDAY](#)

PUBLISHED: 23:27, 30 March 2013 | UPDATED: 23:40, 30 March 2013

What is PIP for?

- Not means tested
- Intended to support people with the additional costs incurred as a result of managing a long term health condition or disability
- Two awards within PIP:
 - Activities of daily living
 - Mobility
- Each award has the standard and enhanced rate

Daily Living Activities

- Preparing food (/8)
- Taking nutrition (/10)
- Managing therapy/monitoring health condition (/8)
- Washing and bathing (/8)
- Managing toilet needs/incontinence (/8)
- Dressing and undressing (/8)
- Communicating verbally (/12)
- Reading and understanding signs/symbols/words (/8)
- Engaging with other people face to face (/8)
- Making budgeting decisions (/6)

1. Preparing Food

	POINTS	DESCRIPTION
A	0	can prepare and cook a simple meal unaided
B	2	Needs to use an aid or appliance to be able to either prepare or cook a simple meal
C	2	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave
D	2	Needs prompting to be able to either prepare or cook a simple meal
E	4	Needs supervision or assistance to either prepare or cook a simple meal
F	8	Cannot prepare and cook food

Can they prepare food safely and reliably with or without any aids? Food preparation includes things like peeling, chopping and opening a can. What are the problems? Is there any risk with handling hot foods or liquids and sharp knives? Do they need to sit down or are they safe to stand when preparing food? How long does it take? Can the person tell whether the task is done properly? How much supervision do they need? What happens if there is no supervision? Do they need food prepared for them? Do they drop things? Can they read and understand instructions or cooking times?

Mobility Activities

- Planning and following journeys (/12)
- Moving around (/12)

Double amputee could lose specially adapted car because benefits assessment finds he can walk 20m

'I've not lived off the state and claimed other benefits and this was because my mobility payments helped me get a car and drive to work'

12. Moving around

	POINTS	DESCRIPTION
A	0	Can stand and then move more than 200 metres, either aided or unaided
B	4	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided
C	8	Can stand and then move unaided more than 20 metres but no more than 50 metres
D	10	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres
E	12	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided
F	12	Cannot, either aided or unaided, – (i) stand; or(ii) move more than 1 metre

This activity considers a claimant's physical ability to stand and move around safely without severe discomfort such as breathlessness, pain or fatigue in a "reasonable time period".

PIP weekly rate

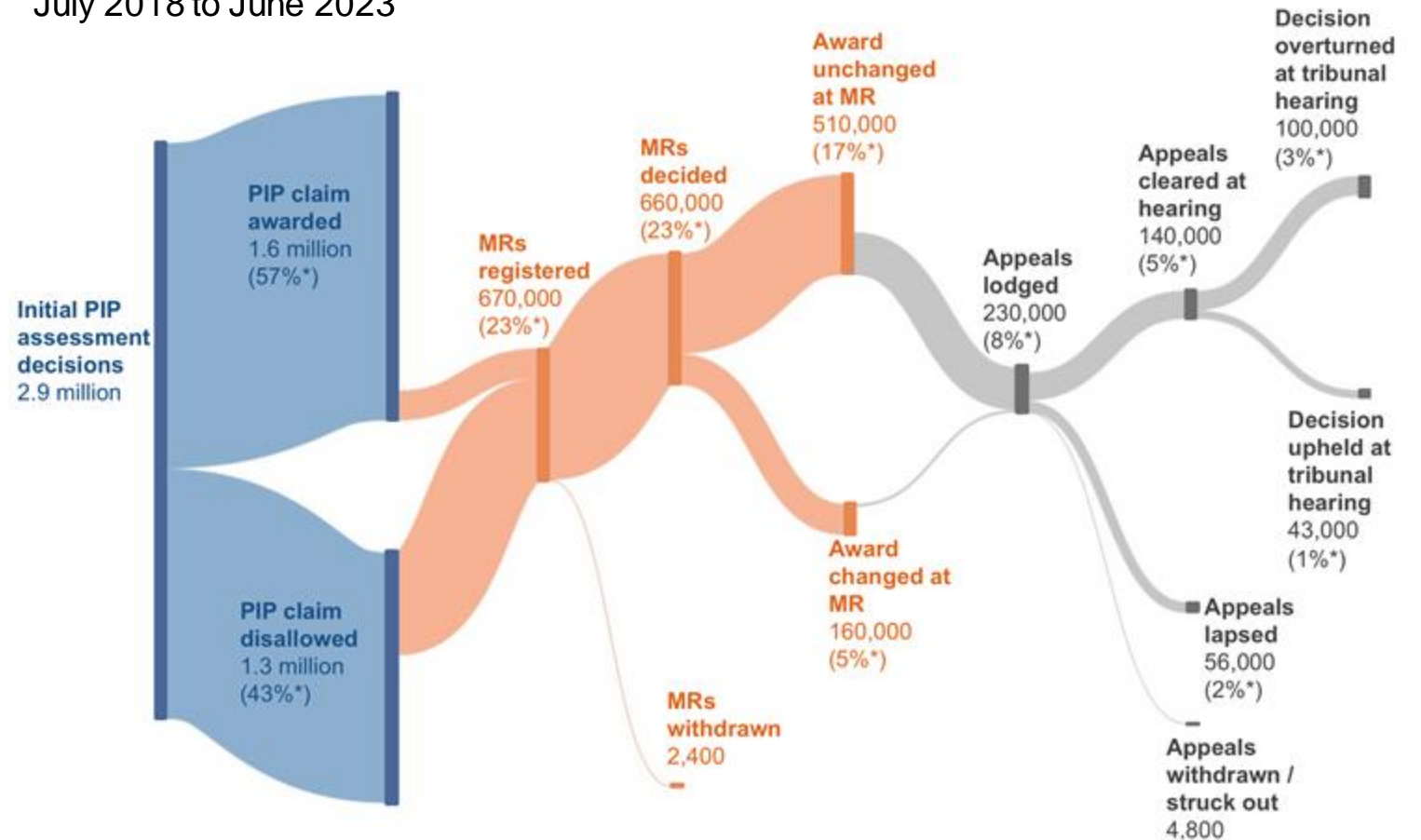
- Daily living
 - 8-11 points standard rate **£68.10**
 - 12+ points enhanced rate **£101.75**
- Mobility
 - 8-11 points standard rate **£26.90**
 - 12+ points enhanced rate **£71**



What is the process?

- Initial application
- Mandatory Reconsideration
- Tribunal Appeal

July 2018 to June 2023



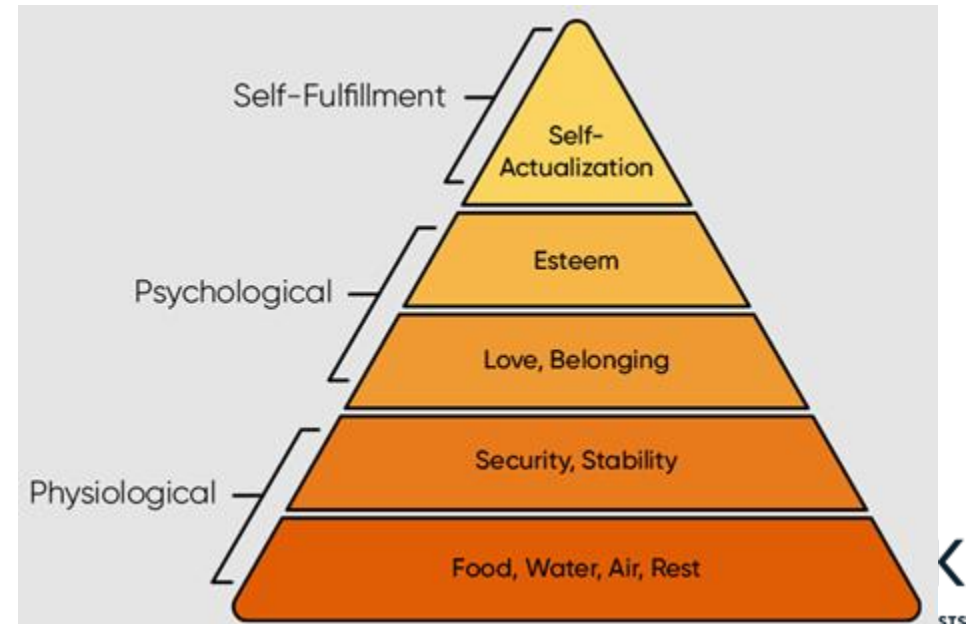
* As a % of Initial PIP Decisions following an Assessment

Is it our job?

Psychologists/psychological professionals and the power we hold

Why should Psychologists get involved?

- Reducing health inequalities: providing evidence to clients who may not be able to pay for an assessment.
- Supporting the groundwork for successful interventions
- Addressing the impact of the process on mental health
- Take a holistic view.
- We have access to information.
- When to write evidence?



Whose job can it be?

20 Psychological Professions

	Psychologists	Psychological Therapists	Psychological Practitioners
	Clinical Psychologists	Cognitive Behavioural Therapists	Psychological Wellbeing Practitioners
	Counselling Psychologists	Counsellors	Children's Wellbeing Practitioners
	Forensic Psychologists	Child and Adolescent Psychotherapists	Education Mental Health Practitioners
	Health Psychologists	Adult Psychotherapists	Mental Health and Wellbeing Practitioners
		Family and Systemic Psychotherapists	Youth Intensive Psychological Practitioners
		Psychological Therapists (other)	
		Art, Drama and Music Therapists*	
Associate & Assistant Roles	Clinical Associate in Psychology		
	Assistant Psychologist		

** Allied health professions professional leadership*

Why is it so difficult

Practical, emotional and organisational barriers

What does a claim include?

- Completing a detailed form, often by hand, sometimes without help
- Hours spent on hold to PIP helplines and CAB
- Often requires appeals and tribunals which are a lengthy and stressful process
- Lack of support and understanding from services
- Feelings of hopelessness
- Inability to assess essential support whilst waiting for payment to be assessed
- There can be a lot hanging on a successful award.

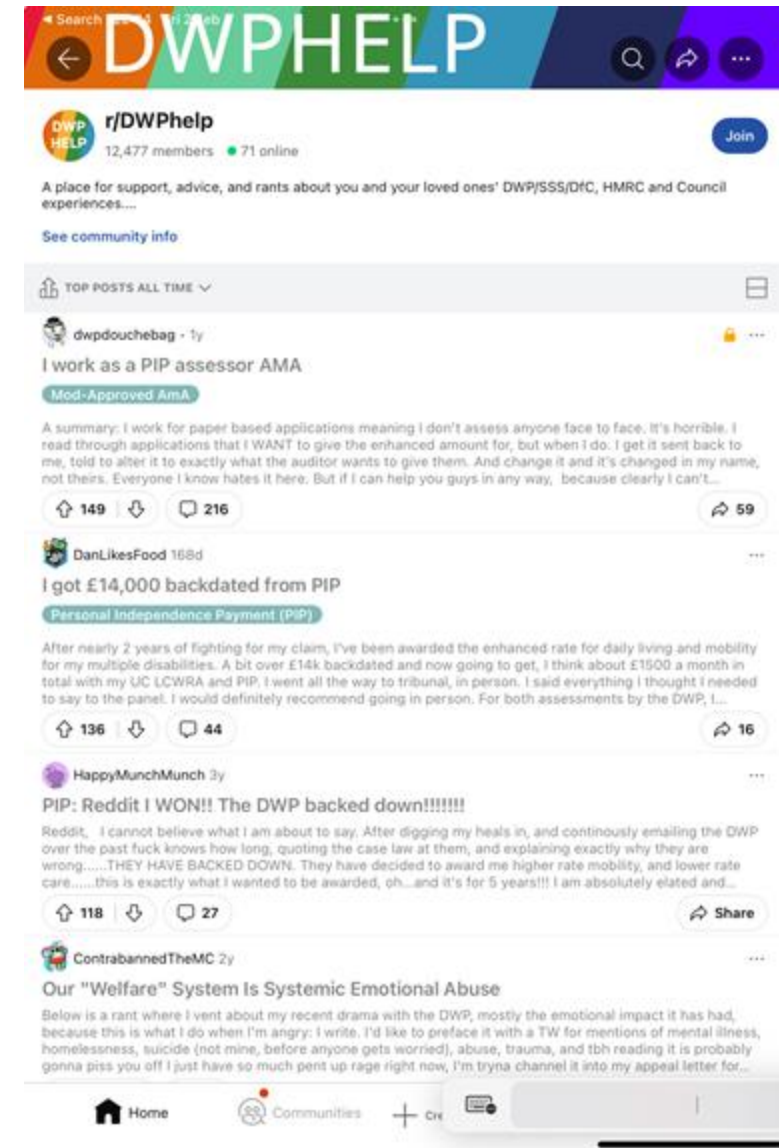
Who assesses clients?

- PIP assessors might be nurses or OTs, but may not have expertise.

Descriptor choice

2.1.2 When assessing a claimant, the HP should consider all the evidence of the case and the likely ability of the claimant over a year-long period, before selecting the most appropriate descriptor to the claimant relating to each of the assessment activities, taking into account their level of ability, whether they need to use aids or appliances and whether they need help from another person or an assistance dog.

2.1.3 In choosing descriptors, the HP should use their specific knowledge of the health condition or impairment as a measure of the level of disability that would be expected from the claimant's condition. For example, it is unlikely that mechanical low back pain is unremitting day after day because the natural history is of pain that varies from day to day, and it would be appropriate to make this observation in the report. However, it is insufficient for the HP to argue just from the general principle when justifying descriptor choices; the evidence has to relate to the specific claimant.



Impact on clients

Practical considerations, emotional experiences, and what we can do

Impact of reading a letter about your 'weaknesses' and attending interviews/tribunals

- Difficult to read a letter that highlights difficulties
 - Process can be invalidating and trigger trauma
 - People may feel a sense of shame around asking for benefits and being 'told they aren't disabled enough yet still needing help
-
- Support in sessions, make space for it, it may be a significant stressor
 - Considering how stressful it may be, consider carefully if it is the right time to end a period of support
 - Is there someone in the team (a support worker or supporting clinician) who can attend for support?



Trauma informed support

- Add separate meetings to prepare evidence
- Add a session to write a counternarrative
- Offer support in sessions by recognising how stressful it is

Co-create a counter narrative

- So clients don't just walk away with a letter about how much they can't do.
- Prepare clients for how they may feel reading through the letter, offer to discuss in session
- Reflect on how it felt to write the letter: 'Writing this letter was difficult because it felt incomplete to talk about your difficulties without also speaking about your personality, your compassion, determination, love for your children and commitment to supporting them etc. These difficulties don't make up who you are, but the purpose of this letter is to highlight them and that is why I have written as I have.'

Writing supporting letters

What evidence is useful?

What can we relay information about?

- Give examples of observation
- Discuss what a client has talked to you about
- What we have seen on the clinical record keeping system
- Observations

Things to think about when writing a letter

- Print a copy of the scoring
- Criteria discuss how clients feel they would score
 - Be realistic
- Reference evidence in the application and match this in the supporting letter
- The application should reflect what the client can not do
- Do not mark as confidential
- This is not a therapeutic letter, be realistic about difficulties
- Mention medications and side effects
- Mention engagement with services

'Formula':

- Area of difficulty
- Diagnosis
- Medication
- Treatments
- Difficulties discussed in sessions
- Difficulties in attendance and engagement
- Remember: repeatedly, safely, in a timely manner- be explicit if this is not the case.

Reliability

For a descriptor to apply to a claimant they must be able to reliably complete the activity as described in the descriptor. Reliably means whether they can do so:

- safely – in a manner unlikely to cause harm to themselves or to another person, either during or after completion of the activity
- to an acceptable standard
- repeatedly – as often as is reasonably required, and
- in a reasonable time period – no more than twice as long as the maximum period that a non-disabled person would normally take to complete that activity

Activity	Descriptors	Points
9. Engaging with other people face to face	a. Can engage with other people unaided.	0
	b. Needs prompting to be able to engage with other people.	2
	c. Needs social support to be able to engage with other people.	4
	d. Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8

I am not able to engage with other people face to face due to my CPTSD and panic disorder. I experience high levels of distress when I leave the house and on most days I am not able to leave the house at all due to this difficulty. I feel very threatened by other people. This stops me from being able to go to the shops, or attend my appointments in person. I experience symptoms of dissociation and panic attacks due to the overwhelming distress, and this often causes me to self harm as I can not cope with the distress. I have been receiving treatment for my CPTSD and self harm within the K&W CMHT since July 2022. Prior to this I had an inpatient admission at Park Royal Hospital and was seen by the Home Treatment Team in December 2012.

- Mr X has been engaged with K&W CMHT since July 2022 and has a long standing diagnosis of Complex PTSD and panic disorder.
- Mr X has had six episodes of care including an inpatient stay, beginning in December 2012.
- Mr X has a score of 7 for PTSD symptoms and 6.25 for affective dysregulation on the International Trauma Questionnaire, a scale we use to measure CPTSD severity. This is consistent with a diagnosis of CPTSD.
- Mr X's difficulties have included engaging with others face to face, meaning that he has not been able to attend in person sessions.
- Throughout his low intensity psychological treatment we have discussed his long term difficulty going out in public due to his hyperarousal and sense of threat from others, and frequent panic attacks.
- Mr X has relapsed into self harm behaviour when he feels extremely distressed. Mr X takes daily medication for his anxiety...

Exemptions to face to face and reviews

1.5.5 “Cases that should not require a face-to-face consultation”

Although each case should be determined individually, the following types of case should not normally require a face-to-face consultation: [...]

- *There is strong evidence on which to advise on the case and a face-to-face consultation is likely to be stressful for the claimant (for example, claimants with autism, cognitive impairment or learning disability)*
- *The claimant questionnaire indicates a high level of disability, the information is consistent, medically reasonable and there is nothing to suggest over-reporting – (examples may include claimants with severe neurological conditions such as multiple sclerosis, motor neurone disease, dementia, Parkinson’s disease, severely disabling stroke)*
- *There is sufficient detailed, consistent and medically reasonable information on function.*

The medical evidence sent on paper has to be “robust” to enable the test for benefit to be met, and should include comments about how functioning is affected. WinVisible won exemption from the PIP exam for a rape survivor who felt suicidal and was at risk of flashbacks, based on “consultation may be stressful to the claimant”. The assessor rang the woman’s GP for his opinion after his letter was sent in. She was granted full rates for both daily living and mobility.

Ongoing awards with a ‘light touch’ review

This is for claimants who have:

- very stable needs which are unlikely to change over time
- high level needs which will either stay the same or get worse
- a planned award review date due on or at State Pension age
- a [special rules for end of life](#) claim due when of State Pension age

These claimants would not usually be expected to have a face-to-face assessment at review.

Tips for clients

Avoiding pitfalls, rights and support, and other benefits

Prior to the assessment

- Read the PIP criteria, understand them, talk through them with others to increase understanding
- What else is helpful?
 - Letters from other professionals - can be jointly written
 - Letters from formal/informal carers
 - Explain duties, typical day, what help is needed
 - Diary of difficulties
 - Recent prescription list
 - With full explanations about the diagnosis, symptoms and impact
 - Recent care plan - not enough on its own

Throughout the process

- Keep photocopies of everything sent as evidence
- Never send originals
- Keep a folder of all correspondence with dates written on and highlighted
- Keep a list of all interactions (calls, letters)
- Know your rights about complaints
- You are allowed a carer in your assessment

On the assessment day

- Bring another person
- Request reasonable adjustments
- Request to record
- Bring a written list
- Say the quiet part out loud: 'I have brought a list of my medications, as I am not able to remember them all' instead of just reading from the list.
- Explain their experience on a typical day, realistically, give examples of their worst day, to give a full impression of the extent of difficulties
- Request a copy immediately after and dispute inaccuracies to the DWP immediately.

What else is there?

- Receiving PIP can open the door to many other benefit entitlements that can make life easier and promote recovery.
- Having a supporting letter can provide access even without a PIP award

Other benefits

- Benefit premiums
 - Housing benefit
 - Jobseeker's allowance
 - Income support/Universal Credit
 - Working tax credit
 - Employment and Support Allowance (if they get daily living)
 - Pension credit (if they get daily living)
- How to claim:
 - Call the office involved and tell them about the PIP award, send a copy of the award letter
- Council tax discount in some cases
- Vehicle tax of 50-100% with mobility award

Other benefits

- Carers allowance for a carer who provides 35 hours of care
- Nimbus Access Card (award letter or letter from services)
- Blue badge and parking space (may be eligible with higher mobility rate)
- Disabled freedom pass
- Taxi card scheme
- Shop mobility (scooter/wheelchair hire)
- Community transport services
- Disabled railcard
- Council tax reduction for severe mental health conditions

Reflections from the benefits clinic

Dr. Kelly Camilleri

In collaboration with SW Psychologists for Social Change

Talk Today

- **The benefits clinic**
- **Context**
- **The Process**
- **Why are psychologists good at this work**
-clients, colleagues, psychologists
- **Reflections**
- **Call to action**
- **Questions**

Who are we and what have we done?

Started by Lealah Hewitt-Johns and I who attended 2016 conference and

- We met with community groups, benefits workers and claimants to learn more and found out how we could be most helpful
- improve access to good quality medical evidence (supporting letters)
- In January 2017 set up a free clinic to assess and write medical evidence for people to use in their benefits claims.
- Worked together with other local networks, and trainee clinical psychologists to widen our reach and develop a range of PSC SW activities...





PSC SW activities

- National guidance on writing good letters for medical evidence
- Information sheets on disability and mental health difficulties for benefits workers
- Training series for benefits workers and the public on a variety of mental health difficulties and disabilities
- Completed doctoral research to add to the body of evidence about the brutality of the process and lobby for change
- Provided advice for other PSCs to set up clinics
- Written articles about experiences for national publications
- Delivered training to Dclins and CAPs about supporting those going through the benefits system
- Contributed to professional body position statements and other adapted guidance for specific conditions (physical health etc.).

Some doctoral research projects from PSC SW...

Impact of the Benefits system on Mental Health

What helps people keep going when in the Benefits system?

Mothers' experience of poverty and the Benefits system

Food insecurity, community fridges and community connection

Professional identity and climate activism in clinical psychologists

Public Living Rooms as interventions for community wellbeing

Anti-racism & whiteness in Clinical psychology

Benefits of community based participatory action research

Research Kat Damazer

An IPA study exploring the experiences of individuals with mental health difficulties applying for disability benefits in the United Kingdom



Everything's a trap

It's like they're trying to block you at every turn.

Mark

They make you feel like a criminal

The whole thing makes you feel like a liar and makes you feel like a criminal, makes you feel like you're trying to scam the system. It really feels like you're guilty of being a terrible, awful person.

Louise



Luke Alexander- IPA study of men with mental health problems accessing benefits

Dehumanising and persecutory, lacking in humanity

Stripped away control and autonomy

Required a process of othering to cope

Similarities to 'Total Institutions' in ways of coping

Nikki Grice: An IPA exploration of poverty, benefits and maternal mental health.

Seven mothers interviewed (former clients of Benefits Project).

- Mothers more likely to experience hardship; gendered care roles, structural inequalities.

Financial hardship precipitates poor maternal mental health;

- Increased anxiety, depression, self-blame and poor self-esteem. Four participants had
- considered ending their life.
- Stress of juggling resources, insecurity, self-sacrifice.
- Benefits system described as devaluing, dehumanising and even re-traumatising.
- Feelings of failing at being a 'good mother' – their key source of meaning and identity.

What we did

- Clinic ran fortnightly/monthly for six years
- Seen over 100 people
- Often only seen for 1 to 1 ½ hours
- Approximately 1 to 1 ½ for the letter
- Used basic self-report e.g. IES, HADS
- Sometimes additional assessments required e.g. cognitive
- Attended assessments and tribunals when were able to and it was deemed necessary
- 100% success rate

To whom it may concern,

Re: [Name]

[D.o.B.]

[Address]

[N.I.Number]

I am writing in support of [name]'s PIP application. She is aware of this letter and has received her own copy, as has her GP. She was seen on XX for a comprehensive psychological assessment of her current mental health presentation and problems with daily living. Also present in the assessment interviews was Nicola Grice, Trainee Clinical Psychologist. I am Dr Kelly Camilleri, Clinical Psychologist with over 20 years' experience of working in Clinical Psychology both in the NHS and private sector.

Diagnoses: Chronic Fatigue Syndrome

History: [name] experienced extreme bullying throughout her senior school education which involved verbal and physical assault and intimidation e.g., having her hair pulled out, having drinks thrown at her. [name] reports that her teachers failed to intervene to protect her, and her parents resorted to escorting her to and from school each day to try to keep her safe. [name] described trying to cope by 'keeping her head down' until she was able to leave. She went on to study at sixth form but completed her second-year studies from home.

She was diagnosed with Chronic Fatigue Syndrome in 2020. [name] has since been unable to manage the tasks of daily living and she moved in with her parents so that they can support her.

Mental and Physical Health: Due to [name]'s reported issues with planning and executing the tasks of daily living, she undertook the Wechsler Adult Intelligence Scale which is an assessment of cognitive ability across four indexes; verbal comprehension, perceptual reasoning, working memory and processing speed. The assessment identified that whilst [name]'s performance was in the 'average' range in three of the four indices, her cognitive processing speed fell in the 'extremely low' range of ability, that which is usually associated with individuals with a diagnosis of intellectual disability. This uneven presentation is consistent with a diagnosis of Chronic Fatigue Syndrome. Processing speed relates to the ability to take in information and use that information in higher order cognitive tasks such as those involved with attention, planning, reasoning, and initiating actions. [name]'s performance suggests that she would experience significant difficulties in these tasks that involve responding in the moment to information from the environment. This has significant implications for engaging in the tasks of everyday living which became apparent during the subsequent verbal assessment.

Chronic Fatigue Syndrome (CFS) is a long-term illness with a wide range of symptoms, the most common being extreme tiredness. This fatigue makes it difficult to engage in everyday activities and [name]'s low energy levels mean she relies heavily on her mother to undertake these on her behalf. [name] also constantly experiences some level of physical pain that can be excruciating at times, and that also restricts her ability to live her life. As is common with CFS, [name] has difficulty thinking, remembering, and concentrating, as evidenced in her performance in the cognitive assessment. This makes the simplest of tasks more difficult and time consuming. On the occasions where [name] has the energy to initiate a task, she relies on verbal or visual prompts to cue her into the next step in a sequence. More generally, she cannot rely on her own memory and needs to write down information in a 'memory book' that she keeps with her at all times to refer to.

Daily living: [name]'s CFS mean that she frequently experiences extreme fatigue and chronic pain which often prevent her from engaging in the tasks of daily living. Her mother completes the majority of the housework, laundry, and shopping. When [name] is physically well enough to attempt tasks, difficulties with processing and using information from the environment mean that she requires some level of supervision or written instruction to complete the necessary steps. When attempting to cook, she has caused small fires after subsequently forgetting about the food that is cooking. For safety reason, she no longer prepares hot food without close supervision. [name] can also struggle to find the energy to perform her own personal care.

Prior to developing CFS, [name] very much enjoyed working in a care home, but the deterioration in her health meant that she was no longer able to perform her role. She is still employed by the company to visit twice a week, but this position was specifically designed around her needs and is limited to sitting down with clients to engage in craftwork or observations. [name] spoke of needing time to process anything her boss says to her, further illustrating the difficulties she has with processing information. She would love to recover enough to reprise this role as she believes that caring for others is her vocation.

[name] reports that she does not have the energy to have any kind of social life. In line with the 'pacing' approach recommended for CFS, she tries to conserve her energy to enable her to complete basic tasks.

In terms of treatment, [name] initially received some input from a specialist services around managing Chronic Fatigue Syndrome and has further appointments due to start shortly.

Summary

{name} has been diagnosed with Chronic Fatigue Syndrome that causes intense tiredness, constant pain, and cognitive difficulties. These symptoms have had a huge impact on her life and her ability to undertake the tasks of daily living and she relies heavily on the support of her family. This undoubtedly confers additional costs that she would be assisted in meeting through the awarding of PIP. I would also highly recommend that [name] receive ongoing, specialist treatment to support her in managing the significant impact that Chronic Fatigue Syndrome is clearly having on her life and that of her family.

If you require any further information, please do not hesitate to contact us.

Client's Perspectives

- 'I wouldn't have got it without her, it would have been the same tick box again, yes, no, yes, no'
- 'I get enough money now so I can actually go to the shop and buy food'
- 'getting it out on paper made me realise actually I have come through a lot and ...I did my best'
- 'We wouldn't have got it without the letter, I would be homeless, god knows what would have happened to my son'

Why psychologists are good at this: CAB

- DWP clients have rarely had full NHS psychological assessments used as part of benefit applications
- Initial assessment from outside companies almost never involves mental health professionals or professionals who understand complex physical health problems
- Clients assessed for PIP and UC benefits have unrecognised issues that affect their ability to work but criteria do not account for mental disabilities
- Mental health issues often dismissed by DWP due to lack of physical disabilities e.g. able to drive

CAB:

- Ability to present the difficulties faced by the claimant at tribunals from the perspective of a mental health professional
- Emphasise the mental health issues faced by the claimant as most of the 20,000 weekly claimants for PIP benefits struggle with their mental health, so they do not go unrecognised as with a lot of claimants

Psychologists' perspective: Mandy Cole & Judith McBrien

- Our relationship skills help bond with clients and their systems
- CPs have the key skills to conduct mental health and ID assessments and the experience of writing cogent. Succinct reports
- We have the opportunity to represent their challenges, with honesty and compassion, while informed by knowledge of the system and the science
- Our professional presentation skills are useful at tribunals

Myth busting

- Seizures are equally distributed across the year
- Physical and mental health problems occur in isolation
- No treatment means no problems
- People can always tell their own stories well
- Wanting something equals the ability to have it
- People could support each other through the process

General reflections on the clinics

- A lot of very vulnerable people are not engaged with any services or get any help
- The ones who have been seen by a CP or are in services are refused help with this process
- Shocking levels of poverty-not just what but when did you eat
- Early recognition of the importance of attending PIP and ESA assessments
- Process flawed, inhumane and deliberately misrepresents narratives
- People are shamed, tripped up, and traumatised by the process

Personal reflections

- Fluctuating health conditions and navigating day to day life
- Psychology is powerful and we make fundamental differences to people's lives
- Formulation is collaborative and transformative
- A lot of good for not much work

What can psychologists do?

- Write letters
- Use trainees and assistants to help
- Ask about benefits in day-to-day work
- Think about poverty
- Supervise research
- Raise awareness
- Support CA and other Voluntary services



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Questions ?

Discussion and reflections

- Ideas
- Building connections
- Research
- Developing the document