

**“You’re fit for work”:
Universal Credit and the
invalidation of
mental health problems**

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Policy context

- Long-term strategy to move people with mental health problems from inactivity to employment.
- Under the Conservative Government, ‘UC was designed so that the ‘majority of disabled people and people with health conditions who need employment support will receive our mainstream offer’” (DWP, 2013: 52 in Wright et al., 2022).
- Reforms have sought to reduce welfare dependency by intensifying so-called ‘welfare conditionality’.
- UC roll-out has been pushed back repeatedly. Under the latest plans, managed migration will be completed by 2028/29.
- Labour Government have announced a review of Universal Credit but there has not been an announcement when this might be.

Mental health patients could get job coach visits



Universal credit and mental health: what do we know?

The impact of UK welfare reform – particularly the introduction of Universal Credit - on people with mental health problems has been significant.

- ‘An overall lack of support with often no consideration given for mental health problems” (The Welfare Conditionality Project, Stewart et al., 2020).
- Sanctions lead to increases in self-reported anxiety and depression (Williams, 2021; Stewart et al., 2020).
- Evidence of ‘pronounced effects’ of UC on lone parents – increased conditionality applied to lone parents ‘with a complete lack of flexibility or compassion’. (Power et al., 2023).
- Research on UC roll-out in Glasgow found that ongoing fear of sanctions, financial hardship, surveillance, and social isolation relating to digital design had adverse impacts, including for those without previous mental health problems. (Wright et al., 2022).

I had said to my work coach, ‘I’ve just been given [...] more medication’. I says, ‘I’m no’ thinking straight’.

[My work coach said], ‘But I can’t treat you like... I need to treat...

You’re fit for work.’

(Wright et al. 2022)

Research Overview: mental health, welfare conditionality and employment support

Led by Professor Sharon Wright, University of Glasgow

- Focused on creating a targeted set of policy recommendations at the Scottish and UK level in collaboration with partner organisations and policy experts.
- Recommendations should identify opportunities to influence policy and service provision in UK and Scotland.
- Five policy workshops took place with Scottish and UK stakeholders in 2020 with expertise in mental health, social security and employment to identify:
 1. Current issues in the system
 2. Targeted recommendations and opportunities to influence policy and service provision.

Welfare Conditionality and mental health: key issues

1. Conditionality and sanctions do not work and exacerbate mental health problems.
2. Work related requirements for people waiting for a work capability assessment and long delays.
3. The claimant commitment is often not tailored to an individual's needs and there is a lack of consistency to tailoring claimant commitments.
4. Lack of transparency within the system on the use of sanctions for disabled people.

What needs to change?

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.



Jobcentre experiences: key issues



1. Jobcentre staff do not have the capacity or training to provide employment support to people with mental health problems.
2. There is a lack of specialist support for people with mental health problems within the Jobcentre and a lack of active referral and partnerships with local organisations.
3. There is a lack of appropriate private spaces for individuals to disclose a mental health problem.

What needs to change?

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

Employment support and mental health: key issues

1. Employability provision under Fair Start in Scotland and the Work and Health Programme in E/W is too generic.
2. Despite a strong evidence-base for Individual Placement and Support, in England/Wales its availability is largely limited to secondary mental health care settings. In Scotland, provision of IPS is patchy and there is no widespread funding available for the set-up of services across local authorities.
3. Commissioning of employability programmes supports big contractors over localised, specialised services. The payment by results model favouring larger, less specialised providers.
4. Assessment under Access for Work.

What needs to change?

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.

Conclusions

- The social security system has taken a punitive approach to people with mental health problems in the UK.
- The current UC system requires people with mental health problems to engage in inappropriate job search requirements for unsuitable work, on threat of sanctions, without specialist support.
- A review of UC needs to consider how people with mental health problems can be better supported by the social security system.