

'I'm thinking, god, what am I going to do, I've got no money, I need to pay this and I need to pay that, and then I'm going back to the tools that I'm getting from stress management ...'

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Introduction

There is an emerging and significant body of evidence, of which this series is part, suggesting contemporary welfare reform operates to the detriment of individual recipients of welfare benefits and can often be harmful to the mental health of its claimants. Current mental health strategy and policy, specifically *No Health without Mental Health* (DoH, 2011) and *Closing the Gap* (DoH, 2014), acknowledge financial difficulties and poverty as contributory factors to mental distress yet this recognition seemingly fails to permeate wider welfare reform. Using empirical examples this article expounds the negative effect of recent welfare reform on many benefit claimants and suggests that the effect seems self-defeating when considered in light of mental health policy. The evidence suggests that the current system of claiming welfare benefits often causes stress and distress, frequently having the effect of undermining claimants and causing many to question their self-worth. Such sentiments appear to fuel a sense of hopelessness often 'coped with' or managed by attempts at employing individual techniques learned from talking therapies.

Method

The title quote is taken from an interview conducted as part of a doctoral research project exploring experiences of stigma and discrimination in environments providing support for people who have experienced or experience mental distress. The fieldwork involved a six month-long ethnography at two charitable organisations supporting people with 'mental health problems', 30 semi-structured interviews with 30 staff and members/service users of the organisations and six focus groups. All of the members/service users I spoke to directly (many are quoted below

using first name pseudonyms) were in receipt of at least one welfare benefit.

Findings

At each organisation there was often a sense that the members regarded the government with suspicion. During a members' meeting discussing the possibility of particular activities receiving accreditation from an external body, a number of members expressed concern that their taking part might be 'used against us' by the government as an indicator of being fit for work. Their reluctance was described by one member as wanting to 'avoid falling into that trap'. On another occasion a group of members who were making a video for service users about Shared Decision Making explained to me how they were acutely aware that IAPT (Improving Access to Psychological Therapies) were 'targeting' thousands of people who experience depression and anxiety to 'move them off benefits'. An unsettling atmosphere of caution and mistrust was evident from the outset which became a line of inquiry during the interviews.

I spoke directly with many participants about the process of claiming benefits, including experiences at the Job Centre and Department for Work and Pensions (DWP) medicals. Under a third of participants in the research reported they had experienced no problems claiming benefits or any problems in terms of their interactions with the DWP. Thomas described being 'one of the lucky ones' and that 'the woman I saw, she was very sympathetic and she knows the government is wrong trying to force everybody to work'. However, there was consensus amongst the remaining two thirds of participants who described feeling scared and/or overly anxious when attending appointments

at the Job Centre. Stewart explained a feeling of 'someone who is looking down on you and can easily take your money away from you ... just fear'. Another member, Gary, reported receiving a letter from the DWP a week before Christmas. Gary approached the CAB for advice but they were unable to deal with his case until after the holidays. He called the DWP for advice and explained he was unable to read or write very well, the advisor's response was to 'fill in the form or your money will stop'. Gary describes feeling 'threatened' and 'alone and scared about what would happen'. Susan recalled attending a job centre appointment where the advisor proceeded to loudly discuss details of her psychiatric history in an open plan office and could only offer Susan, who is a qualified teacher, a basic literacy course. Susan reports her experiences as 'traumatic and humiliating' and that the experience impacted negatively on her self-esteem.

Members who had undergone a DWP/ATOS medical described similarly upsetting experiences. Amanda said she had been called in for medicals and interviews regularly, and was repeatedly requested to complete the same form over and over again. In the end she said it became too stressful for her, 'I got really annoyed and I just, I wrote down, you know, why are you making us write this down, you know I've been sexually abused, you know how it affects us, it's still affecting us in the same way and now I've got to think about this paedophile for the rest of the day ...' Many members described feeling guilty about claiming benefits which they attributed to both the media and DWP representatives.

Guilt sentiments were often coupled with a sense of feeling compelled to rebut the implication that they were lying. Jon said he felt that during the medical the ATOS doctor 'was biased towards sort of nailing down any suggestions that I could be saying something that's not true ... she was trying to pick up on possible deviations from the truth'. Jon went on to explain that that he understood the process was target driven but he describes feeling extremely 'guilty', harboured a sense of 'shame' as a result of the experience and felt that he was regarded with 'suspicion'. Similarly, Kathy told me about her experience of a DWP medical, 'you see a doctor

and you're interviewed for between twenty and sixty minutes and they decide, they make their decision, so you see a doctor who has never seen you before, who has no medical notes whatsoever and he's supposed to make a decision of your life ... but these people are not there to make a medical decision, they're there to get you off the benefits'. Kathy said it was a 'terrible' experience and in the months running up to the date of her medical she experienced more panic attacks than usual. Other members such as Jane said that as a result of the media portrayal of benefit claimants, she felt bad about herself and was initially fearful of claiming benefits but did so, as most people do, out of financial necessity. Stevie explained how she didn't feel 'up to measure as a person' because she claimed benefits and felt that this was a result of government and media attacks on welfare claimants.

The experiences and emotions recounted to me by the participants in the research, typified by the examples above, illustrate the impact on many benefit claimants who experience or have experienced mental distress. Erosion of self-esteem, feelings of guilt, increased stress and anxiety levels, perceiving that their claims are considered with suspicion, and regarding the government with suspicion appears to propel people into a cycle of stress and negativity. These effects seem diametrically opposed to mental health policy specifications about what support is supposed to achieve. However, there is evidence to suggest that talking therapy in the form of IAPT services is what many members turn to in order to cope or manage with stress of claiming benefits. As Maria explains, 'She says we're stopping your money in April, so, and I just didn't feel like I could go through another appeal ... it's added a bit more stress because we're short of money and things like that and I'm thinking god what am I going to do, I've got no money, I need to pay this and I need to pay that, and then I'm going back to the tools that I'm getting, getting from stress management, anger management ...' Maria and others use techniques they find useful in therapy to deal with financial worries which, on the face of it could be considered a success of IAPT. However, given the stress and anxiety caused to claimants by the process of claiming benefits, using therapeutic techniques in this

manner could also be considered an insidious way of individualising inequality and encouraging people to accept and 'deal with' structural inequality.

Conclusion

Many people who are in receipt of or who attempt to claim welfare benefits because they experience mental distress or mental health problems find the process of claiming, receiving, and continually proving entitlement to welfare benefits extremely stressful. The administrative processes involved often exacerbate existing anxiety, depression and distress. With this in mind I suggest vociferous policing and curtailing of benefits by the DWP, scare tactics, and scapegoating by both the media and government is not the way to support people who have already experienced mental distress, or indeed any disabled person. Even those who don't have negative experiences of the benefits system don't feel particularly supported; they regard their situation as 'lucky' and breathe a sigh of relief. Existing mechanisms and processes relating to welfare benefits rarely feel supportive to those on the receiving end – at worst they perpetuate and aggravate inequality, and cause distress to individuals.

References

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