

Guidance for Mental Health Clinicians providing Clinical Evidence for the Work Capability Assessment (WCA)



Employment and Support Allowance (ESA) is a benefit that is paid to people who are unable to work due to illness or disability. To qualify for ESA the Department for Work and Pensions (DWP) have to decide whether the claimant has limited capability for work. This is done by asking them to complete a Work Capability Assessment (WCA) which determines their eligibility for ESA.

When someone is awarded ESA, they can either be placed in the Work-Related Activity Group (WRAG) or the Support Group. In the WRAG they will be required to attend work-focused interviews and take part in other work-related activity: this could include training, work placements or work experience. When they are placed in the Support Group, there are no conditions attached to getting their benefit and they would not be expected to participate in work-related activity.

As part of the WCA process the person claiming the benefit is asked to complete an ESA50 form. Clinicians may also be asked to provide additional evidence to accompany this. It is now uncommon for the DWP to write to clinicians asking for written evidence and the onus is on the claimant to ask for this. We recommend that psychiatrists and other mental health clinicians provide such evidence. It is important that the written evidence is of good quality, clear and accurate, and focuses on the type of information needed to assess a person's capability for work.

At present there is no existing guidance on writing clinical reports for the WCA. Sometimes clinicians are sent the ESA113 form, which is not clearly laid out and difficult to complete. We recommend that you write your own reports using the outline below.

Why is accurate medical evidence for the WCA important?

- Such evidence is necessary to assist the DWP to make the right decision about eligibility for ESA. This decision may be important for the patient's future welfare.
- At present clinical evidence is often inconsistent and does not accurately describe a claimant's current functioning.
- The face to face assessments done by ATOS clinicians are of variable quality and the claimant is not always adequately assessed. Additional evidence from someone who knows the claimant can improve the quality of the overall assessment.
- For many reasons, people with mental health problems often under-report the severity of their condition. A second view from a clinician may help in redressing this.
- The WCA process can be stressful for people and an inaccurate WCA decision creates anxiety and worry which can worsen a person's mental health
- Provision of good quality evidence by a clinician who knows the claimant's condition can result in fewer unnecessary face to face assessments and aids assessors in making their decisions. This in turn can prevent unnecessary appeals needing to take place.

Writing the report

This report can be sent directly to the ATOS Assessment Centre or, preferably, can be given to the patient to send with their completed ESA50 form. We recommend that the report is discussed with the patient and that they are given a copy. If the patient has a welfare advisor who is supporting their claim then it can be useful for the advisor to co-ordinate the dispatching of the clinical reports and the patient's self-assessment, if the patient agrees.

For clinicians working in multidisciplinary teams it is advantageous for the clinician who knows the patient best to complete the report, but it is always best to consult the opinions of others who know the patient when compiling the report.

Overall, when writing the report:

- **Write in clear and easy to understand language.** The ATOS clinicians are not specialists and the DWP decision maker is not a clinician. Avoid using technical terms and explain them if you do
- **Do not write a long and detailed report.** It is not necessary to go into all the details of the patient's history. You are trying to provide useful information that is going to help the assessors make a decision about the person's limited ability to work, and you should focus on this.
- **Give some basic details of the patient's current condition.** Especially those details that give an indication of the severity of the condition and the way this might affect them. Concentrate on the impact that the patient's condition has on their functioning. It is appreciated that it can be difficult to make a clear distinction between the health condition and the person's functioning.

Content of the report

Basic demographic details

Name, date of birth, address etc.

Basic clinical details

Diagnosis. Psychiatric diagnosis and any other medical conditions

Current medication. Effectiveness of medication. Any side effects that may affect functioning. Are they on Clozapine and why? Any difficulties with the medication.

Length of contact with mental health services. Have they had repeated admissions; have they had a recent admission or contact with Crisis Resolution Home Treatment Team; are they currently in hospital? Are they subject to frequent relapses or fluctuations in their mental state?

Current contact. Are they on CPA and have a Care Coordinator? Are they in frequent contact with the mental health team; do they use any other services? Are they in supported accommodation or residential facilities? Are they undergoing a rehabilitation programme? How much support do they need to maintain their current levels of functioning?

Detail any factors that may make work difficult such as:

- **Variability of condition.** Does their condition fluctuate? What causes fluctuations? Describe the nature of the fluctuation; does it vary during the day or over longer periods; what are they like at their worst?

- **Effects of stressors.** How do they react to stress? Do they have strategies that keep them stable? What has been the effect of previous attempts to get them back to work?
- **Side effects of their medication.** Do these affect their functioning? Do they have to have their medication monitored?

Details of level of functioning

When the claimant is seen by the ATOS clinician they are assessed under a series of headings ('Limited Capability for Work Descriptors' – often just called 'Descriptors'). These are in two main areas: 'Descriptors for each physical activity' and 'Descriptors for each mental, cognitive and intellectual function assessment'. For people with mental health conditions and learning disabilities, it is important to provide some indication as to their functioning under each of the latter set of descriptors. These are:

- **Learning tasks.** Does the person have difficulty learning a simple task (e.g. setting an alarm clock) or a moderate task (e.g. operating a washing machine)? Do they have problems with their memory, attention, concentration or motivation?
- **Awareness of everyday hazards.** Are they aware of everyday hazards that may lead to harm to themselves or others or damage to property or possessions? Do they need supervision to reduce the likelihood of these problems occurring?
- **Initiating and completing personal action.** This refers to planning, organisation, problem solving, prioritising or switching tasks. Can they initiate or complete actions, how often do they have problems doing these things?
- **Coping with change.** Can they cope with change, what is the extent of this, how much forward planning is required to help them cope, how does it interfere with their lives?
- **Getting about.** Are they able to leave their home; and do they need to be accompanied when going out? Do they find it difficult to go to familiar or unfamiliar places, what is the extent of this, what coping strategies do they use?
- **Coping with social engagement due to cognitive impairment or mental disorder.** Do they have difficulty relating to others, does it cause them distress? Do they avoid others or limit their contact with others? Do they have this difficulty with people familiar to them or with those who are not familiar? What is the extent or degree of this?
- **Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.** Do they have episodes of aggression or disinhibited behaviour? How often would this occur? Would this behavior be considered unreasonable in any workplace?

You may also wish to add some indication as to whether they have a physical condition and how this affects their functioning. Also, try and give an indication and description of their overall level of functioning.

Further details of the above descriptors and the physical activity descriptors can be found in Department for Work and Pensions (2013) *A guide to Employment and Support Allowance – The Work Capability Assessment*. ESA214 Jan 2013. London: DWP.

Can they get to the face to face assessment with the ATOS clinician? Consider whether the patient will be able to get to the assessment Centre. Will they need to be accompanied? How might they act under the stress of attending?