FACTSHEET



Work Capability Assessment (WCA)

If you have applied for Employment and Support Allowance (ESA) because you are not well enough to work, the Department for Work and Pensions (DWP) have to decide whether you do qualify for this benefit. The test they use to decide this is called the Work Capability Assessment (WCA). Please read the Rethink Mental Illness factsheet on ESA for more general information about the benefit.

Starting from March 2011 until March 2014, if you are currently receiving Incapacity Benefit, Income Support (on the grounds of disability) or Severe Disablement Allowance, you will be asked to go through the WCA rather than the Personal Capability Assessment. You should receive a telephone call and letters from the DWP to explain what and why this is happening.

You may find it helpful to read this factsheet with a copy of the ESA50 questionnaire in front of you.



- To qualify for ESA the DWP have to decide that you have limited capability for work.
- They do this by asking you to complete a Work Capability Assessment (WCA).
- You will be sent an ESA50 questionnaire which asks you questions about your ability to manage everyday tasks.
- It is important to fill this in as accurately as possible; you can get help with this from an advice agency.
- You are also likely to be asked to attend a medical with a doctor or nurse contracted by the DWP.
- If the DWP decide you don't have limited capability for work you can not continue to get ESA.

- It is possible to appeal this decision but you only have 1 month to do so.
- If you do have limited capability for work you could be placed into the support group or the work related activity group.
- If you are placed in the support group you don't have to take part in any further interviews or assessments until your claim is up for renewal.
- If you are in the work related activity group you will have to take part in 6 work focused interviews.
- These interviews are to explore your options for getting back to work.
- You might also be asked to attend another medical called a Work Focused Health Related Assessment so the DWP have a clearer idea of the barriers between you and finding work.
- Your benefit is not stopped if you do not find a job or get back into work.

Tip - Don't feel like you have to read this factsheet all at once. Take your time. Keep coming back to it as you work through the ESA50 questionnaire.

This factsheet covers -

- 1. Limited Capability for Work
- 2. The ESA50 Questionnaire
- 3. Will I have to go for a medical assessment?
- 4. What happens next?
- 5. The Support Group
- 6. The Work Related Activity Group
- 7. The Work Focused Health Related Assessment
- 8. Evidence Letter for ESA Claims

1. Limited Capability for Work

In order to qualify for and receive ESA the DWP has to be satisfied that you have limited capability for work. You will automatically be treated as though you have limited capability for work if you are a hospital in-patient¹ and in some other limited circumstances.

In some cases the decision maker at the DWP may be able to decide that you have limited capability for work based on the information provided in your initial claim for ESA along with the doctor's note provided. If they can't they will send you an ESA50 questionnaire. In practice most people will receive an ESA50.

In order to qualify for ESA you need to score 15 points in total across the whole questionnaire. It is possible to score a different amount of points for

different questions. We have included the descriptors and the points available for each answer in the table in the section below.

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2. The ESA50 Questionnaire

You may want to get some help filling in the questionnaire. Your local Citizens Advice Bureau or other welfare benefits advice agency should be able to help you face to face. You can usually find their contact details in your local telephone book or Yellow Pages. You can also call the Rethink Advice and Information Service on 0300 5000 927.

On **page 2** of the form it asks you to tell them about any special help you might need getting to a medical assessment. You can use this space to explain why you might need someone to go with you, perhaps because of the severe anxiety you may be feeling or that you will need someone to make sure you get up and dressed and to the appointment on time.

Pages 3, 4 & 5 of the form ask about your condition and any treatment you are receiving. Make sure you mention any psychotherapy, counselling, cognitive behavioural therapy (CBT) as well as any medication you may be receiving. If you are receiving ongoing treatment and care under the Community Mental Health Team (CMHT) or have ever been admitted to hospital under a section of the Mental Health Act (or 'sectioned') you can mention this here too.

The first 10 questions deal with physical health. If you do have any physical health problems, make sure you fill these sections in as accurately as you can. If you don't, you can just tick the box for each question that says you can do the task without any difficulty.

The mental health related questions are in Part 2 of the questionnaire and start on page 13. Depending on the nature of your mental health problem, not all of the questions may be relevant to you. We have listed some things you may want to think about for each question in the table below.

Take your time when filling in the form, even if you have to have a break and come back to it later. The more information you can give the DWP now, the easier it should be for them to make the right decision. When explaining how your illness affects you, try to use examples relevant to the question you are answering in the space provided. Do not be afraid to use the same example more than once if it is relevant to more then one question

When considering your abilities think about how able you are to do certain things reliably and repeatedly², e.g. you may manage to attend a one off meeting but if you had to do it on a regular basis, going out, coping with the social situation and behaving appropriately with other people all could become an issue.

We have listed all of the mental health related questions that you will see on your ESA50 questionnaire below. We have also provided the descriptors that the decision maker at the DWP is looking at when they decide whether your condition does impact on your ability to complete the task and the different points that are available for each descriptor. We have also provided some suggestions of things you might want to think about when filling in your answer to each question.

ng how to do tasks	
The descriptors and scores the Decision Maker has to work with ³	Tips and Suggestions
 Cannot learn how to do a simple task, such as setting an alarm clock (15) Cannot learn anything beyond a simple task such as setting an alarm clock (9) Cannot learn anything beyond a moderately simple task such as the steps involved in operating a washing machine to clean clothes (6) 	Think about whether your illness or perhaps the effects of any medication mean you lack the concentration to be able to carry out an everyday task like cooking a meal or using the washing machine. Compare what your concentration and ability to learn was like when you were well compared to now. Do you feel anxious about making a mistake? Does this mean you just don't try to complete the task? Does it take you a lot longer? I hear voices which make it very difficult for me to concentrate on learning new tasks I get very anxious and so I find it hard to follow instructions, and get worried that I will do something wrong and so I have never learned to use the microwave If I have to do something new I think it will be hard so I avoid doing it altogether
ness of hazards or danger	
The descriptors and scores the Decision Maker has to work with	Tips and Suggestions
Descriptor: Reduced awareness of everyday hazards leads to a significant risk of injury to self or others, or damage to property or possessions requiring supervision to maintain safety: The majority of the time (15) Frequently (9) Occasionally (6)	Think about whether you get easily distracted because of your mental illness and pose a danger to yourself or others. Do you ever start to make a meal but then forget you have left the cooker on and move onto a different task? Do you sometimes lack inhibition and do things which could be considered reckless if you were well? If you self-harm you may not be aware of the extent of the damage you are inflicting on yourself and need to be supervised by another person. Do these things happen the majority of the time? Frequently? Occasionally? You are awarded different points depending on how often your awareness of danger is reduced or how often you need supervision in order to stay safe. • My depressive thoughts are so bad that I lose concentration and occasionally forget that
	The descriptors and scores the Decision Maker has to work with³ Descriptor: Cannot learn how to do a simple task, such as setting an alarm clock (15) Cannot learn anything beyond a simple task such as setting an alarm clock (9) Cannot learn anything beyond a moderately simple task such as the steps involved in operating a washing machine to clean clothes (6) The descriptors and scores the Decision Maker has to work with Descriptor: Reduced awareness of everyday hazards leads to a significant risk of injury to self or others, or damage to property or possessions requiring supervision to maintain safety: The majority of the time (15) Frequently (9)

I frequently forget to turn off the gas because I am constantly worrying about other things If I was not supervised by someone, I would

 If I was not supervised by someone, I would always take the wrong amount of my medication which would lead to me having a relapse and hurting myself or others

Potential hazards:

- Self harm
- Loss of concentration leading to not taking medication correctly, not checking 'use-by' dates, leaving gas on
- Approaching strangers
- Giving other people personal information

Question 13- Initiating Actions (planning, organisation, problem solving, prioritising or switching tasks)

The questions on the form	The descriptors and scores the Decision Maker has to work with	Tips and Suggestions
Can you manage to plan, start and finish daily tasks?	Descriptor: Cannot, due to impaired mental function, reliably initiate or complete at least two personal actions Always (15) Most of the time (9) Frequently (6)	You could think about whether your condition or medication means you lack motivation or concentration to carry out everyday tasks. How often does it affect you? Is it the majority of the time, frequently or not at all? Do you need help or encouragement to plan and order your day? What would happen if you didn't have any help? Are you sometimes lost in your own thoughts and without encouragement from others would you just sit on your own? Would you stay in bed all day? Or not bother to make yourself something to eat? If your condition fluctuates what are you like on a "bad day" compared to a "good day"? List all the tasks you might not be able to see through to completion What kind of things would be 'personal actions'? Planning – like planning a meal Organisation – like arranging an appointment with a doctor Problem solving – like dealing with something that isn't routine Prioritising – like dealing with finances Switching tasks – like washing dishes and then putting them away Because of my depression I cannot find the motivation to plan and then make a meal for myself most of the time When I am in a manic phase, I cannot plan what I will do with my money or prioritise what I should spend it on. My illness makes me think things that are not real, which means that I can never organise a trip to the doctor and then go to

		that appointment because I think that people want to harm me
Question 14- Coping The questions on the	with change The descriptors and scores	Tips and Suggestions
form	the Decision Maker has to work with	
Can you cope with small changes to your routine if you know about them before they happen? Can you cope with small changes to your routine if they are unexpected?	Cannot cope with any change to the extent that day-to-day life cannot be managed (15) Cannot cope with minor planned change to the extent that day-to-day life is significantly more difficult (9) Cannot cope with minor unplanned change to the extent that day-to-day life is significantly more difficult (6)	Are you able to cope with an expected change in your daily schedule? What would happen if you were told of a change? How would it make you feel? If you are told of a change in your routine in advance, for example a changed doctor's appointment, do you worry about it over and over? Does any inability to cope vary from day to day, week to week? What would happen if something unexpected happened? How would that make you feel? What kind of things might this include? • Due to my OCD, if my hands get dirty somehow I have to wash them a set number of times to prevent myself from panicking • When I am unexpectedly asked to go to the Job Centre, I feel so anxious that I lock myself away for days and feel physically sick from the anxiety • If I have any change to my routine, I think that this is because the government are deliberately trying to interfere with my life and I lock myself away • Even when I plan to go to a hospital appointment, I cannot go unless someone agrees to take me there • If I run out of milk and bread I get a panic attack because I always get my weekly shop when a family member can help me on a Saturday
Question 15- Getting		
The questions on the form	The descriptors and scores the Decision Maker has to work with	Tips and Suggestions
Can you leave home and go to places you know if someone goes with you? Can you leave home on	 Cannot get to any specified place that the claimant is familiar with (15) Cannot get to a specified 	Are you able to go out to places that you are familiar with alone? What would happen if you had to? Would you have a panic attack? If so describe exactly how that would affect you. Can you only go out if someone is with you? Try to be clear about how often either you are unable to go out alone or how often you need

places you don't know?	accompanied (9) Cannot get to a specified place with which the claimant is unfamiliar without being accompanied (6)	reckless behaviour, when you are in a manic phase for example, and need someone with you to make sure you don't cause any harm to yourself? How often could that happen? Are you able to get to places which you don't know on your own? What kind of things might this include? Going on public transport Getting to doctor's appointments Going shopping Going to the bank Going to visit friends or relatives I feel trapped when I am using public transport and start panicking and so I have to go back to my house When I have an appointment at the bank I cannot get there because I feel like everyone I walk past in the street is looking at me and wants to hurt me so I stay away from public areas If I tried to go somewhere I hadn't been before, I would get really panicky and start self-harming
Question 16- Coping	with social situations	
The questions on the form	The descriptors and scores the Decision Maker has to work with	Tips and Suggestions
Can you meet with people you know without feeling too anxious or scared? Can you meet with people you don't know without feeling too anxious or scared?	 Engaging in social contact is always impossible due to difficulty in relating to others / significant distress (15) Social contact with an unfamiliar person is always impossible due to difficulty relating to others / significant distress to the individual (9) Social contact with an unfamiliar person is not possible most of the time due to difficulty relating to others / significant distress to the individual (6) 	Think about and write down how it would make you feel if you had to socialise with other people. Do you never socialise with other people? Why not? What would happen if you did? Would you show any physical symptoms such as sweating or an increased heart rate? Are you ok with people you know but just don't go to places where you would have to meet new people? Compare how you feel about social situations now compared to when you were well. If your ability to deal with social situations varies make it clear about how often or at what stage of your illness you would have a problem. What kind of things could this include? This could include having difficulties in: Using public transport Shopping Talking to neighbours Visiting friends or family Taking part in hobbies Examples I always have to avoid meeting new people. I can feel my heart pounding and I feel like I need to run away. This

someone with you. Do you ever display

place without being

your own and go to

	Γ	means that I cannot go shopping and I
		buy everything online. Even the thought of having to meet someone new plays on my mind for days before I feel really paranoid and I cannot trust those around me. If someone tries to talk to me I always tell them to get away from me If there are people on the street I won't put my bin out I am not able to use public transport most of the time because it involves being around people I don't know I never answer the phone unless I have agreed for someone I know to call me at a certain time I stay at home most of the time and ask people I trust to bring me the things I need
Question 17- Behavin	g appropriately with other pe	ople
The questions on the form	The descriptors and scores the Decision Maker has to work with	Tips and Suggestions
How often do you	Descriptor:	How do other people describe you? Do people

form	the Decision Maker has to work with	Tips and Suggestions
How often do you behave in a way that upsets other people?	Descriptor: Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace On a daily basis (15) Frequently (15) Occasionally (9)	How do other people describe you? Do people comment that they feel you are sometimes aggressive or violent? Do you find yourself "biting other people's heads off"? Has anyone ever said that you have misinterpreted what they have said or done? Or mentioned that they have felt what you have said or done was inappropriate. Have you noticed a change in people's reactions to you now compared to when you were well? How often do you find these things happen? Daily, frequently or occasionally? What could 'aggressive or disinhibited behaviour' include? Shouting at people Physically attacking people Physically attacking people Physically attacking people In my last job I was fired because I shouted at my boss and I have previously been arrested for assault When I am in a manic phase I sometimes lose sexual inhibition and approach strangers I have self-harmed in public places I often say things that other people find insulting or inappropriate

Other Information

Here you can write anything else that you think is relevant and will help the DWP decide that you have 'limited capability for work'. If you are getting Disability Living Allowance (DLA) or you have applied for it, mention it here. If you go to any support groups or take part in any activities which you find therapeutic you can add them in here too. Do you have a community support worker? What do they do for you? What would happen if they didn't come to visit you? Are you doing any voluntary work because you find it therapeutic? Would you be at risk of total isolation if you didn't do it?

You then need to return the completed questionnaire to the DWP. Rethink Advice & Information Service would advise keeping a copy of the completed questionnaire for your own records. This could help if you end up disagreeing with the DWP's decision or for when your claim comes up for renewal.

If you are able to get a letter or report from a healthcare professional who knows you well, perhaps your GP, psychiatrist, CPN or social worker, which also states why they think you have limited capability for work then you should attach this to the ESA50 questionnaire when you send it back. A letter simply confirming your diagnosis isn't as useful as a letter explaining how your condition affects your ability to work, or what could happen to your health if you were asked to start looking for work. At the end of this factsheet you can find a 'Sample Evidence Letter for ESA Claims'. You can send our sample letter to your preferred health care professional and ask that they fill it in and get it back to you so you can send it in with your claim. Remember to make a copy of the letter (or any other evidence you send) for your own records.

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3. Will I have to go for a medical assessment?

The decision maker at the DWP may be able to decide whether you have limited capability for work after reading the information given in your ESA50 and any extra evidence provided, however in most cases you will also be asked to attend a medical assessment. The assessment is carried about by a doctor or nurse from a company called Atos Healthcare.

The Atos Healthcare professional will generally ask you about a typical day and may not ask you exactly the same questions that are on your ESA50 form. For someone with a mental health problem there is not always a 'typical day' so try to explain to the doctor/nurse about any fluctuations in your ability to cope. For example on a good day you may be able to get up, washed and dressed but on bad days you may stay in bed for days. You may want to keep a diary for several days before the assessment and make a note of your mood, motivation level or which everyday tasks you have managed to achieve.

They may also ask you how you got to the medical assessment that day. Aside from telling them how you physically got there (by bus, taxi, a lift from a friend etc) you could mention the effort it took. Have you been anxious and worried about the assessment for days beforehand? Did you need someone with you to make sure you got up and dressed? Did someone have to come to the appointment with you? What would have happened if they hadn't helped you?

They might ask you whether you *can* do something, like use a telephone. Although you may well be physically able to use one *do* you actually do so? Make sure they are clear about that difference and if your condition prevents you from actually completing the task they ask you about.

It may be useful when you come out of the medical to make a note of how long you were with the doctor/nurse, what questions they asked you and the answers you gave. This can be useful if you later disagree with the decision the DWP make about your entitlement to ESA and you want to appeal.

Remember - it is possible to take someone to the assessment with you if you wish. This could be someone formally involved in your care like a social worker, or an informal carer like a friend or relative. They may have information about how your condition affects you day to day that they could share with the Atos Healthcare professional and they should not be stopped from doing so.

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4. What happens next?

After you have returned the ESA50 questionnaire and attended the medical assessment if requested to do so, the decision maker at the DWP will make a decision about whether you have limited capability for work and can continue to receive ESA.

You don't have limited capability for work

If they find that you do not have limited capability for work you are expected to claim **Jobseeker's Allowance** (JSA) and actively look for work. If you don't agree with the decision maker's decision it is possible to ask for their decision to be revised. You have 1 month from the date of the decision to request this. If the DWP looks at the decision again but still find that you are not eligible for ESA you can appeal. You can also appeal within **1 month** of receiving the original decision. You can use a form called a GL24 to submit an appeal or send them a letter. The GL24 form is helpful as it gives a guide about what you should write and ensures you give the DWP all the information they need. Send it recorded delivery so you are sure that the information has been received within the strict timescale. Contact the Rethink Advice and Information Service or your local welfare rights advice agency for more information on how to appeal. If you submit an appeal you should continue to be paid ESA at the

assessment phase rate. You will have to submit medical notes until the DWP tell you not to. If your appeal is successful any extra amount of ESA you are entitled to should be backdated to week 13 of your claim. Read the Rethink Mental Illness factsheet on 'Benefit Revisions and Appeals' for more information which can be downloaded for free from www.rethink.org/factsheets.

You do have limited capability for work

If the DWP decide that you do have limited capability for work and you are eligible for ESA, they then have to decide whether you also have 'limited capability for work related activity'. Although these two statements sound the same they are used to decide different things. The DWP then place you in the 'support group' or the 'work related activity group'. When they are making this decision they have to look at another set of descriptors. You can find the descriptors relating to mental health below.

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK RELATED ACTIVITY⁴

Question 9. Learning Tasks	Descriptors:
	Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.
Question 10. Awareness of Hazard	Descriptors:
	Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of -
	(a) injury to self or others; or
	(b) damage to property or possessions
	such that they require supervision for the majority of the time to maintain safety.
Question 11. Initiating and completing personal action (which means	Descriptors:
planning, organisation, problem solving, prioritising or switching tasks).	Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.
Question 12. Coping with change	Descriptors:
	Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.
Question 13. Coping with social	Descriptors:

engagement, due to cognitive	
impairment or mental disorder.	Engagement in social contact is always
F 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	precluded due to difficulty relating to
	others or significant distress
	experienced by the individual.
Question 14. Appropriateness of	Descriptors:
behaviour with other people, due to	
cognitive impairment or mental	Has, on a daily basis, uncontrollable
disorder.	episodes of aggressive or disinhibited
	behaviour that would be unreasonable
Overtion 45. Conveying food on drink	in any workplace.
Question 15. Conveying food or drink to the mouth	Descriptors:
to the mouth	(a)Cannot convoy food or drink to the
	(a)Cannot convey food or drink to the claimant's own mouth without receiving
	physical assistance from someone
	else;
	(b)Cannot convey food or drink to the
	claimant's own mouth without
	repeatedly stopping, experiencing
	breathlessness or severe discomfort;
	(c)Cannot convey food or drink to the
	claimant's own mouth without receiving
	regular prompting given by someone
	else in the claimant's physical
	presence; or
	(d)Owing to a severe disorder of mood
	or behaviour, fails to convey food or drink to the claimant's own mouth
	without receiving -
	(i) physical assistance from someone
	else; or
	(ii) regular prompting given by
	someone else in the claimant's
	presence.
Question 16. Chewing or swallowing	Descriptors:
food or drink	
	(a)Cannot chew or swallow food or
	drink;
	(b)Cannot chew or swallow food or
	drink without repeatedly stopping, experiencing breathlessness or severe
	discomfort;
	(c)Cannot chew or swallow food or
	drink without repeatedly receiving
	regular prompting given by someone
	else in the claimant's presence; or
	(d)Owing to a severe disorder of mood
	or behaviour, fails to -
	(i) chew or swallow food or drink; or
	(ii) chew or swallow food or drink
	without regular prompting given by
	someone else in the claimant's
	presence."

Can I get ESA if I am found not to have a limited capability for work?

In most cases, if the decision maker finds that you do not have limited capability for work, you will not be able to continue claiming ESA and will instead have to apply for Job Seekers Allowance.

There are however circumstances where you can be treated as having limited capability for work without meeting the criteria of the WCA. You will need to show that there would be a substantial risk to any person if you were found not to have a limited capability for work⁵. In order to prove this you will probably need a letter from health care professional such as a G.P, CPN or social worker.

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5. The Support Group

If the DWP think you fit into one or more of the 'limited capability for work related activity' descriptors, as shown above, you will be placed in the support group.

If you are in the support group you no longer have to take part in any interviews by the DWP until your claim is up for renewal unless you want to. You can however access their Work Programme scheme voluntarily. The amount of money you receive each week will increase if you are placed in the support group.

Even if you don't fit into any of the 'limited capability for work related activity' descriptors or if you haven't scored 15 points in the first part of the assessment, the DWP can still place you in the support group if they feel there is enough evidence that you -

"Suffer from some specific disease or bodily or mental disablement and by reasons of such disease or disablement, there would be substantial risk to the mental or physical health of any person if the customer were found not to have limited capability for work related activity"

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6. The Work Related Activity Group

If the DWP decide none of the 'limited capability for work related activity' descriptors apply to you, you will be placed in the work related activity group (WRAG). You will be expected to attend work focused interviews as part of The Work Programme. The first interview will be with a member of Jobcentre Plus staff. The remaining interviews could either be with a personal adviser within Jobcentre Plus or with an adviser working for a charity or private company. This will depend on where you live in the country as the DWP have contracts with different agencies around the UK.

The purpose of the work focused interview is to discuss with you the type of work you think you could manage or would like to get into, what barriers to getting back to work there are for you and how they could be overcome. Your personal adviser can look at different training courses you could go on. They may have links with employers in the area who are willing to make reasonable adjustments for someone with a mental health condition. They could help with CV writing and also advise you on any other financial benefits if you were to return to work. They can even put you forward for a condition management programme; however taking part in this is voluntary. After your work focused interview you should be provided with a written action plan detailing what was discussed in the interview.

Being in the WRAG is **not** the same as being on Jobseeker's Allowance. If you do not get a job whilst in the WRAG your benefit will not be stopped. However if you do not attend or take part in the work focused interviews without good reason your benefit money could be reduced or stopped so it is important to attend or let your personal adviser know in advance if you are unable to make your appointment with them.

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7. The Work Focused Health Related Assessment

*****These have been temporarily suspended by the DWP*****

This is also done by the Atos Healthcare Professional and is only carried out if you are placed in the WRAG. The aim of this part of the assessment is to give your personal adviser at the DWP a report highlighting your perceptions about work and any barriers there may be for you in getting back to work. You will be sent a copy of this report. It is not seen by the DWP decision maker so will not influence their decision about whether you qualify for ESA or not.

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Evidence Letter for ESA Claims

To: (add name of professional)
Address: (add address of professional)
Date: (add date)
Dear Sir/madam (delete as applicable)
Re: Name: (add your details)
Address:
D.o.B:

I am currently making a claim for Employment Support Allowance (ESA) as I am unfit for work/am being transferred over to ESA from another benefit (*delete as appropriate*).

It has been established that evidence from medical professionals involved with the diagnosis, care and treatment of a patient can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) to make decisions. Evidence from medical professionals can also help a decision to be made at the initial claim stage and could eliminate the stress of having to go through an appeal or medical assessment.

I would be very grateful therefore if you could fill in this form and send it back to me in the envelope. Please be aware that I am not in a position to pay for any report or information.

Rethink Mental illness have provided these documents. The information contained therefore focuses on mental rather than physical health needs. If there is information regarding my physical health needs in addition to my mental needs that you think is relevant, then please include this at the end of the form. I would be grateful for any information that you could provide.

Yours sincerely

	e state what conditions I suffer from and what medications and nts have been prescribed.	d
	is my ability to learn simple tasks (e.g. setting an alarm clock g a washing machine) affected by my medical conditions?	or
objects	s my awareness of everyday hazards, e.g. Boiling water or sh affected by my medical conditions? Does this pose a significa ny safety or other's?	•
	s my ability to initiate and complete personal tasks affected by conditions?	' my
	s my ability to initiate and cope with change affected by my conditions? Does this affect my ability to manage my day to d	ay
	s my ability to get to places affected by my medical conditions upervision to get to familiar or unfamiliar places?	? Do

7. How is my ability to cope with social engagement affected by my medical conditions? Am I caused distress by social engagement and does this preclude social engagement?
8. How is my behaviour, when considering the appropriateness of the behaviour, affected by my medical conditions? Do I show signs of aggressive, uncontrolled or disinhibited behavior? And would this be unreasonable in a workplace?
9. If I am required to attend work focused interviews or job programmes. Would this have a detrimental affect on my health? If yes, how would I be affected?
10. Is there any other information that you think is relevant?
Signature Date
Hospital/Surgery Stamp
Thank you very much, in advance for any help you can provide towards my claim



¹ Regulation 25 *Employment and Support Allowance Regulations 2008* SI 794 London: TSO; 2008

² UK Upper Tribunal 61 (AAC) Case No. CE/1992/2010 AF v Secretary of State for Work and Pensions (ESA)[2011]

³ Schedule 2, Part 2 Employment and Support Allowance Regulations 2008 SI794 as amended by Schedule 1 The Employment and Support Allowance (Limited Capability for Work and Limited Capability for Work-Related Activity) (Amendment) Regulations 2011 SI 228 London: TSO; 2011

⁴ Schedule 3 Employment and Support Allowance Regulations 2008 SI 794 as amended by Schedule 2 The Employment and Support Allowance (Limited Capability for Work and Limited Capability for Work-Related Activity) (Amendment) Regulations 2011 SI 228 London: TSO; 2011 ⁵ Regulation 29 Employment and Support Allowance Regulations 2008 SI

794 London: TSO; 2008 ⁶ Regulation 35(2). *Employment and Support Allowance Regulations* 2008. SI 794 London: TSO; 2008

The content of this product is available in Large Print (16 point). Please call 0300 5000 927.

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Rethink Advice & Information Service

Phone 0300 5000 927 Monday to Friday, 10am to 1pm

Email advice@rethink.org

The Rethink Advice & Information Service welcomes your feedback on whether this information was helpful to you. You can provide feedback in the following ways:

By email: feedback@rethink.org

By post:

Rethink Advice & Information Service Rethink Mental Illness 89 Albert Embankment London SE1 7TP

By telephone: 0300 5000 927



Leading the way to a better quality of life for everyone affected by severe mental illness.

For further information on Rethink Mental Illness Phone 0300 5000 927 Email info@rethink.org

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