



## **Disability living allowance for people with mental health problems**

Disability living allowance (DLA) is a benefit for people with disabilities, and is aimed both at people who need help looking after themselves and at people who find it difficult to walk or get around. You can qualify for DLA whether or not you actually have someone helping you.

The self assessment form lends itself more readily to those claimants who have physical disabilities rather than mental health problems. This checklist is designed to help claimants and advisors have a better understanding of how someone with mental health problems can qualify for both the care and mobility components of DLA.

### **GENERAL POINTS**

1. It is important to explore any physical health problems as well as mental health ones.
2. A belief may be true to a client even if it seems bizarre to others. So the person can honestly say that they are being followed, or are turning into a cat or that people can read their mind, if that is their reality.
3. Nature of the illness. "*Nervous Disorder*" is often the term used on medical certificates issued by the GP, and is useful if the person needs prompting when being asked questions about the nature of their disability.
4. Supporting statements are vital - especially to distinguish "idleness" from lack of motivation and to validate the claimant's view of reality. These can be drawn from a wide range of people, from carer through to Community Psychiatric Nurse.
5. Clarity on the self assessment form ("getting it right first time") will enable the Disability Benefits Centre to make an award and thus avoid the need to appeal. The decision maker only knows what you tell them and can only go for supporting evidence from the GP or people you have named on the form; the clearer the picture, the more obvious it will be for the decision maker. Remember, a decision maker will have to process up to 15 - 20 claims per day and so a well constructed claim form will enable them to come to a decision more rapidly. Given that people with mental health problems may have high anxiety levels, avoiding the lengthy appeals process is particularly important.
6. Loss of motivation and distraction cause very many real problems; think carefully how the mental illness affects the client's day-to-day life. Does memory loss or side effects from drugs make life difficult?



7. Most people can provide all the information needed themselves; however, in a minority of cases the form will have to be filled out on the claimant's behalf.

## WHAT THE LAW SAYS

To qualify for the CARE component, you must need care, supervision or watching over from another person because of your disabilities.

You must be:

*"so severely disabled physically or mentally that...you require..."*

DURING THE DAY (Middle/higher rate)

*"frequent attention throughout the day in connection with your bodily functions"*

or

*"continual supervision throughout the day in order to avoid substantial danger to yourself or others"*

and/or

AT NIGHT

*"prolonged or repeated attention in connection with your bodily functions"*

or

*"in order to avoid substantial danger to (yourself) or others (you require) another person to be awake for a prolonged period or at frequent intervals for the purpose of watching over you."*

PART-TIME DAY CARE (Lower rate)

*"(you require) in connection with your bodily functions attention from another person for a significant portion of the day (whether during a single period or a number of periods)."*

*"(you) cannot prepare a cooked main meal for yourself if (you have) the ingredients."*



For the MOBILITY Component, you should be aged 5 or above for the lower rate, or 3 or above for the higher rate, and

EITHER (Higher rate)

you are unable to walk

OR

you are *"virtually unable to walk"*

OR

the *"exertion required to walk would constitute a danger to (your) or would be likely to lead to a serious deterioration in (your) health"*

OR

you have no legs or feet OR are both deaf and blind

OR are entitled to the Higher rate Care component and are *"severely mentally impaired"* with extremely disruptive and dangerous behaviour (this is intended for those with *"arrested development of the brain"* and generally excludes those with mental illness or recent brain damage).

OR (Lower rate)

you are *"so severely disabled physically or mentally that, disregarding any ability (you) may have to use routes which are familiar to (you) on your own, (you) cannot take advantage of the faculty out of doors without guidance or supervision from another person most of the time"*

The rules for the Mobility Component are contained in Section 73 of the Social Security Contributions and Benefits Act 1992, and the rules for the Care Component are in Section 72 of the same act.



## **HELP WITH PERSONAL CARE - ALL RATES**

Entitlement to the middle or higher rates of DLA would depend on the severity of the mental health problems and whether "frequent attention in connection with bodily functions" or "continual supervision" were required during the day and/or night. Entitlement to the lower rate care is clearer, given that attention may only be needed for a "*significant portion of the day*" ie. about an hour. But by determining the level of need, and being clear about the range, type and degree of the person's symptoms, there is no reason why a person with mental health needs should not qualify for Middle or even Higher rate care. Below we look at how these should be reflected on the DLA claim form. REMEMBER to give specific examples to back up each assertion.

### **1. Getting Up And Dressed**

In deciding whether or not a claimant needs help with personal care, advisors should think about what the client actually does and how long it takes.

Motivation can be a major difficulty and it is difficult to admit to a lack of this. The following questions may help you begin to see a clear picture of behaviour which may give rise to a need for "*frequent*" or "*significant*" "*attention with bodily functions*".

- Does the claimant stay in bed all day?
- Do they get up but don't get dressed?
- Do they dress but dress bizarrely?
- What do they wear when they get up? Are underwear/top clothes clean?
- What do they wear when they go out?
- In winter?
- In summer?

### **2. Moving Around Indoors**

Could include some clients who are catatonic and unable to move for hours or days.

### **3. In The Bathroom**

Motivation can be the key issue here. Does the claimant

- Wash?
- Dress?



- Bathe?
- Shave?
- If not, do they have a need for prompting?
- Will they only wash etc. with regular prompting/visits from a carer/Social Services/Community Psychiatric Nurse (CPN)?

#### **4. Coping With Toilet Needs**

Less likely to be apply to people with mental health needs, but would include some people who lack the motivation to get to the toilet.

#### **5. Help With Medical Treatment**

Questions that arise from this issue may pose some problems, as the claimant may feel that they do not need the medication that the health services require them to have. But check to see if relapses have occurred (this is also covered under needs for supervision).

#### **6. At Mealtimes**

Less likely for people with mental health problems to need assistance at mealtimes, but again may be appropriate if the person is catatonic.

However, irrespective of the diagnosis, it is useful to check for:

- Any prompting needed to eat?
- Does the illness mean that the claimant does not check that food is in a fit state to eat/sell by dates /cooked properly/exists on junk foods?

REMEMBER to list examples of self neglect and illnesses associated with that, eg stomach illnesses (living on junk food etc), bronchitis etc.



## **LOWER RATE COMPONENT**

### **Preparing A Cooked Main Meal**

A person's mental health problems may mean that they are unable to prepare a cooked main meal due to motivational problems; cooking calls for decision making, precise actions to prepare it and finally cooking it on a traditional cooker. There may also be issues of safety if the client is frequently distracted.

"In the main meal test ... we are seeking to adopt a new more practical approach to bring into benefit an important group who do not have care needs related to their bodily functions but whose disabilities cause them difficulties in performing what to many of us are routine but important daily tasks".

Tony Newton, (then Secretary of State for Social Security, Hansard, 21/11/90, col.313).

## **SUPERVISION**

### **Someone To Keep An Eye On You**

If a person's mental health problems mean they need someone to keep an eye on them or provide continual supervision in order to avoid substantial danger, they should qualify for the middle or higher rate Care component.

Include those who have a need to be distracted from the voices of others and those who are anxious if left alone. Although many people actively don't want anyone to keep an eye on them, note the risks and if it seems likely that supervision is needed in order for the person to stay safe, then the need for supervision (irrespective of whether or not it is fulfilled) is sufficient.

#### **1. Danger to Self or Others?**

Note:

- Past risk of accidents due to fire
- Aggression, self harm
- Suicide attempts
- Does the household have young children in it? Are they at risk in any way?
- Is the claimant vulnerable or easily exploited? (ie at risk from others in a physical sense as well as in terms of getting into debt, signing credit agreements, loan sharks etc).



## **2. Not Recognising Danger**

Is there:

- Unsafe smoking (smoking in bed, leaving lighted stubs on armchairs etc)
- Distractions caused by hallucinations
- Examples of inviting strangers home
- Behaviour provoked by psychotic experiences (eg wrapping lamp in blanket and switching it on or leaving gas unlit).

## **3. Condition Getting Worse**

Does the client have an understanding of when their condition is deteriorating? if not, they may need constant supervision in order to be safe.

Check for:

- A degree of insight into the illness.
- Compliance with medication.
- History of compulsory admissions under the Mental Health Act.



## HELP WITH GETTING AROUND

In this section, we are referring to the criteria for the Lower rate Mobility component. People with mental health problems with additional physical disabilities may qualify for the higher rate on that basis.

You must be *"so severely disabled physically or mentally that, disregarding any ability (you) may have to use routes that are familiar to (you) on (your) own, (you) cannot take advantage of the faculty out of doors without guidance or supervision from another person most of the time"*.

The key question for the lower rate is to consider what happens if, or when, a client with mental health problems tries to walk alone outdoors in an area they are not familiar with.

Can they *"take advantage of"* the ability to walk if in an unfamiliar area, without someone else to guide or supervise? Always check where people actually go - some appear to go out but in fact can only do this with help or stay in familiar places. They may not admit to themselves that there is a problem.

Check for the effects of:

1. Agoraphobia that is untreated or has not responded to treatment.
2. Difficulties getting around due to psychotic experiences; eg "I'm turning into a cat and might be chased by dogs." or "I worry when I'm out because people read my thoughts."
3. Difficulties due to motivational problems; eg "I don't get around to going out unless someone is with me." ie a need for personal encouragement rather than physical support in order to go out.
4. Difficulties due to distraction; eg "I don't watch the traffic when the voices are talking." or "I hear voices and I get lost and can't get home."
5. Difficulties due to behavioural problems; e.g "I stare at people when I'm out - it could cause a fight." or "I talk to strangers about God." or "I shout at people outside; they sometimes threaten me."
6. Can they get to a place they've never been before? - What might happen if they tried?
7. Can claimant follow directions?
8. List all examples of getting lost or becoming disoriented.



## **IF YOU ARE UNHAPPY WITH THE DECISION**

If you are not satisfied with the rate of benefit you have been awarded or you want the decision on your claim reconsidered, you can challenge it.

There are two ways to challenge a decision on a new claim:

A decision can be revised if the decision maker agrees it is wrong and you challenge it within one month. This may happen, for example, if you give in some more evidence to support your claim. You must ask for a revision within one month of the date the decision was made.

If your benefit is increased on revision you will get arrears of benefit.

You can appeal to an independent tribunal. You do not have to ask for a revision before you appeal, but you only have one month from the date the decision was made to make an appeal. If your benefit is increased on appeal you will get arrears of benefit.

In very exceptional circumstances the deadline for an appeal or a revision can be extended for up to 13 months after the decision was made.

If you challenge a decision too late for it to be revised, or a decision is now wrong because there has been a change of circumstances since it was made, then that decision can be superseded. If your benefit is increased on a supersession then the higher rate of benefit will only be paid from the date that the new decision is made. For example, if you are already getting the lower rate for day-time care and your condition has got worse, so that you now need night-time care as well, you can ask for the rate to be increased. This will be treated as a request for the original decision to be superseded.

However, if you have been awarded benefit, think carefully before asking for the decision to be reconsidered. This is important because the whole question of your entitlement may be looked at again, and sometimes this can lead to benefit being reduced rather than increased.

## **WHERE CAN I GET HELP?**

DIAL Great Yarmouth

12a George Street

Great Yarmouth

Norfolk

NR30 1HR

Telephone 01493 856900 Monday to Friday 10am to 4pm