



Personal Independence Payments for people affected by mental health

Guidance for support workers

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Contents

Introduction	3
Basic Qualifying Conditions	4
Claims for PIP	5
Completing the form	7
Mental Health Needs	8
Passporting	11
Receiving a back payment	11
Support for homelessness services	13
Refusals	13
Appendix 1 – Daily Living Activities and Descriptors	14
Appendix 2 – Mobility Descriptors	18

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Introduction

“You’re constantly asking yourself if they’ll believe you’re really ill – indeed, the system makes you feel that you are not properly ill or worthy of help. Then, if you manage to fill in the form, you get invited for an assessment and the only thought running through your head is, “how do I prove I’m ill?” I just couldn’t do it.

I just decided not to apply because I couldn’t deal with the stress of waiting for weeks and weeks with no help. You have to crawl over glass to get this support. You never know how long it’s going to take, and you have no idea where your claim is in the system. The decision is ultimately made about you but not with you, and that’s just not the case with medical treatment.”¹

“The assessor appeared to be very caring. I asked if I could support him through the process and asked if it was alright to take notes which was granted. The questions asked were relevant to his condition... On leaving, the assessor told him not to worry. We can honestly say he was treated with care and respect”²

The statements above, the first taken from the Rethink Mental Illness report on PIP and Employment and Support Allowance assessments, and the second from a Birmingham Community Law Centre client, eloquently sum up the differing experiences that individuals, their carers, and advisers face whilst working with people experiencing poor mental health.

PIP is one of the most important benefits received by people with mental health needs and consequently, it is essential that they are assisted through the claim process to make this as trouble-free as possible and to ensure the best possible outcome for them.

This guide offers advice and support both to people experiencing poor mental health and to advisers working with them. It seeks to offer positive suggestions on how to make a successful claim but also how to combat and challenge erroneous decisions regarding PIP claims.

When completing claim forms, it is always important to be aware that many people with chronic ill health will have a range of other conditions as well. All these other conditions should be mentioned even if they are relatively minor as managing the treatment for these minor conditions can be a significant obstacle for someone with significant mental health needs.

¹ ‘It’s Broken Her’, Rethink Mental Illness December 2017 <https://www.rethink.org/media/2585/its-broken-her-pip-report.pdf>

² Parent of client, Birmingham Community Law Centre, December 2017

Basic Qualifying Conditions for PIP

PIP is a non-taxable and non-means tested benefit. It is not based on national insurance contributions and can be paid if the individual is in work or not, and whether there are any savings or capital.

Age limits

In order to qualify for PIP initially, the individual needs to be aged between 16 and [state pension age](#). As state retirement age increases over time, the age at which a claim for PIP will be able to be made will also increase.

Qualifying period

To qualify for PIP, an individual will need to have had their current level of needs for at least three months and be likely to continue having them for a further nine months. The three months test does not apply when transferring from DLA to PIP. It also does not apply in cases of terminal illness.

Terminal illness is defined as “if you suffer from a progressive disease and your death in consequence of that disease can reasonably be expected within 6 months”

Residence Conditions

The individual must have been resident in the UK for 104/156 weeks (2/3 years) but there are exceptions – particularly around terminal illness and residence in another EEA state. Please seek specialist advice if either of these situations apply.

If an individual is not a British Citizen, they must:

- Normally live in or show that they intend to settle in the UK, Ireland, the Isle of Man or the Channel Islands
- Not be subject to immigration control (unless they're a sponsored immigrant)
- If they're from the EU, Switzerland, Norway, Iceland or Liechtenstein, they and their family usually also need settled or pre-settled status under the EU Settlement Scheme to get PIP.
- They may still be able to get PIP if they're an asylum seeker, a refugee, or have humanitarian protection status.

Length of awards

All PIP awards are for a fixed period, except in exceptional circumstances.

Short-term awards of up to two years are given where the condition is expected - by the DWP - to improve significantly.

Awards of 5-10 years are made where changes in the condition are possible but less likely.

Ongoing or 'indefinite' awards will only be given in a very small minority of cases where the individual's condition is unlikely to get either better or worse.

A claim can be checked at any time while the award is still in force, to verify that there has been no change of circumstances.

Claims for PIP

For most, making a claim for PIP will involve:

- completing a PIP1 Personal Independence Payment claim form, initially by phone
- completing a PIP2 'How your disability affects you' form
- having a face-to-face assessment with a health professional.

PIP1 form

The initial claim for PIP will usually be made by telephone to:

- Telephone: 0800 917 2222
- Textphone: 0800 917 7777

Calls are free from a landline, but there may be a charge from mobiles.

Once the claim has been made, the PIP enquiry number is: 0800 121 4433.

Paper claim form

If you are unable to use the telephone to make a claim, you can ask for an 18-page paper claim form – a PIP1 - instead.

Details of how to make an initial claim and request different formats are available [here](#).

Initial claim process

The initial claim process collects basic information about the individual and about whether they have one of the following:

- mental health needs
- behavioural condition
- learning difficulty
- developmental disorder
- memory problem

The reason for these questions is to flag up if there are issues of cognition that mean that certain individuals may need more support and more time to return forms or medical evidence, for example.

'Reliably' – the most important PIP word

It is vital that, before the form is completed, the individual understands that just because they can carry out an activity, this doesn't mean they are prevented from scoring points for being unable to do it.

Guidance issued by the DWP states that you need to be able to complete an activity 'reliably' in order for it to apply. According to the guidance, 'reliably' means whether you can do so:

- Safely – in a fashion that is unlikely to cause harm to themselves or to another person.
- To a necessary and acceptable standard – given the nature of the activity.
- Repeatedly – as often as is reasonably required.
- In a reasonable time period: no more than twice as long as a person without a physical or mental health condition would take to carry out the activity.

Initially, the government refused to put this guidance into the regulations themselves. However, after considerable pressure, it has been incorporated, although the word 'reliably' itself has not been included.

The DWP guidance also states that 'pain, fatigue, breathlessness, nausea and motivation' will all be 'key factors' in deciding whether an activity can be done reliably. Please see examples below:

- If an individual can 'wash and bathe unaided', they will not score any points for that activity. However, if it takes hours to do so, or it would be dangerous to be left alone to bathe – for example, because the individual may have a seizure - then this may score points.
- If an individual could walk 20 metres once, but afterwards would be so exhausted that they could not do so again for hours or would be unable to carry out other everyday activities after walking 20 metres, then this may count as not being able to do so.
- If an individual can walk, but only in considerable pain, they may be able to score more points than they think. Let's say they walk over 50 metres only by pushing through the pain, for example, because of wanting to stay as active and independent as possible. As the meaning of 'reliably' includes 'to an acceptable standard', they may be able to score points for walking 50 metres or less by

showing that the distance they walk in considerable pain does not count as walking 'to an acceptable standard'.

- If an individual is able to feed themselves from a plate, but because of their condition, drops considerable quantities of food on their clothes and on the floor, then it may be considered that they cannot convey food and drink to their mouth to an acceptable standard and so should score points.

Decisions about issues such as what is safe, what is a reasonable time, and a good enough standard are subjective ones. All an individual or adviser can do is give as much detailed evidence as they can and, if they are not happy with the decision, consider a mandatory reconsideration and possibly an appeal.

Completing the form

It is always advisable to be clear that the claim will succeed before starting to complete the PIP2 form and to have a good idea of what the individual's actual needs are. The claim form is a vehicle to enable you to describe the individual's circumstances in as much detail as possible.

If you don't feel that the individual can score enough points, then you may want to discuss the case with a more experienced adviser before proceeding. It is unlikely that you will persuade the DWP to give points that you cannot yourself identify.

You need to give detailed answers, not just ticking boxes. Ideally, this should be done as early as possible in the claims process so that if cases do progress to an appeal, the individual is then mainly repeating what has been said already.

It is not advisable to exaggerate the individual's needs. Instead, you should seek to explain fully the needs of that individual.

Under each descriptor you should seek to establish:

- What actually happens
- What is the reason that this happens – try to link this back to the individual's health needs
- The frequency of the needs – the DWP will consider the situation that is most common. i.e., if on 4 days per week the individual cannot do an activity and on 3 days they can, then what should be taken into account is the situation that prevails on 4 days per week.
- Whether any help is available or is required but not available
- Whether any aids are used or required if not available

- Any examples to illustrate what happens and to make the case more understandable to a DWP decision maker.

You should also consider what evidence is available to substantiate the individual's level of needs. This could be a community care assessment or discharge notes from hospital. A GP surgery should be able to provide a summary of an individual's conditions and medication at no charge. Individuals may also have details of outcomes of medical tests and should be advised to get into the habit of collecting and keeping copies of any medical evidence to assist them in their claim.

Always keep a copy of the claim form. They do get lost. It can also be advisable to be able to refer back to it if you are going to be giving further advice to the individual at a later stage in the claim.

How many points must be scored to be awarded PIP?

There are 2 components within PIP – the daily living component and the mobility component – and within these, there are 2 levels – standard and enhanced, which will determine the level of benefit received.

The descriptors can be found in the appendix below.

In order to qualify for either Daily Living or Mobility component, at least 8 points must be scored – if 12 or more are scored then this will entitle the individual to enhanced, which will enable them to receive a higher level of benefit.

An individual can receive both components or only one and can receive, for example, enhanced level of both, standard level of both, or enhanced for one component and standard for the other.

Mental Health Needs

Advisers should aim to include information about all of the following or as much as possible regarding the individual's mental health needs:

- Diagnosis
- Details of medication prescribed
- Give details of any additional treatment for example, seeing a counsellor or psychiatrist, having access to Talking Therapies, details of periods in hospital as an in-patient or under a section, membership of a support group or attending a day care centre
- Compliance with medication and appointments

- Length of and history of condition especially if this has periods of flare up
- Suicide risks or ideation. Any history of overdosing, suicide attempts and self-harming
- In cases of bi-polar, you need to try to give a pattern of the condition and fluctuations.
- You need to consider the impact of the mental health need on the person's general health

Mobility Component Update: Planning a Route

In March 2017, new descriptors were introduced in regard to 'planning a route'. The effect was that people who were too anxious to undertake journeys unless they had someone with them, would be unlikely to be awarded more than 4 points by the DWP. This meant that they would not be awarded the mobility component on the basis of this activity alone and would need to have degree of physical difficulties. The government changed the descriptors and effectively excluded those experiencing "overwhelming psychological distress" from the higher points available, creating an inequality between people with physical disabilities and those experiencing poor mental health.

However, the High Court, in a decision dated 21st December 2017, found that the changes made to the PIP mobility component in March 2017 were unlawful, and it was announced on 19th January 2018 that the DWP would not appeal against this decision.

This means effectively that the mobility component has reverted back to the pre-March 2017 descriptors where 'overwhelming psychological distress' is taken into account whilst assessing mobility needs.

The individuals who are likely to be affected by this are those people who have mental health needs, a learning disability and/or a cognitive impairment; and:

- claimed PIP after 16th March 2017 **or**
- claimed PIP before the 16th March 2017 but did not get a decision till after this date **or**
- had an existing award reassessed after this date **and**
- were not awarded the mobility component at either standard or enhanced and no account had been taken of 'psychological distress' when assessing their ability to plan and/or follow the route of a journey either familiar or unfamiliar.

It is advisable for anyone in this situation to contact the DWP in writing and state that they wish their PIP mobility component to be reassessed in light of the decision of the Upper Tribunal in MH v SSWP and the High Court in RF v SSWP. If the DWP look at the

case again and refuse it, the normal Mandatory Reconsideration and appeal process will apply.

Always be aware that looking at one aspect of a PIP claim can sometimes lead to the DWP also reconsidering any daily living component that may be in payment. If an individual does not wish to risk their daily living component, then they can wait until the renewal of their PIP and argue for mobility then if they wish.

Medical Assessment

A medical assessment for a person experiencing poor mental health can be extremely distressing. In a report by Rethink Mental Health, the parent of an individual with mental health needs explained their experience when claiming PIP:

"I fail to see why a claimant who has a fully documented diagnosis of a severe and enduring mental condition cannot just submit up to date medical reports as evidence of the disability... he had to be judged by an individual who had little knowledge of the challenges of paranoid schizophrenia."

It may be feasible to prepare the individual for the medical assessment. A family member, carer or support worker can attend with them and can request that they take notes. It appears that this depends on the assessor as to whether they agree – the carer should be firm and state that they feel that this is important to support the individual. You should ensure an interpreter is available if needed. The medical assessment may be at an assessment centre or may be at the claimant's house. You should encourage individuals to attend, however, refusal of benefit following non-attendance can be challenged.

You can prepare an individual by going over with them what was said in the claim form and trying to get them to think of any more recent examples to illustrate their needs, or remind them of the examples given previously.

At medical assessments, individuals should be encouraged to talk about:

- the length of time it takes them to do any activity,
- how well they do it
- whether they need help
- whether they are safe
- whether they are anxious or confused when doing it
- whether there are any times of day they cannot do an activity (for example, only going to shops at night)
- whether they can do the activity reliably

- how many days per week they can do the activity

You could encourage the individual to not just say 'yes' in answer to a question from the health care practitioner but to say, "yes but..." and then add any of the above information.

If individuals are not happy with what has happened at the medical, they should be encouraged to write this down as soon as possible afterwards and to challenge any decision that seems to be inadequate, although in the case of partial awards, it is important to consider whether the client could get less at the next assessment. A person who went with them could write a statement of what happened or take notes.

Passporting

An award of PIP often means that other benefits are increased. So, for example, an award of any rate of daily living component means that a carer can claim Carers Allowance. However, this may not be an advantage if the disabled person lives alone and would otherwise get a Severe Disability premium.

It is advisable for the individual to notify offices dealing with any means-tested benefits which are in payment to ensure they are adjusted correctly.

Receiving a back payment

Often, it can take a long time to process a PIP application which results in the applicant receiving a large back payment, which in some cases, can lead to this individual being at risk of exploitation and other vulnerabilities. Some claimants will find the experience of receiving and managing payments challenging. This could be for a variety of reasons:

- They may have limited capacity to understand, process, or manage financial matters
- They may or could be influenced or subject to abuse by others. For example, if someone is using substances, they may increase their drug use when receiving their back-payment, and peers may take advantage of their funds.
- They may have other personal circumstances, e.g., poor mental health that means they are unable to cope with managing their money.

However, there are a number of interventions in place by the DWP to support people who are at such risks when claiming PIP.

Vulnerable Customer Champions

The role of the Vulnerable Customer Champion is to provide additional support to customers and colleagues from within their respective benefit centre. There are around 100 Vulnerable Customer Champion's in Disability Services Benefits sites across the country.

A Vulnerable Customer Champion receives referrals from a DWP staff member during a call with a customer if there are concerns for welfare of safeguarding. Referrals can also be made when a DWP staff member is reviewing a claim form, has concerns, and then requests support from a Vulnerable Customer Champion.

The Vulnerable Customer Champions are contacted internally by DWP staff and are there to support with claims for vulnerable customers or where there are concerns.

Advanced Customer Support

The DWP policy is if the back payment amount is £2000+, the system must be checked for key indicators of potential vulnerability. If the amount is £5000+, then a call must be made to the claimant/ Personal Acting Body (PAB) to ensure they can manage the payment, regardless of vulnerability concerns.

If the amount is £2000+, the DWP will review the claim and look for key indicators which could include:

- Risk of injury
- Ill treatment/neglect
- History of/present domestic abuse
- History of/present physical or sexual abuse
- Modern slavery

Once these have been considered, a call will be made to the claimant to have an informed discussion. Multiple attempts will be made over 48 hours to speak to them.

Payment options can include:

- Lump sum payment
- Payment to a third party
- Staggered payments over a period of time
- Payments in smaller amounts

Payment frequency/split must be agreed with the claimant: the individual must be free to choose how they wish to receive their payment.

Third party support

The DWP may accept that a claimant is unable to manage their own finances if contact is made by a third party. For example, this could be a family member, friend, or a corporate acting body such as the Local Authority. The DWP can then follow a process to appoint someone to act on behalf of the claimant. The claimant can also list an 'Organisational Representative', who would then receive copies of notifications/letters etc. Three-way calls can be organised at any point during the PIP claim.

Support for homelessness services

The Disability Services Advocacy Team (DSAT) advocate for disability services across the UK, including PIP. The DSAT host external monthly stakeholder webinars to raise awareness and upskill workers. To access these webinars, services can email: disabilityservices.advocacyteam@dwp.gov.uk and request to be added to the mailing list so you can receive notification of when the sessions will be held.

YouTube videos are also available on understanding PIP, and guidance on making a claim. These can be [accessed here](#).

Refusals

Refusals should be challenged initially at [Mandatory Reconsideration](#) (MR) and then at appeal if needed. It is well worth challenging refusals. Success rates at MR are relatively low but at appeal stage, average success rates are 65% and a represented individual would expect to have a higher chance of success than this. The high rate of success reflects the inadequacy of the medical assessments and the decision-making process.

Appendix 1 – Daily Living Activities and Descriptors

The activities, descriptors and points listed below are the legal test laid out in the [Social Security \(Personal Independence Payment\) Regulations 2013](#). For more information on these activities and descriptors, visit [here](#).

Add together the highest score from each activity heading that applies to you. To be entitled to the standard rate of the daily living component, you need to score at least 8 points; to be entitled to the enhanced rate, you need to score at least 12 points. These points can be scored from just one activity heading or from any of the headings added together.

Preparing food	Activity 1
a Can prepare and cook a simple meal unaided.	Score 0
b Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	Score 2
c Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	Score 2
d Needs prompting to be able to either prepare or cook a simple meal.	Score 2
e Needs supervision or assistance to either prepare or cook a simple meal.	Score 4
f Cannot prepare and cook food.	Score 8
Taking nutrition	Activity 2
a Can take nutrition unaided.	Score 0
b Needs either	
(i) to use an aid or appliance to be able to take nutrition; or	
(ii) supervision to be able to take nutrition; or	
(iii) assistance to be able to cut up food.	Score 2
c Needs a therapeutic source to be able to take nutrition.	Score 2
d Needs prompting to be able to take nutrition.	Score 4
e Needs assistance to be able to manage a therapeutic source to take nutrition.	Score 6
f Cannot convey food and drink to their mouth and needs another person to do so.	Score 10

Managing therapy or monitoring a health condition**Activity 3**

-
- | | | |
|---|---|---------|
| a | Either
(i) does not receive medication or therapy or need to monitor a health condition; or
(ii) can manage medication or therapy or monitor a health condition unaided. | Score 0 |
| b | Needs any one or more of the following
(i) to use an aid or appliance to be able to manage medication;
(ii) supervision, prompting or assistance to be able to manage medication.
(iii) supervision, prompting or assistance to be able to monitor a health condition. | Score 1 |
| c | Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. | Score 2 |
| d | Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. | Score 4 |
| e | Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week. | Score 6 |
| f | Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. | Score 8 |

Washing and bathing**Activity 4**

-
- | | | |
|---|--|---------|
| a | Can wash and bathe unaided. | Score 0 |
| b | Needs to use an aid or appliance to be able to wash or bathe. | Score 2 |
| c | Needs supervision or prompting to be able to wash or bathe. | Score 2 |
| d | Needs assistance to be able to wash either their hair or body below the waist. | Score 2 |
| e | Needs assistance to be able to get in or out of a bath or shower. | Score 3 |
| f | Needs assistance to be able to wash their body between the shoulders and waist. | Score 4 |
| g | Cannot wash and bathe at all and needs another person to wash their entire body. | Score 8 |

Managing toilet needs or incontinence**Activity 5**

-
- | | | |
|---|---|---------|
| a | Can manage toilet needs or incontinence unaided. | Score 0 |
| b | Needs to use an aid or appliance to be able to manage toilet needs or incontinence. | Score 2 |
| c | Needs supervision or prompting to be able to manage toilet needs. | Score 2 |
| d | Needs assistance to be able to manage toilet needs. | Score 4 |
| e | Needs assistance to be able to manage incontinence of either bladder or bowel. | Score 6 |
| f | Needs assistance to be able to manage incontinence of both bladder and bowel. | Score 8 |

Dressing and undressing	Activity 6
a Can dress and undress unaided.	Score 0
b Needs to use an aid or appliance to be able to dress or undress.	Score 2
c Needs either (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	Score 2
d Needs assistance to be able to dress or undress their lower body.	Score 2
e Needs assistance to be able to dress or undress their upper body.	Score 4
f Cannot dress or undress at all.	Score 8

Communicating verbally	Activity 7
a Can express and understand verbal information unaided.	Score 0
b Needs to use an aid or appliance to be able to speak or hear.	Score 2
c Needs communication support to be able to express or understand complex verbal information.	Score 4
d Needs communication support to be able to express or understand basic verbal information.	Score 8
e Cannot express or understand verbal information at all even with communication support.	Score 12

Reading and understanding signs, symbols and words	Activity 8
a Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	Score 0
b Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	Score 2
c Needs prompting to be able to read or understand complex written information.	Score 2
d Needs prompting to be able to read or understand basic written information.	Score 4
e Cannot read or understand signs, symbols or words at all.	Score 8

Engaging with other people face to face	Activity 9
a Can engage with other people unaided.	Score 0
b Needs prompting to be able to engage with other people.	Score 2

- | | | |
|---|---|---------|
| c | Needs social support to be able to engage with other people. | Score 4 |
| d | Cannot engage with other people due to such engagement causing either
(i) overwhelming psychological distress to the claimant; or
(ii) the claimant to exhibit behaviour which would result in a substantial risk of
harm to the claimant or another person. | Score 8 |

Making budgeting decisions

Activity 10

-
- | | | |
|---|---|---------|
| a | Can manage complex budgeting decisions unaided. | Score 0 |
| b | Needs prompting or assistance to be able to make complex budgeting decisions. | Score 2 |
| c | Needs prompting or assistance to be able to make simple budgeting decisions. | Score 4 |
| d | Cannot make any budgeting decisions at all. | Score 6 |

Appendix 2 – Mobility Descriptors

The activities, descriptors and points listed below are the legal test laid out in the [Social Security \(Personal Independence Payment\) Regulations 2013](#). For more information on these activities and descriptors, visit [here](#).

Add together the highest score from each activity heading that applies to you. To be entitled to the standard rate of the mobility component, you need to score at least 8 points; to be entitled to the enhanced rate, you need to score at least 12 points.

Planning and following journeys	Activity 11
a Can plan and follow the route of a journey unaided.	Score 0
b Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	Score 4
c For reasons other than psychological distress, cannot plan the route of a journey.	Score 8
d For reasons other than psychological distress, cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	Score 10
e Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	Score 10
f For reasons other than psychological distress, cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	Score 12
Moving around	Activity 12
a Can stand and then move more than 200 metres, either aided or unaided.	Score 0
b Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	Score 4
c Can stand and then move unaided more than 20 metres but no more than 50 metres.	Score 8
d Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	Score 10
e Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	Score 12
f Cannot, either aided or unaided, (i) stand; or (ii) move more than 1 metre.	Score 12

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Homeless Link

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Let's End Homelessness Together

