



# Mo Stewart Research

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Date: 6<sup>th</sup> June, 2023

Steve Brine MP  
Chair, Health and Social Care Committee  
House of Commons  
London  
SW1A 0AA

via email:  
hsccom@parliament.uk

Dear Chair,

Re: The public health crisis created by UK social policy reforms  
[Justice, Power and Resistance](#)<sup>1</sup>

I write in my capacity as the research lead for the Preventable Harm Project<sup>2</sup> to alert the Health and Social Care Committee (the Committee) to an identified and ongoing public health crisis directly linked to successive social policy reforms, and to the flawed assessment model adopted to limit access to long-term disability benefit.<sup>1-8</sup> This public health crisis was generated by social policy reforms using '*a fiscal priority whilst disregarding health and wellbeing*'<sup>3</sup> which failed to attract political concern as thousands of those in greatest need died, often by suicide, when refused financial support when too ill to work or when disability benefit was removed, which has impacted on the mental health of those in greatest need.

The programme of reassessing people on disability benefits using the Work Capability Assessment was independently associated with an increase in suicides, self-reported mental health problems and antidepressant prescribing. This policy may have had serious adverse consequences for mental health in England, which could outweigh any benefits that arise from moving people off disability benefits[...] The WCA and reassessment policy was introduced without prior evidence of its potential impact or any plans to evaluate its effects[...] Given that doctors and other health professionals have professional and statutory duties to protect and promote the health of patients and the public, our evidence that this process is potentially harming to recipients of these assessments raises major ethical issues for those involved.<sup>3</sup>

The human suffering and future loss of life generated by the enforced disability benefit assessment was predicted by a government advisory body in 2006, who advised the Department for Work and Pensions (DWP) against the adoption of the Work Capability Assessment (WCA). Their expertise and advice was disregarded,<sup>9</sup> and the Employment and Support Allowance (ESA) was introduced in the UK in October 2008 by the 'New Labour'



administration as the new out-of-work long-term disability benefit, which replaced Incapacity Benefit. To access the ESA claimants would be subjected to the fatally flawed WCA,<sup>10</sup> whose design was influenced by corporate America.<sup>11</sup> The DWP adopted the discredited Waddell and Aylward biopsychosocial (BPS) model of assessment for the WCA, which disregards clinical need and failed all academic scrutiny.<sup>12</sup> Death, despair and suffering of many of those in greatest need was guaranteed using the WCA as health and wellbeing is totally disregarded.<sup>13</sup> This enforced human suffering has created a greater demand for the NHS.

Every clinical lead in the UK insisted that the WCA should be abolished, including the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Medical Association, and the British Psychological Society who identified the WCA as being unfit for purpose. They were all disregarded by the DWP, as are coroners' reports linking the WCA to suicide and the identified public mental health crisis directly linked to the fear of the next WCA, and the constant DWP threat of sanctions.<sup>1,4</sup> To date, the DWP have disregarded all published independent research which identifies the ongoing and inevitable public health crisis created by social policies adopted since 2010,<sup>13</sup> and it remains unclear how the DWP expect those in greatest need to survive when the excessive use of sanctions guaranteed that some claimants would be starved to death when too ill to attend an appointment?<sup>14</sup> This, I suggest, is ethically unjustifiable and morally reprehensible.

Released Cabinet minutes from 1982 identified the political ambition to eventually remove the NHS and the welfare state, and recommended the use of '*the politics of fear*'<sup>15</sup> to encourage the purchase of private health insurance by the general public.

The breakthrough to justify introducing the '*politics of fear*' followed the 2008 global financial crisis. The Brown 'New Labour' administration was obliged to fund a fifty billion pound bank rescue package, which increased over time and significantly increased the national debt. Elected in 2010, the Coalition administration used the size of the national debt to justify the introduction of austerity measures, which were designed to reduce the costs of the welfare state and guaranteed that those in greatest need would endure preventable harm. This was the beginning of the end of the UK welfare state as funding was removed from essential public services, which generated human suffering on a vast scale.<sup>15</sup>

To justify the adoption of austerity measures, which were adopted without ethical approval, the Coalition administration (2010-15) excelled when using the '*politics of fear*.'<sup>15</sup> A negative public reaction to austerity measures was predictable, so the Coalition administration provided a distraction to give the public someone else to blame for the hardships which were about to be created. The Coalition administration vehemently challenged the integrity of the chronically ill and disabled community and routinely accused disability benefit claimants of fraud; while failing to produce evidence to support their claims. The often hostile political rhetoric was reproduced by the tabloid press which encouraged a 213 percent increase in prosecuted disability hate crimes, including murder, and successive administrations disregarded the thousands of deaths directly linked to the WCA. Influenced by corporate



America since 1992, the UK social policy reforms guaranteed that many of those in greatest need were destined to die when, covertly, 'killed by the State'.<sup>1</sup> By 2015, DWP mortality totals identified that 90 ESA claimants per month died after being found 'fit for work' by the WCA<sup>16</sup> and in 2016 NHS statistics identified that 50 percent of ESA claimants had attempted suicide.<sup>17</sup>

The latest DWP announcement that the WCA will be abolished by 2026 gives little hope given the disturbing decision to restrict all future disability benefit claimants by using the flawed Personal Independence Payment assessment. Consequently, many chronically ill people who are currently on higher rate ESA and too ill to work will no longer qualify for DWP financial support.<sup>18</sup> Clearly, this is another social policy reform designed using a fiscal priority and destined to cause more preventable harm with more disturbing implications for public mental health, which I trust is of concern to the Committee. Thank you for your time.

Yours sincerely,

**Mo Stewart**

Fellow, Centre for Welfare Reform  
Research Lead, Preventable Harm Project



**Author of:** [Cash Not Care: the planned demolition of the UK welfare state](#)

**Creator of:** [The Preventable Harm Project](#)

**Designer of:** [Influences and Consequences](#)

Copied to:

Professor Kamaldeep Bhui, Professor of Psychiatry & Hon. Consultant Psychiatrist  
Rt Hon Sir Stephen Timms MP, Chair - Work and Pensions Select Committee  
Professor Sir Michael Marmot, Director of the Institute of Health Equity  
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Ms Rachel Power, CEO Patients Association  
Professor Sir Gregor Smith, CMO, Scotland  
Professor Sir Chris Whitty, CMO England  
Sir Frank Atherton, CMO, Wales  
Amanda Pritchard, CEO, NHS



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