



University of York, York YO10 5DD, UK

Cite this as: *BMJ* 2025;389:r680

<http://doi.org/10.1136/bmj.r680>

Published: 4 April 2025

Changes to the disability benefits system need to prioritise evidence over short term cost savings

Cutting benefits doesn't necessarily reduce costs or move people closer to the labour market, writes **Katie Pybus**

Katie Pybus *lecturer in mental health*

The debate over rising numbers of people claiming disability benefits in the United Kingdom, particularly relating to mental health, has become increasingly highly charged over recent months, especially in the context of an underperforming UK economy.¹ The UK is an outlier among the G7 countries in terms of economic inactivity.² These countries also saw a post-pandemic rise in disability benefit claims, but, unlike the UK, they are now seeing a return to normal. Why is the UK different?

Could it be a problem of overdiagnosis, as the health secretary, Wes Streeting, controversially stated recently?³ Or is it related to the medicalisation of everyday worries, as previous prime minister Rishi Sunak speculated?⁴ Or is it a sickness problem that can only be resolved once NHS waiting lists reduce and people have improved access to support?⁵

Opinions remain divided. It's not straightforward, however, to get through a benefits assessment and be awarded payments on the basis of a mental health problem because of the way the system assesses eligibility.⁶ Research undertaken by myself and colleagues showed that people with a psychiatric condition transitioning from existing disability benefits to Personal Independence Payments (PIP) were 2.4 times more likely to be turned down for PIP compared with people with musculoskeletal conditions, neurological conditions, or diabetes.⁷ So the suggestion that mental health problems are easier to claim benefits for, or even to "fake," is not borne out by the evidence.

This did not stop politicians from using mental health as a focal point when arguing that there was a "moral" case for cutting benefits.⁸ The recently announced welfare reforms were designed by the government to tackle the "unsustainable" health and disability benefits spending bill.⁸ The changes will predominantly affect people receiving Universal Credit and PIP.

For health professionals wondering how the changes might affect their patients, the news that benefits reassessments will be removed for claimants with some lifelong health conditions may be positive. Fewer reassessments for lifelong conditions should reduce the stress on some claimants and their families, while decreasing the burden on healthcare services to provide regular medical evidence to the Department for Work and Pensions for a health condition that is unlikely to improve. Similarly, a government commitment to bespoke packages of employment support could make a real difference. Although further detail is needed, we know that

approaches such as Individual Placement and Support that offer tailored and personalised support can be beneficial, especially when employment specialists become part of clinical teams.⁹ This is, of course, provided that the person is able to work.

Other measures, however, have already resulted in concerns from support organisations.¹⁰ Removing the Work Capability Assessment and relying on PIP eligibility to determine who is able to access health related out-of-work benefits risks excluding people with health conditions that are expected to last less than 12 months but which affect their ability to work from much-needed additional financial support. Preventing people from accessing benefits because of age or on the basis that they don't meet the level of severity for one particular criterion is likely to cause further distress and hardship for people living with health conditions and disabilities.

The problem with using cost-saving as a primary driver for policy change is that it fails to reflect reality. The previous government tried to introduce PIP with the aim of achieving 20% savings but did not tie this to the level of actual need in the population.¹¹ The result is that the savings were not met,¹¹ and the benefits bill has now increased. When an attempt was made by the previous government to restrict the mobility component of PIP for people with mental health problems, it was thrown out by the High Court as "blatantly discriminatory" after a legal challenge.¹²

Plenty of evidence shows that simply reducing benefits in this way doesn't necessarily reduce costs or move people closer to the labour market.¹³ Cutting support for all young people regardless of individual circumstances and making PIP more difficult to claim is unlikely to solve the problem because it's simply an arbitrary shifting of the goalposts without a full understanding of the reasons behind these trends. We need more time to explore what is happening here, instead of making assumptions about the reasons people are economically inactive.

One of the potential outcomes of these policies is to drive more sick and disabled people into poverty, which has well documented links with mental health problems.¹⁴ Concerns have already been highlighted by NHS healthcare providers of the increased mental health demand on services resulting from the rising cost of living and reforms to social security payments.^{15 16} These changes could further increase demand on health and social care services.¹⁷

Not all of these government proposals are open to consultation as the green paper passes through

parliament.¹⁸ But aspects of the way health and disabilities are assessed to determine eligibility for financial support, alongside the proposals affecting young people, are not yet fixed. Medical professionals could provide valuable input and make a real difference by contributing to these consultations. We can learn a lot too from alternative approaches to assessing benefits eligibility used in other countries, such as Scotland.¹⁹ These arguably make for a more compassionate system and should form part of these discussions.

If we truly want to build better population mental health in the long term, then we must ensure that people are properly supported during times of hardship and have the space to recover without worrying about paying their bills. That is the path to truly sustainable change.

Competing interests: KP is a trustee of the Welfare Benefits Unit.

Provenance and peer review: Not commissioned; not externally peer reviewed.

- 1 Milliken D, Bruce A. UK economy unexpectedly picked up in late 2024, outlook for 2025 still 'sluggish'. Reuters 13 Feb 2025. <https://www.reuters.com/world/uk/uk-economy-grows-by-01-q4-2024-2025-02-13/>.
- 2 Murphy L. A U shaped legacy: Taking stock of trends in economic inactivity in 2024. Resolution Foundation 2024. <https://www.resolutionfoundation.org/publications/a-u-shaped-legacy/>
- 3 Nevett J. Mental health conditions are overdiagnosed, Streeter says. *BBC News* 16 Mar 2025. <https://www.bbc.co.uk/news/articles/cd7ejvr3y0zo>
- 4 Sunak R. Prime minister's speech on welfare: 19 April 2024. *UK Government*, 2024. <https://www.gov.uk/government/speeches/prime-ministers-speech-on-welfare-19-april-2024>
- 5 Pring J. DWP research links NHS waiting lists with rise in number of claimants of disability benefits. *Disability News Service*, 13 Feb 2025. <https://www.disabilitynewsservice.com/dwp-research-links-nhs-waiting-lists-with-rise-in-number-of-claimants-of-disability-benefits/>
- 6 Pybus K, Pickett K, Lloyd C, et al. Functional assessments in the UK social security system: the experiences of claimants with mental health conditions. *J Soc Policy* 2021;50:-22. doi: 10.1017/S0047279420000094.
- 7 Pybus K, Pickett KE, Prady SL, Lloyd C, Wilkinson R. Discrediting experiences: outcomes of eligibility assessments for claimants with psychiatric compared with non-psychiatric conditions transferring to personal independence payments in England. *BJPsych Open* 2019;5:e19. doi: 10.1192/bjo.2019.3 pmid: 31068230
- 8 Starmer K. Biggest shake up to welfare system in a generation to get Britain working. Department for Work and Pensions, 2025. <https://www.gov.uk/government/news/biggest-shake-up-to-welfare-system-in-a-generation-to-get-britain-working>
- 9 Centre for Mental Health. What is IPS? <https://www.centreformentalhealth.org.uk/what-ips/>
- 10 Mind. Mind reacts to UK government green paper on benefit reform. 19 Mar 2025. <https://www.mind.org.uk/news-campaigns/news/mind-reacts-to-uk-government-green-paper-on-benefit-reform/>
- 11 Kennedy S. Changes to the Personal Independence Payment eligibility criteria. Briefing paper 7911. House of Commons Library, 13 Apr 2017. <https://commonslibrary.parliament.uk/research-briefings/cbp-7911/>.
- 12 Public Law Project. High court finds 2017 Personal Independence Payment (PIP) regulation unlawful. 2017. <https://publiclawproject.org.uk/latest/high-court-finds-2017-personal-independence-payment-pip-regulations-unlawful/>.
- 13 Patrick R, Reeves A. Cuts and caps have always harmed people, not helped them into work. *The Conversation*, 14 Mar 2025. <https://theconversation.com/cuts-and-caps-to-benefits-have-always-harmed-people-not-helped-them-into-work-252110>
- 14 Mental Health Foundation. Poverty: statistics. <https://www.mentalhealth.org.uk/explore-mental-health/statistics/poverty-statistics>
- 15 Onyekia E, Lavis P, Lowe R. Can mental health services afford the cost of living crisis? NHS Confederation, 2023. <https://www.nhsconfed.org/long-reads/can-mental-health-services-afford-cost-living-crisis>
- 16 NHS Providers. Mental health services: The demand challenge. 2019. <https://nhsproviders.org/mental-health-services-addressing-the-care-deficit/the-demand-challenge>
- 17 Jayanetti C. Councils and NHS could face millions in extra costs due to disability benefits cuts. *Guardian*, 22 Mar 2025. <https://www.theguardian.com/society/2025/mar/22/government-plans-to-cut-pip-benefits-could-pile-more-pressure-on-councils>
- 18 Department for Work and Pensions. Pathways to work: Reforming benefits and support to get Britain working green paper. Mar 2025. <https://www.gov.uk/government/consultations/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper>
- 19 Social Security Scotland. Adult Disability Payment: What Adult Disability Payment is. <https://www.mygov.scot/adult-disability-payment>