MEDICAL SERVICES

PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

Training & Development

Revised WCA Handbook

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Appendix 6 – Substantial Risk in Considering Claimants with a Mental Function Problem

Introduction:

This guidance has been developed to assist HCPs in relation to the assessment of substantial risk in claimants when carrying out the WCA.

Regulations

Regulations 29(2) (b) for Limited Capability for Work (LCW) and 35(2) for Limited Capability for Work Related Activity (LCWRA) apply where a claimant has been found not to have LCW/LCWRA on the descriptors and provide that he nevertheless be treated as having LCW/LCWRA if:

He suffers from some specific disease or bodily or mental disablement; and by reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if the claimant were found not to have limited capability for work / work-related activity.

There is no agreed definition of substantial risk but it is clear that it is more than minor or trivial.

The substantial risk can either be to the claimant or another person e.g. violence.

In the case of claimants with mental health problems, the question that has to be answered is whether, if the claimant is found not to have LCW / LCWRA, would there be a real risk that it would result in a significant deterioration in their mental health for example, causing them to self-harm or attempt suicide or inflict injury on others. If so, the condition should be regarded as met and the claimant treated as having LCW/LCWRA.

Accuracy of Assessing Risk

Assessing risk in a disability assessment setting is likely to be difficult, given the evidence from clinical risk assessments. For example; according to the Royal College of Psychiatrists clinical risk assessments are relatively poor predictors of suicide.

The Royal College of Psychiatrists state "Accurate prediction is never possible for individual patients … because of the multiplicity of, and complex interrelation of, factors underlying a person's behaviour" [1]

This guidance is designed to help in assessing the evidence when giving advice. Healthcare professionals (HCPs) are not required to undertake a risk assessment. In advising on risk for the purposes of regulations 29 and 35 HCPs should therefore base their advice on the balance of probability.

Factors relevant to advice that a deterioration in mental health would likely result from an adverse decision on LCW/LCWRA

These include, for example:

1. The impact of the decision

2. Where the advice is that no LCW:

- The journey to work

- The workplace (the risk must be present in, and caused by work and includes risk to other people)

- Suitable types of work

3. Where the advice is that no LCWRA:

- Attendance at Work-Focused Interviews and undertaking Work Related Activity

Most of the information relating to the above factors will not be available to the HCP, not least because it is not possible to anticipate future events, such as what training courses claimant may be sent on, how far they will have to travel to work and what sort of work they may be advised to undertake.

Therefore the assessment of risk needs to focus on:

- The potential vulnerability of the claimant in relation to the "fragility" of their mental health problem
- Whether the claimant could hypothetically cope with any of the following activities:
  - Meetings by telephone
  - Completing tasks on line
  - Attendance at a Jobcentre or Work Programme provider premises
  - Group sessions

A claimant's normal anxiety or concern about their ability to cope with the demands of work or a return to work alone do not constitute a substantial risk.

Given the above constraints, the following should be considered when giving advice.

Suicidal risk

LCWRA should be advised for claimants who are actively suicidal or have suicidal plans.

Claimants who have suicidal ideas but no plans should be assessed on a case by case basis in order to determine whether they are a suicide risk, [in which case LCWRA should be advised.]

If LCWRA advice is given on the basis of suicide risk, you must give serious consideration to advising the GP if the claimant's clinical team are not already aware.

Indicators of substantial risk

The following indicators of "risk" should be considered when providing advice.

Definitive (D) indicates that advice should be that the claimant should be treated as having LCWRA.

Indicative (I) indicates that such advice should be considered.

D	Active thoughts of suicide, especially if involves a specific and available method.
D	A formal care plan (Care Programme Approach) is in place or there is current crisis / home treatment team intervention
D	The claimant has been under a section of the Mental Health Act within the past 12 months
D	- 2 weeks before, during and for up to 3 months after starting methadone / buprenorphine induction - 2 weeks before and for 3 - 6 months after completing alcohol detoxification - 2 weeks before, during and for up to 3 months after starting an intensive period of methadone / buprenorphine withdrawal – note that this only applies to claimants who are undergoing opiate induction or withdrawal and people who are on established and stable treatment are not considered to be at risk as long as there is no co morbid condition present that might indicate a risk, such as depressive illness.
D	A documented episode of self harm requiring medical attention within the last 12 months
D	A mental health professional assesses the claimant as highly vulnerable to relapse / recurrence and self-harm
I	Active (symptomatic) or recent medically diagnosed psychotic episode within the last 12 months and currently treated with antipsychotic medication
I	A documented history of violent behaviour secondary to a documented history of a related mental health disorder (for example personality disorder, psychosis, depressive illness, alcohol or substance misuse), resulting in injury to a third party within the last 12 months
I	Recent admission to a psychiatric unit or hospital for a mental health problem and discharge within past 6 months

High risk groups

The following are associated with an increased risk of suicide. It should be noted that all mental disorders have an increased risk of suicide but the diagnoses below have the greatest elevated risk. The presence of multiple disorders (e.g. depression and alcohol misuse) has higher risk.

Diagnosis	
	Depressive illness
	Bipolar disorder
	Psychosis
	Alcohol misuse

	Anxiety disorder
	Borderline / antisocial personality disorder [2]
	Eating disorder
Personal factors	(in order of importance)
A	Past history of deliberate self harm
B	Family history of suicide (in first degree relative)
C	Chronic painful condition(s)
D	Living alone
E	Divorced / separated / widowed
F	Unemployed
G	Homeless
H	Lack of child access
I	Awaiting criminal court proceedings (especially in relation to family and sexual offences)

Assessment

Advise LCWRA if:

1 definitive "substantial risk" criterion

2 indicative "substantial risk" criteria

1 indicative "substantial risk" criterion and 1 high risk diagnosis and either: male and one personal factor or: female and 2 personal factors

1 high risk diagnosis and either: male, personal factor A and one other personal factor or: female, personal factor A and 2 other personal factors

Please note that these criteria are for guidance only and your advice should be based on consideration of the evidence in each individual case. You should advise LCWRA if you consider that the evidence supports this, even if the above criteria are not satisfied.

Development of this guidance

This guidance was developed by DWP Health and Wellbeing Directorate, Atos Healthcare with external input from Professor Peter White, Consultant Psychiatrist, Barts Hospital, London and Professor Keith Hawton, Director, Centre for Suicide Research, University Department of Psychiatry, Oxford.

[1] Self-harm, suicide and risk: helping people who self-harm. Royal College of Psychiatrists page 78 http://www.rcpsych.ac.uk/files/pdfversion/CR158x.pdf

[2]Dimensions of psychopathy in relation to suicidal and self – injurious behaviour. J Personality Disorders.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2880815/