

**PERSONAL INDEPENDENCE PAYMENT MANDATORY
RECONSIDERATION**

NAME

Miss X

ADDRESS

NINO JT345277B

BENEFIT

PIP

This MR has been prepared on behalf of **Miss X** with the assistance of Fightback4Justice Law Advocate.

She was previously awarded Daily Living Standard Rate on PIP. **She received 2 points each in Preparing food, washing and bathing, dressing and undressing and managing toileting in November 2015.** Her conditions have worsened yet on review she received 0 points overall.

Illnesses_and_disabilities:

Severe depression and anxiety
Mood disorder with borderline personality traits with disassociation and intrusive thoughts
Widespread chronic Joint pain

All documented in medical evidence enclosed, PIP2 form and initial PA4 form.

Previous award notice included an acknowledgement of the 2010 Psychiatric report which states that she needs 24 hour supervision to keep her and others safe. (Included as evidence originally and resent this time.) Furthermore the 2016 psychiatric report states that she requires support during the assessment which would also imply to someone with mental health training that she would require support going out in its entirety. Use this if you had a previous award with evidence that was acknowledged and refer to evidence.

Facts_of_the_case:

She is under the regular care of a Psychiatrist of whom she is seeing every 3 months in person and has access to a specialist mental health team 24 hours a day in an emergency. She explained this at the time of the assessment to the assessor. She was also under an intense home visiting team of mental health specialists following her suicidal episode in **May 16**, when her family were forced to call the police because they feared for her safety due to her poor mental health and suicidal idealisations and was hospitalised for her own safety.

She had a change of medication for her mood to **Mitazapine** on her Consultant's request as a result of reports that her previous medication was

no longer recommended to patients with bipolar disorder. She also has had chronic side effects with other medications in the past. She was seeing family therapy services at the time of the application. (See letter.)

Miss X would like it noting that when she wrote the AR1 review form she was in the throes of a 2 week manic episode of euphoria and had been also taking herself off her medication at intervals to her detriment. This was shortly followed by a major slump which saw her hospitalised under emergency measures and leads to an increase in medical supervision.

She states that the mental health side of her conditions seem to be the only considering factor in the PA4 and decision making reasoning and no consideration of her physical conditions seem to have been applied as was in contrast to her earlier assessment and decision.

She agrees with the enhanced award of daily living as requires assistance throughout the day and night with the descriptors mentioned and prompting, however she disputes the following descriptors:

Planning a journey:

We believe that Miss X satisfies the following descriptor: **F** as she needs social support generally from a professional or someone who has been trained to manage her conditions should she disassociate or be overcome with anxiety. This is consistent with her medical evidence and the assessor acknowledges this, but we feel she selected the incorrect descriptor in her case. **The assessor reports that she cannot go anywhere on her own and has her mum or partner with her at all times, she confirms that her stated difficulties were consistent with this yet she only ticked box b, she needed prompting. Just to clarify her Psychiatrist and mental health team and family all state she is a danger to herself and this does not appear to be contested by DWP or the HCP. It is also inconsistent with descriptor 9, mixing with others, as she selected c, that she needs social support when mixing with others, as going outdoors and planning a journey relies on the ability to mix with others, ie to pay a bus driver, taxi driver or navigate a route and ask for directions, then this appears in direct conflict with descriptor 9c selected and serves to illustrate that the HCP did not understand the complexities of Miss X mental health conditions and how stress can cause disassociation which can cause a danger to herself and others, as confirmed by her mental health team.**

Moving around

We believe that Miss X satisfies the following descriptor: Can stand and then move more than 20 metres but no more than 50 metres, either aided or unaided (8 points) as suffers from pain and marked fatigue 90% of the time. She is also unable to reliably repeat this exercise.

We believe Miss X fitted (D) Descriptor and she told assessor she cannot walk anywhere without pain in her feet & legs and said she struggles with stairs so had to use the lift as assessment was upstairs. This is inconsistent with the

HCP findings and we will be reporting this incident to the nursing council as it was complete opposite of what she said and his partner stated during the assessment, it is also inconsistent with the medical reports and OT report which states she **requires aids for walking and a grab rail at the front door to aid standing.**

Conclusion:

We conclude that all of these factors illustrates that the PA4 is substandard and due diligence was not applied by the assessor who does not appear to be **a mental health nurse.** This is also why we tried to push for a paper based assessment with the ATOS prior to the appointment.

We trust you will examine all the evidence to hand again, furthermore explore how the assessor can ascertain that her conditions will only be at this level for 2 years, as she has a long term mental health condition which will never go away and will only ever be controlled to this degree with drugs, when she is supervised enough to take them. The family history, (her father is Schizophrenic,) should have been enough to assertion that the award should have been longer **than 2 years (4 by the time it's reassessed early as is currently the practice.)** All of this has placed an incredible strain on **Miss X** mentally and we feel directly discriminated against her as a result, reasonable adjustments have not been put in place and she was not afforded a mental health specialist neither was her Psychiatrist or Mental health crisis team consulted at any point to date to clarify their own letters which were submitted with the claim.

We trust that **Miss X's** case will be given the correct attention by the Mental Health Champions for reconsideration this time.

On behalf of **Miss X**