

## WRITTEN SUBMISSION

Tribunal Reference Number: SC

This submission has been prepared based on the evidence and instructions provided in respect of X Personal Independent Payment Appeal. The Appellant seeks a greater award for the Daily Living Component and Mobility Component.

1. The Appellant has been diagnosed with recurrent **Depression** and **Anxiety** states since X. She has received treatment from her GP and from the Primary & Intermediate Mental Health Services, which advised her GP to alter her medication also provided support from the mental health team in the form of CBT. She was and still suffers from depression with a lack of motivation and confidence. She has become socially isolated, will not go out alone and retreats to her bedroom when visitors come to her home. She also has a history of self-harming in the form of pinching, scratching herself and on the day of her assessment her anxiety was so great that she kept going to the toilets, her husband discovered that in the toilet she was harming herself by trying to rub the plug of the washbasin over her wrists repeatedly. This was in response to her heightened anxiety due to her assessment being delayed.

X still suffers from **Abnormal Grief Reaction** following the death of her X in X which regularly re-emerges. Recently her X year old X was hospitalised, X visited, but panicked on this visit and after only five minutes pleaded to go home as she could not cope with the situation.

2. The Appellant's husband, X, helps care for her. She is unable to manage daily life without his constant prompting, supervision and care. Her mood swings have put immense pressure on their relationship over the last X years.

### 3. Facts of the case:

The Appellant was awarded 0 points for daily living and 0 points for mobility.

She is not in receipt of any benefits and it is submitted that the current award of PIP does not truly reflect the severity of the Appellant's conditions or the extent to which she must rely on her husband for supervision, prompting to eat, take medication and undertake personal care. The combination of her urinary incontinence and mental health conditions causes her great distress, which affect her ability to care for herself adequately, communicate and to interact socially and responsibly with others.

We dispute the following descriptors:

#### 4. **Activity 1: Preparing food – awarded 0, disputed**

X lacks motivation to cook, and all meal preparation and cooking is undertaken by her husband or X Her husband tries to involve her and calls her to help, but she rarely complies. She has also admitted that she fears she may intentionally try to harm herself with the knives.

#### **Activity 2: Taking nutrition – awarded 0, disputed**

X husband has to continually encourage/prompt her to eat a nutritionally balanced diet that he prepares for her, if he did not, all she would eat would be crisps.

**Activity 3: Managing therapy or monitoring a health condition – awarded 0, disputed**

It was discovered that X was not adhering to her medication regimen, she was becoming more withdrawn and staying in bed till X most days. The appellant's medication is now placed in a dosette box by her husband. This acts as an aid to remind her to take her tablets and easier for X to check compliance. She still needs prompts from her husband regularly, without this support her conditions would almost certainly deteriorate further. The assessor was made aware of the dosette box and prompting, yet failed to award any points.

**Activity 4: Washing and bathing – awarded 0, disputed**

X lacks all motivation for showering and washing and at worst she can go 5-6 weeks without showering, only having the occasional wipe with a flannel. It takes X assertive encouragement to persuade her to shower when she is in a continuing depressive state. This issue was to be taken up by her mental health support worker, but after approximately 2 visits she became sick and is yet to be replaced. For her assessment her husband persuaded her to shower and allow a hairdresser friend to come to the home to style her hair. That is the reason for her acceptable appearance on the day of assessment.

**Activity 5: Managing toilet needs or incontinence- awarded 0 disputed**

X suffers from stress incontinence and wears incontinence pads, which need to be changed 2-3 times per day. Again, the Assessor failed to acknowledge this problem and award the appropriate points.

**Activity 6: Dressing and undressing - awarded 0 disputed**

She stays in pyjamas most days as she is depressed and lacks all motivation. She has no desire to dress as she has no intention of leaving the house. Her husband, following his sense of social etiquette, assertively encouraged her to wash and selected appropriate clothing for her to wear. He also arranged a mobile hairstylist to attend their home in order for her to be presentable for this appointment. On the few occasions she goes out he has to prompt her to dress appropriately.

**Activity 9: Engaging with other people face to face – awarded 0, disputed**

X suffers a number of mental health problems. She finds groups of people very difficult to deal with and becomes anxious in their presence. She has to have someone with her who can recognise her behavioural changes, keep her safe by calming her and removing her from the environment quickly to prevent her anxiety escalating. X rarely goes out, but when she does she must be accompanied by her husband or son. When visitors arrive at her home she will often retreat upstairs and stay there. This was not reported by the Assessor.

**Activity 10; Budgeting- awarded 0 disputed.**

This descriptor was not explored by the Assessor. If she had enquired, she would have found that the appellant has contributed to a significant household debt through purchases from catalogues in an attempt to improve her mood. This has resulted in financial difficulties for the family. All budgeting is undertaken by X.

**Activity 11: Planning and following a journey – awarded 0, disputed**

Due to her anxiety condition she is unable to follow a journey alone and must be accompanied by her husband. The Appellant does not now drive. She cannot use buses due to the noise, being busy and often crowded, all of which heighten her anxiety therefore increasing psychological distress for her.

**Conclusion:**

We submit that the assessor and decision maker have not acknowledged the overall implications of the combination of her mental health conditions which affect X on a daily basis, nor have the relevant case law on safety requirements been applied.

The Assessor wrongly reported her condition e.g. (Page13 PA4) "The MSE does not show very low mood", she also stated that she had "Relaxed body posture" (Page 10 PA4) when in fact she was fidgeting and flicking through the notes she had taken with her. She also made many assumptions e.g. regarding her ability to manage a budget without questioning her. (Page 22 PA4) there are other inaccuracies in this report.

As a general nurse, without specialist training or experience in mental health nursing, we dispute her assessment of X mental health state especially with her long protracted complex history.

We submit that the assessment was seriously flawed and due diligence was not applied. This disadvantaged X, resulting in no points being awarded and her being deprived of the benefit she rightfully deserves. We now ask that the panel reconsider her case and grant this appeal.

M.Cardno Llb (Hons) and G.P. Ashworth SBStJ. B.A. (Hons) RGN, NDN cert, Cert Ed.

Prepared on instruction and on behalf of X after consultations with her.