A guide to incapacity for work on mental health grounds

Extract for evaluation only
The descriptors one-by-one

For each descriptor you will find the following information:

Descriptor in detail: this looks closely at what you must show in order to be awarded the point(s) for the descriptor. It includes any guidance given by commissioners (see the Glossary for information about commissioners). Use this information when you are trying to decide how many points you consider you should score.

Sample written answer: this gives you an example of the kind of thing you might write if you decide to fill in the questionnaire using our additional sheets, (see Completing the questionnaire) or if you submit written evidence at a later stage or for a hearing. Please use your own words and avoid copying what we’ve written – this guide is downloaded by DWP staff as well as claimants and support workers.

(Note: the complete guide includes a printable form very similar to the mental health section of the incapacity for work medical report form, for claimants to complete and submit with their IB50 questionnaire. It allows claimants to offer detailed evidence about each of the mental health descriptors they think apply, before their medical. This makes it much more difficult for the medical services doctor to simply write “Denies this”, “No evidence”, “No problems”, etc. Clearly not all claimants will be able to complete this additional evidence and we advise people to try to get help if possible).

At the medical: examining doctors don’t ask the questions in the descriptors directly. Instead they ask general questions about your everyday activities and try to gather sufficient evidence from your answers to allow them to complete their report. We suggest the kinds of question they may ask in relation to each descriptor. This information may be useful in helping you to prepare for a medical. (There is more about this in Attending a medical).

Stock medical report answers: if you are found capable of work and appeal against the decision, you will be sent a copy of the report the medical services doctor wrote. Welfare rights workers who see a lot of these reports begin to see the same answers appearing again and again to justify not awarding points. Often these seem to have very little to do with the individual claimant and a lot to do with saving time. (For example ‘No problems’ or ‘Denies this.’). They are often very poor evidence and can be successfully challenged at an appeal. Use this information if you are getting evidence ready for a hearing. (see, Preparing your case).
15 a) Cannot answer the telephone and reliably take a message. 2 points
Descriptor in detail
There are two tasks involved here – answering the phone and taking a message. If you can do one but not the other you still score the points. If you don’t have a telephone is this because of fears you have about using the phone? Imagine what would happen if you did have a telephone, would you be able to answer it and reliably take a message?

Answer the telephone: do you seldom or never answer the telephone? Do you only answer the telephone if you know who is calling? Perhaps you only answer pre-arranged calls; or you may have caller id installed and only answer the phone to certain people; you may wait until callers have rung off and then dial 1471 to see who called or you may have an answering machine and wait for people to leave a message.

Reliably taking a message: If you do answer the phone do you get confused or have difficulty concentrating if someone gives you a message? Do you have difficulty remembering the message or remembering to write it down? Reliably taking a message should also involve passing the message on, would you remember to do this?

Sample written answer
“I only answer the telephone if I have arranged beforehand for someone to call. Otherwise I wait for them to leave a message on the answering machine and then decide whether to call them back.”

At the medical
If you haven’t mentioned speaking to people on the telephone in your account of your typical day the doctor may ask you directly about using the phone. Alternatively, however, the doctor may well simply make assumptions about whether you can answer the phone and take a message. If you’ve said that you talk to people and the doctor considers you have the ability to concentrate they may decide you don’t get a point for this.

Stock medical report answer
If the doctor write phrases such as “No problems” or “Says she could do this”, these are not acceptable answers according to the IB Handbook because they are not supported by evidence. “No problems, uses phone often”, only addresses part of the descriptor, it says you use the phone but not whether you answer it and it offers no evidence of your ability to reliably take a message. “Gets calls from family and friends” doesn’t say what you do when people you don’t know call and doesn’t mention taking messages. “Uses phone, takes messages” gives no examples of when you have taken messages and so is open to the challenge that you didn’t say this and it isn’t true. (Assuming that is the case, we do not under any circumstances advise giving false evidence at hearings).

15 b) Often sits for hours doing nothing. 2 points
Descriptor in detail
Often: there is no caselaw defining what counts as often for this descriptor. Make it clear how many days in the average week you would sit for hours doing nothing, (would it be most days or everyday?).
Sits: it probably doesn’t matter if you lie on the sofa or stand for hours doing nothing, but decision makers can be rather literal about these things. If you stay in bed for hours doing nothing, make it clear that you’re awake.

Hours: this suggests at least two hours at a time.

Doing nothing: if you have the TV or radio on but do not pay it any attention you are doing nothing. Repetitive and obsessional thinking should also count as doing nothing.

Sample written answer
“I often find that hours have passed while I have been sitting thinking about what I ought to do today or trying to get the confidence to go to the shop. This happens most days.”

At the medical
The doctor will ask you questions about how you normally spend your day in order to find out about this descriptor. However, they may not ask you specifically if you spend hours doing nothing, so if you get the chance, tell them.

Stock medical report answer
The doctor will often write: “Keeps occupied”. “Tries to keep busy” or “Prefers to keep busy”. This is not good evidence. The doctor should give specific details of how you manage to fill all the hours of the day. They may refer to the detailed account of your typical they should have written in the Description of functional ability section of their report.

The doctor may also write “Watches TV and reads paper.” Is there evidence in the Typical day to show that you fill up a very large part of your day actively watching, rather than simply positioned in front of, the TV?

15 c) Cannot concentrate to read a magazine article or follow a radio or television programme. 1 point

Descriptor in detail
If you can concentrate to read a magazine article or to follow a radio or television programme you won’t score this point.

read a magazine article: Being able to read a book is likely to be taken as evidence that you could read a magazine article. Being able to read a newspaper might also be, but see the stock answers below. If you don’t read magazines or books, is this because you have difficulty concentrating?

follow a radio or television programme: do you watch TV programmes but often get confused about what’s happening or have thoughts or feelings that stop you concentrating? The radio programme should be largely talk based rather than music. If you do not watch the television or listen to the radio is this because you would have difficulty following them? What would happen if you did try to watch television or listen to the radio?

Sample written answer:
“I watch the television, but if you were to ask me the plot of what I’d just been watching I wouldn’t be able to tell you. If I start to read a magazine article I don’t normally get past the first few paragraphs before I start thinking about something else.”
At the medical
You will probably be asked what your favourite TV programmes are. You may be asked if you read the paper or books or listen to the radio. You are unlikely to be asked whether you can concentrate well enough to follow what you are doing, so if this is a problem try to say so.

Stock medical report answer
“Watches TV” or “Watches Eastenders” This is not satisfactory, it doesn’t say whether you can actually concentrate well enough to follow what you are watching, particularly the numerous plot lines featured in most soaps. “Reads the paper” we would argue is not relevant. Newspapers aren’t mentioned in the descriptor but magazines are, presumably because it is the ability to read long magazine articles rather than short newspaper articles that is being examined.

15 d) Cannot use a telephone book or other directory to find a number. 1 point
Descriptor in detail
This is a very specific descriptor. It is not a literacy test – if you cannot read well enough to use a telephone book this is unlikely to be accepted as grounds for scoring the point. However, if you can go on to show that your literacy problems are connected to your mental health problems this may allow you to score this point. For example, if as a result of your mental health you have always had problems concentrating this may have affected your opportunities to learn to read a telephone book.

Sample written answer
“I cannot concentrate well enough to look up a telephone number.”

At the medical
The doctor may ask you directly if you could do this. They are more likely to assume you can if you are able to read and appear able to concentrate on their questions.

Stock medical report answer
“Can do so” or “Says can do this”. There is no evidence provided to support these statements.

15 e) Mental condition prevents him from undertaking leisure activities previously enjoyed. 1 point
Descriptor in detail
mental condition: if you also have physical health problems and this is the reason you have stopped, for example, playing sports, this is not relevant. It must be to do with your mental health.
Leisure activities previously enjoyed: what leisure activities did you previously undertake that you no longer do because of your mental health? You may have to think back a long way. Leisure activities can be anything from going to the pub, going for meals; playing sports; meeting friends or relatives; reading; going to the cinema, etc. We would include religious and spiritual activities such as going to a church, synagogue or mosque as ‘leisure activities’ for the purposes of this test.
Sample written answer
“I used to enjoy meeting friends for a drink and a chat. I am now too depressed to want to meet anyone. I also used to go to the cinema and eat out occasionally, but now I stay indoors and avoid people”

At the medical
The doctor will look for answers to this question by asking you about how you spend your day and may also ask you specific questions about hobbies and leisure activities. However, they probably won’t ask you if there are leisure activities you’ve given up because of your mental health – you’ll need to tell them if this is the case.

Stock medical report answer
The doctor will often just list one or two leisure activities you still have: “Likes gardening, watches TV”. This is not good evidence. They should go on to say whether or not there are other activities that your mental health prevents you pursuing. Some medical service doctors are also prone to exaggeration: if you mention a single afternoon when you helped your partner paint the skirting board in the hall this may be turned into “Is keen on DIY” in the medical report.

15 f) Overlooks or forgets the risk posed by domestic appliances or other common hazards due to poor concentration. 1 point
Descriptor in detail
risk posed by domestic appliances: leaving the cooker, kettle or iron switched on; leaving taps running; burning yourself on hot dishes, pans or oven doors;
or other common hazards: there is no case law on this. It could be things like: leaving the front door open; leaving cigarettes or candles burning; stepping into the road without checking for traffic
poor concentration: the reason you overlook or forget risks should be to be to do with poor concentration rather than, for example, a phobia. Poor concentration may be the result of your condition or caused by the medication you are taking.

Sample written answer
“I sometimes leave pans on the cooker and they boil dry and it could cause a fire. I have left the bath taps running and flooded the bathroom. I sometimes put lit cigarettes down and forget about them.”

At the medical
The only way the doctor is going to find out about this is by asking you if you ever have accidents and mishaps.

Stock medical report answer
Often this box simply has “Sensible”, “Says no”, “No problems.” or “No evidence” At the very east the doctor should attempt to give examples of things you do without mishap, such as cooking, ironing and washing-up.

15 g) Agitation, confusion or forgetfulness has resulted in potentially dangerous accidents in the last 3 months. 1 point
Descriptor in detail
(The full text of this descriptor actually reads: ‘Agitation, confusion or forgetfulness has resulted in potentially dangerous accidents in the 3 months before the day in
respect to which it falls to be determined whether he is incapable of work for the purposes of entitlement to any benefit, allowance or advantage.’ The day of determination is the day the decision maker makes their decision on your claim).

Agitation, confusion or forgetfulness: the cause of your accidents must be one of these three states of mind, brought on either by your condition or the effects of your medication.

Potentially dangerous accidents: ‘accidents’ suggests that you need to have had at least two to score this point. There is no guidance as to what a potentially dangerous accident is. We would argue that the events listed at 17 f) above should all be regarded as potentially dangerous accidents.

3 months: the three months runs backwards from the day the decision maker makes their decision, which will not be until after you have completed the questionnaire and, for most people, had a medical. So something that happened two or three months ago when you fill in the questionnaire may not count by the time the decision is made.

Sample written answer
“I have left pans to boil dry twice in the last fortnight.”

At the medical
The doctor can only find out about this by asking you directly if you’ve had any accidents in the last three months.

Stock medical report answer
“No accidents” This answer is probably acceptable as long as the doctor has actually asked you whether you’ve had any accidents in the last three months.

15 h) Concentration can only be sustained by prompting. 1 point
Descriptor in detail
This applies if you lose concentration or become distracted when undertaking tasks and need to be prompted to continue, or if you frequently lose the thread of what you are talking about. A Commissioner has held that being able to concentrate to watch television or a film or to read would be evidence that this descriptor does not apply. (CIB/2008/97)

Sample written answer
“I often start things and then forget I am doing them and go off to do something else. I frequently find half made drinks and unfinished household chores such as washing and washing up.”

At the medical
The doctor will listen for evidence of completed tasks in your typical day and also listen to how you respond to his questions.

Stock medical report answer
“Answered questions well today”. It can be argued that the doctor’s questions are prompts in themselves and so the interview itself should not be used as evidence. In addition, the IB Handbook says the doctors evidence should not just be a ‘snapshot’ of your condition on the day of your medical. This means that they should provide evidence other than how you behaved at the medical.
16 a) Needs encouragement to get up and dress. 2 points

Descriptor in detail

Encouragement: could come from another adult or even from a child. It could be in person or it could be someone telephoning and asking if you’re up yet.

Get up and dress: if you get up without encouragement but don’t get dressed until someone encourages you to do so, then you should score the points.

Sample written answer

“I wouldn’t get up till late and probably wouldn’t bother dressing properly at all except that my partner makes sure I am up and dressed before she goes to work.”

At the medical

The doctor will probably ask you about your typical day in order to find out when you get up and dress, but may not specifically ask if anyone encourages you to do so.

Stock medical report answer

Stock answers include “Gets up daily at 7.30am”, “Gets up and dressed to see his wife off to work”. The first of these doesn’t deal with the issue of getting dressed and neither deal with whether encouragement is needed. “Lives alone”, the idea behind this being that if you live alone there is nobody to encourage you to get up and dress, therefore you must manage without it. We would argue that if you don’t get up and dressed until late and perhaps sometimes don’t bother getting dressed at all this is proof that you do need encouragement to get up and dress – it’s just that you don’t get it.

16 b) Needs alcohol before midday. 2 points

Descriptor in detail

If you regularly drink before midday then you should score the points. If you ‘need’ alcohol before midday but try to avoid drinking until later then this should also count. You would have to explain the symptoms of needing alcohol that you experience, such as powerful cravings, anxiety or trembling. The descriptor doesn’t deal with other substances such as non-prescribed drugs, solvents, cannabis, heroin or methadone. It would be worth arguing that they are similar in their effects on everyday activities and therefore points should be scored in the same way if you need them before midday.

Sample written answer

“I usually have a drink mid-morning to steady my nerves.”

At the medical

The doctor is likely to ask you if you drink, how much and when.

Stock medical report answer

“Drinks in the evening only”, “Seldom drinks”. These are acceptable answers. The only way you will score points for this descriptor is if you are prepared to be open about needing to drink before midday, if that is the case.
16 c) Is frequently distressed at some time of the day due to fluctuation of mood. 1 point

**Descriptor in detail**

*Frequently*: a commissioner has held that frequently means a substantial or significant number of times (CSIB/2/96). So to score points for this descriptor you need to show that you are distressed a significant number of times during the day – once a day is not enough.

*Distressed*: the same Commissioner decided that it’s the frequency rather than the ‘significance or quality’ of the mood change that matters – it doesn’t have to be a dramatic mood change. Distress could perhaps be tearfulness, anxiety or confusion.

*Fluctuation of mood*: if you remain in the same state of distress all day this will not count. You need to show that your mood varies throughout the day.

**Sample written answer**

“I am very up and down all day. I don’t seem to have any control over my moods. I find myself getting upset and tearful at the smallest thing. It might be something someone says, something on the radio or for no real reason at all.”

**At the medical**

The doctor may ask about your moods.

**Stock medical report answer**

“Calm person”. This sounds like a snapshot of how you are on the day.

16 d) Does not care about his appearance and living conditions. 1 point

**Descriptor in detail**

You need to demonstrate that you don’t care about your appearance *and* you don’t care about your living conditions.

*Appearance*: this can be about the way you dress, how often you wash, change your clothes, cut your hair, etc. Even if your appearance is within normal bounds, did you used to be lot more careful about your appearance? If you have a partner or family member who makes sure you have clean clothes, what would happen if they weren’t around? Would you wash and iron clothes and bathe regularly?

*Living conditions*: this is generally taken to mean how often you do housework. If you have a partner or parent who does all the housework what would happen if you had to cope on your own? Would you hoover, wash dishes, put out the rubbish, etc?

**Sample written answer**

“I no longer worry about what I look like. I often just get up and pull on the same trousers and t-shirt I was wearing yesterday. I do very little housework – just do the odd bit of washing up if I need something to eat off.”

**At the medical**

Your typical day may tell the doctor about how you feel about appearance and living conditions. They may ask if you do any housework.

**Stock medical report answer**

“Neat and tidy appearance today”, “ Appropriately dressed”. These are snapshots, they don’t tell the decision maker how you look the rest of the time, if you made a special effort today or if someone else makes sure you look neat and tidy.
16 e) Sleep problems interfere with his daytime activities. 1 point
Descriptor in detail
Sleep problems: this could be sleeping too much, not sleeping enough, sleeping at the
wrong time or sleeping enough hours but waking up feeling as if you have hardly
slept at all.
Interfere with: you may fall asleep during the day; not fall asleep until the small
hours and so not wake up until mid morning; feel anxious, irritable, emotional,
unmotivated or unable to concentrate due to fatigue caused by lack of sleep.
daytime activities: what activities do your sleep problems interfere with? For
example, do they interfere with: getting up in the morning; motivating yourself to do
everyday things like shopping, housework an leisure activities; being with other
people because you are too tired to bother or you are irritable with them?

Sample written answer
“I sleep very badly, often waking up at 2 or 3 am and not able to go back to sleep. As
a result I constantly feel tired, lack energy and find it very difficult to motivate myself
to eat properly or go out of the house. Everything I do takes much longer because I
feel so drained.”

At the medical
The doctor may simply ask what time you go to bed and what time you get up. They
may also ask if you have problems sleeping or if you sleep during the day.

Stock medical report answer
“Doesn’t sleep during the day” This is not satisfactory evidence. Even if you don’t
sleep during the day you may be too tired to carry out daytime activities effectively.

17 a) Mental stress was a factor in making him stop work. 2 points
Descriptor in detail
Mental stress: there’s no precise definition of mental stress, so the term should be
given what you consider to be its everyday meaning.
A factor: mental stress doesn’t have to be the only reason you stopped working.
Perhaps you took voluntary redundancy because of your difficulties coping with
work; you may have been dismissed for poor timekeeping or absenteeism connected
to your mental health. A Commissioner has held that this descriptor ‘does not
include a person who happens to lose a job from other causes and afterwards suffers
mental stress when he finds it difficult to get back into work’. (CIB/2008/97).
Stop work: you may still have a job, but have been off sick for some time. In this case
it is the reason for your going sick that should be looked at.

Sample written answer
“I was off sick for a long time due to my mental health. I was asked to either resign
or come back to work and I decided to resign.” (NB If you lost your job as a result of
your mental health you may have grounds for making a claim to an employment
tribunal under the Disability Discrimination Act. There are strict time limits so please
get advice as soon as possible).
At the medical
You are likely to be asked what your last job was and why it finished.

Stock medical report answer
“Made redundant”, “Got the sack.” “Stopped work following back injury”. None of these are satisfactory: they do not look at whether mental stress was a factor in the sacking or redundancy.

17 b) Frequently feels scared or panicky for no obvious reason. 2 points
Descriptor in detail
*Frequently*: a commissioner has held that frequently means a substantial or significant number of times (CSIB 2/96, see 16 c above). So to score points for this descriptor you need to show that you are distressed a significant number of times. If you feel scared or panicky a number of times each day you should be awarded the points for this descriptor. But you can argue you should get the points even if this happens less often. This is because descriptor 16c required you to be frequently distressed ‘at some time of the day’ whereas this descriptor only says ‘frequently’. If you are frequently distressed in the course of a week rather than a day, we would therefore argue that this should be sufficient for this descriptor. A decision maker may well not agree – try to get legal advice if you are in this position.

*Scared or panicky*: there are no definitions of precisely what constitutes being scared or panicky, so just give them their ordinary, everyday meanings.

*No obvious reason*: a commissioner has held, somewhat unhelpfully, that someone who felt scared or panicky whenever they thought about the occasion on which they had been mugged did not score points, (CSIB/2/96). His opinion was that there was an ‘obvious reason’ for their feelings – reflection upon the mugging. If you do frequently feel scared or panicky because of involuntary memories of something traumatic we strongly recommend you ask for points for this descriptor. The commissioner’s decision is not reliable because the commissioner also said, confusingly, “I have no doubt that so long as there is no identifiable physical event causing the panic attack then 17(b) may be satisfied.” The commissioner also said that the descriptors in group 17 are all ‘work related’ whereas commissioners have subsequently said that they are related to everyday activities and not work. The commissioner also undermines his own opinion by going on to say that even if the claimant had got points for this descriptor he still would not have had enough and so “If error of law there be here, which I doubt, it is one of no practical consequence”. (In other words, the commissioner was not sure his opinion was correct). Try to get legal advice about challenging the decision if you are unsuccessful with this descriptor.

Sample written answer
“I frequently get very anxious for no reason. My heart start to beat very fast, I breathe very quickly and I feel as if something bad is about to happen but I don’t know what. This can happen at any time of day or night without warning.”

At the medical
The doctor may ask whether you get scared or panicky, but is just as likely to assume that if you don’t mention it then it doesn’t happen.
Stock medical report answer
“No panic attacks”. The descriptor doesn’t require a full blown panic attack, feeling scared is sufficient. “No evidence of this”. This is a very common response and often just indicates that the doctor didn’t ask.

17 c) Avoids carrying out routine activities because he is convinced they will prove too tiring or stressful. 1 point
Descriptor in detail
To score a point for this descriptor you need to show not only that you avoid carrying out routine activities, but also that the reason you do so is that you are convinced they would be too tiring or too stressful rather than, for example, that they make you anxious or it just doesn’t occur to you to do them.
Avoids: there’s no clue here about how often you have to avoid these activities, but it’s likely that it has to be for most of the time.
Routine activities: this probably means things like housework, shopping, leisure activities. You probably don’t need to show that you avoid them all, just that there are some routine activities that you avoid.

Sample written answer
Most days I think about going to the shops or just walking in the park. But I get very stressed at the thought of meeting people that I might have to speak to, so I don’t go out.”

At the medical
The doctor will probably try to answer this one based on how you describe your typical day.

Stock medical report answer
“Keeps busy”. Even if it’s true you keep busy, does that include doing routine activities or do you avoid those?

17 d) Is unable to cope with changes in daily routine. 1 point
Descriptor in detail
If you have a routine that you stick to rigidly, what happens when something interferes with that routine?
Unable to cope: there is no definition of this term, so give it what you consider to be its everyday meaning. It shouldn’t mean you find it impossible to cope with changes, but it may mean that you become very anxious or distressed. It may mean that you can’t sleep and can’t eat if you know you have an appointment the next day and frequently miss appointments or take extra medication to try to cope. You may get very angry or tearful if your routine is interrupted. Even if you could cope with a single change in your routine, what would happen if you had to deal with several in a short space of time.

Sample written answer
“I have panic attacks if I get a letter telling me I have to attend an appointment. I have a certain order that I stick to every day for doing things and I get extremely panicky if I can’t stick to it. I often miss appointments for this reason.”
At the medical
The doctor is unlikely to ask you directly about this. They may look for examples of changes to your routine, such as visiting friends or going away for a holiday as proof that you can cope with changes.

Stock medical report answer
“Got here today” This is an extremely common and frankly foolish response. It makes it impossible to ever score this point, because if you turn up for a medical you can’t score, but if you fail to turn up then you can’t score either. The fact that someone makes it to a medical doesn’t mean they can cope with changes to their routine. You may have taken extra medication, or non-prescription drugs, have been unable to sleep, suffered panic attacks and will take days to stop feeling anxious as a result of the interruption to your routine. You are supposed to be able to carry out the activities in this test with reasonable regularity, not just on one single occasion. The doctor should be able to give a number of examples of changes to your routine that you have coped with.

17 e) Frequently finds there are so many things to do that he gives up because of fatigue, apathy or disinterest. 1 point
Descriptor in detail
This descriptor seems to have a lot in common with 17 c) above. You need to demonstrate the following:
Frequently: see 17 b above.
Finds there are so many things to do: this suggest that you need to be thinking about all the things you feel you should be doing, such as: hoovering; cooking; washing clothes; contacting people; exercise; gardening; shopping, etc
Gives up: you feel overwhelmed by all the things you consider you ought to get done and so are unable to do any of them. A commissioner has held that this descriptor relates to “a particular mental condition caused by “overload” of actual or perceived tasks pressing to be done, and is not satisfied by a person who is simply lethargic and not feeling pressed or motivated to do anything.’ (CIB/2008/97)
Fatigue, apathy or disinterest: the reason you give up has to be one or more of these three. If you give up because you get anxious or start to panic or for any other reason then you will not score a point.

Sample written answer
I often make a start on tidying the house and then think about everything else I need to get done and how late it already is and I just give up because I know I’ll never get it all done.”

At the medical
The doctor will probably rely on asking you about your typical day.

Stock medical report answer
“Keeps busy”. This may be true, but the doctor should give information about the ways in which you keep busy.
17 f) Is scared or anxious that work would bring back or worsen his illness. 1 point
Descriptor in detail
This is one of the more straightforward descriptors to provide evidence on. The ‘illness’ is in relation to mental rather than physical health.

Sample written answer
“I would very much like to return to work but I know that I could not cope with the stress.”

At the medical
The doctor may ask you if you enjoyed working, miss work or would like to go back to work.

Stock medical report answer
“Would love to go back to work”, “Would like to work, possibly as a truck driver”
These are not satisfactory answers. It is likely that the vast majority of people who are unable to work because of their mental health would love to work. The question the doctor hasn’t answered is what effect the claimant thinks it would have on their mental health if they did work.

18 a) Cannot look after himself without help from others. 2 points
Descriptor in detail
Look after: looking after yourself may include such things as: eating properly; taking medication at the correct time and in the correct amounts; not abusing alcohol or other substances; keeping your home reasonably tidy and safe; remembering to turn off taps and electrical appliances and lock doors and windows at night or when you go out; being appropriately dressed for the time of day and the weather; paying bills so that essential services are not cut-off and you do not lose your home; keeping appointments; not behaving in unsafe ways with strangers.
Help: this may involve: actually doing things for you; reminding or encouraging you to do things; preventing or discouraging you from doing things; giving you support and reassurance when you need it; being on hand in case of problems.
Others: the people who do these things may be friends, relatives, neighbours or paid support workers.

Sample written answer
“If it wasn’t for my partner, I would not bother to eat properly or take my medication and I would not pay bills or do housework. I would not see anyone or keep appointments and I would probably become very ill.”

At the medical
The doctor will listen for evidence in your account of your typical day.

Stock medical report answer
“Lives alone” The suggestion here is that as you live alone and are still alive you must be able to look after yourself. But if you do look after yourself, how well do you do so? Do you eat properly, take any medication, avoid accidents, etc. “Could do
this”. The doctor has offered no evidence to support his opinion that you could do this.

18 b) Gets upset by ordinary events and it results in disruptive behavioural problems. 2 points
Descriptor in detail
*Upset:* there is no definition of what counts as upset, it could mean angry, tearful or panicky, for example.
*Ordinary events:* this suggest events that people would generally not find upsetting. For example, a child misbehaving, a cup getting broken, someone getting home a little late, the phone ringing, a brown envelope arriving in the post, a minor change in routine – whatever it is that upsets you but not other people.
*Disruptive behavioural problems:* a commissioner has said that simply withdrawing from a situation does not count as disruptive behaviour, instead you have to ‘in some way upset if not indeed alarm’ people (CSIB/2/96). It could, however, possibly include shouting at people; bursting into tears; having a panic attack; talking aloud to yourself in public places; taking an overdose of drugs or self-harming in some other way.

Sample written answer
“If my partner is late home I get very anxious and then when he gets home I get angry and shout at him.”

At the medical
The doctor may ask you if you are ever violent.

Stock medical report answer
“Not violent or aggressive”. This covers only one way of behaving disruptively.

18 c) Mental problems impair ability to communicate with other people. 2 points
Descriptor in detail
This descriptor can cover a wide range of difficulties.
*Impair ability:* this doesn’t have to mean it’s impossible to communicate with other people, just that because of your mental health you find it more difficult to do so. For example, you may be too anxious to go out or to answer the phone or the door, so you seldom get the opportunity to communicate with other people. You may be so anxious when talking to other people that you can’t concentrate on what they are saying so it’s difficult for you to reply and keep a conversation going. Or you may be unable to concentrate because of intrusive thoughts, feelings or voices. You may get panicky when people speak you and so have to get away from them as quickly as possible. You may say or do inappropriate things which make people end conversations abruptly. You may be unable to open letters and just put them away out of sight. (A commissioner has held that someone who spends a lot of time reading and watching television, worries a lot and wanders from room to room trying to hide the way he is feeling, doesn’t score points for this descriptor, (CIB/2008/97). Unfortunately, the decision does not clearly communicate how the commissioner came to this conclusion. If your situation is similar, explain the ways in which your ability to communicate has been impaired by your mental health and contrast how you
are now with how you used to be. It will then be for the decision maker or tribunal to explain how they reach the conclusion that this does not amount to impaired ability to communicate. 

Communicate: this can cover face-to-face conversations, telephone calls and written communications such as letters and emails. 

Other people: this doesn’t necessarily mean everyone. For example, you may be fine talking to close relatives or friends but get very anxious with strangers or acquaintances. You may be able to talk to women but not men or vice versa.

Sample written answer
Since becoming ill I am terrified of bumping into people I used to work with or who knew me before. I feel ashamed of how I am now and dread having to talk to them. I have lost all my self-confidence and try to avoid making eye contact with people. Even a stranger at a bus stop commenting on how late the bus is can make me very anxious.”

At the medical
The doctor is likely to base their opinion on how well you communicate at the interview.

Stock medical report answer
“Communicated well today”. This is a snapshot. It says nothing about how you are the rest of the time. It also doesn’t explore what you are like with people other than this doctor, with whom you may feel safe. It also doesn’t look at how you are in other, less structured and less artificial situations.

18 d) Gets irritated by things that would not have bothered him before he became ill. 1 point
Descriptor in detail
There are two issues to look at here: do you get irritated and would you have been irritated by the same things before you ‘became ill’. The only way to show this is to give actual examples from your everyday life. You may want to talk to family or friends about this as you may not be aware of having become more irritable.

Sample written answer
“I very seldom see my four year old niece anymore because I get so cross when she misbehaves – before, I used to love seeing her and very seldom got irritated with her. My family say I am much more tetchy and cross now and often snap at them for no real reason. I never used to be like this.

At the medical
The doctor may ask you if you ever get cross or irritable.

Stock medical report answer
“No evidence of this”, “Says no”. It’s actually quite difficult for the doctor to provide evidence that something doesn’t happen, but they should at least be looking for recent examples of when you have got irritable and asking whether you would have been irritated by similar things in the past. “Appears calm” is just a snapshot and says nothing about how you are at other times and with other people.
18 e) Prefers to be left alone for 6 hours or more each day. 1 point
Descriptor in detail
Prefers: you do not need to show that you actually manage to be left alone 6 hours a day, only that this is what you prefer. Your living arrangements may make it very difficult for you to be alone this much each day. For example, you may be able to be alone in the week but your family is home at weekends and you are unable to avoid their attention. If you live alone, you need to show that you avoid the company of other people for at least six hours a day by choice rather than through circumstance. Each day: the six hours does not include time when you are in bed.

Sample written answer
“I get very irritable around my family and spend as much time as possible in my room. I usually only come out at mealtimes.”

At the medical
You account of your typical day may give the answer. Otherwise the doctor may ask if you prefer being alone or if you like seeing people.

Stock medical report answer
“Enjoys being with people”. It is entirely possible to enjoy being with people but also to prefer being left alone for at least six hours a day.

18 f) Is too frightened to go out alone. 1 point
Descriptor in detail
This is quite a strict test. You need to show that you either don’t go out alone at all or that you are not generally able to do so. It is probably not enough to show that you don’t go out alone at night or that you don’t go outside your own local area alone. If you have periods when you can do this and periods when you cannot then you will need to explain this in as much detail as possible.

Sample written answer
“I get too anxious to go out alone. If I need to go anywhere my daughter or neighbour usually come with me.”

At the medical
The doctor may get the answer to this question from your account of your typical day.

Stock medical report answer
“Came here alone today”. This is just a ‘snapshot’ and not satisfactory – you may have taken additional medication or non-prescribed medication in order to attend your medical.