



As I write this letter: DWP Reports and Letter Writing

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Structure of today

- ▶ Introductions
- ▶ What we find works, some tips and examples
- ▶ What we think about letter writing, our dilemmas
- ▶ Your thoughts and experiences
- ▶ Have a go!

Ground rules:

- ▶ Confidentiality
 - ▶ Please listen to peoples experiences/views
 - ▶ Contribute as much as you feel able
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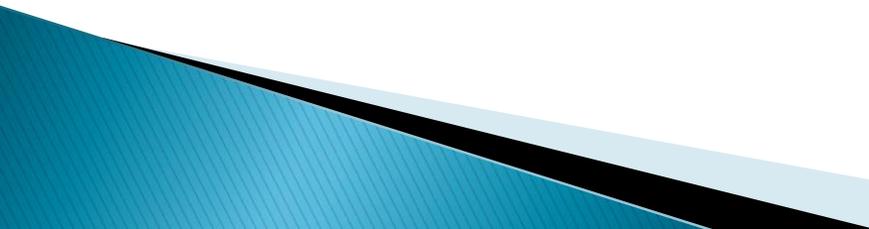
In my service (Aayesha)

- ▶ I work in a paediatric psychology service in a district general hospital supporting the emotional well-being of children and young people living with chronic or acute health conditions
 - ▶ The reports and letters I write can be used to support access to social care, such as respite for family members, blue badges, housing applications. Additionally they are used in education to contribute to Education and Healthcare Plans (EHCP) or in support of extra help in school.
 - ▶ Often, when a letter in support is needed, I will write this separate to assessment reports to referrer. This is a collaborative process with the family or young person and enables us to think about 'what it's like on the worst day'
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In my service (Liam):

- ▶ I work across two services – a community ‘Complex Adult Mental Health’ service and a Youth (14 – 25) service.
 - ▶ The reports and letters that I write typically are either part of an assessment of strengths/weaknesses or as part of a differential diagnosis (e.g. Learning Disability)
 - ▶ I also write letters to support people/help other agencies to understand their difficulties when being considered for ESA/PIP/housing etc.
 - ▶ All the letters that I write are co-produced as much as possible with the service user, giving them choice as to what is and isn't included.
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In my service (Sarah):

- ▶ I work in a specialist service for 'high risk' offenders with complex personality difficulties. Participants attend 4 days a week, in place of regular license supervision.
 - ▶ The letters written are generally to compliment ESA/PIP claims, explaining the nature of the difficulties and the nature of attendance at the service, or at the point of tribunal, following rejection of PIP claim
 - ▶ Diagnostic labels are not used, but reference made to how difficulties may relate to diagnostic terminology. Within this service letters are generally not written collaboratively, as there is a sense that service users desire a more 'expert' position. Dilemmas raised about this.
 - ▶ Letters are not designed to support nor contest the claim, but provide an understanding of strengths/difficulties/offences where appropriate.
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Example Extract, Aayesha

Dear Head

I am writing in my capacity as clinical psychologist in the MDT for diabetes in this hospital.

I was concerned to hear in a recent clinic appointment that this young man, Z,(13) has been given several detentions when trying to manage his diabetes in school. As you may be aware, when a young person is suffering from a hypoglycaemic incident, it is crucial that this is treated immediately. Failure to do so may result in a diabetic coma, or even death. It is our understanding that Z's supplies are, rightly, kept in the school nurse's office. Z reports an incident when the teacher refused to let him leave the class when he felt unwell, but as Z knew that the matter was urgent, he left anyway. He was able to treat the 'hypo' but was given a detention. It later emerged that the teacher was not aware that Z is living with Type 1 diabetes (by which time, Z had served the detention). Z reports that this is not the first time that this has happened. It is essential for his academic, physical and emotional well being that the disruption from diabetes be kept to a minimum.

For teachers not to be aware of Z's diabetes, and to punish him for taking care of it is doubly detrimental, as we are aware that teachers may start to develop a story around Z that he is a 'trouble maker' whose behaviour is difficult to manage. Additionally, repeated detentions for prioritising his health may undermine any sense of respect Z has for his teachers. We feel strongly that the schools procedures of disseminating important information about students be reviewed so teachers are aware of his health condition.

It is important to view Z's health condition in the context of his cognitive difficulties. Z has executive functioning difficulties which mean that he cannot process complex instructions or retain information. This is sometimes masked as he has higher than average verbal functioning. This means that Z can sometimes give the appearance of having understood a request from a teacher, when in reality he has not. This is also something Z reports that he gets in trouble for.

As you are aware, the recent 'health conditions in schools' document states that it is the school's responsibility to make reasonable adjustments in order that a child with a health condition is able to access learning. Additionally, it is a school's legal requirement to attend training in order to be able to assist in any management of diabetes. Please find enclosed a copy of upcoming training dates as well as a copy of Z's individualised careplan.

Signed

Dr Aayesha Mulla, clinical psychologist; K, Diabetes Nurse Specialist.

Example Extract, Liam

To whom it may concern

My name is Dr Liam Gilligan, I am a Clinical Psychologist currently working with the ---- (Community Mental Health Services). I am writing this letter in support of my patient Mrs X , to confirm the details around her current difficulties and the intervention that she is receiving from mental health services.

Mrs X has been given diagnoses of social anxiety and depression, following long-standing difficulties with low mood and her ability to understand and manage social situations. These difficulties are linked with a history of, among other things, bullying, being a young-carer, feelings of invalidation throughout her life, all within the context of someone who seems to have a natural pre-disposition of being more emotionally sensitive. She is also currently under review

Her difficulties with anxiety are primarily triggered by the trouble that she experiences in understanding social situations, finding them stressful, confusing and exhausting. This then leads to her worrying about why she isn't 'normal', being judged negatively by others and that she cannot cope. She then often feels overwhelming anxiety, fear and panic in these situations, which leads her to leave situations or avoid these in the future. Following this, she often has distressing thoughts around harming herself. She also experiences worries around her health and the choices that she is making and how this will impact on her future, ruminating on these thoughts, worsening her anxiety.

Her depression manifests itself predominantly as self-critical thoughts that she is somehow 'not right' as a person, that she is a failure and hasn't lived up to expectations for her life. This has a very powerful impact on her mood and motivation, leading to significant feelings of hopelessness. Her low mood also links into her social anxiety difficulties, with the outcomes of social situations adding to the reasons that she 'dislikes' herself, proving that she is 'not right'. She manages these feelings by withdrawing from social support and activities, which then tends to worsen her mood.

She is currently undertaking psychological work with me, primarily based around cognitive-behavioural and compassion-focused interventions, to help understand and manage these emotional difficulties. She has engaged effectively with this, working hard and continuing to make good progress. Mrs X is also under the care co-ordination of ---- (JOB TITLE) and is seen by the teams Consultant Psychiatrist, taking antidepressant medication for these difficulties.

Yours faithfully

Dr Liam Gilligan; Clinical Psychologist

Example Extract, Sarah

To whom it may concern,

I am writing to you to provide information about Mr X's difficulties and needs which may impact upon his entitlement to the above benefit payment. Mr x has been engaging with our service since x and was released from prison in x with a licence condition to engage with X (Intensive Intervention and Risk Management Service). He attends X 4 days per week. X is a project which provides a community based intensive therapeutic programme for people with personality related difficulties/suspected or diagnosed personality disorder who pose a high risk to others on release from prison. It is a multi agency initiative funded by both the National Offender Management Service (NOMS) and NHS England.

On release participants accepted as suitable, are required to attend the IIRMS project for up to 4 days per week, with time being available as 'self-directed activity' to attend outside appointments, education/training/employment or undertake other purposeful and constructive activities. Participants engage in a range of therapeutic activities (individual and group work) aimed at reducing the risk of offending, improving their mental health and wellbeing, developing their ability to form and maintain positive relationships, promoting social integration and enhancing education, employability and social skills. This is achieved through the adoption of the sociotherapy approach, which is psychologically informed therapeutic milieu. This approach enables participants to develop relationships with staff and other participants and learn essential skills in understanding and relating to others. It has shown to be effective in the Netherlands, where it has been in existence for over 50 years, in the treatment of high risk individuals diagnosed with/ suspected personality disorder. The staff come from a range of professional backgrounds and include mental health professionals and probation officers.

Although the service works within a non-diagnostic framework and we therefore do not assess people according to a mental health diagnosis, all individuals who are suitable to attend the service have a significant level of distress and impairment that is associated with a diagnosis of antisocial personality disorder. Mr x has significant difficulties in forming and maintaining appropriate relationships with others and effectively managing his emotions. This can lead to him struggling to cope with overwhelming feelings, including anxiety, low mood, extreme isolation and poor motivation, which can lead to him using inappropriate ways to manage these feelings. This leads to him becoming socially isolated and cutting people off, for which he needs significant on going support and encouragement and therapeutic interventions to help him manage such feelings and problematic ways of coping.

The extent of Mr x's mental health difficulties impair his ability to live independently and require that he is supported by mental health and probation services. His difficulties require him to attend the project 4 days per week which would impact upon his availability for work. Furthermore, his difficulties and needs impact significantly upon his ability to cope with social situations and engagement with others due to overwhelming feelings of anxiety/perceived judgements from others, fear of being attacked, which can leave him avoiding others to protect him/being quite hostile and aggressive towards others, which would impede his ability to work alongside others consistently within a workplace.

If you would like any further information, please do not hesitate to contact us.

The 'How to' – what to include in a supporting letter

- ▶ Talk about **specific difficulties** and the **impact** that these have on the person's life – if appropriate, can suggest how these might be addressed
 - Tracey's history of childhood trauma history means that she struggles to leave her home without feeling unsafe and experiencing flashbacks and at present feels in danger when around men. It would be beneficial if she could be considered for a home visit/female assessor.
 - Charlie's behavioural difficulties which are linked with his health condition mean that he does not have a perception of danger, his mother reports that he will frequently lie down in the road in car parks or streets when transitioning from the car. Given his size, it is not possible for parents to carry him inside. For this reason, blue badge parking is essential to helping them keep him safe.
 - Joe's history of trauma means that he struggles to solve conflicts or disputes without becoming highly aroused, and potentially using verbal or physical aggression when he perceives threat. Subsequently it would be helpful for him to work in environments where there are low levels of staff and levels of interpersonal interaction.
- ▶ If appropriate, reference **specific policy documents** such as Every Child Matters, Disability Discrimination Act, Care Act, Equality Act, Children and Families Act
 - Eg. 'ECM states that all children have a right to emotional wellbeing and to feel safe. This family's current housing means that Sam does not feel safe and this impacts on her feelings of wellbeing, her ability to access an education and her ability to enjoy and achieve'

The 'How to' – what to include in a supporting letter

- ▶ Some organisations/services don't like to be 'told' so make **tentative recommendations**
 - E.g. Rather than 'We think that House on the Hill school would be ideal for Sam's needs'...saying 'Sam needs a learning environment which is small, where staff are trained in TEACH, alternative methods of communication such as Makaton, and able to make adjustments for her mobility needs. As her parents are elderly with their own physical health needs, a residential setting would best meet all her needs'.
- ▶ Use your **power/title** and **access your professional network**, encourage them to use their title/power
 - 'Dr' titles carry weight with them – use them!
 - I will often 'co-write' a letter with a consultant paediatrician and senior nurse, and the letter will be signed by all of us.
 - Try to ensure a shared platform between professionals in the wider network (don't want professionals undermining each other in their views)
- ▶ It takes time, and doesn't always stop at a letter, do try to attend any MDT meetings related to this person or family. People will find it much harder to say no to your face than to your letter.
- ▶ Current changes in legislation mean that attendance at tribunals and ESA assessment meetings may now become necessary.

Our reflections...

- ▶ When asked to present at this conference, we began to reflect on the letters we write for the DWP/benefits/access to social care
- ▶ There are several dilemmas which arise in writing supporting letters, most prominent is the uncomfortable juxtapose of recognising strengths and gains and wanting to help, when this involves is writing letters to be more 'problem focussed'.
- ▶ There are also things which emerge which make us feel that writing supporting letters is an essential part of the role of a clinical psychologist



The dilemmas that emerge...

- ▶ The use of **Psychiatric Diagnosis** – do we use them or not?
- ▶ A letter becoming **‘problem focused’** – contrasting with other letters we might write – celebrating progress, recovery, holding hope for the future or thinking about next steps.
- ▶ These thoughts contrast against a natural position to want to help/take care of others – pushing us to write these letters.

The dilemmas that emerge...



- ▶ **Issues of power/status/“owning” the expert position:** can these letters be truly collaborative/co-produced? we are put in the ‘expert’ position – we put our names to it and accountable of its contents. Within services where there are interpersonal difficulties, considering the impact of this.
- ▶ The undeniable influence of **politics** – the context of the current political system, the push for recovery leading to benefits removal (and recognition of our own political positions!)
- ▶ Communicating the nature of complex difficulties in a way that is **accessible and meaningful**, when they may not be adequately represented in ESA assessment forms.

Putting these dilemmas to you:

We're interested in your thoughts and experiences with regards to writing and being involved in supporting letters – professionals, service users or interested parties



Group Exercise

- ▶ In your group (with co-facilitators) write a brief hypothetical letter of support for someone you are currently working with or have worked with in the past.
 - ▶ If you cannot think of an example, we have some prepared vignettes to circulate.
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