



# Our disability benefits system invites abuse

Claiming mental ill-health makes too much financial sense but no major party will discuss the problem honestly

[Matthew Parris](#) | Friday March 08 2024, 9.00pm GMT, The Times

**O**n this page last August this columnist got himself into tricky territory. Friends and journalist colleagues raised eyebrows. I lost one friend altogether. I care nothing about Twitter/X but was told the column had caused a “storm” of disapproval.

Let's not beat about the bush: I was pointing out that you can claim a lot more in benefits while staying at home if your claims relate to disability, often much more than what's available to other “economically inactive” people – and the number of mental health-based claims were growing fast. I mentioned, too, that (like whiplash or lower-back pain) such claims are often difficult to disprove and so are harder for the system to check up on.

At the time there was growing media and ministerial concern about the increase in the proportion of economically inactive people who on grounds of long-term disability (including ill-health) were neither working nor seeking work. There was also concern about the apparent rise in mental health problems. But from the surprise and anger I met, it seems [my suggestion that the two were related](#) struck many as outrageous.

I now want to double down on that. The situation has worsened, dispelling any suggestion that this was all a temporary Covid-related aftershock. By the end of last year more than nine million people aged 16 to 64 were “economically inactive” — about one in seven of us. The statistics are difficult to mine because most claimants list five or more conditions, both physical and mental, and “mental illness” is categorised separately from “nerves, depression or anxiety”. Nor can awards be easily broken down into components.

Nevertheless, more than a third were reporting [long-term ill health](#). And my best stab at a general statement to which the numbers point is that between a half and three quarters of those inactive because of long-term ill-health are reporting depression, bad nerves, anxiety or another mental health condition.

These represent huge increases on the pre-Covid years. And when you go back further and look at the figures since the coalition government brought in the “personal independence payment” (PIP) which is gradually replacing our previous disability benefits system, it becomes clear that the problem didn’t start with Covid — but that since then, the proportion of these problems that are mental rather than physical is growing faster. Particularly among the young.

[More and more young people](#) are making sickness-related benefit claims, ever more of which feature mental health issues. In 2022 the Office for National Statistics found that economic inactivity had risen by 42 per cent among 25 to 34-year-olds, as against 16 per cent among 50 to 64-year-olds. Economically inactive young adults were 50 per cent more likely than older claimants to report a mental health problem.

So how do we account for this? An increasingly alienating and disorderly world may explain some of it; the recognition and labelling of mental difficulties which have always beset us will be part of it too. Perhaps in the past people just “soldiered on”. Perhaps many would be happier if they still did so, rather than isolating themselves from the world of work.

But more than all this, and simpler too, is an explanation from which both the Tories and Labour now seem to be shrinking. Follow the money. Someone on standard universal credit gets around £70 a week if under 25, and around £90 if over. Disability payments are in addition to this. The system is hellishly complicated and I’ve no idea how claimants manage to understand it, but it seems that standard-rate PIP payments may almost double these figures, depending on the nature of the disabling condition and the various additional

allowances to which a range of circumstances may entitle them. If one seeks the primary explanation for why PIPs are sought by those who believe they can make an acceptable claim, it's hard to see why one need look further.

It's also hard to believe that what ministers or shadow ministers are proposing will make much difference. Labour's shadow work and pensions secretary, Liz Kendall, [pledged this week](#) to tackle the "root causes of worklessness": better mental health care, improved skills training, more flexible job centres, that kind of thing. It's close to what the Tories propose: "nudging" people back into the world of work, "mentoring", health apps ... everything, that is, but that nasty little word "money". Has the gap between standard universal credit and what you can get if you're long-term disabled grown too temptingly wide?

Nobody in politics dare say anything that could be interpreted as suggesting our fellow citizens are gaming the system. And it isn't necessary to slur anyone. There will be skivers, of course, but the more general explanation lies in a culture of wide-eyed acceptance of mental health gobbledegook and the fact that there will usually be at least a measure of truth in most PIP claims. People do get depressed; they do feel beset by anxieties; they do become too easily distracted; life gets them down; relationships let them down; they lose heart; they stay in bed, stare at the telly; wonder if they'll ever get a job; finally, wonder if they even want one. Then they learn there's a medical name for what afflicts them; and then they hear this could entitle them to substantially enhanced benefits.

Politically, it would be impossible for any government to cut disability-related benefits. But the gap could in the medium term be narrowed by uprating these benefits by less than universal credit. Why, after all, does the fact of disability entitle a claimant to anything beyond the extra costs the disability imposes upon them? A benefits system is there to meet need.

I am growing profoundly sceptical about the state of modern understanding of mental illness, about the thinness of evidence for the efficacy (beyond the administering of various chemical coshes) of current treatments for mental conditions; about the pseudo-medicalisation of human behaviours that are general to us all but more pronounced in some than in others; and about the lucrative careers now attaching themselves to an area of human knowledge that struggles to deserve the name of science.

I do not believe in ADHD at all, except as a catch-all for a whole gaggle of unrelated ways people behave. I think autism is a real thing for a relatively small number of people and a much-abused diagnosis for a huge number who are somewhere on a spectrum we're all on; and the use of "anxiety" and "depression" as ominous labels for perfectly common responses to circumstance cruelly devalues the real afflictions far fewer people suffer from. It's a pity we've ended up with a benefits system that can only stoke bad medical science.

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