

Tony Blair's assault on the anxious, depressed and thos...

Published: April 28, 2026, 8:16 am

To continue my theme of health, care and Labour's incoherence, [already well established this morning](#), comments in the media forced me to look at a new report from the so-called Tony Blair Institute for Global Change (otherwise, known as the Tony Blair Institute for the Preservation of Wealth Amongst Those Already Possessed Of It) on the subject of what it describes as "[An Emergency Handbrake for UK Welfare: Stabilising Spending, Supporting People](#)".

I admit that, so far, I have only been able to read the introduction to this, but it leaves me profoundly worried.

The report, on the surface, is a paper about welfare reform. In reality, it is something rather different: it is an attempt to revive a deeply familiar neoliberal narrative that treats people claiming social security as the real problem in our society, whilst ignoring why so many are unwell, insecure, and unable to sustain work in the first place.

It also seeks to support the core neoliberal idea that it is the individual, and therefore personal, duty of everyone within a society to make themselves fit and well for the purposes of work, with the demands of which they must comply so that the value of their compliant and unquestioning labour may be extracted so that the wealth of a tiny minority within the society in which they live might be increased, seemingly without limit.

The report's argument is straightforward.

First, it claims that too many people are moving onto benefits, particularly since the pandemic, with almost 1,000 people a day reportedly signing on.

Second, it argues that many of the conditions now leading to claims, and most especially those with mental health conditions such as anxiety and depression or protected characteristics such as ADHD, should be classified as "non-work-limiting", meaning that the default assumption should be that claimants remain fit for work and therefore should not receive income support.

Third, it suggests that this could be implemented quickly through secondary legislation as an “emergency handbrake” before wider reform takes place.

And fourth, it argues that this is justified both morally and fiscally. The moral claim is that work is supposedly good for people and that remaining outside the labour market is harmful. The fiscal claim is that incapacity and disability benefits are becoming too expensive, with spending projected to rise sharply.

The Institute proposes a three-part response:

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Create a formal category of “non-work-limiting conditions”.

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Use that category to restrict access to state social security benefits such as universal credit, health support, and personal independence payments.

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Offer limited in-kind support to those who lose entitlement as a result.

The Tony Blair Institute claims this could save billions of pounds and restore public confidence in the social security system.

The obvious question to ask is, why are so many more people unwell? [The Health Foundation report](#) I noted this morning makes it clear that they are, but that question is almost entirely absent from this analysis.

Nor is there much mention of the long legacy of austerity in the report, and there appears to be no serious discussion of insecure work, stagnant wages, unaffordable housing, workplace stress, or the psychological consequences of economic insecurity. Nor is there meaningful recognition that many employers are deeply unwilling to accommodate people with fluctuating physical or mental health conditions.

In other words, this paper treats the symptoms of economic failure as if they are the cause of it. That is a serious mistake.

If rising levels of mental ill health are pushing people out of the labour market, then we need to ask why that is happening.

If younger people are struggling, we need to ask what sort of economy they are entering.

If people are physically unwell, we need to ask why access to healthcare is deteriorating.

And if work is supposedly so beneficial, we need to ask why so much work in the UK is insecure, badly paid, exhausting and devoid of dignity.

The implication of the Blair approach is clear: redefine illness, tighten eligibility, remove cash support, and hope people return to work. But coercion is not reform. Real reform would begin elsewhere.

It would invest in the NHS so people can actually access treatment.

It would improve job quality and employment rights.

It would tackle poverty, insecure housing and debt.

It would recognise that many people undertake valuable unpaid work through care, volunteering and community support.

And it would stop pretending that reducing the number of social security claimants is the same thing as improving well-being.

This matters because the paper reflects a wider political shift. Once again, the debate is being framed around the affordability of support rather than the affordability of a broken economic model that is making people ill.

The Tony Blair framing needs to be challenged. Social security exists because people sometimes need security that is otherwise unavailable to them. A civilised society would ask why demand is rising and address the cause. It does not simply move the goalposts and declare fewer people eligible for help.

The conclusion is obvious. Blair's proposals are not in any way motivated by concern for people, the real challenges that they face (and it is indisputable that depression, anxiety, autism, and ADHD can and do create such challenges), the failure of the economy to provide worthwhile work for all who live within it, instead requiring that they conform to its stereotype of a model and compliant employee and the afluores arising ferom auterity. It is instead only motivated by the desire of a few in our society to limit the size of government, minimise tax revenue, incapacitate the processes of care and enrich elites at the same time.

The Tony Blair Institute now belongs in the Tufton Street orbit of far-right think tanks intent on destroying well-being for all but the very wealthy in our society. This report has to be read in that light.