



# MENTAL HEALTH

## Living well for longer

## Primary Care Guidance on Debt and Mental Health

### KEY LEARNING POINTS

- » Debt problems increase the risk of mental illness, and mental illness increases the risk of debt problems.
- » Primary care practitioners are not 'debt experts'. However, they can make a big difference through small actions to help their patients' financial and mental health.

### A relationship exists between debt and mental health

- **debt problems increase the chances of poor mental health** – patients with debt problems are twice as likely to develop major depression (as someone without debt)<sup>1</sup>. The more debts a patient has, the more likely they will have a mental health problem<sup>2</sup>.
- **it affects many people** – 1 in 2 British adults with a debt problem has a mental health problem<sup>3</sup>. Meanwhile, 1 in 4 British adults with a mental health problem has problem debts<sup>4</sup>.
- **debt can make recovering from a mental health problem harder** – patients with depression and problem debts are four times more likely to still be depressed when contacted 18 months later (compared to those with depression but no problem debts)<sup>1,2</sup>.
- **mental health problems can make 'financial recovery' harder** – due to:
  - their association with subsequent unemployment, reduced hours/salary, and benefit reductions/delays
  - hospital admissions or side-effects from medications
  - patients becoming anxious or unwell when contacted by creditors, or finding it difficult to communicate with debt collection or debt advice staff<sup>5</sup>.
- **a relationship exists between debt and suicide<sup>6</sup>, poor physical health<sup>7</sup>, fuel poverty<sup>8</sup>, and alcohol and drug dependence<sup>4</sup>** – indebted patients are at greater risk of physical and mental health

problems, harms, and injuries. Difficulties may also occur in paying for services like electricity and gas.

(All of the above statistics are based on three peer-reviewed systematic reviews<sup>2,7,8</sup>.)

### Helping patients to deal with debt can improve their health

Practitioners are not debt advisers. They can, however, make a large difference through small actions.

This can help a patient to improve their financial situation, and in turn, improve their mental and physical health. Practitioners should:

- **Consider debt** as a possible determinant of a patient's poor mental or physical health (and also consider mental health screening where a patient is indebted).
- **Ask patients** if they have any money worries as part of routine practice, including biopsychosocial reviews and care planning.
- **Signpost indebted patients** to free and independent debt advice services (see list overleaf).
- **Help by not charging for medical evidence** where patients are in serious financial difficulty:
  - medical evidence will allow the patient's creditors to take any health problems into account
  - this can allow the patient to better manage their debt, with positive benefits for their health
  - however, by virtue of their financial situation, not all patients will be able to pay for evidence.

Practitioners should therefore consider on a case-by-case basis whether to charge an indebted patient (see over).

### Five ways to make a difference:

#### 1 spotting problems

When talking with patients, listen out for signs of underlying debt problems<sup>10</sup>:

- **major life changes** – any large disruption in circumstances can lead to individuals borrowing money, or stopping paying bills, to cope with these changes.
- **onset of illness** – this can trigger debt, and result in both drops in income and rising expenditure.
- **low income** – this is a key sign of potential debt problems.
- **disclosure of a debt problem** – particularly where it relates to the home (e.g. rent or mortgage arrears), disconnection of gas/electricity, or threats of imprisonment. These debts need to be immediately addressed.

#### 2 talking about debt

Ways of raising the issue include:

*"Do you have any money worries at the moment?"*

*"These are difficult economic times for many people, are you having any problems with money?"*

If a patient answers 'yes' to either ask:

*"Is this something you feel you need help, or want help, with?"*

Helping a patient to recognise and act on their debt problems will help improve their mental and physical health.

### 3 referring to debt advice

Debt advice services will help patients:

- understand and prioritise their financial problems
- draw up a budget (to maximise income and reduce spending)
- advise patients on the best option to deal with their debt.

Depending on the patient's needs, debt advisers may also help:

- negotiate with creditors
- fill in forms
- represent patients at court hearings.

Advice services can be delivered in person, over the telephone, or online (see 'Useful resources').

### 4 providing medical evidence

GPs have the right to charge a payment for 'non-NHS' work.

This includes requests for medical evidence from indebted patients.

In considering whether to charge for such evidence, GPs (and Practice Managers) could help patients by:

- considering each request on a **case-by-case** basis (rather than implementing a blanket policy)
- deciding **whether the patient can afford to pay** (as the request is due to their serious financial difficulty)
- recognising that **advice services** supporting the patient are often charities with few resources to pay
- understanding that medical evidence could **help creditors 'do things differently'** by taking the patient's health into account
- reflecting on the **potential health benefits** that dealing with their debt could have for the patient.

A decision not to charge for medical evidence could significantly help the patient.

When receiving a request for medical evidence, GPs may be asked to complete **The Debt and Mental Health Evidence Form**<sup>11</sup>.

Designed with GPs, psychiatrists, other health and social care professionals, and the debt advice and creditor sector, this is a quick method for GPs to provide evidence.

### 5 prevention is better than cure

Primary care services can help prevent patient financial difficulties by:

- commissioning debt advice services – there is growing evidence of their health and economic benefits both for the general population and people with mental health problems<sup>12,13,14</sup>
- offering space on premises for free to independent local money advice agencies (to help early intervention on debt)
- promoting local credit unions where appropriate (who often charge lower interest rates to savers)<sup>15</sup>
- linking with local fuel efficiency schemes (to reduce heating bills)<sup>16</sup>. ■

## Useful resources

**Advice UK** is a membership association for over 1,000 information and advice centres | 0300 777 0107 or [www.adviceuk.org.uk](http://www.adviceuk.org.uk)

**Advice NI** – leadership, representation and support to independent advice organisations in Northern Ireland | 028 9064 5919 or [www.adviceni.net](http://www.adviceni.net)

**Citizens Advice Bureaux** | [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk) (England & Wales), [www.cas.org.uk](http://www.cas.org.uk) (Scotland), [www.citizensadvice.co.uk](http://www.citizensadvice.co.uk) (Northern Ireland)

**Mind** – debt support when you have a mental health problem. | [www.mind.org.uk/debt](http://www.mind.org.uk/debt)

**Money Advice Scotland** provides details of advice agencies throughout Scotland. Call 0141 572 0237 or [www.moneyadvicescotland.org.uk](http://www.moneyadvicescotland.org.uk)

**National Debtline** provides free confidential and independent advice on debt. Call 0808 808 4000 or visit [www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)

**Payplan** provides a free debt management service. | 0800 280 2816 or visit [www.payplan.com](http://www.payplan.com)

**Rethink Mental Illness** – mental health advice line on benefits and debt. | 0300 5000 927 or [www.rethink.org](http://www.rethink.org)

**Royal College of Psychiatrists (RCPsych)** – guidance on supporting indebted patients. | [www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

**Stepchange** provides free, independent, impartial and realistic support regarding debt. | 0800 138 1111 or [www.stepchange.org/](http://www.stepchange.org/)

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**To cite:** Fitch C, Mamo M, and Campion J. **Primary Care Guidance on Debt and Mental Health – 2014 update**; Royal College of General Practitioners & Royal College of Psychiatrists; 2014.

This 2014 factsheet update is one of a series of practitioner resources originally developed by the **Primary Care Mental Health Forum (Royal College of General Practitioners & Royal College of Psychiatrists)**.

Although this guidance is aimed at those working in primary care, the link between debt and mental health problems has an impact across all fields of health and social care including social workers, psychiatric nurses, psychiatrists, and those working in emergency medicine and surgery (due to injury).

## Endorsements

Royal College of General Practitioners (RCGP)

Royal College of Psychiatrists (RC Psychs)

Royal College of Nursing (RCN)

UK Faculty of Public Health (FPH)

UCL Partners – Academic Health Science partnership

Centre for Mental Health, Citizens Advice Bureaux

(CAB), Mind, Money Advice Trust, Rethink,

StepChange



Royal College of General Practitioners



RC PSYCH  
ROYAL COLLEGE OF PSYCHIATRISTS

UCLPartners  
Academic Health Science Partnership



Royal College of Nursing

MONEY  
ADVICE TRUST



citizens advice bureau



FACULTY OF PUBLIC HEALTH

Centre for Mental Health



StepChange  
Debt Charity

This publication was designed by FST Design & Print Salford. **First Step Trust (FST)** is a national charity providing employment and training opportunities for people excluded from ordinary working life because of mental health conditions and other disadvantages.

[www.firststeptrust.org.uk](http://www.firststeptrust.org.uk)

Charity No: 1077959. Company registration number: 3730562.

## References

<sup>1</sup> Skapinakis P, Weich S, Lewis G, et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *Br J Psychiatry* 2006; 189: 109-17.

<sup>2</sup> Fitch C, Hamilton S, Bassett P, et al. The relationship between personal debt and mental health: A systematic review. *Mental Health Review Journal* 2011; 16, 4:153-166.

<sup>3</sup> Jenkins R, Bhugra D, Bebbington P, et al. Debt, income and mental disorder in the general population. *Psychol Med* 2008; 38: 1485-1494.

<sup>4</sup> Jenkins R, Bhugra D, Bebbington P, et al. Mental disorder in people with debt in the general population. *J of Pub Health Medicine* 2009; 6: 88-92.

<sup>5</sup> Fitch C, Davey R. *Debt collection and mental health: ten steps*

to improve recovery. Royal College of Psychiatrists, London. 2010. ([www.rcpsych.ac.uk/recovery](http://www.rcpsych.ac.uk/recovery))

<sup>6</sup> Meltzer H, Bebbington P, Brugha TJ, et al. Personal debt and suicidal ideation. *Psycholog Medicine* 2011; 41: 771-778.

<sup>7</sup> Richardson T, Elliott P, Roberts R. The relationship between personal unsecured debt and mental and physical health: a systematic review and meta-analysis. *Clinic Psychology Review* 2013; 33: 1148-1162.

<sup>8</sup> Thomson H, Thomas S, Sellstrom E, Petticrew M. Housing improvements for health and associated socio-economic outcomes. *Cochrane Database of Systematic Reviews* 2013; Issue 2. Art. No.: CD008657.

<sup>9</sup> Centre for Social Justice. *Maxed Out. Serious Personal Debt in Britain*. CSJ: London. 2013.

<sup>10</sup> Citizens Advice. *A life in debt*. Citizens Advice: London, 2000.

<sup>11</sup> see [www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

<sup>12</sup> Knapp M, Mangalore R, McDaid D, Fernandez J. Debt, mental health and cost-effectiveness of interventions. *Foresight Mental Capital and Wellbeing Project*, 2008.

<sup>13</sup> Centre for Mental Health. *Welfare Advice for People Using Mental Health Services. Developing the Business Case*. Centre for Mental Health, London. 2013

<sup>14</sup> Money Advice Trust *Longitudinal Evaluation of National Debtline Clients (2007-08 wave)*. London, Money Advice Trust.

<sup>15</sup> see [www.abcul.org/credit-unions](http://www.abcul.org/credit-unions)

<sup>16</sup> see [www.energysavingtrust.org.uk/](http://www.energysavingtrust.org.uk/)