

# Debt Counselling for Depression in Primary Care: an adaptive randomised controlled pilot trial (DeCoDer study)

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## Plain English summary

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# Plain English summary

## What was the problem?

Depression (and associated anxiety) is common among general practice patients, with many patients reporting financial worries. This project explored the effectiveness and acceptability of different forms of support within general practice for such patients.

## What did we do?

A total of 61 adults with depression and debt worries from 10 practices in England and Wales participated.

Individuals were allocated to one of the following:

- usual general practitioner (GP) care plus two debt advice leaflets
- usual GP care, two debt advice leaflets, a shared assessment between a GP and a debt advisor, and debt counselling provided by the Citizens Advice Bureau (CAB).

## What did we find?

Because of the early closure of the project and small sample, we are not able to compare outcomes. After 4 months we were able to collect results from 52 of the original 61 adults who participated.

We explored individuals' experiences through interviews with 23 participants. Participants' situations are complex, with debt often contributing to anxiety and depression and vice versa. The impact of debt and depression on individuals' lives was complicated by other influences, including participants' experiences with debt collection organisations and obtaining welfare.

Although employment was a common goal, considerable barriers to this were identified.

## What does this mean?

Although it was possible to recruit and retain vulnerable patients to our primary care study, this required intensive resources. Positive aspects of debt advice included:

- providing support in debt negotiations
- identifying sources of financial support.

Interviews with clinicians and CAB advisors explored the practicalities of the intervention. The CAB service was welcomed by GPs and CAB advisors, but regular communication was challenging.



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