



## Debt and Health: A Briefing

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## Introduction: problem debt

Debt is commonly defined as having outstanding money to repay. Someone is therefore 'in debt' if they have a personal bank loan, owe money on credit cards or utility bills. However, there are many different types of debt and StepChange, a charity which offers debt advice and money management across the United Kingdom, has been able to categorize a stunning number of 24 types of personal debts affecting their clients. In 2014 alone, the charity was in fact contacted by 577,677 people seeking debt advice, representing a 56% increase on 2012.

According to the latest figures collected by the charity, 2.9 million people in Great Britain are in severe problem debt and many more are living on the edge, including many of the 9 million people who are over-indebted; however, it is worth pointing out that about 21 million people are struggling with their bills and 18 million are worried about making their income last until payday.<sup>1</sup>

The consequences of debt are devastating for individuals and their families, as well as for the wider economy and public services. The fallout of problem debt leads to social and economic costs of £8.3 billion due to lost jobs, reduced productivity, costs of people losing their homes and for people relying more on support services. Additional stress, depression and anxiety due to debt make it harder for people to focus in getting a new or better paid job, by increasing the burden that debt creates for the entire society.<sup>2</sup> According to StepChange Debt Charity, total costs of debt include £960 million in mental health costs, £2.3 billion in costs due to job loss or lost productivity and £790 million in relationship breakdown costs.<sup>3</sup> As a result, dealing with the consequences of debt costs employers, local Government, carers, the NHS and the welfare budget dearly.

In this policy briefing, the problem of debt and its inherent consequences for health will be further investigated. In particular, the briefing will be focusing on the close relationship existing between debt and mental health issues and what actions health and social care professionals can pursue in order to ease the burden and make a positive difference in the people's lives affected by debt and mental health problems. Finally, a set of urgent and cost-effective policy measures and research recommendations will be suggested.

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<sup>1</sup> StepChange Debt Charity (2014). *An action plan on problem debt*, p. 4. Available at: <http://bit.ly/1s86P3I>.

<sup>2</sup> Clifford, J., Ward, K., Ross, C., and R. Coram, 2014. *Transforming Lives: A review of the social impact of debt advice for UK individuals and families, evaluated using SROI*. Available from: [www.stepchange.org/8billion](http://www.stepchange.org/8billion)

<sup>3</sup> StepChange Debt Charity (2014). *Statistics Yearbook. Personal debt 2014*, p. 4. Available at: <http://bit.ly/1DjGvHG>.

# Costs, causes and effects of debt on physical and mental health

## Why people seek debt advice

Debt in itself is not always a problem. Nearly everyone needs to borrow at some time, for instance to spread the cost of large purchases like a home. Access to credit and financial services is increasingly a component of modern life and can enhance individuals' lives. Many people cope well with borrowing and debt, but for too many debt becomes a serious problem.

According to the 2014 Statistics Yearbook, unemployment is the reason given most often by clients seeking debt advice, with just under a quarter citing it as the reason for their debt problem. A further 12.8% of clients say that a reduced income is the main contributor to their problem debt. Around half of StepChange Debt Charity clients are employed only part time (18.1% in 2014), or are unemployed (30.8%). However, 30.4% of those advised by StepChange Debt Charity are employed full time, which shows problem debt often affects those on full time wages.

Younger clients are more likely to need advice due to unemployment (29% for the under-25 year-old group and 22% for those in the 25-39 year-old segment). However, older client groups are more likely to be in financial difficulty due to injury or illness. One in five clients aged 60 or over cite injury or illness as the primary reason for their financial difficulties. Finally, men are more likely to cite unemployment as the reason for their debt problem, whereas a greater proportion of female clients contact the Charity as a result of financial difficulties experienced due to separation from a partner.<sup>4</sup>

Aside from the demographic data, it should be stressed that almost two thirds (63 percent) of the workforce worry about how they would cope if they experienced an income shock.<sup>5</sup> Since the "credit crunch" in 2007, many families' incomes have failed to keep pace with rising essential costs, leaving them with little spare income to save for a rainy day. As a result, many people started using credit to keep up with essentials until payday, and then find their commitments growing and becoming ever more unmanageable: acute pressures have led to a worrying trend of people relying on credit as a distress "safety net", but using credit to pay for essentials leads families into a debt trap. This the main reason behind the fifteen-fold growth in the number of people needing help with payday loan debt since 2007.<sup>6</sup>

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<sup>4</sup> StepChange Debt Charity (2014). *Statistics Yearbook. Personal debt 2014*, pp. 7-8. Available at: <http://bit.ly/1DjGvHG>

<sup>5</sup> StepChange Debt Charity commissioned an online survey from Populus. Total sample size is 2,322. Fieldwork was undertaken 24<sup>th</sup>-26<sup>th</sup> October 2014. The figures have been weighted and are representative of all GB adults (aged 18+). Estimates of the number of adults affected have been calculated by StepChange Debt Charity. These estimates are based on 2012 population estimates from the Office of National Statistics which indicate that there are 48.8 million adults in Great Britain.

<sup>6</sup> StepChange Debt Charity (2014). *An action plan on problem debt*, p. 4. Available at: <http://bit.ly/1s86P3l>.

## Debt and Health

In February 2015, StepChange surveyed 1,546 clients who completed an advice session with the Charity in 2014. When asked to think about their debt problems, respondents reported experiencing a range of physical and mental health symptoms:

- 71.1% reported experiencing insomnia
- 70.4% experienced low energy
- 65.9% experienced headaches
- 42.1% experienced aches, pains and tense muscles

Most worryingly, almost half of respondents (47%) said they had visited their GP as a result of mental or physical health problems caused by their debts. A further 6% said they had visited hospital and 5% had visited the Accident and Emergency department.

The survey also provided the respondents with the option of replying to specific statements ranging from 0 (the statement does not apply to me at all) to 3 (the statement applies to me very much, or most of the time): 65% of respondents said that the statement “I feel myself getting agitated” applied to them a considerable degree or very much, and that this applied much or most of the time. Also, for the statements “I feel scared” and “I feel I am not worth much as a person” the figures stood at 59% and 53% respectively.<sup>7</sup>

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<sup>7</sup> StepChange Debt Charity (2014). *Statistics Yearbook. Personal debt 2014*, p. 24; pp. 45-46. Available at: <http://bit.ly/1DjGvHG>

## The relationship between debt and mental health

Debt is a major cause and consequence of mental health problems and it can also hinder a person's recovery from mental ill health.

Indebtedness has been identified as an “*important risk factor for mental disorder*”.<sup>8</sup> A small but influential group of commentators – including the UK Government's Foresight Review of Mental Capital and Wellbeing<sup>9</sup> – have all cited a study that found that debt mediated the association between mental disorder and low income. This study found that around half of people with debts in the general population have a mental disorder, compared with 14% of the general population with no debts.<sup>10 11</sup>

According to recent research, people in debt are between 2.5 and four times more likely to have a mental health problem. They have also two to three times the rate of neurosis, three times the rate of psychosis, over twice the rate of alcohol dependence and four times the rate of drug dependence as people with no debt.<sup>12</sup>

Research published by the Department of Health shows more evidence for debt being a casual factor in poor mental health. The research reported that individuals who initially had no mental health problems but found themselves having unmanageable debts within a 12 month period had a 33% higher risk of developing depression and anxiety related problems compared to the general population who did not experience financial problems.<sup>13</sup> Jenkins *et al* conclude that, whether the association is casual, or reciprocal, these findings demonstrate the mental health aspects of the public health impact of debt in the general population; and have implications for debt policy, debt counselling agencies and for companies managing loans, repayments and pursuing debt recovery.<sup>14</sup>

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<sup>8</sup> Beddington J, Cooper C, Field J, Goswami U, Huppert FA, Jenkins R *et al*. The mental wealth of nations. *Nature* 2008; 455: 1057-1060.

<sup>9</sup> Foresight Mental Capital and Wellbeing Project. *Final Project report*. The Government Office for Science, 2008.

<sup>10</sup> Jenkins R, Bhugra D, Bebbington P, Brugha T, Farrell M, Coid J *et al*. Debt, income and mental disorder in the general population. *Psychological Medicine*, 2008; 38: 1485-1494.

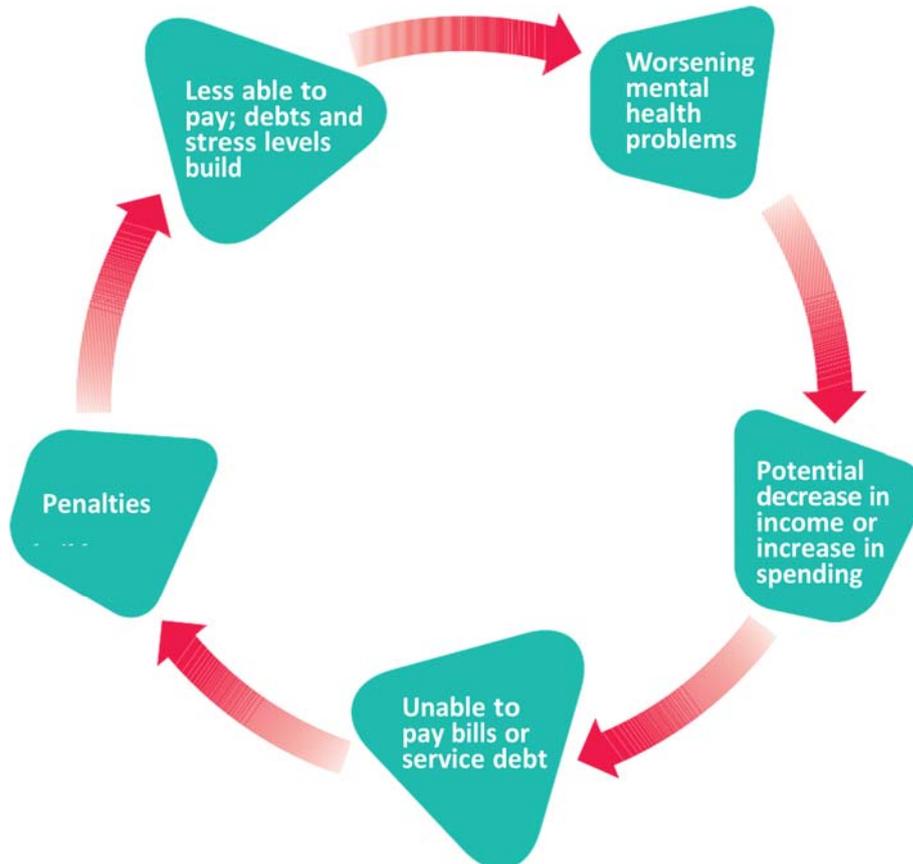
<sup>11</sup> Jenkins R, Bhugra D, Bebbington P, Brugha T, Farrell M, Coid J *et al*. Mental disorder in people with debt in the general population. *J Public Health (Oxford)* 2009 (in press).

<sup>12</sup> Clifford, J, Ward, K, Coram, R, Ross, C. (2014). *Social Impact Evaluation of certain projects using Social Return on Investment*, [Leeds], StepChange Debt Charity.

<sup>13</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: 109-117.

<sup>14</sup> Jenkins R, Bhugra D, Bebbington P, Brugha T, Farrell M, Coid J *et al*. (2008), *Op. cit.*

Figure 1: Inter-relationship between debt and mental health problems:<sup>15</sup>



Mental health problems can also make financial recovery harder. This is due to:

- An association with subsequent unemployment, reduced hours / salary, and benefit reductions / delays
- Time off work due to hospital admissions or side-effects from medication
- Patients becoming anxious or unwell when contacted by creditors and finding it difficult to communicate with debt collection or debt advice staff.<sup>16</sup>

Further relationships between debt and other health-related issues, including:

- Suicide: according to survey results collected in 2007, 4.3% of adults in England had thought about taking their own life in the past 12 months, ranging from 1.8% of men aged older than 55 years to 7.0% of women aged 35-54 years. Those in debt were twice as likely to think about suicide after controlling for sociodemographic, economic,

<sup>15</sup> Department of Health (2009). *New Horizons: Towards a shared vision for mental health. Consultation*, p. 54. Mental Health Division.

<sup>16</sup> Fitch C, Davey R. (2010). *Debt collection and mental health: ten steps to improve recovery*. Royal College of Psychiatrists, London. Available from: [www.rcpsych.ac.uk/recovery](http://www.rcpsych.ac.uk/recovery).

social and lifestyle factors. Difficulties in making hire purchase or mail order repayments and paying off credit card debt, in addition to housing-related debt (rent and mortgage arrears), were strongly associated with suicidal thoughts. Feelings of hopelessness partially mediated the relationship between debt and suicidal ideation.<sup>17</sup>

- Poor physical health: the majority of studies found that more severe debt is related to worse health. A meta-analysis of pooled odds ratios showed a significant relationship between debt and mental disorder, depression, suicide completion, suicide completion or attempt, problem drinking, drug dependence, neurotic disorder and psychotic disorders. There was no significant relationship with smoking.<sup>18</sup>
- Alcohol and drug dependence: people dependent upon alcohol or drugs may be more likely to spend money on their habit thereby getting into debt. It is likely that a malign resonance between debt and disorder is set up which produces a spiral of debt. For instance, once in utility debt, people who are drug or alcohol dependent are least likely to make an attempt to reduce their bills by cutting consumption, indicating that managing debt is a problem for them.<sup>19</sup>

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<sup>17</sup> Meltzer H, Bebbington P, Brugha TJ, et al. Personal debt and suicidal ideation. *Psychological Medicine* 2011; 41: 771–778.

<sup>18</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>19</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.

## The role of health and social care professionals

Although primary care practitioners are not debt experts, they can make a big difference through small actions to help improve their patients' financial and mental health. As showed in Mind's "*Still in the Red*" research carried out in 2011, health and social care professionals have a key role to play in helping people experiencing mental health and debt problems to access appropriate support.<sup>20</sup> The survey revealed that:

- Nearly three-fifths of those in problem debt had told a health or social care professional about their financial difficulties.
- Three out of 10 said that their health or social care professional had asked them unprompted about financial difficulties.
- Nearly a quarter said the professional had helped them to find relevant advice and help; for example, from a money advice agency.
- However, over a quarter reported that they felt the health or social care professional did not see their financial difficulties as being relevant to their mental health.

As a result of the growing awareness of the link between debt and mental health problems, and its impact across all fields of health and social care including social workers, psychiatric nurses, psychiatrists, and those working in emergency medicine and surgery, a series of practitioner resources have been developed. Among them, the guidance "*Primary Care Guidance on Debt and Mental Health*" – created and released by Primary Care Mental Health Forum (comprised of the Royal College of General Practitioners and the Royal College of Psychiatrists), with the support of NHS England and Public Health England – particularly stands out.

This guidance is a useful tool for health and social care professionals, as it suggests best practices that primary care practitioners may use in order to improve their patients' financial and mental health. For instance, the document addresses five crucial actions that health professionals could easily adopt to make a difference:<sup>21</sup>

### 1. Spot problems:

When talking with patients, listen out for signs of underlying debt problems:<sup>22</sup>

- Major life changes: any large disruption in circumstances can lead to individuals borrowing money or stopping paying bills in order to cope with these changes.
- Onset of illness: this can trigger debt, lower income and increase expenditure.

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<sup>20</sup> Mind Charity (2011). *Still in the red When. Update on debt and mental health*, pp. 14-15. Available at: <http://www.mind.org.uk/media/273468/still-in-the-red.pdf>.

<sup>21</sup> 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.

<sup>22</sup> Citizens Advice. *A life in debt*. Citizens Advice: London, 2000.

- 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. **Talk 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 need or want help with?”*

## 3. **Refer to debt advice:**

Debt advice services will help patients to:

- understand and prioritise their financial problems;
- draw up a budget (to maximise income and reduce spending);
- consider the best options for dealing with their debt.

Depending on the patient’s needs, debt advisers may also be able to help by:

- negotiating with creditors;
- filling in forms;
- representing patients at court hearings.

Advice services can be delivered in person, over the telephone or online.

## 4. **Provide medical evidence:**

GPs have the right to charge a payment for ‘non-NHS’ work. This includes requests for medical evidence from patients in debt. 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. Investigating whether the patient can afford to pay, especially when the request is related to serious financial difficulty.
- Recognising that many advice services that support patients are charities with limited resources.
- 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.

In many cases, the 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>23</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. Recognise prevention is better than cure:

Primary care services can help to prevent patient financial difficulties by:

- Commissioning debt advice services. There is growing evidence of the health and economic benefits they provide, both within the general population and for people with mental health problems.<sup>24 25 26</sup>
- Offering space on premises for free to independent local money advice agencies who can offer early intervention and help prevent debt.
- Promoting local credit unions where appropriate (they often charge lower interest rates to savers).<sup>27</sup>
- Linking with local fuel efficiency schemes to reduce heating bills.<sup>28</sup>

Furthermore, in 2014 The Money Advice Service, in partnership with NHS Choices, launched a new free and impartial advice to help more people who have money worries which are impacting on their health, get to grips with their personal finances. The interactive tool – available online at <http://www.nhs.uk/Tools/Pages/Money-worries.aspx> - aims to help people who are suffering from stress and anxiety, as a result of struggling with their finances, to access free support and advice. Users are asked a series of questions about the impact of their money concerns on their mental health. The tool then provides tailored information and practical guidance in response to their answers, and points to additional Money Advice Service resources such as the budget planner, which helps them to assess their income and outgoings and make a budget, and the money health check. It also directs people to articles, videos and audio guides on NHS Choices, including advice on tackling sleep problems, overcoming anxiety and practical problem solving. The launch of the resource coincided with Mental Health Awareness Week – an annual campaign run by the Mental Health Foundation, which last year focused on anxiety, one of the leading causes of mental ill-health in the world.<sup>29</sup>

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<sup>23</sup> See [www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

<sup>24</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>25</sup> Centre for Mental Health. *Welfare Advice for People Using Mental Health Services. Developing the Business Case*. Centre for Mental Health, London. 2013.

<sup>26</sup> Money Advice Trust *Longitudinal Evaluation of National Debtline Clients (2007-08 wave)*. London, Money Advice Trust.

<sup>27</sup> See [www.abcul.org/credit-unions](http://www.abcul.org/credit-unions)

<sup>28</sup> See [www.energysavingtrust.org.uk/](http://www.energysavingtrust.org.uk/)

<sup>29</sup> Press release: *New advice to help people cope with the impact of money worries on mental health*, The Money Advice Service, 12 May 2014. Available at: <http://bit.ly/1eWngBZ>.

## What else is needed?

### Policy measures

In spite of these measures, much still needs to be done. In 2009, the first review of the available international evidence on the relationship between debt and mental health recommended a broad set of actions for health and social care professionals; the review confirmed for the first time that there was plausible evidence from longitudinal research studies that indebtedness was often subsequently followed by mental health problems, whilst cross-sectional surveys indicated that the greater the number of debts a person had, the higher their risk of also having a mental disorder. However, despite the urgency, after 6 years many of the most meaningful recommendations are still only on paper and a well-coordinated effort is required to make them real and fully operational.

First and foremost, professionals should receive basic 'debt first aid' training: knowing how to talk with patients about debt; knowing how to refer to, and support, debt advisers; but without being expected to become 'debt experts' themselves.<sup>30</sup>

Most importantly, it is worth noticing that – despite some health and advice services already work together well in some areas – a lack of coordinated activity across the health, money advice and creditor sector is a significant weakness. Work is needed to involve the health and social care sector in developing content of such good practice guidelines, and to include service user and carer organisations in its development. A renewed emphasis on coordinated 'debt care pathways' between local health and advice services may be key. The debt care pathway should work as the route by which individuals with debt and mental health problems gain access to the support they need. For instance, integrating free debt advice services in polyclinics or local health authorities could provide people with pre-existing or potential mental health issues a timely support in preventing further complications.

According to Knapp (2011), even under conservative assumptions, investment in debt advice services can both lower expected costs and reduce the risk of developing mental health problems.<sup>31</sup> The intervention appears to be cost-effective from most societal and public expenditure perspectives: this is the case of StepChange Debt Charity which, according to a Baker Tilly's estimation carried out in 2013, saved £241 million in the social costs of problem debt.<sup>32</sup> Therefore, it is sensible to think that the integration between health and debt services into 'debt care pathways' would lead to even more societal savings and benefits for the patients. These pathways should also be patient-centred and personalised to be truly effective: different mental disorders may require different forms of response (e.g. individuals with advanced dementia compared to episodic depression).<sup>33</sup>

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<sup>30</sup> Fitch C, Hamilton S, Basset P, Davey R. *Debt and Mental Health. What Do We Know? What Should We Do?*, Royal College of Psychiatrists, College Research and Training Unit, 2009, p. 4.

<sup>31</sup> Knapp M, McDavid D, Parsonage M. *Mental Health Promotion and Prevention: The Economic Case*. Personal Social Services Research Unit, London School of Economics and Political Science, January 2011, p. 24.

<sup>32</sup> StepChange Debt Charity (2015). *Cutting the Cost of Problem Debt*. Available at: <http://bit.ly/1TA6LDx>.

<sup>33</sup> Fitch C, Hamilton S, Basset P, Davey R. *Op. cit.*, pp. 4-5.

## Further Research

In addition to the policy solutions outlined above, further research is needed to establish the effects of different types of debt and to further understand what makes some debt particularly problematic. Although there has been a fair amount of research in the area of debt and mental health, there is little consistency in the conceptualisation, measurement and differentiation between various types of debt, which makes it impossible to make strong claims about the impact of each. In addition, a number of studies suggest that the impact of debt on mental health may be mediated by personal attitudes towards debt, or more specifically 'debt worry'.<sup>34</sup> More investigation is needed into the mechanisms of this relationship. It is possible, for example, that participants' attitudes towards debt also reflect other personal concerns or variables that may not be measured by a study (for example, current income, expected future income, family financial situation). Critically, where unmeasured, or not controlled for, these variables may also impact on measures of a person's mental health or psychological wellbeing. Similarly, anxiety about debt might reflect a person's general anxiety or psychological outlook. People who score higher on measures of anxiety or depression might be more likely to have a negative view of their finances.

Further longitudinal research is also needed to understand the dynamics of the relationship between debt and mental health, and in particular to establish a direction of causality. Although the studies identified indicate an association between debt and mental health outcomes, there is little evidence about causality. The longitudinal studies available are often based upon data collected on a small number of time points/short reference periods only, which makes it difficult to unravel the potentially complex interplay between factors (i.e. whether indebtedness leads to mental ill health, or mental ill health to indebtedness).<sup>35</sup>

Finally, research should also be conducted to look at the relationship between debt and severe mental disorders (e.g. bipolar disorder and schizophrenia). There is no evidence from existing research about an association between debt and severe mental illness. Most of the studies do not record severity or chronicity of mental disorders. Though some studies have indicated a link between more debt and increased psychological distress, there is limited indication as to how this relates to diagnosable mental disorder.<sup>36</sup>

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<sup>34</sup> Dew, J. Two sides of the same coin? The differing roles of assets and consumer debt in marriage. *Journal of Family and Economic Issues* 2007; 28: 89-104. Ge X, Conger RD, Lorenz FO, Elder GH Jr, Montague RB, Simons RL. Linking family economic hardship to adolescent distress. *Journal of Research on Adolescence* 1992; 2: 351- 378. Conger RD, Conger KJ, Elder GH, Lorenz FO, Simons RL, Whitbeck LB. Family economic stress and adjustment of early adolescent girls. *Developmental Psychology* 1993; 29: 206-19. Armstrong PS, Schulman MD. Financial strain and depression among farm operators: the role of perceived economic hardship and personal control. *Rural Sociology* 1990; 55: 475-93. Reading R, Reynolds S. Debt, social disadvantage and maternal depression. *Social Science & Medicine* 2001 53: 441- 453.

<sup>35</sup> Skapinakis P, Weich S, Lewis G, et al., *Op. cit.*

<sup>36</sup> Fitch C, Hamilton S, Basset P, Davey R. *Op. cit.*, p. 6.

## Conclusion

Debt is rarely ever exclusively a financial problem. As addressed in this briefing, debt can have a destructive effect on all areas of a person's life, particularly their health. As a result, a lack of adequate help and protection for people struggling with debt is placing a potentially heavy burden on health services – in particular on GPs, mental health services and A&E departments – as a result of debt related illnesses.

Whilst it is important that new research is commissioned and undertaken to improve the evidence base, this is not a reason to delay action and intervention. Critically, as people with debt and mental health problems can be 'patients', 'advice clients' and 'bank customers' at the same time, this action needs to be both informed by appropriate knowledge and skills, and also well-coordinated across the relevant sectors.

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