



## Supporting People with Debt and Mental Health Problems:

## Research with Psychological Therapists in Northumberland.



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## Contents

<b>Summary</b>	<b>3</b>
<b>Introduction</b>	<b>3</b>
<b>Methodology</b>	<b>5</b>
<b>Results</b>	
<b>1. Participants</b>	<b>5</b>
<b>2. Types of Debt</b>	<b>5</b>
<b>3. Causes of Debt</b>	<b>5</b>
<b>4. Effects of Debt</b>	<b>6</b>
<b>5. Dealing with Debt</b>	<b>7</b>
<b>6. Advice from Psychological Therapists</b>	<b>8</b>
<b>7. Gaps and Barriers in Services</b>	<b>8</b>
<b>8. Staff Support</b>	<b>9</b>
<b>Conclusions</b>	<b>10</b>
<b>Recommendations</b>	<b>12</b>
<b>References</b>	<b>13</b>
<b>Useful Resources/Agencies</b>	<b>13</b>
<b>Acknowledgments</b>	<b>13</b>
<b>Appendices</b>	
<b>1: Diagram showing all groups involved in the project</b>	<b>14</b>
<b>2: Questionnaire</b>	<b>15</b>
<b>3: Diagram showing interactions between debt and mental health</b>	<b>17</b>

## Summary

Debt is a growing problem in the UK, and it has an impact on health. Mental health service users are particularly at risk of debt and its consequences. To examine the extent of the problem in Northumberland and to better support people at risk of, or with debt problems, an action research project was initiated by a debt support project, "Action Against Poverty", and the Community Psychology team of the Northumberland Health Action Zone. This report outlines one part of this project that used a questionnaire to find out from psychological therapists what they considered the debt issues were for the people who used their services.

The most common types of debt that therapists reported for service users were rent arrears, catalogues, loans and credit cards, and the most common causes of debt were thought to be associated with poverty and illness. They described the impact of debt problems on physical and mental health, but also on people's circumstances e.g. relationships, housing, leisure.

Psychological therapists said they helped service users deal with debts either by referring them to outside agencies and other team members, or by encouraging them to help themselves. However, gaps and barriers in services were identified, such as lack of access to advice, staff and service users' lack of awareness of services, difficulties accessing Welfare Benefits, and limited support and information for staff. Groups to target for prevention work were suggested and recommendations for service and policy developments were made, based on the research findings. Some of these were:

- Psychological therapists should inform service users of outside agencies and develop good practice in collaborative working with them.
- Advice agencies should provide awareness and self-help material / workshops for mental health service users on debt.
- Debt Advice Within Northumberland (D.A.W.N.) should provide training for their staff on mental health issues to develop a better understanding of people with mental health problems and their needs.

## Introduction

This study was initiated by "Action Against Poverty", based within D.A.W.N. (Debt Advice Within Northumberland), which offers free, independent debt advice over the phone. In August 2001, the Northern Rock Foundation, the Community Fund and the Health Action Zone funded four Debt Support Workers to increase access to debt advice and to raise awareness of debt and money problems. "Action Against Poverty" is based on the recognition that problems with debt can cause crises for people's health and well-being that may be averted through earlier intervention and support. As part of a needs assessment to inform future service developments for people at risk of, or in debt, data was collected from different groups (see appendix 1). This report presents the results of a questionnaire distributed between February and April 2002 to psychological therapists in the 3N's Mental Health Trust.

Anecdotal evidence from psychologists and D.A.W.N. staff regarding the growing problem of personal debt and the interrelationship between debt and health was affirmed by a literature search. Between 1990 and 1996 there were 10 million county court judgements against individuals unable to pay their taxes or repay their loans (Debt on Our Doorstep, 2000). Low-income households frequently fall into debt regarding their basic bills such as rent, utilities and Council Tax. These debts can have repercussions such as disconnection, repossession or fines (Kempson, 1996).

Debt can have an impact on health. The National Association of Citizen's Advice Bureaux's figures (NACAB, 2001) show a substantial proportion of people who took part in their survey on debt problems were receiving treatment from their GP for stress, anxiety or depression. Grant (1995) interviewed disabled people with debt problems who ascribed the onset of mental health problems to the process of dealing with debt. A number of interviewees spoke of feeling suicidal due to the aggressive responses of their creditors to their inability to pay their debts. Credit card

debt is a particular problem in the UK (NACAB, 2001). Drentea (2000), using data from a sample of more than 1,000 adults found that anxiety increased with the ratio of credit card debt to income. Additionally, anxiety correlated with being in the number of months of payment default.

Ill health can also affect personal finances: The significant difference between income before and after onset of illness or disability is an important factor leading to debt (Grant, 1995). In a recent survey by the Mental Health Foundation (Morgan, et. al, 2001a), 66% of respondents said that they had difficulties making their low income last all week. The majority of people using mental health services have to rely on the social security benefits system. Difficulties faced by people in claiming full benefits can reduce weekly incomes to below the poverty level (Allen & West, 1989). Long-term poverty limits opportunities for people to maintain social links by going out with friends and participating in activities: One service user presented his own experiences at a seminar on poverty in Leeds:

“The lack of choice and the grinding daily existence does not help anyone recover from mental health problems. Many people like myself get into debt, owing money on a variety of credit cards that they have no chance of paying off.” (Morgan et. al., 2001b, p 6).

Despite the strong evidence that there is a link between debt and health, there remain several gaps in addressing these issues. Grant (1995) states that the significance of the diversity of circumstances of people with mental health problems can be overlooked, even by those with a broad commitment to providing services in a way that is not discriminatory to disabled people. Barriers for mental health service users to seeking and obtaining debt advice cited in her study included concern about independence and control of money and fear of being judged. An understanding of the distinct circumstances of people with mental health problems is needed if services are to be accessible.

Equally, mental health workers can be slow to absorb the financial disasters their clients are facing which are utterly removed from their own realities (Patmore, 1984). Clients who are known to the mental health services for years can nevertheless fail to secure their basic benefit entitlements, and mental health workers are sometimes oblivious to the difficulties people have in negotiating the benefits system (Leo, 1984). These references are nearly 20 years old, but more recently, Lagun (2000), a Money Advice Worker for MIND, notices similar problems. He writes that collaborating with mental health workers is difficult due to organisational jargon, the lack of priority given to money issues by mental health staff, and lack of access to basic client information. He comments that “the idea that mental health professionals are eager to embrace holistic ways of improving their patients’ well-being by creating partnerships with the advice sector is frankly laughable.” Current guidelines from both the community and statutory sectors point towards the need for collaborative action and research regarding issues of poverty and social exclusion:

“All advice providers should review the provision of advice for mental health service users on a local basis and identify areas of unmet advice need; planning of services should be in consultation with advice providers and mental health service users....Mental health service providers should develop good practice in collaborative working and consider the location of services in order to maximise access to them.”

(Bird, Faulkner, Majumdar, 1998, pg 1 and 3)

Standard One of the National Service Framework for Mental Health:

“To ensure health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems.” Department of Health.

The aims of the study were to investigate how best to support people experiencing or at risk of debt problems by finding out from staff 1. how ill health and debt are linked 2. how people deal with debt, including the use of current services, 3. what the strengths and gaps are in support and advisory services, 4. how services need to be developed to meet people’s needs.

## Methodology

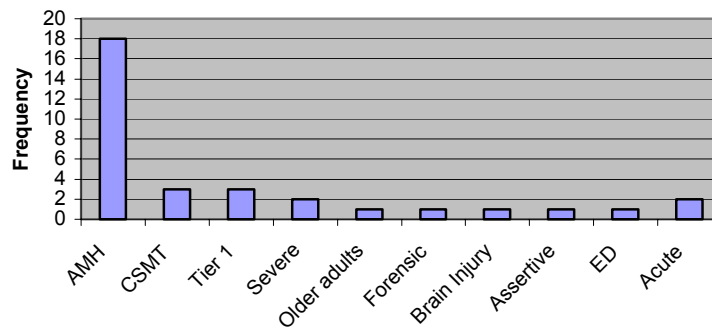
The issues to be researched were discussed and developed into a preliminary questionnaire through meetings with D.A.W.N. staff and with therapists from the Urban Division of Northumberland, and then circulated for comments and alterations. The format of the questionnaire followed the aims and sub-aims of the research cited above. Firstly closed questions were used to define the issues: types and causes of debt; then open questions were asked regarding the effects of debt, and present and potential future service developments for people with/at risk of debt problems (see appendix 2). The questionnaire was piloted before being sent out with a covering letter to the whole Department of Psychological Therapists. Reminders were sent out a month later to non-respondents. A 69% sample was achieved. The data were collated and analysed by a Community Psychology Research Assistant.

## Results

### 1. Participants

33 people filled in the questionnaire. 25 of these were psychologists, 4 were counsellors and 4 were nurse therapists. They worked with a variety of client groups, as shown in figure 1.

Figure 1: Client Group



AMH = adult mental health  
CSMT = Substance misuse team  
Tier 1 = people using primary care services  
Severe = people with severe mental health problems  
Assertive = Assertive Outreach team  
ED = Eating Disorders

### 2. Types of Debt

The most common types of debt therapists reported for service users were rent, loans, credit cards and catalogues. See figure 2.

### 3. Causes of Debt

Most of the causes of debt were associated with poverty and illness, which were interlinked, for example, changes in income due to illness/disability (e.g. arthritis, heart disease, chronic fatigue syndrome, mental health problems), redundancy, or changes to Welfare Benefits that people had previously relied on. Some service users had difficulty accessing Welfare Benefits and others were less able to manage money due to mental health problems. One service user was reported to have taken on someone else's debts to help them. Some therapists thought that service users with whom they were working were unable to assess the consequences of spending: some bought items impulsively and some used spending as a means of self-nurturing or a source of distraction or excitement. One service user described to her psychologist that she was "seeing how far she could go" regarding credit card debt. However, the most common cause of debt according to the therapists was the inadequate amount of money service users had to live on. See figure 3.

Figure 2

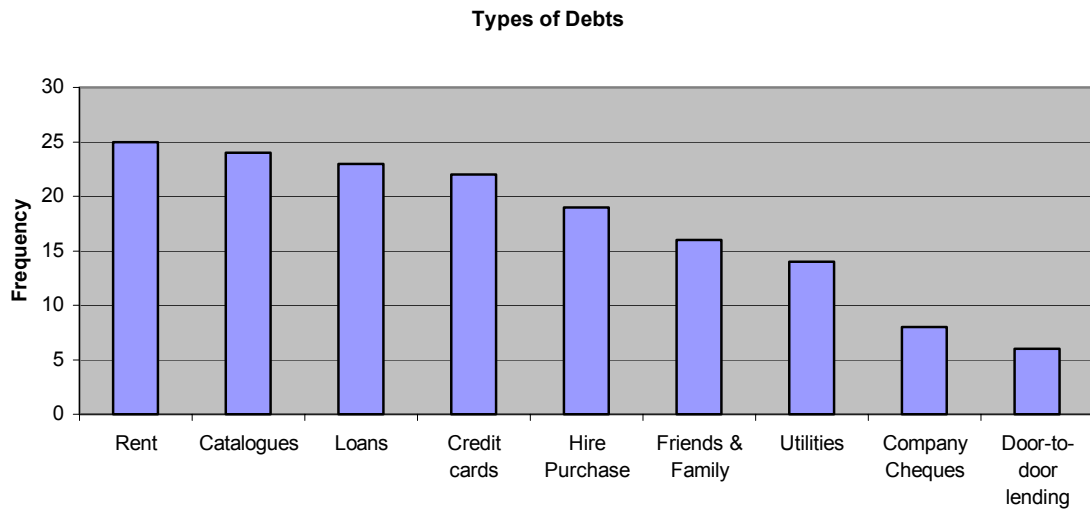
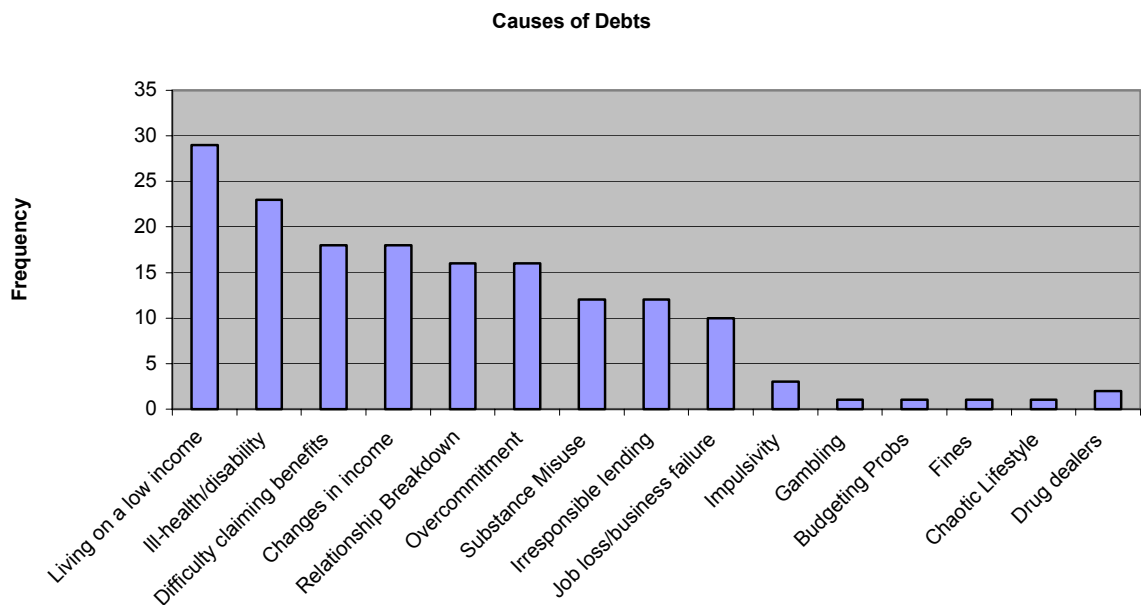


Figure 3



#### 4. Effects of Debt

##### 4.1 Mental Health

To psychological therapists, the most obvious effects of debt on service users were related to mental health problems. Debt was an added stress causing anxiety and depression and compounding emotional and physical health.

“It often appears as part of pattern of stress precipitating admission.”

Psychologist in Acute setting

“Clients have worried about debt to the point of thinking, what’s the point and feeling suicidal and physically less able to focus on a reasonable diet.”

Psychologist, Adult Mental Health

Psychologists suggested that feelings of low mood and depression were related to feelings of guilt, shame and failure which had an impact on self-esteem which meant that many service users felt powerless and unable to gain or keep individual control. One counsellor defined debt as 'like a prison, defining how they have to live'.

Stress was related to fears about the consequences of debts, and living within a tight budget that limited access to resources. This was a major effect of debt recognised by psychological therapists that affected people's optimism and their progress.

#### **4.2 Access to resources**

Rent arrears, one of the most common reported types of debt had implications for service users' future housing arrangements. Some were ineligible for transfer out of an area, which seriously affected their mental health and some were forced to live in poor housing. It was reported that some service users felt obliged to continue working despite wanting to be with a child, or returned to work prematurely after illness in order to pay back debts. One psychologist working with obese people described how those with money worries were less able to access facilities that may be helpful to them e.g. gym/leisure facilities, transport to get there; and other opportunities such as paying for childcare in order to get time for themselves. Many therapists were aware of people in debt with mental health difficulties neglecting their own needs regarding food, medicines and hygiene, and having reduced options for socialising or relaxing. In some circumstances, services had been cut off, or people had become homeless.

#### **4.3 Relationships**

Many therapists mentioned the negative impact on relationships of the stress of dealing with debt. Debts of carers can increase their stress levels which also has a negative effect on service users. In some cases, debt is one of the precipitating factors in the breakdown of relationships, which can lead to or exacerbate mental health problems.

#### **4.4 Legal and Criminal Issues**

Crime was the result of debt in some cases, for example, theft, and buying from the black economy. One service user considered going to prison as alternative to debt repayment, and some had to declare bankruptcy. Some service users were the victims of crime, for example, those who used services from the Substance Misuse Team often suffered violence from drug dealers to whom they owed money. The stress of dealing with debts for this client group also led to increased substance misuse.

#### **4.5 The Process of Therapy**

Debts were seen as a major trigger for set-backs and service users with debts sometimes had difficulty focusing on psychological problems:

"If you are expecting the bailiffs, other problems are seen as less important, and anxiety is normal." (Psychologist)

Debts lead to more debts, and many service users became trapped in a downward spiral with no obvious way out. They feared for the future and had little stability in life. Some debt problems were seen as too big to deal with, and even if the therapist offered support to deal with money problems in therapy, some service users preferred to avoid talking about them.

### **5. Dealing with Debts**

Over half of the people who filled in the questionnaire said that service users did not deal with their debts, or at least, not until disaster struck. Some ignored letters; some procrastinated; some continued spending or ignored ways of dealing with the problem as a way of avoiding anxiety. Some tried to cope by avoiding spending on meals, by gambling or by taking out more loans. One psychologist in adult mental health recognised that "the inability to find help in managing debt repayments means that many of our clients are spiralling further into debt all the time." However,

others said that some users of adult mental health services cope well without help, some liaising with their debtors to negotiate small payments.

Of those who got help with their debts, most service users went to the Citizen's Advice Bureaux. Some got Welfare Benefits advice from the DSS, and some used solicitors. Many borrowed from friends and family. The psychologist working with older adults wrote that some got help from their families if they were in debt or approached the bank to reconstruct loans.

## **6. Advice from Psychological Therapists**

### **6.1 Referring on to another service or team**

Different services had different ways of advising service users regarding debts. For most, the main advice was to access a specialist service or advisor. Most therapists referred people to the Citizens' Advice Bureaux (CAB). For some services, for example, in acute settings and brain injuries services, there was a dedicated advice service. CAB services were positively described and seen as helpful, especially regarding the sense of relief service users felt when they got help. Some therapist referred users on to D.A.W.N., which was also seen as helpful, but not as well known. Other services that were useful were the Blyth Disability Forum; Welfare Rights Advice and Rural Debt Advisors. Advisors who were experts in debt *and* mental health issues were thought to be most appropriate and access to specialist help on site, for example, in hospital was very useful. In some situations, therapists were working as part of a team who would help manage people's debts, for example, Care Managers; routine financial screening in acute settings, and the appointeeship scheme in Assertive Outreach. In a rehabilitation setting, service users were most likely to deal with debts if they were given help. Some therapists did not know of the best route for dealing with debts, and others did not know what worked well, as the length of debt repayment exceeded therapy.

### **6.2 Psychology**

With regard to helping people with debt problems themselves, some psychological therapists used problem solving skills to help people face up to their difficulties and take control of their finances, for example, advising them to avoid situations that encouraged spending, curtailing unnecessary spending and making budgeting plans. Working alongside service users and motivating them to take action themselves was successful depending on the readiness of the user to tackle the problem and make use of available support. In some cases, therapists saw their role as simply acknowledging the problem and helping the service user manage their depression or anxiety. One psychologist said she did not deal with debts directly, but as helped the service user to prevent or alleviate the causes of debts e.g. substance misuse, gambling problems.

## **7. Gaps and Barriers in services**

### **7.1 Easy access to help**

Although advice agencies were seen as very helpful, some therapists thought that they were not necessarily accessible for all their clients. The offices were often busy and potentially intimidating for people with mental health problems; they were open on a part-time basis; and the geographical distance between service users' homes and the offices were sometimes great.

Some therapists suggested home visits from advice agencies and support from mental health staff in seeking help from outside agencies would be useful for service users. Easily accessible advice before problems became overwhelming was seen as important, but not generally available and many service users were completely unaware of where to get help. Suggestions for service developments were information and advice in doctors' surgeries, supermarkets and rent offices and drop-in advice agencies where people can go immediately without having to make appointments.



## **7.2 Awareness Raising & Prevention**

Therapists stressed the need to promote awareness of money matters in order to prevent crises, for example, the disadvantages of company loans, confidence building in financial literacy, and being aware that payments of loans can be renegotiated. The stigma and fear associated with debts often prevented people dealing with them. Early identification and prevention of housing arrears was seen by one of the therapists in the Substance Misuse Team as important, and prevention in terms of better access to low interest loans was also emphasised.

The questionnaire specifically asked therapists which groups most vulnerable to financial crises could be targeted for prevention work. They suggested the following:

- People on low incomes
- Disabled or ill people
- People with enduring mental health problems on low incomes
- People with impulse difficulties (e.g. experiencing manic episodes)
- Acute psychiatric inpatients – might use preventative work on the wards
- People leaving hospital
- Unemployed people (those made redundant with many outgoings and increasing mortgages those forced into redundancy or early retirement, newly unemployed/bankrupted)
- Young People (Single parents, living on own, inexperienced- not used to managing own finances, unemployed, young middle class adults)
- People following relationship breakups.
- Elderly people on very low or borderline incomes, and not able to access certain benefits and those paying for care of a spouse.
- People who others depend on financially
- People experiencing domestic violence
- Not always a low-income phenomenon – e.g. affluence trap – credit cards, buy now pay later
- Young families with a partner who has head injuries

## **7.3 Welfare Benefits**

The Welfare Benefits system was viewed as confusing by both service users and therapists. One psychologist highlighted the need for advocates, to appeal against decisions made regarding receipt of benefits. Benefits applying to hospitalisation meant graded leave was financially complex, and the continual reassessment of benefits was a great source of stress to some service users.

## **8. Staff Support**

Therapists in general saw themselves as having little knowledge of debt counselling, but many did not see this as their job. However, one psychologist viewed the gap in mental health services as the fact that debt issues were only seen as secondary to mental health problems. Over half the psychological therapists questioned said that they would not routinely raise the issue of debt with service users, but one of these said that she would ask a more general question regarding financial circumstances, and five said that they would address debt if service users raised it as an issue. Another said she was not sure until recently where people could get help.

Psychologists working as part of the Community Substance Misuse, Inpatient and Assertive Outreach teams reported that finances would be covered as part of the initial assessment and five psychologists working in Adult Mental Health said that they would cover debt or financial issues in initial assessment.

Therapists who did work with service users on managing debts suggested they needed support in terms of training, information (list of points to note/share with service users; contact/referral details; sources of information); and better access to agencies.

## Conclusions

### 1. Causes and Effects of Debt

The results of this study show a clear link between debt and mental health that is corroborated by the literature from national studies (Grant, 1995; Morgan, 2001). Appendix 3 shows an illustration of the interactions as described by psychological therapists. Debts have a detrimental affect on people's mental and physical well-being due to stress, stigma and fewer associated life opportunities. Recently collected data from a needs assessment census across the Northumberland Locality Mental Health Services (Brandon, 2001) confirms that a substantial number of people in different situations and with different diagnoses have financial difficulties, most notably people who have drug and alcohol problems, a diagnosis of personality disorder, or who are unemployed.

Diagnosis	% with financial difficulties
Organic	35
Psychotic	45
Anxiety	39
Drug/Alcohol	50
Low mood	41
Personality Disorder	56

Situation	% with financial difficulties
Not in full time work	42
Student	50 (but total number in sample was only 10)
Unemployed	55
Long term sick, not claiming DLA	46
Long term sick, claiming DLA	41
In hospital more than 6 months	50
Homeless	38

### 2. Dealing with Debts

Psychological therapists help service users with debts either by referring on to another agency or by helping them to help themselves. However, not all staff feel fully equipped to do either of these, and some highlighted their need for training, information and more resources. This survey corroborated the findings from the wider literature that community services are not always accessible to mental health service users (McSorley, 1997), and barriers that inhibit the general public from getting help with debts associated with stigma and fear are exacerbated for people who have mental health problems (for example, they may not be able to cope with crowds in a waiting room, or may be terrified of going outside).

#### What Helps?

- Problem solving in therapy
- Liaising with creditors
- Help from Care Managers
- Citizens' Advice Bureaux
- D.A.W.N.
- Benefits Advice
- Disability Forum

#### What Hinders?

- Procrastination/denial
- Stigma and fear
- More loans/high interest loans
- Illness
- Lack of easy access to help
- Lack of awareness about where to go for advice
- Difficulty accessing welfare benefits

Although some psychological therapists had access to referral routes for specialist advice services, most did not, and some suggested that services could be made more accessible by providing them in healthcare settings and drop-in agencies. Bundy (2001) reports in the Health Service Journal that benefits and debt advice provided in primary health care settings has a measurable impact on the health of those receiving advice and that these services are valued by primary care staff and patients.

### **3. Prevention**

Rent arrears were the most common type of debt, and these also had a great impact on people's circumstances regarding future housing arrangements. Early identification and prevention of these arrears is essential to ensure people are not made homeless or unable to move house when they need to.

Credit cards, loans and catalogues were also common debts, which could be associated with impulsivity or comfort buying to deal with depression (as suggested by some therapists). Some therapists help people to see the consequences of their spending patterns, thus working to prevent these debts. They could additionally help raise awareness of low-interest loans through credit unions.

For many users of mental health services, debts are a necessity ((Morgan, 2001), as in this study, where many are on low incomes. Ensuring service users have adequate access to Welfare Benefits advice to maximise their income, and taking into account issues of poverty when considering psychological interventions is therefore very important. However, changes also need to be made at the policy level, through campaigning for adequate incomes for mental health service users, better access to low interest loans, banking facilities and flexible benefit entitlements to account for hospitalisation and graded return to work.

This is one part of the action research project on debt and health going on in Northumberland. Different staff groups might have other ideas and perspectives on supporting people at risk of or in debt, and the most important group to consult with are service users themselves. A participatory study on debt and mental health with long-term users of mental health services is currently being carried out, and the results will be published in due course.

Recommendations for action are aimed at a number of levels. The findings of the overall project will be sent to the Policy Unit of the National Association of Citizen's Advice Bureaux, and the campaign group "Debt on Our Doorstep".

## Recommendations

### **Psychological Therapists should:**

1. Be aware of the impact of debt on health and of health on people's situations.
2. Consider routinely asking service users about their financial circumstances in order to prevent debts or further indebtedness.
3. Recognise the essential role of independent advice and information on financial issues and the importance of facilitating access to services.
4. Inform service users of outside agencies and develop good practice in collaborative working with them.
5. Have access to training on debt awareness, questions to ask in assessment, and where to refer.

### **Action Against Poverty should:**

1. Consider facilitating the provision of advocacy workers to help people with mental health problems get advice and help.
2. Provide training and information to psychological therapists on debt issues.
3. Promote the services of D.A.W.N. and other agencies to statutory services.
4. Provide awareness and self-help material / workshops for mental health service users on debt.

### **Advice providers should:**

1. Involve mental health service users in the planning and delivery of services.
2. Develop good practice in collaborative working with the mental health services, to facilitate choice of service and ensure smooth referrals between services.
3. Provide easy access to benefits and debt advice for people with mental health problems.  
e.g. consider location of services – home visits, drop-in centres, advice in supermarkets and primary care settings, more access to money advice in hospital and Citizens' Advice Bureaux.
4. Provide training for their staff on mental health issues to develop a better understanding of people with mental health problems and their needs.

### **Campaigning for Policy Changes at a National Level:**

1. Guarantee all people with mental health problems an adequate standard of living and an income sufficient to meet all the extra costs of disability.
2. Develop flexible procedures in processing benefit claims which take into account the complex circumstances that people can face following the onset of chronic mental health problems.
3. Promote socially responsible investing and lending.
4. Ensure adequate access to grants and loans.

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## Useful Resources/Agencies

D.A.W.N. (Debt Advice Within Northumberland)

Provides a telephone debt advice service: 0845 1202933. Calls cost less than 4p per minute.

Disability Alliance: "Benefits for people with mental health problems." £4.

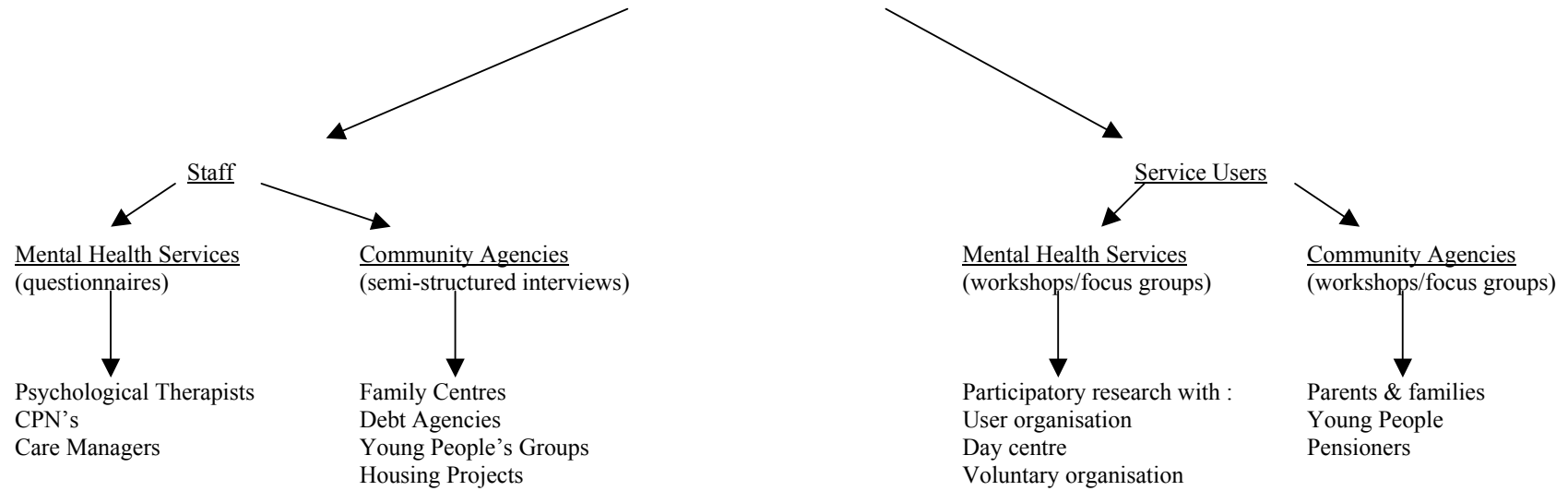
88-94 Wentworth Street, London, E1 7SA, 020 7247 8776

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**Appendix 1:**

**Survey into Debt and Health**



**Appendix 2: Action Against Poverty Needs Assessment**  
**Pro forma for consultation with staff**

1. Name:

2. Job Title / Role:

3. Organisation:

4. Client Group:

5. What are the main debt issues with this client group?  
a. Types of debt (please tick all you have come across & underline the most common one)

- Rent/Mortgage payment arrears
- Loans
- Credit card
- Company Cheques (e.g. Provident/Shoppacheck)
- Door to door lending
- Catalogues
- Utilities
- Hire purchase
- Friends and family
- Other .....

b. What circumstances most commonly contribute to debts for this client group?  
(Please give details)

- Living on a low income.....
- Changes in income .....
- Difficulty accessing/lack of awareness of rights re. welfare benefits or tax credits etc
- Ill-health / disability.....
- Substance misuse.....
- Job loss/business failure.....
- Relationship breakdown.....
- Over-commitment.....
- Irresponsible lending.....
- Other(s).....

c. What effect does the debt have on your clients' emotional/physical health?

d. What other effects does debt have on their circumstances?

6. How do your clients deal with their debts?

7. What is the route that you advise people to take to deal with debt problems?

8. What has worked well?

9. What are the gaps/barriers in service provision for people with debt problems?

10. Do you routinely raise the issue of personal finances with your clients? If so, what kind of support (if any) would help you when working with clients who have debt problems or who are at risk of over indebtedness?

11. Who are the groups most vulnerable to financial crises that could be targeted for prevention work? (in your opinion)

Any other comments



Appendix 3 - Debt and Mental Health: Some of the interactions as described by psychological therapists through the questionnaire

