

Debt Counselling for Depression in Primary Care (DeCoDer):

Research protocol for CAB Advisors in the Intervention arm

Study Aim

The aim is to determine the clinical and cost effectiveness of the addition of primary care based debt counselling (provided by Citizens Advice Bureau advisors) to usual care, for patients with depression and debt.

We hypothesise that outcomes can be improved by applying key principles of collaborative care:

- *A shared understanding of how debt, depression and other problems relate to each other for each individual*
- *A plan agreed by patients, CAB and GP*
- *Structured communication between patients and the two main practitioners*
- *Proactive follow up to overcome shame, stigma or chaotic lives*

Pre GP assessment appointment

Before seeing the GP, patients will have attended a research assessment and have been:

- Recruited to the study
- Allocated to a treatment arm
- Phoned by practice staff to arrange an appointment to see a study GP

What happens at the GP assessment appointment?

The GP will assess both anxiety and depression, and need regarding medication and psychological therapy. They will, in partnership with the patient, agree future treatment in line with NICE guidance and also incorporate a psychosocial assessment and plan focused on debt and other social problems.

- The GP will advise the patient that they have been allocated to receive debt advice from a CAB advisor and will be contacted by a CAB advisor
- The GP will confirm the patient's consent to CAB referral and their agreement to the sharing of their contact details and initial shared assessment with the CAB
- The GP will complete the study-specific CAB referral and shared assessment form, including:
 - Main concerns (in patient's own words)
 - Diagnoses (ongoing/significant past), including alcohol
 - Psychological difficulties and their relationship to debt for the individual (e.g. tiredness, concentration, anger, fears)
 - Other social difficulties (e.g. housing, work/study, relationships, domestic violence/emotional abuse, gambling)
 - Patient's goals (immediate, medium-term and long-term)
 - Assessment of hopelessness/suicide risk
 - Provisional treatment plan (e.g. psychological therapy, exercise referral etc.)
- If deemed appropriate, GP may refer patient to IAPT services and other interventions and arrange to review the patient at ongoing appointments as required
- The GP will provide the patient with the study-specific debt advice leaflet and Royal College of Psychiatrists' Debt and Mental health leaflet

What happens before the initial CAB advisor appointment?

A CAB advisor will contact the participant to arrange an initial assessment appointment, preferably at the participant's own GP practice and wherever possible within 2 weeks of the GP referral which will include a shared comprehensive assessment with the GP section filled in.

What happens at the initial CAB advisor appointment?

- The CAB advisor will assess the participant for level of debt and other social problems and discuss appropriate strategy for dealing with debts in line with the shared comprehensive assessment form
- Agree with the participant the level of debt advice needed and arrange further follow up appointments
- The CAB advisor will complete the shared comprehensive assessment form
- The CAB advisor will confirm patient's consent to sharing the shared assessment with the GP
- CAB advisor will then send back the completed form to the GP/practice and provide a copy for the participant

Ongoing management of participants

- Ongoing care will usually be managed and co-ordinated by the CAB advisor (in a small minority of cases this may be the GP) for the period of the intervention
- Participant contact will be maintained as flexibly as possible including telephone, e-mail, text, face-to-face review or a combination of these methods
- CAB advisors will complete a brief follow up form during each follow up appointment – entering this information onto the password protected study database managed by PenCTU. The CTU will forward this information to participating GP/Practice.
- send this form through to the GP. CTU will also receive a copy of this information.
- Further liaison is facilitated by the co-location of CAB advisors in GP practices
- Optional pathways of care include referral onto more intensive CAB debt counselling services

Ongoing involvement in the research for participants

- Separately from the intervention, participants will continue to be followed up by researchers to collect outcome measures at 4 and 12 months

In the event that the participant declines CAB treatment or cannot be contacted:

- CAB advisor will communicate this to the referring GP via the shared comprehensive assessment form.

Serious Adverse events

Should the CAB advisor become aware of any of the following in regards to a participant, this information should be fed back to the GP using the CAB follow up form:

- Death
- Immediately life-threatening illness
- Hospitalisation or prolongation of hospitalisation (this may include hospitalisation for self-harm/attempted suicide and depression)
- An event which results in persistent or significant disability or incapacity

If you have any queries about the study you can e-mail or call the research team:

Local Researcher:

Name:
Telephone:
e-mail:

Local PI

Name:
Phone:
e-mail: