Debt **Co**unselling for **De**pression in P**r**imary Care **(DeCoDer):**

Research protocol for GPs in the Control 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 counsellors) 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*

The control arm of the study will provide **treatment as usual** for participants in line with NICE guidance for depression.

Pre GP assessment appointment

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

- Recruited to the study (via waiting room or record search, assessed as suitable, consented and baseline data collected)
- Allocated to control arm
- Phoned by practice staff to arrange an appointment to see a control GP (but they won't know they are in the control arm)

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.

- Advise patient that they have been allocated to receive debt advice leaflets

- 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

Ongoing management of participants

Ongoing care will be managed and co-ordinated by the GP and may include monthly progress reviews by the GP. On average this is likely to be 6 reviews, but could be up to 12 in line with NICE guidance.

Optional pathways include:

a) Referral to other social inclusion services
b) Referral to IAPT or other services for psychological therapy
c) Sleep hygiene
d) Active monitoring
e) Structured Group Physical Activity
f) Group Based Peer Support
g) Community Mental Health Team
h) Crisis resolution or Home Treatment teams
i) Drug treatment e.g. SSRIs or other psychotropics
j) Support for addiction e.g. alcohol, drugs, gambling, smoking

Ongoing involvement in the research for participants

Participants will continue to be followed up by researchers to collect outcome measures at 4 and 12 months

Adverse event reporting

The following serious adverse events (SAE) should be reported to the Peninsula Clinical Trials Unit by faxing ([redacted]) the SAE form within 48 hours of becoming aware of the event:

- 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: