

An overview of possible links between advice and health

This information was produced as part of the 'Enabling Health and Wellbeing Boards and the new commissioning bodies to make use of evidence from voluntary sector advice agencies' project which is funded by the Department of Health.

Section 1: Using this document

The document is broken down into sections looking at published research which has found possible links between advice and:

- improvements to health
- benefits in access to health services and medication
- positive practitioners' views
- improvements to social determinates of health
- impacts of specific categories of advice.

The research highlighted did not always find the impact to be statistically significant and is not always published in peer reviewed journals. However, it acts as a useful indicator of possible links between advice and health, which advice agencies may wish to explore further. Many of the articles highlight the impact of advice across a number of areas and therefore appear several times in the list.

Feedback suggests that this document is most useful to advice agencies which are interested in research on the impact of advice in particular areas such as improving health, (section 2) or categories of advice (section 6). Each section is then broken down into subheadings grouped around common themes that have been identified across different research articles such as 'improvements to mental health' or the impact of 'debt advice'. Within these subsections, are some of the key points taken from research articles indicating possible impacts of advice. These articles are then referenced in full in section 7.

Section 2: Impact on health

General health

- 62 per cent of GPs agreed or strongly agreed that the service improved general health. (Borland and Owens, 2004).
- 80 per cent of patients reported improvement in their physical or mental wellbeing following CAB advice. (Hobby et al, 1998).
- Wear Valley – 12 of 18 staff reported service had benefited health of patients. (Hobby et al, 1998).
- Improvement in health for those receiving benefit increase (Veitch quoted in Hoskins and Carter, 2000).

- Improvements in mental and physical health in those receiving additional benefit. (Abbot and Hobby (99) study quoted in Hoskins and Carter, 2000).
- Being healthier following increased benefit income (Moffatt, 2008).
- 47 per cent of users of debtline reported that their health had improved (Williams, 2004).

Improved change in health

- Following welfare benefits advice (Campbell, 2007).

Improvements to chronic illness

- 61 per cent of GPs felt that advice helps patients deal with chronic illness (Borland and Owens, 2004).

Weight loss

- Following receipt of additional benefit; less weight loss. (Moffat et al, 2004).

Sleeping better

- Following receipt of additional benefit; were sleeping better, (Moffat et al, 2004)

IBS

- Clients in debt report exacerbating pre-existing health conditions such as IBS (Turley and White, 2007).

High blood pressure

- Following receipt of additional benefit; reduced high blood pressure, (Moffat et al, 2004).

Reduction in bodily pain

- Caused by increased income (Abbot et al, 2005).

Prescriptions down

- 41 per cent fewer prescriptions by patients using CAB service. (Hobby et al, 1998).
- Reduction of anti-depressants following advice (Clarke, 2001).

Feeling better

- 88 per cent of users reported that they felt better after seeing the advice worker (Borland and Owens, 2004).

Dental problems

- High levels of financial strain and poor coping behaviour associated with higher levels of periodontal disease and other dental problems. (Jacoby, 2002).

Physical health

- 80 per cent of patients reported improvement in their physical or mental wellbeing following CAB advice. (Hobby et al, 1998).
- Improvements in mental and physical health in those receiving additional benefit. (Abbot and Hobby (99) quoted in Hoskins and Carter, 2000).
- Marked negative effect of debt on physical and mental health ((Ahlstrom) quoted in Williams, 2004)).
- Debt/income ratio is significantly associated with worse physical health and self-reported health. (Jacoby, 2002).

Improved role limitation (physical)

- Following welfare benefits advice (Campbell, 2007).

Mental health

- Improved mental health due to increased income (Abbott and Hobby, 2000a), (Abbott and Hobby 2002) (Abbot et al, 2005).
- 46 per cent of interviewees said accessing money advice and being provided with appropriate support had improved their mental health

and wellbeing. (Gillespie et al, 2007).

- Significant improvement in mental health found. (Caiels and Thurston is quoted in Wiggan and Talbot, 2006).
- Of those with mental disorder 23 per cent were in debt, 10 per cent had utility disconnection. More debts people had the more likely they were to have mental disorder. (Jenkins et al, 2008).
- Indices of financial capability are significantly associated with health. Strong association between financial capability and psychological wellbeing reducing probability of individual suffering a health problem related to anxiety or depression by 15 per cent. (Taylor, 2009).
- 70 per cent of over-indebted households suffered from mental health problems (study in Finland: Nykanen. (Quoted in Williams 2004).
- Marked negative effect of debt on physical and mental health ((Ahlstrom) quoted in Williams, 2004).
- Links between debt and mental illness quoted in Williams 2004.

Anxiety / stress

- After advice, three quarters reported feeling less anxious and/or worried. (Abbott and Hobby, 2003).
- Following money advice, reduced stress or feelings of anxiety were improvements most frequently cited. (Gillespie et al, 2007).
- Workers perceived a link between dealing with social and economic problems and reducing stress and anxiety (Greasley and Small, 2005).
- 78 per cent reported feeling less anxious after seeing the CAB adviser, (Caiels and Thurston, 2005).
- 81 per cent at six months said advice had helped them and the subsequent extra income reduced anxiety and stress. (Greasley, 2003).
- All respondents reported problems with mental health – stress, anxiety or depression. These were reported as improving or stabilising as a result of welfare advice for example pressure being lifted. (Moffat et al, 2004).
- Following advice, relief of worry, depression, avoiding nervous breakdown. (Reading and Reynolds, 2002).
- Most clients in debt reported stress and anxiety. (Turley and White, 2007).

- Stress associated with debt problems is higher than general consumer disputes. (Williams, 2004).
- Interviewees reported that the money reduced anxiety, (Winder et al, 2008).
- DHADS mean scores improved after both 6 and 12 months (Jones, 2009).
- Reduced levels of personal stress because of money advice (Day et al, 2008).
- Following advice, client report less anxiety, less stress, fewer worries, fewer panic and anxiety attacks, more settled, and more relaxed. (Jones, 2009).
- Impact particularly of credit card debt on health indicates the stress of owing money. (Jacoby, 2002).

Increased vitality

- Due to increased income (Abbott and Hobby, 2000a), (Abbott and Hobby, 2002).
- Following advice; significant improvement in vitality, (12 months) (Jones, 2009).

Role functioning – emotional

- Increased role functioning due to increased income (Abbott and Hobby, 2000a), (Abbot et al, 2005).
- Following advice, significant improvement in social functioning (6 months) and (12 months). (Jones, 2009).

Emotional wellbeing

- 46 per cent of doctors reported noticing improvement in wellbeing of the patient. (Hobby et al, 1998).
- Advice described as having an impact on emotional outlook. (Turley and White, 2007).

Feeling of hopelessness

- 84 per cent agree that advice reduces feeling of hopelessness. (Borland and Owens, 2004).
- Feelings of hopelessness partially mediated the relationship between debt and suicidal ideation. (Meltzer et al; 2010).

Self esteem

- 63 per cent agree that advice increases self esteem, (Borland and Owens, 2004).

Quality of life

- 77 per cent that agree that advice increases quality of life. (Borland and Owens, 2004).

Post-natal depression

- Clients in debt report exacerbating pre-existing health conditions such as post-natal depression. (Turley and White, 2007).

Greater peace of mind

- Due to increased income following benefits advice. (Ambrose and Stone, 2003).
- Peace of mind is a strong theme. (Moffatt, 2008).
- Interviewees reported that the money enhanced financial security or repairs or in an emergency. (Winder et al, 2008).
- After advice, clients report peace of mind. (Jones, 2009).

Suicide

- Link between financial problems and suicide – correlation between suicide rates and economic factors. (Jacoby, 2002).
- Those in debt were twice as likely to think about suicide after controlling for sociodemographic, economic, social and lifestyle factors. (Meltzer et al, 2010).

- Difficulty in making hire purchase or mail order repayments and paying off credit card debt was strongly associated with suicidal thoughts (Meltzer et al, 2010).
- Housing-related debt (rent and mortgage arrears), was strongly associated with suicidal thoughts. (Meltzer et al, 2010).
- Feelings of hopelessness partially mediated the relationship between debt and suicidal ideation. (Meltzer et al, 2010).
- The number of debts, source of the debt and reasons for debt are key correlates of suicidal ideation. (Meltzer et al, 2010).

Section 3: Access to health services and medication

Access to health services

- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) enabling easier access to GP or hospital. (Winder et al, 2008).

GP visits

- Reduced visits following advice (Clarke 2001).
- GPs reported 41 per cent fewer visits. (Hobby et al, 1998).
- Following receipt of additional benefit clients reported phoning and visiting doctor less (Moffat et al, 2004).
- 23 per cent of debtors perceiving that they were ill requiring a consultation with a doctor. (Reported in Jacoby, 2002).

Prescriptions

- 41 per cent fewer prescriptions by patients using CAB service. (Hobby et al, 1998).
- Reduction of anti-depressants following advice. (Clarke 2001).

Alternative therapies

- Purchased due to increased income following benefits advice. (Ambrose and Stone, 2003).

- Interviewees reported that the money was used for paying for alternative therapies. (Winder et al, 2008).

Private physiotherapy session

- Purchased with increased income following benefits advice. (Ambrose and Stone, 2003).

Extra non-prescribed medication

- Purchased due to increased income following benefits advice. (Ambrose and Stone, 2003).

Section 4: Practitioners views

Views of advice workers

- Workers perceived a link between dealing with social and economic problems and reducing stress and anxiety (Greasley and Small, 2005).

Views of health practitioners

- 61 per cent of GPs felt that advice helps patients deal with chronic illness. (Borland and Owens 2004).
- 62 per cent of GPs agreed or strongly agreed that the service improved general health. (Borland and Owens, 2004).
- 84 per cent of GPs agreed or strongly agreed that the service gave users a feeling that someone cares. (Borland and Owens, 2004).
- GPs identified benefit of referring patients to someone with more time to deal with complex problems. (Clarke 2001).
- Estimated that 15 per cent of consultations involved welfare rights issues. 86 per cent reported there were groups of patients less able to get advice they needed especially those with language difficulties, ethnic minorities, asylum seekers, depressed/poor mental health, elderly people, those with low level of education. (Harding et al, 2003).
- 70 per cent of practitioners reported that there had been a mental health element to the consultation. (Harding et al, 2003).
- 46 per cent of doctors reported noticing improvement in wellbeing of

the patient. (Hobby et al, 1998).

- 12 of 18 staff reported service had benefited health of patients. (Hobby et al, 1998).

Expertise in welfare rights.

- GPs lack of expertise in welfare rights. (Clarke 2001).
- Health professionals' advice was sought for about six per cent of rights-type problems; four per cent with health link (for example, personal injury) and two per cent had no health link at all. Authors query whether health-care professionals have the right skills for this and recommend outreach rights advice services – they give examples of poor advice. (Pleasance et al, 2007).

Section 5: Determinates of health

Tackling health inequalities

- Housing conditions linked to health inequalities (Bambra, 2010a).

Housing

- Inadequate housing affecting health. (Abbot, 2002).
- People given money advice reported avoided losing their home. (Day et al, 2008).
- For five per cent clients a threatened loss of home was averted. (Smith and Patel, 2008).
- Housing-related debt (rent and mortgage arrears), was strongly associated with suicidal thoughts. (Meltzer et al, 2010).

Poverty

- Leads to ill health. (Abbot, 2002).

Smoking

- Reduction following an increase in welfare payments. (Abbot, 2002).
- Receipt of additional benefit leading to less smoking. (Moffat et al, 2004).

Waiting for benefits

- Leading to disadvantage to health (Abbott and Hobby, 2002).

Essentials – food, clothing, utilities

- Increase with additional benefit income (Craig, 2003).
- Better quality food mentioned (Moffatt, 2008).

Mobility – cars, buses, telephone

- Increase with additional benefit income (Craig, 2003).
- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) enabling easier them to go on trips, go to social event and visit relatives. (Winder et al, 2008).

Goods and services – gardeners, handymen, cleaners, window cleaners

- Increase with additional benefit income (Craig, 2003).

Personal spending – presents for grandchildren

- Increase with additional benefit income (Craig, 2003).

Quality of life

- 77 per cent that agree that advice increases quality of life (Borland and Owens, 2004).

Work

- Receipt of additional benefits affected work. (Moffat et al, 2004).
- Strikingly, more than 20 per cent of people in the target group with 'acute' financial health problems have suffered a relationship breakdown in the last 12 months. (South P, 2006).

Low income

- Those on low income more likely to have a mental disorder. (Jenkins et

al, 2008).

Diet and nutrition

- Improved diet due to increased income (Abbot et al, 2005), (Craig, 2003), (Ambrose and Stone, 2003), (Moffatt,2008).
- Interviewees reported that the money gave them extra choice or control over important practical aspects of their lives, such as choosing higher quality meals. (Winder et al, 2008).
- Impact – particularly of credit card debt on health – indicates lack of affordability of basic necessities. (Jacoby, 2002).

Recreational visits

- Increased due to increased income following benefits advice. (Ambrose and Stone, 2003).
- Interviewees reported that the money to go on outings. (Winder et al, 2008).

Greater peace of mind

- Due to increased income following benefits advice. (Ambrose and Stone, 2003).
- Peace of mind is a strong theme. (Moffatt, 2008).
- Interviewees reported that the money enhanced financial security or repairs or in an emergency. (Winder et al, 2008).
- After advice, clients report peace of mind. (Jones, 2009).

Problems escalating

- Advice preventing problems escalating. (Clarke, 2001).

Control

- Clients feeling more in control following advice. (Clarke, 2001).
- Interviewees reported that the money gave them extra choice or control over important practical aspects of their lives. (Winder et al, 2008).

- Clients report being in more in control. (Jones, 2009).

Heating

- Increased benefit cash was spent on items such as heating. (Doncaster PCT, 2008).
- Impact – particularly of credit card debt on health – indicates lack of affordability of basic necessities. (Jacoby, 2002).

Fuel poverty

- Impact on fuel poverty on health (Baker, 2001 quoted in Wiggan and Talbot, 2006).

Relationships

- 16 per cent said dealing with financial worries had improved their relationships. (Gillespie et al, 2007).
- Receipt of additional benefits affected social world including family relationships, (Moffat et al, 2004).
- Stress experienced by those in debt frequently impacted on relationships. (Turley and White, 2007).
- Reports of debt leading to isolation – losing touch with friends, not going out socially. (Turley and White, 2007).
- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) easier enabling them to visit relatives. (Winder et al, 2008).
- Strikingly, 50 per cent of people in the target group with 'acute' financial health problems have suffered a relationship breakdown in the last 12 months. (South P, 2006).

Independence

- Receipt of additional benefits maintained independence. (Moffat et al, 2004).
- Reports of debt leading to isolation – losing touch with friends, not going out socially. (Turley and White, 2007).

- Interviewees reported that the money gave them extra choice or control over important practical aspects of their lives such as being able to purchase services and equipment. (Winder et al, 2008).
- Clients report being in more in control following advice (Jones, 2009).
- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) enabling easier them to go on trips or go to social events (Winder et al, 2008).

Carers

- Receipt of additional benefits affected ability to care for relative, (Moffat et al, 2004).
- Interviewees reported that the money was used for release time for carers and buying in services. (Winder et al, 2008).

Debt

- Of those with mental disorder, 23 per cent were in debt, 10 per cent had utility disconnection. The more debts people had the more likely they were to have mental disorder. (Jenkins et al, 2008).
- Stress experienced by those in debt frequently impacted on relationships. (Turley and White, 2007).
- Most client in debt reported stress and anxiety. (Turley and White, 2007).
- Clients in debt report exacerbating pre-existing health conditions such as IBS. (Turley and White, 2007).
- Clients in debt report exacerbating pre-existing health conditions such as post-natal depression. (Turley and White, 2007).
- Reports of debt leading to isolation – losing touch with friends, not going out socially. (Turley and White, 2007).
- Stress associated with debt problems is higher than general consumer disputes. (Williams, 2004).
- 70 per cent of over-indebted households suffered from mental health problems. (Study in Finland: Nykanen quoted in Williams, 2004).
- Marked negative effect of debt on physical and mental health. ((Ahlstrom) quoted in Williams, 2004).
- Links between debt and mental illness. (Noted in Williams 2004).

- 47 per cent of users of debtline reported that their health had improved. (Quoted in Williams 2004).
- Supports link between financial difficulties, stress and health. (Jacoby, 2002).
- Studies describing 23 per cent of debtors perceiving that they were ill requiring a consultation with a doctor. (Jacoby, 2002).
- Impact – particularly of credit card debt on health – indicates lack of affordability of basic necessities. (Jacoby, 2002).
- Impact – particularly of credit card debt on health – indicates individuals spend less on quality goods. (Jacoby, 2002).
- Impact – particularly of credit card debt on health – indicates stress of owing money. (Jacoby, 2002).
- Debt/income ratio is significantly associated with worse physical health and self-reported health. (Jacoby, 2002).
- High levels of financial strain and poor coping behaviour associated with higher levels of periodontal disease and other dental problems. (Jacoby, 2002).
- Link between financial problems and suicide – correlation between suicide rates and economic factors. (Jacoby, 2002).
- Those in debt were twice as likely to think about suicide after controlling for sociodemographic, economic, social and lifestyle factors. (Meltzer et al, 2010).
- Difficulty in making hire purchase or mail order repayments and paying off credit card debt was strongly associated with suicidal thoughts. (Meltzer et al, 2010).
- Housing-related debt (rent and mortgage arrears), was strongly associated with suicidal thoughts. (Meltzer et al, 2010).
- The number of debts, source of the debt and reasons for debt are key correlates of suicidal ideation. (Meltzer et al, 2010).

Section 6: Areas of Advice

Financial capability

- Indices of financial capability are significantly associated with health. Strong association between financial capability and psychological wellbeing reducing probability of individual suffering a health problem

related to anxiety or depression by 15 per cent. (Taylor,2009).

- Strikingly, more than 20 per cent of people in the target group with 'acute' financial health problems have suffered a relationship breakdown in the last 12 months. (South P, 2006).
- Strikingly, 50 per cent of people in the target group with 'acute' financial health problems have suffered a relationship breakdown in the last 12 months. (South P, 2006).

Utilities

- Of those with mental disorder 10 per cent had utility disconnection. (Jenkins et al, 2008).
- For two per cent of clients, a utilities disconnection was avoided. (Smith and Patel, 2008).

Housing

- People given money advice reported avoided losing their home. (Day et al, 2008).
- For five per cent of clients a threatened loss of home was averted. (Smith and Patel, 2008).
- Housing-related debt (rent and mortgage arrears), was strongly associated with suicidal thoughts. (Meltzer et al; 2010).

Increased income

- Leading to significant increase in vitality, (Abbott and Hobby, 2000).
- Leading to increase in role functioning – emotional. (Abbott and Hobby, 2000).
- Leading to improved mental health. (Abbott and Hobby, 2000).
- Leading to reducing smoking. (Abbot 2002).
- Enabling access to services. (Abbot, 2002).
- Associated with reduction in bodily pain. (Abbot et al. 2005).
- Eat more and/or better food. (Abbot et al, 2005); (Craig, 2003).
- Used for extra recreational visits. (Ambrose and Stone, 2003).

- Used for buying extra non-prescribed medication. (Ambrose and Stone, 2003).
- Used for extra and better food. (Ambrose and Stone, 2003).
- Used for private physiotherapy session. (Ambrose and Stone, 2003).
- Leading to greater peace of mind. (Ambrose and Stone, 2003).
- Used for fund alternative therapies. (Ambrose and Stone, 2003).
- Leading to improved role limitation – physical. (Campbell, 2007).
- Leading to improved change in health. (Campbell, 2007).
- Used for essentials – food, clothing, utilities. (Craig, 2003).
- Used for mobility – cars, buses, telephone. (Craig, 2003).
- Used for goods and services – gardeners, handymen, cleaners, window cleaners. (Craig, 2003).
- Used for lumpy items – mobility scooter, down-payment for disability car, link to local alarm system, bedding, Hoover, fridge, doorbell. (Craig, 2003).
- Used for personal – presents for grandchildren. (Craig, 2003).
- Used for items such as heating. (Doncaster PCT, 2008).
- Leading to improvement in health. (Veitch study quoted in Hoskins and Carter, 2000).
- Leading to improvements in mental and physical health in those receiving additional benefit. (Abbot and Hobby (99) quoted in Hoskins and Carter, 2000).
- 81 per cent at six months said advice had helped them (52/64), 21 of these had received extra income which they said reduced anxiety and stress (Greasley, 2003).
- Leading to being healthier. (Moffatt, 2008).
- Used to buy to better quality food mentioned. (Moffatt, 2008).
- Leading to peace of mind is a strong theme. (Moffatt, 2008).
- Receipt of additional benefits affected social world including family relationships. (Moffat et al, 2004).
- Receipt of additional benefits affected work. (Moffat et al, 2004).
- Receipt of additional benefits affected ability to care for relative. (Moffat et al, 2004).

- Receipt of additional benefits affected maintain independence. (Moffat et al, 2004).
- All respondents reported problems with mental health – stress, anxiety or depression. These were reported as improving or stabilising as a result of welfare advice for example pressure being lifted. (Moffat et al, 2004).
- Following receipt of additional benefit were sleeping better. (Moffat et al, 2004).
- Following receipt of additional benefit less weight loss. (Moffat et al, 2004).
- Following receipt of additional benefit less smoking. (Moffat et al, 2004).
- Following receipt of additional benefit reduced high blood pressure, (Moffat et al, 2004).
- Following receipt of additional benefit eating less. (Moffat et al, 2004).
- Following receipt of additional benefit phoning and visiting doctor less. (Moffat et al, 2004).
- Interviewees reported that the money gave them extra choice or control over important practical aspects of their lives such as choosing higher quality meals. (Winder et al, 2008).
- Interviewees reported that the money gave them extra choice or control over important practical aspects of their lives such as being able to purchase services and equipment. (Winder et al, 2008).
- Interviewees reported that the money enhanced financial security. (Winder et al, 2008).
- Interviewees reported that the money reduced anxiety. (Winder et al, 2008).
- Interviewees reported that the money could be used for repairs or in an emergency. (Winder et al, 2008).
- Interviewees reported that the money to go on outings. (Winder et al, 2008).
- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) enabling easier access to GP or hospital. (Winder et al, 2008).
- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) easier enabling them to go on trips. (Winder et al, 2008).

- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) enabling easier them to go to social events. (Winder et al, 2008).
- Interviewees reported that the money increased options for transport reported (use of taxi, maintaining own car) enabling easier them to visit relatives. (Winder et al, 2008).
- Interviewees reported that the money was used for a new scooter. (Winder et al, 2008).
- Interviewees reported that the money was used for paying for alternative therapies. (Winder et al, 2008).
- Interviewees reported that the money was used for released time for carers and buying in services. (Winder et al, 2008).

Money advice

- Reported reduced levels of personal stress because of money advice. (Day et al, 2008).
- Perception of relief at receiving money advice. (Day et al, 2008).
- Small number of cases money advice reportedly directed avoided losing their home. (Day et al, 2008).
- 46 per cent of interviewees said accessing money advice and being provided with appropriate support had improved their mental health and wellbeing. (Gillespie et al, 2007).
- 16 per cent said dealing with financial worries had improved their relationships. (Gillespie et al, 2007).
- Money advice described as having an impact on emotional outlook. (Turley and White, 2007).
- Strikingly, more than 20 per cent of people in the target group with 'acute' financial health problems have suffered a relationship breakdown in the last 12 months. (South P, 2006).
- Strikingly, 50 per cent of people in the target group with 'acute' financial health problems have suffered a relationship breakdown in the last 12 months. (South P, 2006).

Utilities

- Of those with mental disorder 10 per cent had utility disconnection.

(Jenkins et al, 2008).

- For two per cent of clients, a utilities disconnection was avoided. (Smith and Patel, 2008).

Debt

- Of those with mental disorder 23 per cent were in debt, 10 per cent had utility disconnection. More debts people had the more likely they were to have mental disorder. (Jenkins et al, 2008).
- Stress experienced by those in debt frequently impacted on relationships. (Turley and White, 2007).
- Most client in debt reported stress and anxiety. (Turley and White, 2007).
- Clients in debt report exacerbating pre-existing health conditions such as IBS. (Turley and White, 2007).
- Clients in debt report exacerbating pre-existing health conditions such as post-natal depression. (Turley and White, 2007).
- Reports of debt leading to isolation – losing touch with friends, not going out socially. (Turley and White, 2007).
- Stress associated with debt problems is higher than general consumer disputes. (Williams, 2004).
- 70 per cent of over-indebted households suffered from mental health problems. (Study in Finland: Nykanen quoted in Williams, 2004).
- Marked negative effect of debt on physical and mental health. ((Ahlstrom) quoted in Williams, 2004).
- Links between debt and mental illness noted in Williams, 2004.
- 47 per cent of users of debtline reported that their health had improved. (Quoted in Williams 2004).
- Supports link between financial difficulties, stress and health. (Jacoby, 2002).
- Studies describing 23 per cent of debtors perceiving that they were ill requiring a consultation with a doctor. (Jacoby, 2002).
- Impact – particularly of credit card debt on health – indicates lack of affordability of basic necessities. (Jacoby, 2002).
- Impact – particularly of credit card debt on health – indicates individuals spend less on quality goods. (Jacoby, 2002).

- Impact – particularly of credit card debt on health – indicates stress of owing money. 49. Jacoby (Jacoby, 2002).
- Debt/income ratio is significantly associated with worse physical health and self-reported health. (Jacoby, 2002).
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- Housing-related debt (rent and mortgage arrears), was strongly associated with suicidal thoughts. (Meltzer et al, 2010).
- The number of debts, source of the debt and reasons for debt are key correlates of suicidal ideation. (Meltzer et al, 2010).

Section 7: References

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