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Brokering Innovation Through Evidence

Co-located welfare advice in GP surgeries: part II June 2018

Co-locating welfare advice hubs in GP surgeries improves short term mental health and well-being of service users, and reduces financial strain, as well as generating considerable financial returns on investment.

A quantitative study, using a controlled comparison, assessing the impact on mental health and service use of co-located welfare advice.

Background

Research has established links between social disadvantage (such as low income, debt, problems with housing and unemployment) and poor mental health. Low income, for example can lead to poor mental health through the stress linked to financial strain and debt. People with poor mental health may also find it harder to access to support and advice for social problems. Also, areas in which there are higher amounts of social problems may generate higher rates of GP consultations, for example, where these are affecting or affected by people's health and well-being.

Co-located welfare advice

Some areas offer welfare advice services physically within (co-located in) GP practices to reduce health impacts linked to social disadvantage and reach people who might not otherwise get help with non-clinical issues. Previous research has consistently found co-located welfare advice leads to improvements in individuals' income and reduced debt, but evidence is weaker for any impact on health, mental health or service use. Previous studies have often been limited—by small sample sizes or a lack of appropriate comparator groups for example.

Key Findings - service users receiving welfare advice versus control group

- Had the advice service not been at the practice, nearly half of the advice group would not have sought help or consulted their GP instead.
- The majority of advice recipients reported improved circumstances after advice (e.g., stress, income, housing etc.)
- **Compared to those who did not get advice, after 3 months:**
- Those in the advice group whose circumstances improved experienced a bigger improvement in their well-being.
- Those in the advice group experienced a bigger reduction in financial strain, reduced credit card and overdraft use.
- Those in the advice group experienced a bigger reduction in symptoms of common mental disorder, especially among recipients who were female, those who identified as Black and those who reported that their circumstances improved as a result of advice.
- There was, however no evidence for a reduced frequency of GP consultations.
- For every £1 of investment by funders, those receiving co-located advice gained £15 in entitlements on average.

Aims of the study

CLAHRC researchers wanted to examine the impacts on mental health and service use of welfare advice located within GP practices. They also looked at the financial consequences to service users and funders. The main outcomes of interest were:

- Proportion of those meeting common mental disorder criteria
- Well-being scores
- Funding costs & financial gains
- Financial strain & financial support seeking
- Number of GP consultations within 3 months

What we did

This study was carried out in an inner-city borough in the North Thames area. In 8 intervention GP practices where welfare advice services were co-located, those waiting to see an adviser were approached by a researcher and asked to complete a 15-minute self-reported survey.

The control group was selected from 9 comparator GP sites without co-located services, matching the demographics of the advice group. Comparison group members were also recruited through local housing associations and community organisations. Potential participants were sent postal packs about the study containing the self-report questionnaire.

278 advice service users and 623 comparators took part, and were asked to complete a follow-up postal questionnaire after 3 months. Responses from the two groups at the start and end of the study were then compared statistically after 'propensity score matching' using a 'difference in difference' approach.



Conclusions

- Co-located welfare advice services can improve short-term mental health, well-being and social circumstances, as well as reduce financial strain.
- Welfare advice services co-located in GP practices can reach people who may not otherwise have sought support, or may have otherwise asked their GP for advice.
- Reductions in financial strain as a result of accessing welfare advice could reduce GP practice burdens.
- Co-location of welfare advice generates considerable financial returns on funder investment for advice recipients.

References:

- Woodhead C, Khondoker M, Lomas R, Raine R. **Impact of co-located welfare advice in healthcare settings: prospective quasi-experimental controlled study.** *The British Journal of Psychiatry.* 2017;211(6):388-395. [doi:10.1192/bjp.bp.117.202713](https://doi.org/10.1192/bjp.bp.117.202713).
- Woodhead C, Collins H, Lomas R, Raine R. **Co-located welfare advice in general practice: a realist qualitative study.** *Health Soc Care Community.* 2017;00:1–11. <https://doi.org/10.1111/hsc.12453>
- An evaluation of Haringey co-located welfare advice services in general practice settings** http://clahrc-norththames.nihr.ac.uk/wp-content/uploads/2017/10/Haringey-welfare-hubs_FULL-REPORT-260317.pdf

Useful links:

- This study was one part of a larger mixed-methods evaluation of co-located welfare advice services. The evaluation was conducted in collaboration with the local Citizens Advice Bureau with the support of local community-based organisations.
- Does locating welfare advice in GP surgeries improve health and reduce strain on the NHS?:** http://clahrc-norththames.nihr.ac.uk/mental_health_theme/haringey-welfare-hubs/
- CLAHRC North Thames Empowering mental health service users and families theme:** http://clahrc-norththames.nihr.ac.uk/mental_health_theme/

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