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**Mental health and debt collection: a story of progress?  
Exploring changes in debt collectors' attitudes and practices  
when working with customers with mental health problems,  
2010-2016.**

Journal:	<i>Journal of Mental Health</i>
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Further Detail:	Mental health problems, Debt, Debt collection, Financial difficulty, Financial Services

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3 **Mental health and debt collection: a story of progress? Exploring changes in debt**  
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5 **collectors' attitudes and practices when working with customers with mental health**  
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7 **problems, 2010-2016.**  
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11  
12 **Abstract**  
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14 *Background:* In recent years, the UK debt collection industry has taken steps to improve its policies and  
15 practices in relation to customers with mental health problems. Little data, however, has been collected to  
16 evidence change.  
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21 *Aims:* This paper examines whether the reported attitudes and practices of debt collection staff when working  
22 with customers with mental health problems have changed between 2010 and 2016.  
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25 *Method:* This paper draws on descriptive and regression analyses of two cross-sectional surveys of debt  
26 collection staff: one conducted in 2010 (Fitch and Davey, 2010) and one conducted in 2016 (Fitch, Evans and  
27 Trend, 2017).  
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31 *Results:* All variables analysed show statistically significant changes between 2010 and 2016 indicative of  
32 improved reported attitudes and practices.  
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36 *Conclusions:* While results suggest an improvement in attitudes and practice may have occurred between 2010  
37 and 2016, research is required to understand this potential shift, its likely causes, and concrete impact on  
38 customers.  
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42 **Keywords**  
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44 Mental health problems, debt, debt collection, financial difficulty, financial services  
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## 1. Introduction

There has been growing recognition of the relationship between debt and mental health, where debt may increase the risk of poor mental health, while poor mental health also makes it harder for individuals to manage their finances (see Skapinakis, et al., 2006; Jenkins, et al., 2008; Meltzer, et al., 2012). This relationship potentially affects a considerable number of people: indeed, one-in-two British adults with problem debt may have a mental health problem (Jenkins, et al., 2008), while one-in-four with mental health problems may have problem debt (Jenkins, et al., 2009).

Following the financial service industry's realisation of this challenge (Kempson, 2004), stakeholders have produced guidance for organisations working with indebted customers with mental health problems. This includes guidance from the Money Advice Liaison Group (2007, 2009, 2014), alterations to the 'Lending Code' by the British Bankers' Association, Building Societies Association and The UK Cards Association (2009), guidance for frontline staff from the Money Advice Trust and Royal College of Psychiatrists (2010), and changes to the Finance & Leasing Association's Industry Code (2012). Furthermore, in 2014, when the Financial Conduct Authority (FCA) took responsibility for the regulation of the consumer credit market, the subject became a focus of the Consumer Credit Sourcebook (CONC) – the regulatory rulebook for firms providing consumer credit to customers. Section 7.2.1 of CONC states that, when working with customers in arrears,

“a firm must establish and implement clear, effective and appropriate policies and procedures for... the fair and appropriate treatment of customers, who the firm understands or reasonably expects to be particularly vulnerable” (2017; p.184).

Section 7.2.2, following this, makes it explicit that “customers who have mental health difficulties... may fall into the category of particularly vulnerable customers.” Together, this places an expectation on debt collection firms regulated by the FCA that they should have provisions in place for customers with mental health problems. Otherwise, firms risk fines or even losing their licence to operate.

In response, firms appear to have introduced new policies, protocols and training to help staff deal with such customers. One such protocol, TEXAS – which helps staff manage disclosures of a mental health problem – appears to have been adopted across the industry (Fitch, et al., 2017). It encourages staff to *Thank* the customer for their disclosure, *Explain* how information will be used, and then obtain the customer's *explicit consent* to record the data.

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3 The staff member then *Asks* key questions, such as how their condition affects their ability to manage their money  
4 and communicate with creditors, before *Signposting* the customer to sources of support, whether internally within  
5 their organisation or externally (Fitch, et al., 2014). This, and other protocols, aim to improve staff members'  
6 responses to customers with mental health problems.  
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11 Despite increasing emphasis on this issue, there has been little independent data collected on whether these  
12 developments have actually improved the practices of collections staff when dealing with such customers. This paper  
13 contributes to this evidence base, by comparing two surveys of collections staff: one conducted in 2010 when this  
14 subject was in its infancy and one in 2016, by which time the debate was more established.  
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## 22 **2. Aims & research questions**

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25 The study aim was to examine the extent to which attitudes and practices reported by debt collection staff have  
26 changed between 2010 and 2016 in relation to customers with mental health problems. In particular:  
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- 29 (1) Have the attitudes of debt collection staff to customers with mental health problems improved between  
30 2010 and 2016?  
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33 (2) Have practices changed in relation to the management of customer disclosures of mental health problems  
34 between 2010 and 2016?  
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## 40 **3. Data sources**

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43 The study draws on two survey data-sets which examine the experiences, views and practices reported by debt  
44 collection staff when working with customers with mental health problems. These were conducted in 2010 (Fitch &  
45 Davey, 2010; Davey & Fitch, 2010), and 2016 (Fitch, Evans & Trend, 2017).  
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### 49 **3.1 The 2010 study**

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52 *Debt collection and mental health: ten steps to improve recovery* was the first UK study of collections staff's attitudes  
53 to customers with mental health problems (Fitch & Davey, 2010; Davey & Fitch, 2010). Between March and June 2010,  
54 1,270 staff in 19 different organisations were surveyed.  
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3 The 19 organisations participating in the research included debt collection agencies, debt purchasers, and creditors  
4 with their own debt collection staff, which were invited to participate primarily based on their 'market share'. A  
5 random sample of staff was taken within each organisation. Staff were eligible for participation if they worked in the  
6 collection and/or recovery of arrears on financial products, and had direct interaction with customers by telephone or  
7 in writing.  
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12 All respondents completed an online or paper survey at their place of work. Participation was voluntary and  
13 anonymous, although staff were encouraged to complete it by team leaders/managers.  
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17 In total, 1,270 respondents completed the survey out of 1,448 invited individuals (an 88% response rate). Of the 1,270  
18 respondents, 1,136 were 'frontline' staff, working in mainstream collections, while 134 staff were 'specialists', working  
19 in teams that dealt specifically with vulnerable customers.  
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### 23 **3.2 The 2016 study**

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26 *Vulnerability: a guide for debt collection* was published in March 2017 as the follow-up to the 2010 study on mental  
27 health, but which also focused on other 'vulnerable' situations, including serious physical illness, bereavement and  
28 suicide (Fitch, Evans & Trend, 2017). Between August and November 2016, staff from 27 organisations completed a  
29 survey which consisted of questions taken directly from the 2010 study, as well as new questions on other vulnerable  
30 situations. Organisations were recruited to the study using a sampling frame based on the membership of five trade  
31 bodies representing UK creditors and debt collection companies: The UK Cards Association, the Finance & Leasing  
32 Association (FLA), the Credit Services Association (CSA), the Council of Mortgage Lenders (CML) and the Building  
33 Societies Association (BSA). Using data supplied by each, a sampling frame was constructed and stratified firstly on the  
34 basis of organisation type - whether they were a creditor with 'in-house' collections staff, a Debt Collection Agency  
35 (DCA) or a Debt Purchase Agency (DPA) – and secondly based on their size relative to comparable organisations.  
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46 Organisations were assigned a random order within their strata and invited in this order to participate until a sufficient  
47 number of organisations from each stratum had agreed to participate. This ensured that a number of different  
48 organisational contexts could be examined.  
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52 27 organisations participated (exceeding the 25 targeted), out of 52 organisations contacted. Of the 25 that did not  
53 participate, 22 did not respond, and a further three replied but were 'ineligible' for various reasons (e.g. collecting  
54 only business debt, or not having UK-based collections staff). Of the 27 that participated, 15 were creditors with 'in-  
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house' collections and 12 were DCAs or DPAs; 16 of the 27 were 'large' organisations, seven were 'medium-sized' and four were 'smaller'. This indicates some over-representation of larger organisations; however, this is not necessarily problematic, given that market share in consumer credit markets tends to be relatively concentrated among a small number of large providers (see, for example, FCA, 2016).

Out of 2,180 staff contacted, 1,613 participants completed the survey at work either online or via a Word document (where no internet access existed), representing a 74% response rate. 40 responses were removed from the dataset due to ineligibility (e.g. administrative staff who had no contact with customers) or high levels of 'missingness' (where the respondent failed to answer ten or more questions), leaving 1,573 responses for analysis.

## 4. Sample and measures

For analysis, two datasets were constructed: one comprising the entire sample from both years ( $n=2,843$ ; 1,270 from 2010 and 1,573 from 2016) and the other a sub-sample, including only staff from six firms that had participated in both survey years ( $n=1,159$ ; 530 in 2010 and 629 in 2016). This sub-sample was used to produce a more like-for-like comparison between the two survey years; while both studies had been designed to be as representative of the wider industry as possible, a comparison between the same firms in both years enables for a more robust commentary on the changes between the two years.

### 4.1 Outcomes

There are 12 key variables for which an identical (or very similar) question were asked in both studies (Figure 1). Six of these measure respondents' reported attitudes and were recoded so that 'strongly agree' and 'agree' were equal to one and 'neither agree nor disagree', 'disagree' and 'strongly disagree' were equal to zero. The remaining six consider the actions staff take when told about a customer's mental health problem (in line with the TEXAS protocol). These were recoded so that 'always' and 'often' equalled one, while all other less frequent categories were equal to zero.

In both surveys, 'mental health problem' was defined to include common conditions (such as depression and anxiety), rarer conditions which can affect perceptions of reality (such as schizophrenia), and conditions often associated with shifts between high, normal, and low mood (such as bipolar disorder). It also included conditions such as dementia, but not everyday stress or addictions.

## 4.2 Predictors and controls

To answer the research questions, the year each response was collected is the primary independent variable in the analysis. Three further variables are also included as controls: the length of time staff have worked in debt collection, whether their organisation has specialist members of staff to deal with vulnerable customers (including whether they themselves are a specialist), and the type of organisation they work for (DCA/DPA or creditor).

## 5. Analysis

Univariate and multivariate logistic regression analyses of the 12 outcome variables were conducted. The univariate models included only 'year' as a predictor, before the controls (career length, existence of specialist staff in the organisation, and organisation type) were added to the models to produce multivariate analyses – thereby testing whether the results are affected by any differences in sample composition between the two years.

The analyses were conducted firstly on the entire dataset and then on the sub-sample of six organisations that participated in both years; however, the focus of the results presented below is primarily on the analyses of the entire dataset. All analyses were conducted using IBM SPSS Statistics Version 23.

## 6. Results

### 6.1 Changes in staff attitudes to working with customers with mental health problems

Analyses of the entire data-set show a statistically significant decline in levels of agreement with all six attitudinal statements between 2010 and 2016, even when controlling for other variables (Table 1). In 2010, 26% agreed that they were unsure what to do when told about a customer's mental health problem, falling to 7% in 2016; when controlling for career length, specialist staff and industry, odds of agreeing with the statement were therefore nearly four times higher in 2010 than in 2016 (OR=3.83, 95% CI 2.97-4.93,  $P<0.001$ ).

For the statement "if we can take a customer's mental health problem fully into account when making decisions, we are more likely to be able to recover the debt", agreement decreased from 59% in 2010 to 49% in 2016, with an adjusted OR of 1.61 (95% CI 1.36-1.91,  $P<0.001$ ).



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3 When asked if customers often use their mental health problem as an excuse to avoid repaying the debt, 18% in 2010  
4 agreed, compared with just 8% in 2016. The odds of agreement were therefore twice as high in the earlier survey  
5 compared with the latter (OR=2.14, 95% CI 1.65-2.77,  $P<0.001$ ).  
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9 Similarly, while 40% of staff in 2010 agreed that commercial pressures often meant collectors could not consider a  
10 customer's personal circumstances, this had dropped to 16% by 2016; leading to an adjusted OR of 3.41 (95% CI 2.79-  
11 4.17,  $P<0.001$ ).  
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15 Staff in 2016 were also less likely than those in 2010 to report that they find it difficult to talk to customers with  
16 mental health problems because they do not know enough about such conditions (42% in 2010; 19% in 2016).  
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19 Controlling for other factors, staff in 2010 were around two and a half times more likely to agree with this statement  
20 than those in 2016 (OR=2.60, 95% CI 2.13-3.17,  $P<0.001$ ).  
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24 Finally, while nearly one-in-five staff in 2010 (19%) agreed that they were reluctant to discuss mental health with  
25 customers because they did not want to get bogged down with a customer's personal issues, this had fallen to 6% in  
26 2016. The odds of agreeing with this statement, when adjusted for other factors, were therefore over three times  
27 higher in 2010 than in 2016 (OR=3.19, 95% CI 2.37-4.31,  $p<0.001$ ).  
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32 As evidenced by Table 2, the direction and significance of all of the above associations hold true when considering  
33 only the sub-sample of firms that participated in both studies.  
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## 39 **6.2 Changes in staff practices upon receipt of a disclosure of a mental health problem**

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41 Analyses of the entire industry-wide dataset show that by 2016 staff were more frequently taking all of the actions  
42 asked about in the surveys when encountering customers with mental health problems (as shown in Table 3). In 2016,  
43 86% of staff 'always' or 'often' discussed the customer's ability to pay and 75% discussed how their condition may  
44 affect their ability to communicate with creditors, compared to 38% and 28% respectively in 2010. Controlling for  
45 other factors, the odds of both of these discussions were nearly ten times lower in 2010 than in 2016 (ability to pay  
46 OR=0.10, 95% CI 0.08-0.12,  $P<0.001$ ; communication OR=0.12, 95% CI 0.10-0.15,  $P<0.001$ ).  
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54 Staff in 2016 were also slightly more likely to always or often make a note or record of customers' mental health  
55 problems, rising from 78% in 2010 to 83% in 2016. Adjusting for other factors, the odds of a staff member taking this  
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3 action were therefore slightly lower in 2010 than in 2016 (OR=0.73, 95% CI 0.58-0.92,  $P<0.001$ ). When making such a  
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5 note, staff in 2010 were considerably less likely than their 2016 counterparts to either ask the customer for their  
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7 consent to record this data (31% in 2010; 95% in 2016; OR=0.02, 95% CI 0.02-0.03,  $P<0.001$ ) or tell the customer why  
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9 this information was being recorded (37% in 2010; 88% in 2016; OR=0.08, 95% CI 0.06-0.10,  $P<0.001$ ). Finally, a similar  
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11 pattern is also the case – albeit still less common overall – when considering the frequency with which staff just mark  
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13 the customer’s file with a ‘flag’ or other marker, rather than writing detailed notes about their situation (12% in 2010;  
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15 46% in 2016; OR=0.13, 95% CI 0.10-0.17,  $P<0.001$ ).

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17 As with the attitudinal variables, these findings hold true when considering the sub-sample of six firms (Table 4).  
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## 22 **7. Discussion**

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25 The results of this study provide the first large-scale, quantitative analysis of changes in the attitudes and working  
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27 practices of collections staff in relation to customers with mental health problems. The results show that between  
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29 2010 and 2016 statistically significant changes have occurred in relation to staff members’ reported attitudes to such  
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31 customers: staff are now more willing to discuss mental health with customers, feel more competent when dealing  
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33 with such customers and are less likely to accuse customers of using mental health as an excuse to avoid repaying  
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35 their debts.

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37 A more ambiguous finding, however, is that staff in 2016 were less likely than those in 2010 to agree that they are  
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39 better able to recover the debt if they can take a customer’s mental health problem into account. This decrease could  
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41 suggest that either firms have become less focused on collecting the debt in these instances – which is arguably  
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43 positive for such customers – or that more customers with mental health problems are defaulting on their debt or are  
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45 taking out debt management plans or similar options.

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47 In terms of staff responses to a disclosure of a mental health problem there is an apparent increase in how frequently  
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49 staff take ‘positive’ actions, such as asking customers how their condition may affect their ability to pay or  
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51 communicate with creditors. This is welcome, as it can allow staff to better understand the impact of a customer’s  
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53 condition, making it more likely that they reach a solution which works better for both customer and firm (where the  
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55 staff member has the ability and permission to implement a more tailored solution).  
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3 With regards to data protection behaviour, staff in 2016 were much more frequently explaining why information  
4 about a customer's mental health was being recorded and requesting the customer's consent for recording this  
5 information. This means that the organisations appear to be much more consistently fulfilling their obligations under  
6 the Data Protection Act (1998). A more ambiguous finding is that staff in 2016 were more likely than in 2010 to mark  
7 the customer's file with only a flag or marker, rather than writing detailed notes about their condition. It is unclear  
8 how many different flags staff have available to them and the extent to which these allow them to meet the  
9 customer's needs in future.

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11 Overall the results are likely to be welcomed by those who have worked to improve the treatment of customers in  
12 vulnerable situations within the industry. The interventions described in our introduction, such as the regulations  
13 promoted by the FCA and the new guidance and tools produced by trade bodies and other external organisations,  
14 such as the TEXAS protocol, are likely to have played a role in bringing about the changes identified. However, it is  
15 impossible in a study of this nature to fully isolate the cause of any changes, or the effect of wider shifts in societal and  
16 public attitudes towards mental health.

## 31 **8. Strengths and limitations of the study**

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33 This is the first study – to our knowledge - to examine debt collection staff's attitudes and practices when working  
34 with customers who have mental health problems. The data opens a previously unexplored 'black box' and therefore  
35 makes an original contribution to our understanding of ways that the relationship between mental health and  
36 debt/financially difficulty may be moderated.

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38 There are, however, three limitations to the data collected, as described below.

### 42 **8.1 Applicability of findings to all mental health problems**

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44 Staff were given a broad definition of the term 'mental health problem' at the start of both surveys, but it is not clear  
45 whether the responses of participants would be consistent across the range of different mental health problems. In  
46 reality, staff may feel comfortable in dealing with customers with certain conditions, but not others.

## 8.2 Self-selection bias

Despite employing a sampling frame to achieve a representative sample, the data was collected only from organisations which volunteered to participate. These organisations may have volunteered because they are already paying considerable attention to the way they support vulnerable customers. To mitigate this risk the research team, when recruiting participants, framed participation as an opportunity to improve, as well as demonstrate progress, and to aid this each organisation received a feedback report at the end of the study, comparing the results for their staff with the study average. It is important also to consider that this was a possible source of bias in *both* the 2010 and 2016 surveys, so is unlikely to have caused the changes identified between the two.

## 8.3 'Socially desirable' responses

As participants completed the surveys at their place of work, respondents may have given answers that they thought their manager or organisation would want them to give, especially if they viewed the survey as a test of their ability or performance. To mitigate this risk, however, participants were provided with communications and an information sheet which clearly stated that their organisation would not (a) know if they had participated, or (b) ever see their individual responses.

## 9. Implications & conclusions

The results suggest that between 2010 and 2016 significant changes may have occurred in the way that debt collection staff report dealing with customers with mental health problems, and in the actions that staff take when they encounter customers in these situations. Staff now appear to report less negative attitudes towards customers with mental health problems and seem more confident in their own ability to work with such customers. They are also more likely to report adhering to data protection rules when managing disclosures and more frequently attempt to uncover how a customer's mental health problem might affect their ability to manage their money and communicate with creditors, as recommended by industry guidance.

It is less clear, however, to what extent these improvements have permeated across the entire debt collection industry. While the samples of both surveys capture a strong cross-section in terms of the size and type of organisation, it is difficult to say to what extent they reflect the wider industry in terms of approach to vulnerable

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3 customers. Were those organisations that agreed to participate in the studies simply those that had more of an  
4 organisational focus on supporting these customers? It is very difficult to know whether this is the case or not, given  
5 the lack of publicly available data which might hint at other organisations' approaches to customers with mental  
6 health problems. Nevertheless, the extent of the change identified is such that it appears unlikely to have been the  
7 simple result of firm's self-selection, especially seeing as firm's self-selected *both* in 2010 and 2016.  
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12 Further data is necessary to better understand why the identified changes have occurred. There was not sufficient  
13 data collected in both survey years on subjects such as staff training on mental health and organisational policy on this  
14 subject to conduct any meaningful analysis to explore the cause(s) of any change. Future research could involve more  
15 of an experimental design and/or the use of more detailed time-series data to better understand how staff attitudes  
16 and practices might be affected by training, changes in organisational policy, and even wider cultural change.  
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18 Certainly, the findings correspond with other research, which suggests that attitudes to mental health across the  
19 English population have improved over recent years (Henderson, et al., 2016).  
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27 This study also leaves questions as to whether increased staff confidence in dealing with customers with mental  
28 health problems actually results in these customers being more satisfied with their treatment and achieving more  
29 sustainable outcomes in relation to their debt. Indeed, a 2016 survey – which we advised on - of customers who had  
30 disclosed a mental health problem to an organisation they owed money to found that 58% felt that they were not  
31 treated sympathetically and sensitively, 65% said their mental health problems were not taken into account and 34%  
32 felt they had been treated unfairly in relation to their mental health (Money and Mental Health Policy Institute, 2016,  
33 in: Fitch, Evans and Trend, 2017; p.50). This suggests that a gap between the practices of staff and the expectations of  
34 customers may still exist, though there is perhaps a need for further research with vulnerable customers themselves  
35 to better understand this. On a practical level this also highlights the need for organisations to adopt robust Quality  
36 Assurance systems which 'test' staff practices against well-defined good practice, the definition of which should  
37 ideally be reached with agreement from both frontline staff and customers, so that it is both commercially-realistic  
38 and based on what customers actually want (as opposed to what organisations think customers want).  
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51 Equally, there is also a question of whether the focus on customers in 'vulnerable' situations has any effect on those  
52 customers who are not considered vulnerable by staff members. Is the 'cost' of supporting customers with mental  
53 health problems and in other vulnerable situations passed on to other customers? Or, alternatively, does this focus  
54 actually improve the experience of all customers? All of these questions would certainly benefit from further research.  
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3 Finally, it should be noted that the findings here apply only to collections staff working in organisations that are  
4 regulated by the FCA. There are a considerable number of other organisations, such as local authorities and  
5 organisations like HMRC, as well as those from different industries, such as the utilities and telecommunications  
6 markets, which remain 'black boxes' to researchers. These organisations could benefit from adopting some of the  
7 recommendations employed by the FCA-regulated firms and should also perhaps open themselves up to the same  
8 level of scrutiny by taking part in studies similar to those presented in this paper.  
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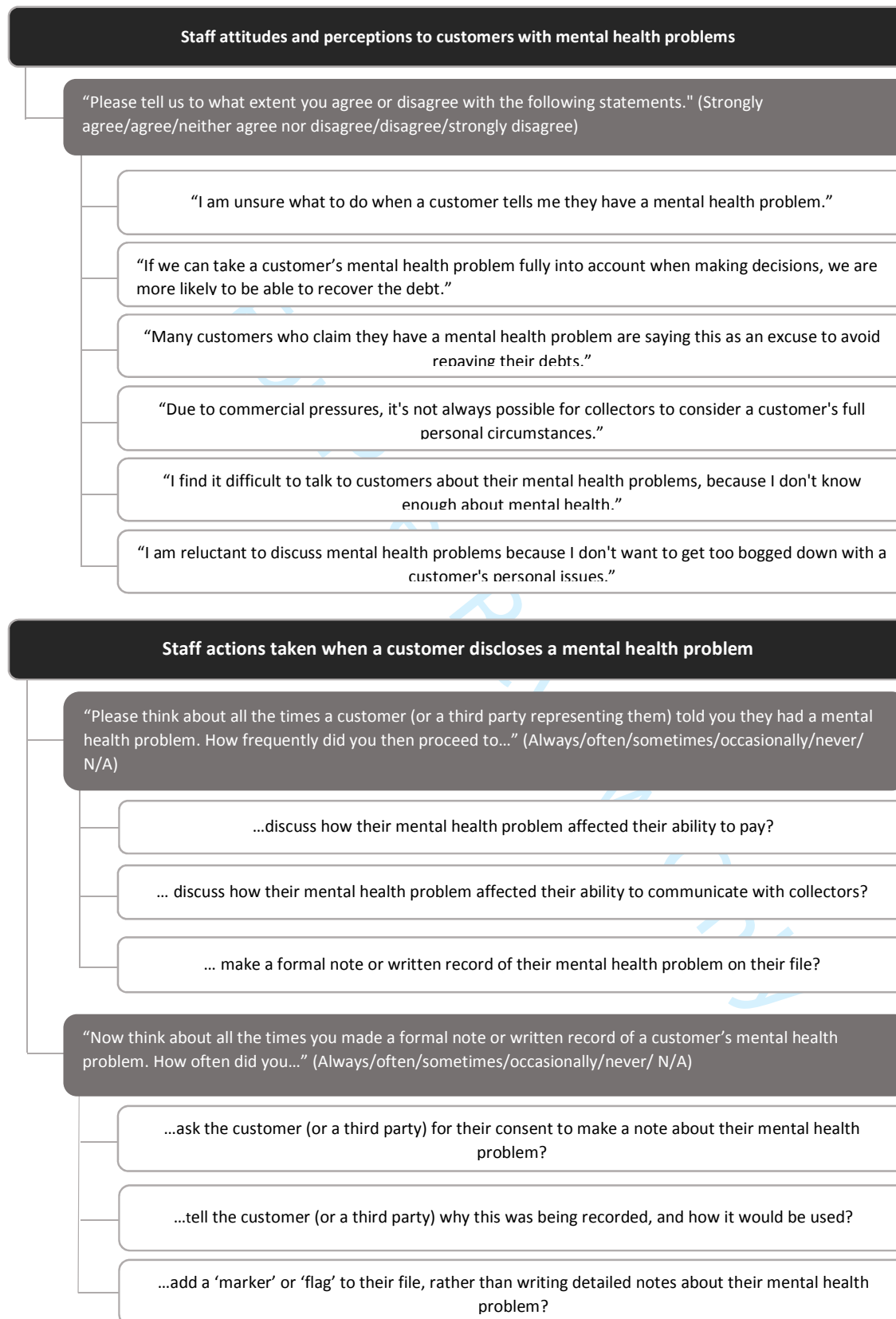
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Figure 1. Outcome measures used in the analyses





**Table 1 Changes in debt collection staff attitudes between 2010 and 2016 (entire dataset).**

	N	% who agree	Unadjusted OR	95% CI	P Values	Adjusted OR*	95% CI	P Values
<b>Unsure what to do</b>								
2016	1572	7%	1.00	-	-	1.00	-	-
2010	1265	26%	4.40	3.50 - 5.53	<0.001	3.83	2.97 - 4.93	<0.001
<b>Take into account</b>								
2016	1571	49%	1.00	-	-	1.00	-	-
2010	1261	59%	1.53	1.32 - 1.78	<0.001	1.61	1.36 - 1.91	<0.001
<b>Mental health used as an excuse</b>								
2016	1569	8%	1.00	-	-	1.00	-	-
2010	1263	18%	2.61	2.07 - 3.29	<0.001	2.14	1.65 - 2.77	<0.001
<b>Commercial pressures</b>								
2016	1565	16%	1.00	-	-	1.00	-	-
2010	1262	40%	3.60	3.02 - 4.30	<0.001	3.41	2.79 - 4.17	<0.001
<b>Don't know enough</b>								
2016	1495	19%	1.00	-	-	1.00	-	-
2010	1126	42%	3.01	2.52 - 3.58	<0.001	2.60	2.13 - 3.17	<0.001
<b>Reluctant to discuss</b>								
2016	1494	6%	1.00	-	-	1.00	-	-
2010	1123	19%	4.03	3.08 - 5.27	<0.001	3.19	2.37 - 4.31	<0.001

\*Adjusted for career length, whether any specialist staff and industry.

**Table 2 Changes in debt collection staff attitudes between 2010 and 2016 (sub-sample of dataset).**

	N	% who agree	Unadjusted OR	95% CI	P Values	Adjusted OR*	95% CI	P Values
<b>Unsure what to do</b>								
2016	629	8%	1.00	-	-	1.00	-	-
2010	527	26%	4.25	2.99 - 6.05	<0.001	3.66	2.43 - 5.50	<0.001
<b>Take into account</b>								
2016	628	48%	1.00	-	-	1.00	-	-
2010	530	64%	1.88	1.48 - 2.38	<0.001	1.94	1.47 - 2.56	<0.001
<b>Mental health used as an excuse</b>								
2016	628	7%	1.00	-	-	1.00	-	-
2010	526	13%	2.20	1.47 - 3.29	<0.001	1.93	1.21 - 3.09	0.006
<b>Commercial pressures</b>								
2016	625	16%	1.00	-	-	1.00	-	-
2010	526	46%	4.58	3.48 - 6.04	<0.001	3.79	2.74 - 5.24	<0.001
<b>Don't know enough</b>								
2016	617	23%	1.00	-	-	1.00	-	-
2010	453	39%	2.16	1.66 - 2.83	<0.001	1.60	1.16 - 2.21	0.004
<b>Reluctant to discuss</b>								
2016	619	6%	1.00	-	-	1.00	-	-
2010	450	19%	3.72	2.47 - 5.58	<0.001	2.44	1.49 - 4.00	<0.001

\*Adjusted for career length, whether any specialist staff and industry.

**Table 3 Changes in frequency with which staff take different actions when told about a customer's mental health problem between 2010 and 2016 (entire dataset).**

	N	% always / often	Unadjusted OR	95% CI	P Values	Adjusted OR*	95% CI	P Values
<b>Discuss ability to pay</b>								
2016	1498	86%	1.00	-	-	1.00	-	-
2010	1067	38%	0.09	0.07 - 0.11	<0.001	0.10	0.08 - 0.12	<0.001
<b>Discuss communication</b>								
2016	1495	75%	1.00	-	-	1.00	-	-
2010	1065	28%	0.12	0.10 - 0.14	<0.001	0.12	0.10 - 0.15	<0.001
<b>Make a note about MHP</b>								
2016	1546	83%	1.00	-	-	1.00	-	-
2010	1166	78%	0.77	0.63 - 0.94	<0.001	0.73	0.58 - 0.92	<0.001
<b>Ask for consent to record data</b>								
2016	1506	95%	1.00	-	-	1.00	-	-
2010	1034	31%	0.02	0.02 - 0.03	<0.001	0.02	0.02 - 0.03	<0.001
<b>Tell customer why info recorded</b>								
2016	1482	88%	1.00	-	-	1.00	-	-
2010	1006	37%	0.08	0.07 - 0.10	<0.001	0.08	0.06 - 0.10	<0.001
<b>Mark file with 'flag'</b>								
2016	1255	46%	1.00	-	-	1.00	-	-
2010	870	12%	0.17	0.13 - 0.21	<0.001	0.13	0.10 - 0.17	<0.001

\*Adjusted for career length, whether any specialist staff and industry.

**Table 4 Changes in frequency with which staff take different actions when told about a customer's mental health problem between 2010 and 2016 (sub-sample of dataset).**

	N	% always / often	Unadjusted OR	95% CI	P Values	Adjusted OR*	95% CI	P Values
<b>Discuss ability to pay</b>								
2016	619	90%	1.00	-	-	1.00	-	-
2010	433	41%	0.07	0.05 - 0.10	<0.001	0.10	0.07 - 0.15	<0.001
<b>Discuss communication</b>								
2016	618	78%	1.00	-	-	1.00	-	-
2010	432	31%	0.13	0.10 - 0.17	<0.001	0.14	0.10 - 0.20	<0.001
<b>Make a note about MHP</b>								
2016	609	86%	1.00	-	-	1.00	-	-
2010	492	76%	0.49	0.36 - 0.68	<0.001	0.47	0.33 - 0.68	<0.001
<b>Ask for consent to record data</b>								
2016	613	96%	1.00	-	-	1.00	-	-
2010	444	34%	0.02	0.01 - 0.03	<0.001	0.02	0.01 - 0.03	<0.001
<b>Tell customer why info recorded</b>								
2016	602	85%	1.00	-	-	1.00	-	-
2010	432	39%	0.11	0.08 - 0.15	<0.001	0.12	0.08 - 0.17	<0.001
<b>Mark file with 'flag'</b>								
2016	510	36%	1.00	-	-	1.00	-	-
2010	352	12%	0.24	0.16 - 0.34	<0.001	0.24	0.15 - 0.38	<0.001

\*Adjusted for career length, whether any specialist staff and industry.