Debt and Mental Health Evidence Form (Version 3)

Only a health or social-care professional should fill in this form

This form has been given to you because the person named opposite:

• is in debt to one or more creditors; and
• has said they have a mental health problem that affects their ability to repay.

You have been identified by this person as:

• a health or social-care professional who knows them; and
• a professional who could provide medical evidence about their mental health situation.

They have given their written permission for you to fill in this form (this is enclosed).

Your evidence could really help the person’s health and well-being

• It will help creditors to take relevant mental health problems into account.
• This could improve the person’s financial situation and mental health.

Can you help this person? It will take just three steps.

First step: Please fill in this form.

Second step: Please sign and stamp the form.

Third step: Please return this form in the envelope provided.

Please also enclose the patient Consent Form (you may want to photocopy this for your files).

About the person:

Q1: What is your relationship with the person named above? I am working with them as a:

☐ general practitioner  ☐ mental health nurse  ☐ social worker  ☐ psychiatrist  ☐ clinical psychologist

☐ occupational therapist  ☐ other (please give details)

☐ I do not know the person (if so, please return this form in the envelope provided.)

Q2: Does the person have a mental health problem?  ☐ Yes  ☐ No

○ If you answer 'No', please sign, stamp and return the form.

Q3: What is this mental health problem? If it has a name or diagnosis, what is it?
You might want to consider:
- condition-specific difficulties;
- concentration, motivation or memory difficulties;
- time spent away from home (e.g. inpatient admission); and
- receiving help from another person (for example, under a power of attorney).

Q4: Does the person have a mental health problem that affects their ability to manage their money?  
☐ Yes  ☐ No
If yes, can you explain ‘how’ it affects their ability? This can improve any help the person is given.

Q5: If the person is receiving treatment or support for this mental health problem, does this treatment or support affect their ability to manage their money?  ☐ Yes  ☐ No
If yes, can you explain ‘how’ it affects their ability? This can improve any help the person is given.

Q6: When communicating with the person, are there any special circumstances that a creditor needs to take into account?  ☐ Yes  ☐ No
If yes, can you explain ‘how’ it affects their ability? This can improve any help the person is given.

Q7: What was the approximate date when:
   (a) this mental health problem first started __________________________
   (b) the first treatment was given __________________________
   (c) the most recent episode of this mental health problem took place __________________________
   (d) Is this episode currently ongoing?  ☐ Yes  ☐ No

Q8: Is there anything else we should know about the person?

Please sign and stamp the form. Please return it in the envelope provided.