

# Debt and Mental Health Evidence Form

(advice version 2)



Agency ref:

Date:

## Contact details: health or social care professional

To:



Fax:

Email:

## A We are an advice agency. Our details are:

Agency name:

Adviser's name:



Fax:

Email:

## B We are working for the person below. They have asked for your help.

Person's name

Date of birth

(see consent form for full personal details)

### Why do they need help?

First, they are in debt to one or more creditors. Second, they have told us that they have a mental health problem that affects their ability to manage or repay this debt.

### Why your help?

The person has identified you as a health or social care professional who knows them, and can comment on their mental health.

### What information is needed?

The person has given their written consent (see enclosed form) to ask you eight short questions.

### How will this information help?

As an advice agency, we will use this information to help negotiate with creditors on the person's behalf.

## C How to help

### First

Please complete the Debt and Mental Health Evidence Form

Tick the boxes

Tell us your reasons

### Second

Please tell us if any information should NOT be shown to the named person.

### Fourth

Please sign and return the photocopy in the envelope marked 'client'.

### Third

If the person CAN see the information, please photocopy the form.

### Fifth

Please sign and return the original in the envelope marked 'adviser'.

## More about this form

- **The person named on this form has told us:**
  - they owe money to one or more creditor organisations
  - they have a mental health problem
  - this mental health problem is affecting their ability to deal with their debts.
- **The named person has given their written consent for us to collect appropriate information about their mental health problem:**
  - from a nominated health or social care professional who knows them
  - to use and share this information with the organisations they owe money to
  - in order to negotiate with these organisations, and reach an acceptable solution.
- **The Debt and Mental Health Evidence Form:**
  - contains eight brief questions
  - these questions provide basic information which will allow us as an advice agency to corroborate and understand the named person's reported situation
  - in accordance with Data Protection Act, the information will be kept for as long as it is believed to be up-to-date, accurate, and relevant. It will be stored securely.

## Statement by the Information Commissioner's Office

The Information Commissioner's Office (ICO) is responsible for regulating and enforcing access to and use of personal information in the UK.

"It is important that creditor organisations and money/debt advisers have up-to-date, relevant and accurate information about consumers who have mental health problems."

"It is equally important that users of such information remain aware of the sensitivity of the data they are collecting, keep it secure, and use it only for the stated purpose."

"The DMHEF is a tool that enables the collection of this information, and it is clear that careful thought has gone into its design.

We welcome the opportunity to have reviewed the form and accompanying guidelines, and we are sure that the form can be used in a manner consistent with the principles of good data handling as set out in the Data Protection Act 1998."

## Other useful resources

[www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

The Royal College of Psychiatrists website for tools and guidelines.

[www.moneyadvicetrust.org/section.asp?sid=12](http://www.moneyadvicetrust.org/section.asp?sid=12)

Key resources on debt and mental health from the Money Advice Trust.

[www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)

Free specialist advice and guidance.

[www.mind.org.uk/money](http://www.mind.org.uk/money)

Resources for people with experience of mental distress and debt.

### Copyright statement

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**QUESTION 4**

If the person is receiving treatment or support for this mental health problem, is there any aspect of this that affects their ability to manage money?

Yes  No

Please explain how that treatment or support affects their ability to deal with money.

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**Notes:**

Please provide examples (e.g. medication side-effects mean the person may have memory or concentration difficulties; or the individual is often away from home whilst being cared for as a hospital in-patient, which makes it difficult to manage finances).

**QUESTION 5**

Are there any other relevant impacts/effects that the person may experience in their everyday life due to their mental health problem?

Yes  No

What other relevant effects are there?

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**Notes:**

Please provide examples in non-clinical language (e.g. cannot leave their home; has difficulty in understanding information/making decisions).

**QUESTION 6**

Does the person have any difficulties with communication due to their mental health problem?

Yes  No

What difficulties do they have?

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**Notes:**

For example, do they have difficulties in being contacted by telephone, letter, or in person? Which is the best method?

**QUESTION 7**

Can the information provided in this form be shared with the person it is about?

Yes  No

**Notes:**

The person named on this form may wish to see the information that has been collected about them. However, if seeing this information could (a) result in serious physical or mental harm to the named person or (b) to others, then please tick the 'No' box opposite.

# About you

## QUESTION 8 - Your contact details

Tick here if your details on the front page of this form are already correct. If any details aren't correct, please provide any corrections below.

Your name:

Your address:

Your telephone number:  Your mobile number:

Your email address:

### Your relationship with the person named on this form:

Social Worker       Clinical Psychologist       General Practitioner

Mental Health Nurse       Psychiatrist       Occupational Therapist

Other (please specify) \_\_\_\_\_

Tick here if you are also the Care Coordinator

# Finally

## Please sign, date and stamp this form

We greatly appreciate your assistance in completing this form.  
This will help inform our decision about the best course of action to take.

Signature:

Date:

Service/organisation stamp

# Not for completion by the professional

## Optional statement by the named person only

This section allows the person named on this form to provide an optional short written statement.

This statement can be about what the health or social care professional wrote about that person, or it can be used to provide additional information.

If you wish to make a statement, then:

- you have 21 days to write, sign and return the statement
- the 21 day period starts from the date on which the health or social care professional signed page 5 of this form
- you should carefully read what has been written in the Debt and Mental Health Evidence Form
- you can write your statement in the box below

Name of person:

Signature of person:

Date:

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**Please sign and then return to the advice agency. The return address is provided in 'Box A' on Page 1.**