

Debt and Mental Health Evidence Form (Version 4)

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 or communicate with their creditor.

You have been identified by this person as:

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

They have given their consent for you to fill in this form (enclosed)

Your evidence could really help the person's health and wellbeing.

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

Person's full name

Date of birth

Address

Advice / creditor organisation

Organisation:

Reference number:

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

Step one:

Please complete the form.
THE INFORMATION THAT YOU
INCLUDE WILL BE SHARED WITH
THE PERSON NAMED ABOVE.

Step two:

Please sign, date and stamp
the form.

Step three:

Please return this in the envelope
provided. If there is no envelope,
return the form to the person
named above.

Q: Does the person have a mental health problem(s)?

☐ Yes ☐ No

IF NO: Please sign, date, stamp, and return the form.

IF YES: Please write the name of the mental health problem(s) below (in block capitals).
Then date, sign, stamp, and return the form.

Optional: If you wish to provide further information about the person's situation, please do so overleaf.

Signature:

Print name:

Relationship to the person named above (please tick box):

- ☐ Social worker ☐ Mental health nurse ☐ General Practitioner
☐ Psychiatrist ☐ Psychologist ☐ Occupational therapist
☐ Mental health therapist ☐ Other (please give details below)

Date:

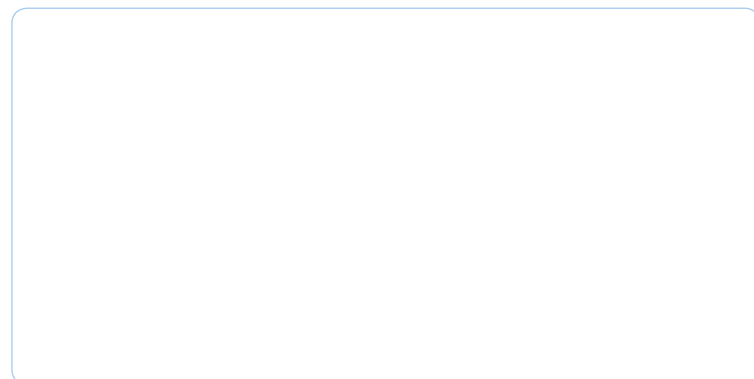
Organisation or service stamp

SUPPLEMENTARY INFORMATION (OPTIONAL)

If you can, please provide further information about the person's situation.

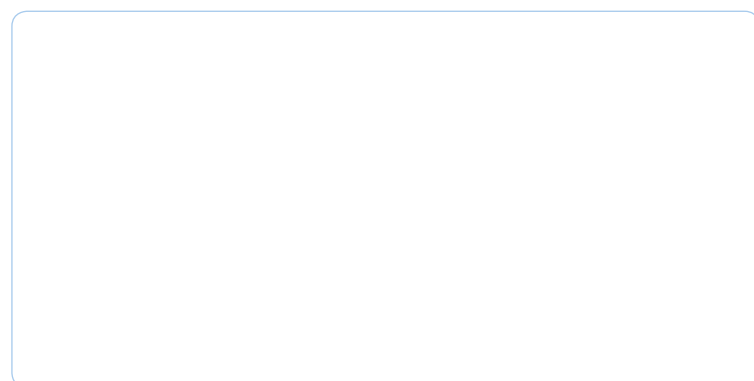
Along with other information, this will help inform the creditor's decision about what action to take.

How does the mental health problem(s) affect their ability to manage money?



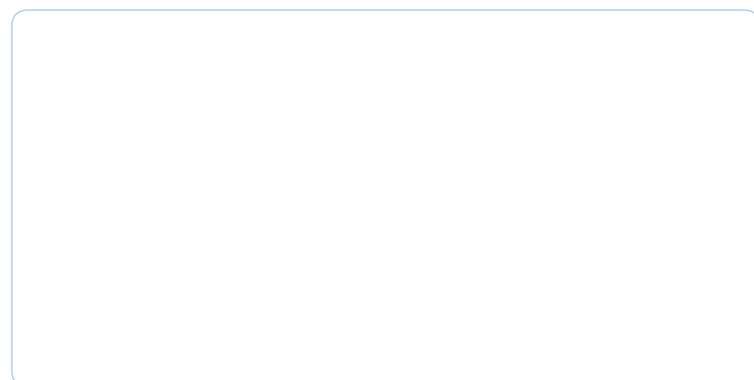
For example: condition specific difficulties; concentration, motivation, memory difficulties; time spent away from home (e.g. inpatient admission); or receiving help from another person to manage their money.

How is the person's ability to communicate affected by their mental health problem(s)?



For example: difficulties with communicating, understanding, or types of communication that the person avoids/ prefers (telephone, text messages, email, letter, or in person).

Is there anything else you can tell us that would help the person (severity/duration; relevant treatment; whether in crisis)?



For example: condition severity or duration, any relevant treatment being received, or whether the person is in a situation of mental health crisis.

Note to creditors: this information is specific to the person named on this form. It should take priority over general information about mental health problems, or generic guidance on using information from the DMHEF.

This version of the Debt and Mental Health Evidence Form was agreed by the British Medical Association, Department of Health and Social Care, Money Advice Trust, Money and Mental Health Policy Institute, Money Advice Liason Group, Royal College of Psychiatrists and UK Finance. For more information, please visit: www.moneyadvicetrust.org/dmhef