

# Instructions for using the Debt and Mental Health Evidence Form (DMHEF)

This fact sheet covers **England & Wales**. You will need different advice if you live in [Scotland](#).

## What is in the pack?

In a recent conversation with one of our advisers you told us that your mental health is seriously affecting your ability to manage your money and debts. As agreed, we have sent you:

- a blank Debt and Mental Health Evidence Form (DMHEF);
- a blank Consent Form; and
- a sample letter to use with your creditors.

The DMHEF is a standard form that you can use to ask a health and social-care professional for evidence of your circumstances. It has been designed to make it easier for you to collect this information and to share it with your creditors. The information included in the form can help creditors to decide what reasonable adjustments should be made when dealing with your case.

We have written the name of our organisation and your client reference number on the DMHEF. This is to show your creditors that you have received debt advice, as it may help with your negotiations. We will not share any of your information with your creditors.

## Fees and charges

General practitioners (GPs) in England can no longer ask you to pay them to complete the DMHEF. Also, other health and social-care professionals will not usually charge you to complete this form.

If you are being asked for payment, contact us for advice.

## How to use the DMHEF

### Step 1

If you decide to use the DMHEF, you will need to send the blank form to your chosen health or social-care professional together with:

- a completed Consent Form; and
- a stamped addressed envelope (for them to return the form to you).

You will need to decide which health or social-care professional to send the form to. It should be someone that knows you in a professional way, such as your general practitioner (GP), psychologist, nurse or social worker.

If you haven't had any contact with a health or social-care professional for a long time, then you may need to contact them again or make an appointment with your GP. You can ask your creditors to give you time to do this. Contact us for advice.

If there is any particular action that you want your creditors to consider, such as agreeing to accept nil payments for a set period, you could also ask your health or social-care professional to support this in the 'Supplementary Information' section of the DMHEF. A suggestion from a qualified third party may help to support your request.

The health or social-care professional will need your permission to fill in the form, so it is important that you remember to sign and send the Consent Form with the DMHEF.

### Step 2

The health or social-care professional should complete, sign, date and stamp the DMHEF. It should be returned to you using the stamped address envelope, together with your Consent form.

## Step 3

Read through the returned DMHEF and check that the information is complete and accurate. You can also decide at this point whether you want to share the information with your creditors.

If you do want to share the information, you will need to photocopy the DMHEF and Consent Form so that each creditor has a copy.

## Step 4

Send a copy of the completed DMHEF and Consent Form to each of your creditors.

We have provided a sample letter that you can use. The sample letter asks the creditor to take into account the information included in the DMHEF when they decide how to collect on your debts.

## Step 5

Once the creditor has received the completed DMHEF and Consent Form they should use the information provided to decide what to do next. The creditor should contact you to tell you their plans or to enter into a discussion with you.

If you want to discuss the process further, contact us for advice.

# 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](http://www.moneyadvicetrust.org/dmhef)

# Consent form

## (Adviser: assisted self-help)

To use with the Debt and Mental Health Evidence Form (Version 4)

### Why have I been given this form?

#### We have given you this form because you:

- told us that you have a mental health problem; and
- said this mental health problem makes it difficult to repay your debt.

#### We have suggested that:

- evidence is collected about your mental health situation; and
- this is collected from a health or social-care professional who knows you (you can choose the professional).

#### The evidence will be used:

- by the company that you owe money to;
- to help them decide what to do about your debt.

### What should I do with this form?

You should:

- 1 read this form** – it contains important information;
- 2 sign this form** – if you agree that evidence can be collected; and
- 3 follow the instructions** on what to do next.

If someone else looks after your money matters, they can sign this form for you.  
(They will need to prove they are legally allowed to sign for you.)

### Read me: important information

1

#### What evidence will be collected about me?

- Once you choose a health or social-care professional, they will be asked:
  - if you have a mental health problem that affects your ability to manage your money; and
  - whether they wish to provide any further information about your mental health situation.

#### Who will collect this evidence?

- You will need to collect the evidence (unless a debt adviser has told you not to because they are going to do this for you).

#### How long will my evidence be kept for?

- The Data Protection Act (2018) says it can be kept for as long as it is:
  - an accurate description of your situation;
  - relevant for the type of decisions that need to be made; and
  - up to date.
- If your information isn't accurate, relevant, or up to date, it should be destroyed.

## Sign below if you agree that evidence can be collected

# 2

### A Are you the person with mental health problems?

If yes, please write your contact details below.

#### BOX A

Name:

Address:

Phone:

### B Are you filling in this form for someone else?

If yes, please write their details in Box A and your details in Box B below.

#### BOX B

Name:

Address:

Phone:

Please attach to this form a photocopy of your authority to act on this person's behalf.

### C Please sign this form. Only sign this form if you agree that evidence can be collected.

I agree that a health or social-care professional can fill in the Debt and Mental Health Evidence Form about the mental health of the person named in Box A (above).

**Signature:**

**Print name:**

**Date:**

## Follow the instructions below

# 3

### Decide which health or social-care professional to ask for evidence.

This is your choice. You can ask a social worker, nurse, general practitioner (GP), psychiatrist, psychologist, occupational therapist, mental health therapist, or another qualified professional.

### Then follow these steps:

Please give your health or social-care professional:

- a signed copy of this Consent Form;
- a Debt and Mental Health Evidence Form (blank, not filled in); and
- an envelope with your name, address and stamp on it.

### What happens next?

The health or social-care professional will decide if they can fill in the Debt and Mental Health Evidence Form. They will send the filled in form back to you.

### Then what?

You should send a photocopy of the filled in Debt and Mental Health Evidence Form to all the companies that you owe money to. They need to know about your situation.



**NATIONAL  
DEBTLINE**

This letter is relevant in England & Wales.



## Send the Debt and Mental Health Evidence Form (DMHEF) to your creditors (sole name)

Send the Debt and Mental Health Evidence Form (DMHEF) to your creditors

*[your address line 1]\**

*[your address line 2]*

*[your address line 3]*

*[your postcode]\**

18th December 2020

*[name of the organisation you are writing to]\**

*[their address line 1]\**

*[their address line 2]*

*[their address line 3]*

*[their postcode]\**

Dear Sir/Madam

**Account No:** *[your account or reference number]\**

I enclose a copy of my completed Debt and Mental Health Evidence Form (DMHEF) and consent form.

As you will see from the DMHEF, my mental health condition is seriously affecting my ability to manage my money and debts. Please consider my circumstances and use your discretion when collecting on any debt that I owe.

I would like you to

*[include a paragraph outlining any special circumstances that you would like the creditor to consider, such as how to contact you. you can also refer to any guidelines that the creditor should follow]\**

I look forward to hearing from you.

Yours faithfully

*[include your full name]\**