

**DEBT AND MENTAL HEALTH EVIDENCE FORM**  
**(VERSION FOUR)**

**CREDITOR USER GUIDE**

**1<sup>st</sup> October, 2019**

# DEBT AND MENTAL HEALTH EVIDENCE FORM (VERSION FOUR) CREDITOR USER GUIDE

## What is the DMHEF?

- The DMHEF is a form that health and social care professionals complete.
- It can be used when an indebted person needs evidence to confirm that they have a mental health condition.
- The health and social care professional can use the DMHEF to:
  - confirm whether a person has a mental health condition
  - give the name of this condition
  - and - if they choose to - provide further information (e.g. how the mental health condition might affect the person's ability to manage their money).
- The indebted person chooses the health or social care professional – ideally, this will be a professional who already knows the person and their situation.
- The completed DMHEF is used by the organisation that requested it (to decide what action to take next). This organisation could be a firm that a person owes money to. Or it could be a debt adviser helping the person with their finances.

## The consent form

- Health or social care professionals will not complete the DMHEF without the explicit consent of the indebted person whose information is about to be shared.
- The DMHEF consent form should therefore be completed by the indebted person. The consent form and DMHEF can be given to the professional at the same time.

## What the DMHEF isn't for

- The DMHEF *is not* the only type of evidence that organisations should accept – there are other evidence types that should be considered first (page 5).
- The DMHEF *is never* automatically used for every individual who discloses a mental health condition – instead it is selectively and carefully used.

## How should I use the DMHEF?

- A guide to using the DMHEF is provided on page 4.
- The full set of DMHEF resources can be found at:

[www.moneyadvicetrust.org/DMHEF](http://www.moneyadvicetrust.org/DMHEF)

## **This is a new version of the DMHEF – what is different?**

- This is the fourth version of the DMHEF. It replaces all previous versions.
- This version of the DMHEF is simpler and shorter for health and social care professionals to complete than previous versions.
- A range of health and social care professionals are eligible to complete the DMHEF – ranging from social workers to mental health therapists.
- The front side of the DMHEF now simply asks for the professional to confirm if the customer has a mental health problem, and to give the name of this problem.
- The reverse side of the DMHEF provides a short space for the professional to provide further information about the customer – including, for example, how the mental health condition might affect the person’s ability to manage their money.
- For those familiar with version three of the DMHEF, we provide a more detailed explanation of the changes to the form (and rationale for these) on pages 9-10.

## **Professionals who request payment**

- One reason for creating version four of the DMHEF was to end the practice of some General Practitioners (GPs) in England requesting such a payment.
- **If the GP is working in England** and they agree to complete the DMHEF, then they must do so without charge. This is part of their contract with NHS England, and is required under the following regulatory document: National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2019.
- **If the GP is working in Northern Ireland, Scotland or Wales**, they can ask for payment to complete the DMHEF. This situation may, however, change in the future.
- However, please remember that most health and social care professionals will not request payment to complete the DMHEF.

## **Who created this version of the DMHEF?**

- This version was created by the Money Advice Trust and Money and Mental Health Policy Institute in partnership with the British Medical Association, Credit Services Association, Department of Health and Social Care, Money Advice Liaison Group, Royal College of Psychiatrists, and UK Finance. Prior to this, the DMHEF was overseen by the Money Advice Liaison Group. More information on the DMHEF (including its development) can be found at: [www.moneyadvicetrust.org/DMHEF](http://www.moneyadvicetrust.org/DMHEF).

## USING THE DMHEF: A TEN STEP-GUIDE

- There are ten steps that need to be followed when completing the DMHEF (see below). In this section of the guide, we describe each of these steps in detail.

CREDITOR: WHETHER TO COLLECT EVIDENCE	<p><b>Step 1. A mental health problem is disclosed</b></p> <p><b>Step 2. The creditor finds out more about this</b></p> <p><b>Step 3. The creditor asks themselves...</b></p> <ul style="list-style-type: none"> <li>a) whether further evidence is <i>actually needed</i>?</li> <li>b) what <i>alternatives</i> to the DMHEF could be accepted?</li> <li>c) whether the customer <i>is able</i> to collect this evidence?</li> </ul>
CREDITOR: EXPLAIN TO CUSTOMER WHAT TO DO	<p><b>Step 4. The creditor explains how the evidence will be used... and the creditor gets customer explicit consent to do this</b></p> <p><b>Step 5. The creditor sends the customer the standard DMHEF pack</b></p> <ul style="list-style-type: none"> <li>▪ blank DMHEF</li> <li>▪ blank Consent Form</li> <li>▪ stamped addressed envelope (with creditor's address on it)</li> <li>▪ a covering letter pack</li> </ul>
CUSTOMER: APPROACHES PROF.	<p><b>Step 6. The customer receives the DMHEF pack...and signs the Consent Form</b></p> <p><b>Step 7. The customer approaches a health or social care professional</b></p>
PROFESSIONAL	<p><b>Step 8. The professional completes and returns the DMHEF</b></p>
CREDITOR: DECIDES ACTION	<p><b>Step 9. The creditor receives the completed DMHEF materials</b></p> <p><b>Step 10. The creditor decides what action they will take, as well as</b></p> <ul style="list-style-type: none"> <li>▪ sending the customer a photocopy of the completed DMHEF and signed Consent Form for their records</li> <li>▪ discussing the action they are now going to take with the Customer</li> </ul>

## CREDITOR: WHETHER TO COLLECT EVIDENCE

### **Step 1. A mental health problem is disclosed**

The customer tells the creditor that they have a mental health problem that is affecting their ability to manage their money.

### **Step 2. The creditor finds out more about this**

*Before deciding to use the DMHEF*, the creditor will always talk to the customer about their situation, with the aim of developing a good understanding of this.

The creditor will ask questions such as how the mental health problem affects their ability to manage money; how the mental health problem affects their ability to communicate with their creditors; and whether anyone helps the customer manage their finances (such as a family member).

This conversation can provide the creditor with all the information that is needed – meaning that the collection of further evidence is not required at all, or that evidence is needed but it might be collected using an *alternative* to the DMHEF (see below).

### **Step 3. The creditor asks themselves...**

#### **a) ...whether further evidence is *actually needed*?**

The creditor should have now spoken with the customer to establish how their ability to manage money has been impacted by the reported mental health problem.

*If* unanswered questions, concerns or doubts remain, or the individual's situation is complex and needs further exploration, only then should the creditor consider the collection of further evidence to assist with this.

#### **b) ...what *alternatives* to using the DMHEF could be accepted?**

If further evidence is needed, the creditor should begin by considering alternatives to issuing a blank DMHEF. Where available, these can save time for everyone.

Firstly, the creditor should check whether the customer has already recently completed a DMHEF for another organisation – if so, this might be used instead.

Secondly, if this is not the case, the creditor should consider whether an alternative to the DMHEF would work equally as well. This could include copies of prescriptions, patient letters, or other materials that confirm the customer's mental health situation (and following this, help with a further customer conversation).

The rationale for considering alternatives is purely practical. Customers may have equally valid forms of evidence to hand (which they might be able to share more easily than having to physically get a DMHEF completed). On another level, using alternative forms of evidence to the DMHEF could reduce demand on the time of already busy health and social care professionals.

### c) whether the customer *is able to collect evidence using the DMHEF?*

If the creditor feels they have no option but to use the DMHEF, they should take the time to establish whether the customer will be able to collect this evidence from a health or social care professional (and if so, how long they will need).

This is because a customer's mental health problem might make it unreasonably difficult for them to physically engage with professionals to complete a DMHEF.

Where this is identified as an issue, more time or flexibility needs to be given to the customer. Or the customer may need to obtain third-party assistance.

Consequently, if it is felt that the customer is:

- **able** to collect this evidence (with/without more time being given), creditors should continue to follow steps 4-10
- **unable** to collect this evidence, then the customer should be advised to get help from an independent debt adviser or third-party who will do this for them (the customer should be given additional time and forbearance to arrange this). Until this is achieved, the process is stopped at this step.

## CREDITOR: EXPLAIN TO CUSTOMER WHAT TO DO

### **Step 4. The creditor explains how the evidence will be used...**

The creditor will need to explain to the customer how the evidence collected from the health and social care professional will be used (the exercise of obtaining explicit consent)

This includes an explanation of why the creditor wishes to collect this data, what the data will be used for, who the evidence might be shared with (e.g. the creditor's agent), how it will be stored, and how long it will be stored for.

Without this explanation, the customer cannot know what they are consenting to, and consent therefore cannot be properly obtained.

### **...and the creditor gets explicit consent to collect the evidence**

The creditor will also need to ask the customer if they understand this explanation, and allow them to ask questions if necessary to clarify any points.

Only after doing this, should the creditor ask the customer for their explicit consent to process their information in this way.

There may be additional steps or actions that your organisation requires you to take to record this explicit consent. However, you should always ask the customer to read, complete and sign the Consent Form that accompanies the DMHEF.

## **Step 5. The creditor sends the customer the standard DMHEF pack**

The creditor will need to send the customer the following:

- instructions on what they need to do (an example is provided in Appendix 1)
- a blank DMHEF version 4
- a blank Consent Form (creditor version)
- a *pre-paid* envelope with the creditor's address on it (so the completed DMHEF can be returned to the creditor without any cost to either the customer or health and social care professional).

Where these materials are sent to a customer via email/electronically, then an equivalent arrangement will need to be made to ensure the materials can be returned.

The creditor should write the customer's details, the name of the creditor organisation, and (if appropriate) any reference number on the DMHEF in the boxes provided.

### **CUSTOMER: APPROACH PROFESSIONAL**

## **Step 6. The customer receives the materials/signs the Consent Form**

The customer will receive the materials from the creditor.

By reading and signing the Consent Form the customer is giving their explicit consent for the health or social care professional to complete the DMHEF.

Unless the Consent Form is completed and signed, the health or social care professional will not complete the DMHEF.

It is important for creditors to remember that the Consent Form can also be completed and signed by a third party authorised to act on their behalf.

The creditor should be aware that before signing the Consent Form, the customer may want to ask the creditor further questions about the DMHEF, including what will happen to their information, or with whom it might be shared.

## **Step 7. The customer approaches a health or social care professional**

The customer will need to approach a health or social care professional.

This should be someone who knows the customer in a professional capacity such as a social worker, nurse, general practitioner, psychiatrist, psychologist, occupational therapist, mental health therapist, or another role.

The customer should give the professional the blank DMHEF, the completed and signed Consent Form, and the pre-paid envelope with the creditors address on it.

### **PROFESSIONAL: COMPLETION AND RETURN OF THE DMHEF**

## **Step 8. The professional completes and returns the DMHEF**

The health and social care professional completes, signs and stamps the DMHEF, and returns this to the creditor in the stamped addressed envelope (along with the original Consent Form signed by the customer).

### **CREDITOR: DECIDE ON THE ACTION TO TAKE**

## **Step 9. The creditor receives the completed DMHEF materials**

On its receipt, the creditor should read and check the DMHEF to confirm it has been satisfactorily completed.

The creditor should then take into account the information in the DMHEF to help it make a decision on what action to take next. For credible information on a range of mental health problems, please visit [www.moneyandmentalhealth.org/seeing-through-the-fog-blog/](http://www.moneyandmentalhealth.org/seeing-through-the-fog-blog/)

The creditor may also wish to store in its records the Consent Form signed by the customer.

## **Step 10. The creditor decides what action they will take, as well as**

### **a) sending the customer a copy of the completed DMHEF/Consent Form**

The creditor should send a photocopy of the completed DMHEF and the signed Consent Form to the customer as soon as possible, as they will want to see what has been written about their mental health problem.

When doing this, the creditor should always strongly recommend to the customer that they send a copy of the completed DMHEF and a copy of the signed Consent Form to any other creditors they may have.

### **b) discussing the action they are now going to take with the Customer**

The creditor should also discuss with the customer the action they intend to take.

## FREQUENTLY ASKED QUESTIONS

### **Q: What are the differences between Version 3 and 4 of the DMHEF?**

The major difference is there are fewer questions.

Version 3 of the DMHEF asked health and social care professionals to answer eight separate questions and provide 14 different pieces of information.

Version 4 of the DMHEF asks professionals to answer two questions and to provide three different pieces of information.

A comparison of Version 4 and Version 3 is provided in Box 1 (overleaf).

### **Q: Why was Version 4 of the DMHEF created?**

The main reason for creating version 4 of the DMHEF was to end the practice of some General Practitioners in England requesting payment to complete the form.

**If the GP is working in England** and they agree to complete the DMHEF, then they must do so without charge. This is part of their contract with NHS England, and is required under the following regulatory document: National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2019.

**If the GP is working in Northern Ireland, Scotland or Wales**, they can ask for payment to complete the DMHEF. This situation may, however, change in the future. However, please remember that most health and social care professionals will not request payment to complete the DMHEF.

### **Q: Does the new DMHEF ask how a person's money management is affected?**

As seen in Box 1 overleaf, professionals are asked to provide information on how a person's mental health problem might affect their ability to manage their money.

Our experience from the three previous versions of the DMHEF, is that some health and social care professionals choose not to answer this question (often on the basis that professionally they do not know the person well enough/have enough contact to answer), while other professionals are often able to provide detailed information.

When a health and social care professional is unable to provide this information, we would obviously recommend talking with the customer about this impact, but also consulting wider sources of information about the impact of mental health problems on a person's ability to manage money (including [www.moneyandmentalhealth.org](http://www.moneyandmentalhealth.org)).

If this does not suffice, then creditors may consider asking the customer to obtain evidence from a different health or social care professional (who can provide this information).

<b>Box 1 Comparison: Version 3 and Version 4 of the DMHEF</b>	
<b>Version 3 of the DMHEF</b>	<b>Version 4 of the DMHEF</b>
<p><b>Q1. What is your relationship with the person reporting the mental health problem?</b></p> <p><b>Q2. Does the person have a mental health problem?</b></p> <p><b>Q3. What is this mental health problem?</b> If it has a name or diagnosis, what is it?</p> <p><b>Q4. Does the person have a mental health problem that affects their ability to manage their money?</b></p> <p><b>Q5. If the person is receiving treatment or support for this mental health problem, does the treatment or support affect their ability to manage their money?</b></p> <p><b>Q6. When communicating with the person, are there any special circumstances that a creditor needs to take into account?</b></p> <p><b>Q7. What was the approximate date when</b> (a) this mental health problem first started, (b) the first treatment was given, (c) the most recent episode took place, and (d) is the episode on-going?</p> <p><b>Q8. Is there anything else we should know about the person?</b></p>	<p><b>Q1. Does the person have a mental health problem?</b> [Write the name of the mental health problem(s) below.]</p> <p><b>Q2. Relationship to the person named above (please tick box).</b></p> <p><b>Supplementary info. (optional):</b> If you are able to, please do provide further information about the person's situation. For example:</p> <ul style="list-style-type: none"> <li>- how the mental health problem affects their ability to manage money.</li> <li>- how the person's ability to communicate with their creditor might be affected.</li> <li>- any other information that may help the person (e.g. the severity or duration of the condition; any relevant treatment the person is receiving; or whether the person is in a situation of mental health crisis).</li> </ul>

**Q: What should happen if the customer refuses to give their *explicit consent*?**

If a customer is unwilling to give their *explicit consent* (including *explicit consent* to complete the Consent Form), then the process cannot continue.

The only exception may be if a third party is legally authorised to give consent on the behalf of a customer (for example, in cases where the customer lacks the mental capacity to make such a decision).

Health and social care professionals should not complete the DMHEF unless the consumer has given their explicit and written consent for this to happen.

**Q: Why doesn't the DMHEF contain a question asking the health or social care professional to estimate when an individual is likely to recover/return to work?**

We understand that information about when a customer is likely to recover from their mental health problem/return to work would be valuable to some creditors/ advisers.

However, estimates or 'prognoses' of such recovery/return to work are extremely difficult for health and social care professionals to provide:

1. Making a useful and accurate prognosis can be very difficult – consequently, health and social care professionals may be reluctant to make a statement about the likely progression of a person's mental health problem. This may particularly be the case if they do not know the patient (or their wider health or social circumstances) well.
2. Individuals often experience mental health problems in different ways – for example, even though clinical guidelines might indicate that depression usually lasts up to a certain number of months, with the chance of repeated episodes afterwards, there will be many people who do not have this experience.
3. the inter-relationship between mental and physical health can complicate reaching an accurate prognosis – this adds an additional factor to the consideration. It also could involve an examination of the patient (which would require time, resources, and possibly payment).
4. there will be other social and economic factors (often unknown to the health or social care professional) that will impact on a person's recovery from a mental health condition, and which are difficult to incorporate into a prognosis.

Overall, making an accurate and useful prognosis can be very challenging for health and social care professionals. Furthermore, there is the probability that such a prognosis could be inaccurate, which would not help the creditor recover the debt or the individual get on top of their financial and mental health situation.

Consequently, the DMHEF does not include a 'prognosis question'.

**Q: What about people with debt and mental health problems who are not in contact with a health or social care professional?**

The DMHEF relies on information being collected from a health or social care professional. However, not every customer may be in contact with such a professional.

In these situations, a creditor may wish to recommend that an individual either registers or re-establishes contact with a General Practitioner.

It is important to remember that although an individual does not have contact with a health or social care professional, they may still have a mental health problem.

If a customer needs urgent assistance, or is in crisis as a direct result of the current state of their mental health, they (or the person working with them) should contact the Samaritans (see page 14). If they, or anyone else, are in immediate danger of harm, the police emergency number (999) should be called.

If the need is less urgent, the individual concerned or the person working with them can still call the above organisations or call NHS Direct. Alternatively, the person can visit their General Practitioner.

Creditors or their agents should also consult and become familiar with their own internal policies on dealing with such emergencies.

**Q: It is possible that the customer could receive a request for the completion of the DMHEF from a number of creditors and at different times - how could this be avoided?**

Creditors should check with the customer concerned whether any evidence about their mental health problem has (a) already been recently collected or (b) is about to be collected for another creditor, a debt adviser, or a different organisation.

The creditor is also strongly recommended to advise their customer to send a copy of the completed DMHEF and the signed Consent Form to all their creditors. However, this may not happen in reality.

**Q: I am a creditor who has received a photocopy of the DMHEF from a customer, but no other documentation – what should I do?**

Customers may send photocopies of completed DMHEFs to their creditors. This is most likely to happen in situations where the customer has had a DMHEF completed at the request of another creditor, and the customer has then decided to send this to all their creditors.

Creditors are advised to review the submitted DMHEF, consider its contents, and to use this as the basis for a conversation with the customer about their situation.

In some situations, creditors who receive such a photocopied version of a completed DMHEF may not receive a photocopy of the signed customer Consent Form. It is vital to remember that this customer Consent Form only represents the consent that a customer gives to health or social care professional to complete the DMHEF - it therefore represents a 'nice to have' rather than a legal requirement, and does not remove the legal responsibility of the creditor to obtain the customer's explicit consent for their health information to be processed by the creditor (as described on P6-P10 of this document).

**Q: What happens if the customer, having sight of the completed DMHEF from their health or social care professional, wishes to make a personal comment or statement about the information given?**

The customer can write a personal comment/statement that they supply to their creditor.

There is no longer any actual space allowed for such comments on the DMHEF, but this should not discourage individuals to comment if they wish.

# USEFUL SOURCES OF INFORMATION

## Mental Health:

- **Mind** – for information and support on mental health  
<http://www.mind.org.uk/information-support/>
- **NHS Choices** – for a range of advice on issues relating to mental health  
<http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx>

## Suicide and self-harm:

- **Mind** – for guidance on supporting someone who feels suicidal please go to  
<http://www.mind.org.uk/information-support/types-of-mental-health-problems/suicide-supporting-someone-else>
- **Samaritans** – The Samaritans are there to talk to at any time, in your own way, and off the record. Call them free at any time on 116 123 or visit their website at <http://www.samaritans.org/how-we-can-help-you>
- **NHS Choices** – <http://www.nhs.uk/Conditions/Suicide/Pages/Getting-help.aspx>

## NHS Helplines:

- **England & Scotland** – NHS 111: is the non-urgent number for out of hours care and information <http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx>  
<http://www.nhs24.com/111/>
- **Wales** – NHS Direct: 0845 46 47 [www.nhsdirect.wales.nhs.uk/](http://www.nhsdirect.wales.nhs.uk/)
- **Northern Ireland** <http://www.hscni.net/>

## Debt advice:

- **National Debtline** – 0808 808 4000 <https://www.nationaldebtline.org/>
- **Business Debtline** – 0800 197 6026 <https://www.businessdebtline.org/>
- **Citizens Advice** – 03444 111 444 <https://www.citizensadvice.org.uk/>
- **StepChange** – 0800 138 1111 <https://www.stepchange.org/>
- **Christians Against Poverty** - 01274 760720 - <https://capuk.org/>

## APPENDIX 1: EXAMPLE COVER LETTER

Dear<sup>[1]</sup>

We understand that you are experiencing mental health problems that are affecting your ability to manage your money.

To help us take the best course of action, we would like you to obtain some further information about this.

### **Who should you collect this information from?**

The evidence should be provided by a health or social care professional *who knows you*.

This can be a social worker, nurse, general practitioner, psychiatrist, therapist, psychologist, occupational therapist, or any other health or social care professional.

### **How should you collect this information?**

- A. READ the enclosed Consent Form
- B. SIGN the Consent Form if you agree that evidence can be collected
- C. DECIDE which health or social care professional to ask for evidence
- D. GIVE your chosen professional a signed copy of the Consent Form, a blank Debt and Mental Health Evidence Form, and the envelope that came with this.

If someone helps you to manage your money (such as a family member or another person), they can assist you with collecting the information.

If you have any questions or difficulties about this letter, please contact us using the contact details above.

### **What will happen next?**

Once the health or social care professional completes the Debt and Mental Health Evidence Form, they will send this to us together with the signed Consent Form.

We will then use this information to make a decision about the best course of action to take about your debts. We will discuss this with you.

### **Your information**

We will accept receipt of the completed Debt & Mental Health Evidence Form from you as your consent to us holding your health information on our records.

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<sup>[1]</sup> We strongly recommend that the customer is named at this stage rather than the use of sir/madam. As we know, if the customer is named at the beginning of the letter it should close with 'yours sincerely', which we have allowed for. If sir/madam is used at the beginning, then 'yours faithfully' would be appropriate.

We would like to hold this personal information about you on our records as it will be very much for your own benefit. It will enable us to be immediately aware of your condition when contacting you and save you having to tell us about your health each time we make contact.

We may share the information with companies that we employ to collect debts on our behalf, or a debt purchase company that we might sell the debt to.

The information from the completed Debt and Mental Health Evidence Form will be deleted from our customer records once it is clear that the information is no longer relevant, or if it is likely to be out-of-date.

**Finally...we are here to help**

If you have any questions or difficulties about this letter, please do contact us using the contact details above.

We look forward to being of further assistance to you.

Yours sincerely

A named individual with position