



Money Advice Liaison Group

Working together to improve the lives of people in debt

## BRIEFING NOTE 3

November 2012

### THE DEBT AND MENTAL HEALTH EVIDENCE FORM (VERSION 3)

#### Introduction

This briefing note has been written to mark the November 28th 2012 launch of Version 3 of the Debt and Mental Health Evidence Form (DMHEF). It answers the following questions:

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| 1. what is the DMHEF V3?             | 5. how should the DMHEF V3 be used?         |
| 2. why has the DMHEF been developed? | 6. what evidence does the DMHEF V3 collect? |
| 3. who developed the DMHEF V3?       | 7. what are the DMHEF Consent Forms?        |
| 4. who can use the DMHEF V3?         | 8. what is <i>new</i> about the DMHEF V3?   |

#### 1. What is the DMHEF V3?

The Debt and Mental Health Evidence Form (DMHEF) is a standardised form that can help debt advisers or creditors to collect medical evidence when:

an individual reports a mental health problem  
to a creditor or debt adviser



**and** the individual says that the mental health problem has  
impacted on their ability to manage their money



a debt adviser or collector has spoken with the individual  
to establish how their ability to manage money has been impacted



**but** where despite this conversation, unanswered questions, concerns or doubts remain,  
or the individual's situation is complex and needs further explanation



**and** additional information is therefore needed from a health or social care professional  
who knows the individual in order to help decide what action creditors should take



**and** where the individual has given their *explicit consent*  
for a health or social care professional to provide this information

*The DMHEF should not be automatically or routinely used with every individual who reports a mental health problem. This could be unnecessary, counter-productive and costly (see P.2. How should the DMHEF V3 be used?).*

## 2. Why has the DMHEF been developed?

The DMHEF was originally developed in response to reports from advice and creditor organisations that they were experiencing difficulty in:

- collecting *relevant* and *high-quality* medical evidence from health or social care professionals
- which could help their organisation make *better and fairer decisions on what action to take* when an individual reported that a mental health problem was affecting their ability to manage their money

*Version 3* of the DMHEF was developed to provide a shorter standardised form, that could be more quickly acted upon and with a set of questions which would better inform the decisions that advisers and creditors needed to make (see '8. *What is new about the DMHEF V3?*').

## 3. Who developed the DMHEF?

The DMHEF has been developed in a collaboration between the Royal College of Psychiatrists and the Money Advice Liaison Group, in partnership with creditors, debt advice agencies, mental health and social care professionals/organisations, people with experience of mental health and debt problems, and carers.

The DMHEF has been endorsed by the Information Commissioner's Office. It is also recognised in the Lending Code (sponsored by the British Bankers' Association, Building Societies Association, and The UK Cards Association), the Finance and Leasing Association's Lending Code, The CSA/DBSG's Code of Practice and various Guidances issued by the Office of Fair Trading. It has also received the Crystal Mark from the Plain English Campaign.

## 4. Who can use the DMHEF V3?

The DMHEF V3 is designed for use by:

- **debt advisers** where they are either (a) representing/undertaking work on behalf of a client (*case work*) or (b) are advising an individual on how they can manage their own debt situation, including advice on how to correspond and negotiate with creditors (*assisted self-help*).<sup>1</sup>
- **creditors** in situations where their customer agrees to collect medical evidence from a health or social care professional, and to then share this with the creditor.

The debt adviser or creditor should always oversee and monitor the process through which the DMHEF is completed.

We do understand that some individuals (or family members acting as carers) may become aware of the DMHEF, and independently submit a completed DMHEF and completed Consent Form to a debt adviser or creditor. If the DMHEF is correctly completed by a health or social care professional (including a verified service stamp or similar), we suggest the submitted DMHEF should be considered and represent the start of a conversation with that individual about their situation. However the DMHEF Version 3 is generally not available for use on an independent 'self-help' basis.

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<sup>1</sup> Assisted self-help is described as debt advice offered to individuals on a self-help basis. i.e National Debtline, StepChange Debt Charity, Payplan etc. This is usually given by telephone or via a website. An adviser's reference is crucial to combat possible fraudulent use.

## 5. How should the DMHEF V3 be used?

Three detailed step-by-step Guides on using the DMHEF have been produced, one for debt advisers (case-work), one for advisers (assisted self-help) and one for creditors. Three stand-alone Flowcharts have also been produced to assist those who will use the DMHEF; again one for creditors, one for advisers (case-work) and one for assisted self-help.

The use of the DMHEF clearly involves the collection of personal and health data. To help ensure compliance with the Data Protection Act 1998, it is important to remember that the DMHEF V3 should always be used in conjunction with the DMHEF Consent Forms. (see '7. What are the DMHEF Consent Forms?').

It is strongly recommended that the DMHEF is **not** automatically or routinely used with every individual who reports that they have a mental health problem.

There are two reasons for this. Firstly, the debt adviser or creditor should always try to understand the situation further by talking in detail with the individual concerned – the information required to make a decision can often be found through these conversations. Secondly, if the debt adviser or creditor is considering relatively minor forbearance (e.g. providing more time for the individual to organise their affairs), then collecting medical evidence may be unnecessary.

The set of documents that make up the DMHEF Version 3 can be found on two websites and downloaded therefrom. [www.malg.org.uk/debtmentalhealth](http://www.malg.org.uk/debtmentalhealth) or [www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt).

The set comprises the following documents:-

- 3 Consent Forms (adviser- case work/face- to- face, adviser- assisted self-help & creditor)
- 1 Debt & Mental Health Evidence Form, Version 3
- 3 Guides for Users, (adviser- case work/face-to- face, adviser- assisted self-help & creditor)
- 3 Flow Charts (adviser-case work/f ace- to- face, adviser- assisted self-help & creditor)
- 1 Briefing Note entitled "The Debt & Mental Health Evidence Form, Version 3"

## 6. What evidence does the DMHEF V3 collect?

The DMHEF V3 asks eight questions (**BOX 1**). When completed by a health or social care professional who knows the customer, the DMHEF can provide relevant information about:

- how an individual's mental health problem affects their ability to manage their money
- any communication, support, or other relevant needs that the creditor and debt adviser should take into account.

The DMHEF V3 includes both revised and new questions. Advisers and creditors are urged to review these developments, as they are different from the DMHEF V1 and V2.

### **BOX 1      DMHEF questions**

- Q1.    what is your relationship with the person reporting a mental health problem?
- Q2.    does the person have a mental health problem?
- Q3.    what is this mental health problem? If it has a name or diagnosis, what is it?
- Q4.    does the person have a mental health problem that affects their ability to manage their money?
- 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?
- Q6.    when communicating with the person are there any circumstances that a creditor needs to take into account?
- Q7.    what was the approximate date of the first onset, first treatment given, most recent episode of this problem, and is the episode on-going?
- Q8.    is there anything else we should know about this person?

## **7. What are the DMHEF Consent Forms?**

The individual reporting the mental health problem must give their *explicit consent* for a health or social care professional to complete a DMHEF about them.

A DMHEF Consent Form has been created to obtain this *explicit consent*. Unless they receive a copy of this Consent Form signed by the individual, the health or social care professional should not complete the DMHEF.

Reflecting the different working practices of creditors and advisers, three DMHEF Consent Forms have been created:

- a Consent Form to be issued by creditors
- a Consent Form to be issued by debt advisers conducting case-work on behalf of a client
- a Consent Form to be issued by debt advisers who are providing 'assisted self-help' (i.e. not acting on a client's behalf, but simply giving them advice).

## **8. What is *new* about the DMHEF V3?**

There are several new developments in the DMHEF V3.

### **Question changes:**

- a *re-ordered* set of DMHEF questions – the DMHEF questions have been placed in a different logical order
- a *revised* set of DMHEF questions – the DMHEF questions have been re-written to improve their clarity

- a *new set* of DMHEF questions – new questions have been included on the person’s relationship with the health or social care professional (Q1), and also on any other health or social issues that need to be taken into account (Q8)
- two questions have been *removed* –
  - firstly, in previous versions of the DMHEF, a question was asked about any ‘other relevant impacts that the person might experience in their everyday life due to their mental health problem’. This has been removed, as the new Q8 covers this issue more effectively.
  - secondly, the health and social care professional was asked whether the information on the DMHEF could be shared with the person named on it. This has now been removed and the health and social care professional is instead now clearly reminded at the start of the DMHEF that all information recorded on the form will be shared with the person named on it.
- The ‘optional statement’ has been *removed* – in Version 2 of the DMHEF, the individual reporting a mental health problem could make an optional written statement about the information given by the health and social care professional in the completed DMHEF. After consideration, this has been removed for two reasons. Firstly, the individual was given 21 days to complete this statement – which could considerably delay action and support being given to the individual. Secondly, individuals are still able to provide their own views and statements on the completed DMHEF (which they will always see) to advisers or creditors through existing communication channels, so a section in the DMHEF is not needed.<sup>2</sup>

### **Audience changes:**

- the DMHEF V3 can now officially be used by advisers *and* creditors – previous versions of the DMHEF have not been specifically designed for creditors
- the DMHEF V3 can now be used by advisers who wish to offer an ‘assisted self-help’ service to individuals (i.e. where the adviser guides or talks the individual through the process of addressing their financial situation, but does not represent or offer a case-work service to that individual).

### **Consent Form changes:**

- there are separate Consent Forms for debt advisers providing a case-work service, debt advisers offering ‘assisted self-help’, and creditors
- the DMHEF V3 Consent Forms can now be completed (with appropriate evidence of authority) by a carer or other third-party on behalf of the person with the mental health problem

## **9. Charging for completion**

We are aware that certain health professionals- evidence shows us that in the main this is General Practitioners- will make a charge for completion of these Forms. Although The Royal College of Psychiatrists has recently undertaken research into this issue, we believe

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<sup>2</sup> Versions 1 & 2 of this Form will be removed from the websites of MALG, Money Advice Trust & The Royal College of Psychiatrists as from 1<sup>st</sup> December 2012 and replaced on The MALG & Royal College of Psychiatrists websites with the new set of forms. We appreciate that for some time advisers and creditors will be working with Versions 1 and 2 because they are ‘in transit’ so to speak (they have been issued and advisers and creditors are waiting for their completion and return from the health professional).

that the position of charging is likely to continue with a minority of health professionals. It will therefore be up to creditors and advisers to decide what approach to take when faced with a 'completion charge'. Some advisers have successfully challenged a charge made by a health professional.

## **10. Review**

There will be a review of the new Forms undertaken in approximately twelve months to see how they are working and at that stage it will be possible for further changes to be made if appropriate.

## **Further information**

For further information on the DMHEF please visit [www.malg.org.uk/debtmentalhealth](http://www.malg.org.uk/debtmentalhealth) or [www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

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