



**GUIDANCE FOR  
ADVISERS AND CREDITORS  
TO SUPPORT THE USE OF  
THE DEBT & MENTAL HEALTH  
EVIDENCE FORM (DMHEF)**

***It is strongly recommended that  
advisers or creditors read this document before they use  
the Debt and Mental Health Evidence Form  
for the first time***

Download the DMHEF and this guidance at:

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

You can contact MALG at: [marie\\_dmcs@yahoo.co.uk](mailto:marie_dmcs@yahoo.co.uk)

# A guide for advisers and creditors on using the Debt and Mental Health Evidence Form

## Summary

This document provides guidance for advisers and creditors on the use of the Debt and Mental Health Evidence Form (DMHEF) in the format of Frequently Asked Questions (FAQs). **Part A** provides information about the form, how it was developed, and which groups were involved in its design. **Part B** describes how the DMHEF should be used by advisers and creditors. **Part C** answers other frequently asked questions and there is a flowchart at page 11 of the document for advisers to assist them in the use of the form.

## Part A Information about the form

### 1 What is the Debt and Mental Health Evidence Form?

The DMHEF provides a standardised set of questions for advisers and creditors who need to collect information from health or social care professionals. It is for use in situations where advisers or creditors:

- encounter individuals experiencing debt problems,
- these individuals report that a mental health condition is affecting their ability to repay or manage their debts, and
- advisers or creditors (with the individual's written consent) decide to request written evidence from a health or social care professional who knows the individual, in order to corroborate and explain the impact of the individual's mental health problems on their ability to manage their debts.

The purpose of the DMHEF is to minimise the time and resources involved in collecting relevant information from a health or social care professional, whilst improving the quality of information provided for adviser or creditor decision-making about the most suitable action to take.

The DMHEF has been reviewed by the Information Commissioner's Office, and takes into consideration the requirements of the Data Protection Act (1998) (please refer to Box 1 below). It therefore strikes a balance between:

- providing relevant personal information about individuals to better inform creditors'/advisers' actions, and
- ensuring that sensitive personal data is not shared unnecessarily

#### **Box 1 Statement by the Information Commissioner's Office**

*"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."*

## 2 Which DMHEF should I use?

In 2008, a 'universal' version of the DMHEF, to enable either advisers or creditors to approach health/social care professionals, was launched. This first edition of the DMHEF has been in circulation for nearly a year, and has been successfully used by a range of agencies and organisations.

In Summer 2009, a tailored version of the DMHEF specifically for use by independent advisers was launched. This version was produced in response to feedback and requests from advisers across the UK. This version is shorter in length and benefits from an improved design.

This guidance applies to *both* versions of the DMHEF.

Creditors who wish to use the DMHEF to approach health or social care practitioners directly (with consumers' consent), should continue to use the 2008 version (v1) of the form until further notice. Importantly, all versions of the DMHEF essentially ask the same standardised set of questions. Whilst small and slight improvements to question wording have been made in the 2009 tailored version for advisers, these do not represent major revisions of the original version.

## 3 Who developed the DMHEF?

The DMHEF is the product of a collaboration between the Money Advice Liaison Group (MALG) and the Royal College of Psychiatrists (Please refer to Box 2 below). The tool was developed to meet a key recommendation contained in MALG's 2007 document *Good Practice Guidelines: Debt Management and Debt Collection in Relation to People with Mental Health Problems* (generally known as *The MALG Mental Health Awareness Guidelines*).

These Guidelines aim to encourage good practice among creditor organisations and advisers working with people with debt and mental health problems. They also attempt to ensure that proportionate and sensitive approaches are adopted for the mutual benefit of consumer and creditor. The Guidelines were drawn up by a MALG Mental Health Working Party, comprising members from the money advice, creditor, and health/social care sectors. The redesigned DMHEF was created by a small Redesign Working Group from within MALG, representing creditors, advisers, and mental health experts. The level of demand for copies of the Guidelines has been high, and there is widespread awareness of them across the creditor and advice sectors.

### **Box 2 Acknowledgements**

Many people have given of their time and effort to create the Debt & Mental Health Evidence Form, and MALG is extremely grateful to them all. In particular, however, MALG would like to highlight the immense support given to them by The Royal College of Psychiatrists, the Money Advice Trust, The Capital Partnership, various MALG mental health working groups, and the expert advisers to whom we turned for assistance. Without this co-ordinated help, this form would not have been born.

We would also like to thank hrs graphics and Harris Design, who assisted us with the design of the form.

The development of this document has been financially supported by The Department of Health through a grant to the Royal College of Psychiatrists and by the MALG South East Discussion Forum.

## 4 Why is the DMHEF needed?

The MALG Guidelines identified a number of problems commonly reported by advisers and creditors when attempting to collect information from health or social care professionals. These included:

- variations in the nature and volume of evidence requested
- ambiguous instructions or unrealistic expectations concerning the information that it was hoped health professionals would provide
- delays, refusals, or payment requests from health professionals relating to the provision of evidence
- poor-quality and irrelevant information being returned
- heightened consumer distress at an already difficult time.

The MALG Guidelines therefore called for a standardised approach to overcome these difficulties and to meet legal requirements regarding the communication and processing of sensitive personal data detailed in the UK Data Protection Act 1998.

## 5 Is the DMHEF mandatory?

No agency or individual from the creditor, advice, or health/social care sectors is obliged to use the DMHEF. It has been designed as a voluntary tool to improve the collection of information.

## 6 What information does the DMHEF help collect?

The DMHEF addresses eight key questions:

- whether the person in question has a mental health problem<sup>1</sup>
- the name of that mental health problem and whether (and how) that problem currently affects the individual's ability to deal with money
- the approximate date of the first onset of the mental health problem, the first treatment given for this, and the most recent episode of the mental health problem
- if the person is receiving treatment or support for the mental health problem, whether (and how) this affects their ability to manage money
- whether there are other relevant impacts that the person may experience in everyday life due to their mental health problem
- whether the person experiences any communication difficulties due to their mental health problem and if so what these are
- whether information provided by the health or social care professional can be shared with the person it is about
- the health or social care professional's contact details.

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<sup>1</sup> Although we use the singular term '*mental health problem*' in this document, individuals may have more than one mental health problem. The DMHEF is designed to collect information on multiple mental health conditions as well as individual ones.

In addition, the DMHEF also allows the person reporting debt and mental health problems to (i) make an optional written statement about the information that the health or social care professional has provided, or (ii) offer other information they believe is relevant.

## **7 Who has helped develop the DMHEF?**

In order to ensure that the form meets the needs of all involved, it has been rigorously tested with a variety of user groups and other stakeholders, including:

- members of MALG's national forum
- mental health service users and their carers
- medical professionals
- individual creditor agencies
- creditor trade associations
- money advisers
- the Information Commissioner's Office.

## **8 Is the DMHEF copyrighted and is there a charge for using it?**

The DMHEF is copyright of MALG and the Royal College of Psychiatrists. However, you are encouraged to use, photocopy, or disseminate the DMHEF in its entirety, for non-profit making purposes only. You neither need to seek permission nor pay to use, photocopy, or disseminate the DMHEF, on the understanding that your use of the form will not be for commercial purposes. However, if you wish to revise, alter, or partially reproduce questions from the DMHEF for any purposes, you will need to obtain the permission of MALG and the Royal College of Psychiatrists.

## **Part B: using the DMHEF**

### **9 I'm a creditor, how do I use the DMHEF?**

If you wish to assist a consumer in debt by downloading the Form either for their onward transmission to a health or social care professional, or by you sending the Form directly to the relevant practitioner (with the customer's consent) we recommend that you use the 2008 (original) version.

This provides clear and detailed instructions. Please do not use the 2009 version tailored for advisers.

The 2008(original) version is available on the Money Advice Trust website at [www.moneyadvice Trust.org/section.asp?sid=12](http://www.moneyadvice Trust.org/section.asp?sid=12) and the Royal College of Psychiatrists website at [www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

### **10 I'm an adviser, how do I use the DMHEF?**

The 2009 version of the DMHEF has been specifically designed for use by advisers on behalf (and with the consent) of their clients. The flowchart at page 11 of this document provides a step-by-step guide to using the form. It is also available as a stand-alone document.

## 11 How long should creditors and advisers keep information provided on the DMHEF?

To comply with the Data Protection Act 1998, relevant agencies should keep information for as long as but no longer than is necessary<sup>2</sup>.

In practice, creditors and advisers must judge each case individually. For example, some consumers may experience episodes of poor mental health (which affect their ability to manage money or engage with the debt recovery process) that last for six months. Others may experience longer or shorter periods of poor mental health.

Consequently, creditors and advisers need to (a) regularly review the information they hold about a consumer, (b) assess whether that information still needs to be held, and (c) assess the likelihood that the information is still relevant and accurate.

If information is no longer relevant or accurate, then it should be updated or securely destroyed. We strongly recommend that advisers proactively notify creditors of any changes in the nature of their clients' mental health as promptly as possible, since (as FAQ 12 clarifies); lenders are not prohibited from using what, in the absence of any counter-indications, they might reasonably regard to be relevant existing information on file to assess applications for further credit.

In order to ensure that information is changed or destroyed (as appropriate), advisers should write to the creditor to tell them what should be corrected or destroyed. There is no standard form of words that needs to be used to do this, provided that the following points are made clear:

- the identity of the consumer and the personal information to which the instruction to change/destroy relates
- the actions necessary to correct the personal information in question.

For further information, please visit:

[www.ico.gov.uk/what\\_we\\_cover/data\\_protection/your\\_rights.aspx](http://www.ico.gov.uk/what_we_cover/data_protection/your_rights.aspx)

**Please note:** in some cases an individual's poor mental health may last indefinitely, in which case relevant information should be retained throughout the period of the debt.

## 12 How can creditors and advisers use the information provided to them on the DMHEF?

Creditors and advisers must use the information only for the purpose stated on the form, namely to improve their understanding of the consumer's mental health status, in order to inform any action taken about the consumer's existing debts. The exact means by which such information will be recorded in order to achieve this objective is for each creditor and adviser to decide.

However, a lender is not prohibited from considering the information when assessing any applications for further credit from their own customer, assuming that is reasonable for them to regard the information as still relevant and accurate. Please refer to FAQ 11 for a brief discussion

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<sup>2</sup> The issue of 'necessity' also covers good cause to retain information for evidential purposes. This will be essential for an advice agency should it be posed with a professional indemnity insurance (PII) claim in the future. Files should be kept in accordance with both industry guidelines and instructions contained in a PII insurance policy. However, it should be noted that if historical data is either known or could reasonably be suspected to be out of date for current advice-giving purposes, it cannot be used, eg, to support negotiations with creditors.

of 'relevance' and 'accuracy' in the context of the Data Protection Act. FAQ 11 also covers the issue of advisers proactively notifying creditors of changes in clients' circumstances.

We suggest that it would be good practice for lenders to treat any application for further credit as a trigger to review the relevance of information provided on a DMHEF already held on file, by means of liaison with the consumer and/or their representative (including advisers where relevant).

### **13 Should advisers share information from the DMHEF with their clients?**

In most cases, clients will automatically receive a copy of the DMHEF completed by the health or social care professional. This will be sent by the professional concerned. The only exception to this would apply in situations where the health/social care professional who has completed the form has indicated that to share information on the DMHEF with their patient would incur a serious risk to the individual's health or safety, or that of others. Question 7 of the DMHEF covers this point, and advisers are asked to check the answer to this question once the DMHEF has been completed by the health professional and returned to the adviser.

The client has 21 days to make, sign, and return their statement back to the adviser. They are told that the 21 days starts on the date that the health professional signed the DMHEF. The 'small print' on the DMHEF will allow for this 21 day period, plus an additional week for the client to post it back to the adviser. This is important for the patient as well as the adviser. Otherwise it will unnecessarily delay contact with a creditor.

The adviser should supply their client with a list of all the creditors to whom the completed DMHEF has been sent, although it should be stressed that the client should have already given their express consent to share information on a creditor-by-creditor basis. These actions will ensure that the client has full knowledge of what information has been provided about them and to whom.

### **14 How is it possible to tell whether a consumer has the mental capacity to consent to the DMHEF being used?**

Health and social care professionals will not complete the DMHEF unless the consumer has given their informed and written consent for this to happen. For the consent to be informed, the consumer needs to know and understand exactly what information is being collected, who is collecting it, how the information will be used and stored, and what they can do to correct any mistakes. The consumer can only give their informed consent for the DMHEF to be used on these conditions. Consequently, the DMHEF is accompanied by a consent form which also includes useful consumer legal rights information.

However, there may be situations where the creditor or adviser is unsure as to whether a consumer has the mental capacity to consent to the DMHEF being used. The law relating to mental capacity differs across the UK. In England and Wales, creditors or advisers should be familiar with the Mental Capacity Act 2005. In Scotland, the Adults with Incapacity (Scotland) Act 2000 applies. Northern Ireland does not have specific legislation relating to mental capacity and common law applies.

It is the responsibility of creditors or advisers themselves to ensure familiarity with the relevant legislation. Resources can be found at:

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk) in relation to England and Wales  
[www.scotland.gov.uk/Topics/Justice/law/awi](http://www.scotland.gov.uk/Topics/Justice/law/awi) in relation to Scotland

## **Part C Other questions**

### **15 As a creditor, if I know when the person in debt is likely to be able to (re-)enter paid employment, this might influence the nature of the debt repayment arrangement that I agree. Why doesn't the form deal with this issue?**

This point was raised by a number of creditors during the period that the first edition of the DMHEF was being developed and consulted on. We understand that information about employment prospects could be regarded as a useful predictor of a point after which the likelihood grows of a person's income increasing. However, assessments of employability contingent on mental health status are not simple. As such, we feel that this issue and its attendant complexities fall outside the clearly-defined remit of the DMHEF, which is specifically concerned with mental health problems and their impact on a person's ability to deal with money and debt management issues.

### **16 How effective is the DMHEF and what do stakeholders think of it?**

At the time of writing (July 2009), the DMHEF is a relatively new resource, and therefore its effectiveness cannot be accurately gauged. However, funding has been secured to evaluate the use of the DMHEF over time, and we hope that an accurate answer to these questions can be supplied in due course. Key elements of this evaluation will be a consideration of the views of people in debt, advisers, health/social care professionals and creditors, regarding the strengths and weaknesses of the DMHEF and an assessment of the impact of its 'parent', the MALG Mental Health Awareness Guidelines.

### **17 What about people with debt and mental health problems who want to collect evidence for themselves?**

MALG is currently considering whether a version of the DMHEF could be designed and used for self-help purposes, ie, by people with debt and mental health problems who want to solicit information directly from the practitioners who are supporting their health/social care needs.

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

Clearly, in these situations, it will not be possible to collect information using the DMHEF. However, it is important to recognise that the fact of an individual not being in contact with a health or social care professional does not mean they do not have a mental health problem. If the person needs urgent assistance or is in crisis as a direct result of the current state of their mental health, either they or the person working with them can call the Samaritans, Saneline, or the Rethink Advice Line (numbers overleaf). If they, or anyone else, are in immediate danger of physical 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.

## Useful resources

### Advice UK

UK network of advice and information agencies  
020 7469 5700 [www.adviceuk.org.uk](http://www.adviceuk.org.uk)

### Advice NI

Leadership, representation and support to independent advice organisations in Northern Ireland.  
028 9064 5919 [www.adviceni.net](http://www.adviceni.net)

### Citizens Advice

Independent charities providing advice and information across the UK. Details of individual bureaux are available at:

England and Wales: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk) Scotland: [www.cas.org.uk](http://www.cas.org.uk)  
Northern Ireland: [www.citizensadvice.co.uk](http://www.citizensadvice.co.uk)

### Community Legal Advice

Telephone advice for clients eligible for Legal Aid, and hosts national directory of advice providers.  
0845 345 4 345 [www.communitylegaladvice.org.uk](http://www.communitylegaladvice.org.uk)

### Consumer Credit Counselling Service

Charity helping people who are over-indebted through free, independent, and realistic support.  
0800 138 1111 [www.cccs.co.uk](http://www.cccs.co.uk)

### Law Centres

Independent organisations that employ lawyers and specialist advisers to assist clients in court.  
0207 428 4400 [www.lawcentres.org.uk](http://www.lawcentres.org.uk)

### Money Advice Scotland

Can provide details of advice agencies in Scotland providing free, independent, confidential advice.  
0141 572 0237 [www.moneyadvicescotland.org.uk](http://www.moneyadvicescotland.org.uk)

### National Debtline

Free, confidential and independent telephone advice on how to deal with debt problems.  
0808 808 4000 [www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)

### NHS Direct

24-hour nurse advice and health information service, providing confidential information on what to do if you or your family are feeling unwell; particular health conditions; local healthcare services.  
0845 46 47 [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### Payplan

Provides a free debt management service to people with debt problems.  
0800 716239 [www.payplan.com](http://www.payplan.com)

### Rethink National Advice Service

Advice for people with mental health problems.  
0845 456 0455 [www.rethink.org](http://www.rethink.org)

**Samaritans**

Support 24 hours a day.

[www.samaritans.org](http://www.samaritans.org)

08457 90 90 90 in the UK and Northern Ireland

1850 60 90 90 in the Republic of Ireland

**SANELINE**

National, out-of-hours mental health helpline providing support and information.

0845 767 8000

[www.sane.org.uk](http://www.sane.org.uk)

# HOW DO I USE THE DEBT AND MENTAL HEALTH EVIDENCE FORM?

## ADVISER FLOWCHART (advice version 2)



### Step 1 The client asks for help

An advice service is asked to help a client with their debts. The client tells the advice service they have mental health problems, and would like these to be taken into consideration in discussions with creditors. The client says that the mental health problems are either the cause of their debt, an exacerbating factor, or make it difficult for them to repay their debt.

### Step 2 The adviser decides that evidence is needed

The adviser decides that evidence from a health or social care professional about the client's situation should be presented to their creditors. They decide to use the Debt and Mental Health Evidence Form (DMHEF). They are aware that the information collected is personal and sensitive and should be treated in accordance with the principles of the Data Protection Act (1998).

### Step 3 The adviser gets the client's written consent

It is critical that the adviser gets written consent from the client. Without this written consent, the health or social care professional will not provide any evidence. Using the consent form which accompanies the DMHEF, the adviser asks the client to read and sign this. This is either done face-to-face, or is sent to the client. If it is sent to the client, the adviser should enclose an SAE.

### Step 4 The client reads, signs and returns the consent form

Some clients will have questions about the consent form. Advisers should be willing to discuss and answer these. In some cases, clients might want to also see the blank DMHEF as well. If so, the adviser should provide a copy, or can direct the client to:  
[www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt) OR [www.moneyadvicetrust.org/section.asp?sid=12](http://www.moneyadvicetrust.org/section.asp?sid=12)

### Step 5 The adviser prepares the 'DMHEF pack' to be sent to the professional

The adviser will need to prepare the following:

- signed consent form
- 2 stamped addressed envelopes:
  - one with the advice service contact address (this is marked 'adviser' to help the professional returning it)
  - one with the client's contact address (this is marked 'client' to help the professional returning it)
- blank DMHEF
- 1 client instruction 'slip':
  - this is placed inside the SAE with client's contact address on it
  - the slip tells the client how to complete and return an optional personal statement (see Step 10)

### Step 6 The DMHEF 'pack' is sent to the nominated health or social care professional

The client will nominate a health or social care professional to whom the DMHEF and signed consent form should be sent. This professional does not have to be a General Practitioner or psychiatrist, but could be a nurse, psychologist, occupational therapist, social worker or other member of the 'health team'.

### **Step 7** ▶ **The nominated professional completes the DMHEF**

The professional completes the DMHEF. They are specifically asked if the information in the DMHEF can be shared with the client. Doing so will allow the client to make an (optional) statement on the information that the professional has provided, or to provide any additional information they feel is useful. In some cases, the professional will say that information from the completed DMHEF should not be shared with the client, as this could cause serious mental or physical harm to the client, or another person. In these situations, clients who wish to question this will need to speak directly with the professional, and the adviser should not become involved.

### **Step 8** ▶ **The nominated professional returns the DMHEF**

The professional will sign and stamp the DMHEF. If information from the DMHEF can be shared with the client, they will also take a photocopy of the DMHEF. The professional will post this using the SAE marked 'client'. The original DMHEF will be returned using the SAE marked 'adviser'.

### **Step 9** ▶ **The adviser receives the completed DMHEF**

The adviser should receive the original DMHEF completed by the professional. If this does not happen, they should re-contact the professional.

### **Step 10** ▶ **The client receives a copy of the completed DMHEF**

The client will receive a copy of the DMHEF completed by the professional. They will be given the option to make a statement about what the professional has written, or to provide additional information, using Page 6 of the DMHEF. The client has 21 days to make, sign, and return their statement back to the adviser. They are told that the 21 days starts on the date that the health professional signed the DMHEF. The 'small print' on the DMHEF will allow for this 21 day period, plus an additional week for them to post it back to the adviser. This is important for the patient as well as the adviser. Otherwise it will unnecessarily delay contact with a creditor.

### **Step 11** ▶ **The 'waiting period' for the client statement finishes**

The adviser should have received the client's statement by this point. If they haven't, this most probably indicates that the client does not wish to make a statement.

### **Step 12** ▶ **The adviser sends the completed DMHEF (and optional statement if completed) to the creditor**

The adviser sends the completed DMHEF and optional statement to the creditor(s) they are working with. (If the DMHEF has not been completed, or the information is not at all useful, they may not choose to do so. However, the adviser should inform the creditor/debt collection company about this 'nil return').

### **Step 13** ▶ **Alongside other information, the adviser and creditor use the DMHEF to help identify a course of action**

### **Step 14** ▶ **A decision is made - this decision is communicated to the client via their advice service**

### **Step 15** ▶ **Throughout, all information is kept in accordance to the DPA, including the final set of paperwork and information**