



Part 3 of The Debt Respite Scheme (Breathing Space Moratorium and Mental Health Crisis Moratorium) (England and Wales) Regulations 2020

Evidence of Mental Health Crisis Treatment

This form will help set up a mental health crisis breathing space (MHCBS) for an individual receiving mental health crisis treatment, to help them manage problem debt by halting enforcement action from creditors and freezing interest and charges. These protections will end 30 days after their mental health crisis treatment ends.

The form must be completed by an Approved Mental Health Professional (AMHP).

Sections 1-3 in the form must be completed before it can be submitted.

[Detailed guidance](#) on the MHCBS and the form is available.

Before you complete this form, you should ask the individual concerned if they want to share their information. The guidance provides a statement to help you explain this decision to them. If the individual lacks capacity to make this decision, please see the guidance for information on how to proceed.

A debt adviser will receive the form and carry out eligibility checks, including a credit reference agency search to help them identify further debts (this will be a 'soft' search and should not affect the individual's credit rating). They may, if needed, contact the person's creditors to identify debts not recorded by credit reference agencies. They will also try to contact the person after their treatment ends, to offer them support with their debts.

If the individual is eligible, the debt adviser will provide the relevant information to the Insolvency Service. The Insolvency Service will enter the individual's details onto a private register that they maintain for this purpose. The MHCBS will start on the following day.

Section 1: Information about the individual

Basic information about the individual is needed to identify them and their debts. The Insolvency Service will not publish this information, but they will notify the person's creditors about the MHCBS.

If disclosure of the individual's address to their creditors might reasonably be expected to lead to violence against them, or a family member who lives with them, the individual's address can be withheld from their creditors. Their address cannot be withheld for any other reason. You should still include their address in this form, but check the box provided, and include a brief statement of the reason for this concern in Section 4 of this form.

Full name:

Date of birth:

Usual residential address:

(optional) email address:

(optional) mobile telephone:

The person named in section 1 believes disclosing their address to their creditors may lead to violence against them or a family member. I have included a brief description of the reason for this in Section 4 of this form.

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Section 2: Evidence of mental health crisis treatment

You complete this section to certify that, in your professional judgement as an AMHP, the individual is receiving mental health crisis treatment.

Someone is receiving mental health crisis treatment if they are:

- detained for assessment or treatment under the Mental Health Act 1983
- removed to a Place of Safety under that Act
- receiving crisis, emergency or acute care or treatment in any setting from a specialist mental health service (i.e. crisis treatment from a crisis home treatment team, liaison mental health team, community mental health team or any other specialist mental health crisis service) for a mental disorder of a serious nature

I certify that the individual named in Section 1 is receiving mental health crisis treatment. They have consented (or appropriate consent has been given by someone else) to their personal information being shared for the purpose of starting a mental health crisis breathing space.

I am an Approved Mental Health Professional in England or Wales. The information provided is, to the best of my knowledge, correct.

Full name:

Email address:

Telephone:

Local authority:

Signature:

Date:

Section 3: Nominate a point of contact (required)

The protections of a MHCBS end 30 days after a person's crisis treatment ends. A point of contact should be nominated to receive updates from the individual's debt adviser by email and to confirm on a regular basis to the debt adviser whether the individual is still receiving crisis treatment.

If a care co-ordinator has been appointed under the Care Programme Approach (or, in Wales, the Mental Health Measure) you should include their details here.

If there is no care co-ordinator, you can include details of an AMHP (you or someone else), or a mental health nurse. It is best to nominate someone likely to have ongoing involvement in the individual's crisis care.

The nominated point of contact for the individual named in Section 1 is:

Full name:

Role:

Email address:

Telephone:

Section 4: Additional information

If you can provide any information about the debts the person owes, or their income, then this will help to quickly stop them from being chased by their creditors about their debts. Perhaps they have mentioned particular debts or bills that are causing them anxiety, or they recently lost their source of income and are struggling to cope.

You do not have to do this for the MHCBS to start, but it will help if you do.

Section 5: Passing on this form

This form now needs to be sent securely to a debt adviser. You should use the dedicated webpage at www.maps.org.uk/mhcbs to do this.

Alternatively, you can ask another professional involved in the person's care to submit the form using this service. It can also be submitted by the person themselves, or by the person's carer, if they are able to do this.