**Mental Health Breathing Space Referral Form**

Breathing Space is a debt respite scheme, and it provides protection to people who are resident in England and Wales and are in problem debt. Breathing Space is available to anyone in problem debt who are able to access debt advice.

Mental Health Breathing Space is a process to access support for those receiving mental health treatment, so they do not have to access debt advice first. An Approved Mental Health Professional (AMHP) verifies that a person is receiving mental health crisis treatment and this evidence is used by a debt advice provider to initiate a Mental Health Crisis Breathing Space (MHCBS). The MHCBS offers stronger protections than a standard breathing space.

The Guidance states:

*Receiving mental health crisis treatment means that the individual:*

1. *has been detained in hospital for assessment or treatment (including under part 3 of the Mental Health Act 1983);*
2. *has been removed to a place of safety by a police constable; or*
3. *is receiving any other crisis, emergency or acute care or treatment in hospital or in the community from a specialist mental health service in relation to a mental disorder of a serious nature. This can include services offered by community mental health services and crisis houses.*

*A “specialist mental health service” means a mental health service provided by a crisis home treatment team, a liaison mental health team, a community mental health team or any other specialist mental health crisis service considered appropriate.*

If you consider yourself or a person you are wanting to refer to be in a mental health crisis, please complete the referral and submit any requested evidence to: medwaybspacereferral@medway.gov.uk

**PRIVACY STATEMENT**

The data collected and held by Medway Council AMHP Team in relation to Breathing Space referrals, includes personal and sensitive data which is processed to support the person to access a breathing space from their debts. This data will only be utilised for the referral and kept on file for 18 months after the ending of the breathing space. If the person, is deemed to not meet the criteria for a breathing space, their data will be kept on file for 8 weeks after the initial referral. All data will be deleted after the respective dates.

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| **Part 1** | **Yes** | **No** |
| **\*Are you contacting us to refer yourself?**  |  |  |
| **If yes, do you give your consent for an AMHP to complete the ‘Evidence of Mental Health Crisis Treatment’ form if applicable and for organisations in the mental health crisis breathing space scheme?** |  |  |
| If the answer is yes, please answer the questions in part 2 and 4 of this form only. |  |  |
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| **If you are contacting us on behalf of someone else, do you have their consent?** |  |  |
| Please attach/upload a copy of the signed consent form. |  |  |
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| **Does the person have capacity to give you consent to act on their behalf?** |  |  |

If you have deemed that the person does not have capacity, please attach/upload evidence of either a capacity assessment demonstrating this or evidence in the form of Lasting Power of Attorney, court of protection appointed deputy or appointee paperwork.

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| **Part 2** |  |
| Title |  |
| \*Full Name of person being referred (please include any alias’) |  |
| Gender |  |
| \*Address, including postcode |  |
| \*DOB |  |
| \*Contact number(s) |  |
| Ethnicity |  |
| Religion |  |
| RIO number (if known) |  |
| MOSAIC number (if known) |  |
| NHS Number (if known) |  |

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| **Part 3** |  |
| If you are referring someone else, please provide your details. |  |
| Name: |  |
| Role: |  |
| Address: |  |
| Contact Number(s) |  |
| Email Address: |  |

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|  | **Yes** | **No** |
| **Are you the person’s allocated Care Coordinator?** |  |  |
| If yes, please move onto part 4 of this form.  |  |  |
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| **If not, do they have an allocated Care Coordinator?** |  |  |
| If the answer is yes, please provide the Care Coordinators details below. |  |  |
| If the answer is no, Please provide details of the Nominated Point of Contact (please see the information below on who can be a Nominated Point of Contact) |  |  |

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| **Care Co-ordinator details (if the referrer is not the care co-ordinator)** |  |
| Name: |  |
| Team: |  |
| Address: |  |
| Contact Number(s) |  |
| Email Address: |  |

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| **Nominated Point of Contact** *Nb the Nominated Point of contact can only be:*1. *Mental Health Nurse*
2. *Care Co-ordinator*
3. *An AMHP*
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| Name |  |
| Team |  |
| Address |  |
| Contact Number(s) |  |
| Email Address |  |

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| **Part 4** |
| **\*Please provide details of the current Crisis:***Nb the guidance states:**Receiving mental health crisis treatment means that the individual:*1. *has been detained in hospital for assessment or treatment (including under part 3 of the Mental Health Act 1983);*
2. *has been removed to a place of safety by a police constable; or*
3. *is receiving any other crisis, emergency or acute care or treatment in hospital or in the community from a specialist mental health service in relation to a mental disorder of a serious nature. This can include services offered by community mental health services and crisis houses.*

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| \*Can you provide any further information relating to the debts? |  |
| Are there any concerns relating to the address of the person being shared with creditors? If yes, please detail these concerns. |  |

Please send all referrals and supporting evidence to: medwaybspacereferral@medway.gov.uk