**Breathing Space Information**

You are receiving mental health crisis treatment and you may be struggling with problem debt. With your permission a form could be completed on your behalf, by an Approved Mental Health Professional (AMHP) and sent to a debt adviser to request a Mental Health Crisis Breathing Space (MHCBS). The AMHP will need to ensure you meet the Mental Health Crisis Criteria before they can complete the evidence form.

The debt adviser will carry out checks to ensure you meet the eligibility for a MHCBS and they will contact your nominated point of contact to inform them of the decision.

Having a breathing space, will stop you being contacted by agencies/ companies you owe money to or being charged fees and interest on your debts. A breathing space lasts for 30 days **after** your crisis treatment ends.

A debt advisor will share the information provided by the AMHP with the breathing space scheme administrator (the Insolvency Scheme), your creditors, and their agents. This needs to happen for them to establish your financial situation and make sure your creditors know you are protected by the scheme. Your creditors will **only** be told that you are in a mental health crisis breathing space and will **not** provide any further details regarding your treatment.

The debt advisor will contact you later to offer advice and assistance to help you manage your debts. If you are happy for your details to be shared with the relevant agencies, including the AMHP Team, debt adviser, and the Breathing Space scheme administrator please complete the consent form.

If you want to go ahead but are worried that your creditors may be violent, we can ask the debt adviser to **not** share your address with your creditors.

**Breathing Space Consent Form**

I,…………………………………………………………………………………………….. give my consent for:

1. A Referral to be made Medway AMHP Service for consideration for completion of a *‘Evidence of Mental Health Crisis Treatment’* form, and if I meet the criteria for;
2. Medway AMHP Team to complete the *‘Evidence of Mental Health Crisis Treatment’* Form.

I do/do not want my address shared with my creditors. *(Please delete as appropriate)*

Signed: ……………………………………………………………………………………………………………………………

Print Name: …………………………………………………………………………………………………………………….

Dated: ……………………………………………………………………………………………………………………………