**Breathing Space Referral form**

**Please ensure information supplied is accurate & relevant to assist with the completion of the ‘mental health crisis breathing space evidence form’.**

The individual’s personal information will be used by a debt advice provider to process an application for a MHCBS, so ensure the person being referred is aware of their rights *(Leaflet available on InSite)*.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Information about the individual** | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | Title | | | |  | | | |
| First name (s) | | | | | |  | | | | | | | | | | | | |
| Any Alternative Name | | | | | |  | | | | | | | | | | | | |
| Date of Birth | | | | | |  | | | | Gender | | | | |  | | | |
| RIO number: (if available) | | | | | | |  | | | | | | | | | | | |
| MOSAIC number: (if available) | | | | | | |  | | | | | | | | | | | |
| Next of Kin, Nearest Relative or Significant Other Details | | | | | | | | | | | | | | | | | | |
| Name(s) | | | | | | | |  | | | | | | | | | | |
| Home Address | | | | | | | |  | | | | | | | | | | |
| Post Code | | | |  | | | | Telephone number(s) | | | | | |  | | | | |
| Relationship to referred person | | | | | | | |  | | | | | | | | | | |
| **Section 1b: Referral form completed by:** | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | Date: | | | | |  | |
| Role: |  | | | | | | | | Email address: | | | | | | |  | | |
| Contact number: |  | | | | | | | | Service/ team: | | | | | | |  | | |
| Are you the care coordinator: | | | | | Yes:  No: | | | | | | | | | | | | | |
| If you are not the care coordinator, please record details of the nominated point of contact below (This should be someone with ongoing involvement in the individual’s care): | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | Role: | | | | |  |
| Profession (e.g. mental health nurse) | | |  | | | | | | | | | | Email address: | | | | |  |

|  |  |
| --- | --- |
| **Section 2: Brief reasons for referral** | |
| Has the person named in section 1: | Been detained in hospital for assessment or treatment (including under part 3 of the Mental Health Act 1983) or admitted informally  Been removed to a place of safety by a police constable  Under the care of Psychiatry Liaison Service  Receiving any other crisis, emergency or acute care or treatment in the community from a specialist mental health service in relation to a mental disorder of a serious nature  *NB: 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* |
| Please state the reasons why has the person named in section 1 has been referred for a Mental Health Crisis Breathing Space? | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 3: The person needs to consent to information being shared with Local Authority and organisations in the mental health crisis breathing space scheme.**  Does the person named in section 1 have capacity to consent to their information being shared for the purpose of starting a mental health crisis breathing space? | | Yes:  No: | |
| If the person named in section 1 has capacity, have they consented to their personal information being shared for the purpose of starting a mental health crisis breathing space? | | Yes:  No: | |
| If they lack capacity has consent been sought from someone the individual has previously indicated can make decisions on their behalf (e.g. a person with Lasting Power of Attorney under the Mental Capacity Act, a deputy appointed by the court of protection, or an appointee), if that is appropriate? | | Yes:  No:  N/A | |
| Or, has a decision been made to refer them and for their personal information being shared for the purpose of starting a mental health crisis breathing space in their best interests? | | Yes: No:  N/A | |
| If a decision has been made in their best interests what are the grounds (for example to protect them from serious physical or psychological  harm)? | |  | |
| If there is an arising concern that creditors may be violent, debt adviser can be requested not to share address details with creditors. Do you want the debt adviser to consider this?  If yes it would helpful to provide basic supporting information: | | Yes: No:  N/A | |
| Please can you supply a copy of the capacity assessment to support the referral. If you are not able to supply a copy of the assessment, then please state the reasons why below: | | Yes:  No: | |
|  | | | |
| The person named in section 1 has been supplied with a copy of the  privacy statement *(Contained in Leaflet on InSite)*: | | | Yes:  No: |
| For persons who have capacity: | | | |
| Agreement to be referred to an approved mental health professional who will consider referring me to the mental health crisis breathing space scheme if needs meet the criteria. Consent to information being shared with relevant agencies has been explicitly given. | Name of Patient: | | |
| Date leaflet & consent given: / /  Day/Month/Year | | |

|  |
| --- |
| **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.* |
|  |
| **Signature of person completing this form *(Accepted as signed when sent electronically****)* |
|  |

**Please forward completed form to:**

[mentalhealth@kingston.gov.uk](mailto:mentalhealth@kingston.gov.uk)

[AMHPService@richmondandWandsworth.gov.uk](mailto:AMHPService@richmondandWandsworth.gov.uk)

[MertonAMHPService@swlstg-tr.nhs.uk](mailto:MertonAMHPService@swlstg-tr.nhs.uk)

[amhpduty@sutton.gov.uk](mailto:amhpduty@sutton.gov.uk)

Please include title ‘Breathing Space Referral’ into email subject box

**Further guidance is available at** [Debt respite scheme (breathing space): Guidance on mental health crisis breathing space - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/debt-respite-scheme-breathing-space-guidance-on-mental-health-crisis-breathing-space)

**The statement in the box on the next page can be used to explain the scheme and its effects to the individual including information sharing.**

“You are receiving mental health crisis treatment, and you may be struggling with problem debt. With your permission, I can complete a form to be sent to a debt adviser on your behalf to ask for a mental health crisis breathing space for you. Having a breathing space should stop you being contacted by someone you owe money to or being charged fees and interest on your debts while you are receiving crisis treatment. The breathing space will last for 30 days after your crisis treatment ends. A debt adviser will share the information I provide in the form with other organisations, including the breathing space scheme administrator, 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 be notified that you are in a mental health crisis breathing space, but they will not be given any specific information about your condition or your treatment. The debt adviser will also be able to contact you later, to offer you help to manage your debts. Are you happy for me to share your details with a debt adviser to see whether you are eligible for a mental health crisis breathing space?” “If you want to go ahead, but are worried that your creditors may be violent, we can ask the debt adviser not to share your address with your creditors. Do you want the debt adviser to consider this?”