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**Southampton City Council**

**Mental Health Crisis Breathing Space**

**Privacy Notice Consent Form and**

**Referral Form**



**Mental Health Crisis Breathing Space – privacy notice**

If you are receiving mental health crisis treatment and struggling with problem debt, this scheme could give you some breathing space. With your consent, we can send an evidence form to a debt adviser on your behalf, to request a mental health crisis breathing space.

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 continue for 30 days after your crisis treatment ends.

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 them. We will ask you if you want the debt adviser to consider this.

To help our Approved Mental Health Professional (AMHP) ask for a breathing space for you, we need some information about you. If you consent, you, or someone acting on your instruction, can complete the referral form to provide this information.

**What will happen if I give consent?**

One of our AMHPs will look at the information you provide and your health and social care records to check if you are eligible.

They will then complete an evidence form, which will include:

* your contact details
* a nominated point of contact
* your date of birth
* a statement that you are in mental health crisis treatment, and
* information about your debts or income.

They may contact you if all this information is not contained within the referral form.

The AMHP will then share the evidence form with a debt adviser.

The debt adviser will share the information we provide in the form with other organisations, including:

* the Insolvency Service (the breathing space scheme administrator)
* your creditors and their agents, and
* credit reference agencies.

This is needed 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 tell you what they are doing on your behalf and explain how they will protect your personal information.

The debt adviser will try to contact you after your treatment ends, to offer you help to manage your debts. In some circumstances, you may be eligible for a further breathing space. The debt adviser can help you with this.

The Insolvency Service will tell your nominated point of contact when your mental health crisis breathing space starts and finishes. The Insolvency Service publishes a privacy notice online at: www.gov.uk/government/ organisations/insolvency-service/ about/personal-information-charter.

You have a right to know how your personal information has been shared in the scheme. If you want to know more about this, your nominated point of contact or your debt adviser can answer your questions and direct you to the relevant privacy notices.

Southampton City Council keeps your personal data for up to seven years after you have ceased to receive a service from us.

We will only use the information you provide on the referral form for the purpose of asking for a mental health crisis breathing space for you. We will look at your health (Southern Health NHS Foundation Trust and our records for the purpose of checking that you are in crisis treatment.

As your information is confidential, AMHPs will only use your information if you consent or where you lack capacity to consent (and there is a relevant Best Interest Decision). If you do not give consent or a Best Interest Decision has not been recorded, they cannot ask for a mental health crisis breathing space for you.

You can withdraw your consent to our use of your information before it is shared with the debt adviser by:

• phoning the AMHP hub on

023 8083 3631, or

• emailing mh.breathingspace@southampton.gov.uk

After you consent to the AMHP sharing your information, the legal basis for the use and sharing of your information is General Data Protection Regulations:

• Article 6 (1) e task carried out in the public interest, and

• Article 9 (2) g for reasons of substantial public interest.

You have some legal rights in respect of the personal information we collect from you.

Please see our webpage [The Data Protection Act 2018 (southampton.gov.uk)](https://www.southampton.gov.uk/council-democracy/council-data/data-protection/)

You can contact the City Council’s Data Protection Officer at dataprotection@southampton.gov.uk

If you have a concern about how we are collecting or using your personal data, you should raise your concern with us in the first instance. Alternatively, contact the Information Commissioner’s Officer at: <https://ico.org.uk/concerns/>

**Mental Health Crisis Breathing Space – Consent Form**

**For completion where the individual has capacity to consent to sharing of information for the purposes of MHCBS.**

**Once completed forward a copy of the consent form to** **mh.beathingspace@southampton.gov.uk**

Do you consent to Southampton City Council using the information provided on the referral form, and your health and social care records, to complete an evidence form for your mental health crisis breathing space request?

Yes [ ]  No [ ]

Do you consent for an AMHP to share your details with a debt advisor to see whether you are eligible for a mental health crisis breathing space (please tick)

Yes [ ]  No [ ]

Do you want to proceed but are concerned that your creditors may be violent. We can ask the debt advisor not to share your address with creditors. Do you want us to ask the debt advisors to withhold your address? (please tick)

Yes [ ]  No[ ]

I Click or tap here to enter text. (insert name of person completing this form)

Confirm that I have given consent for this information to be used and shared as specified above

Signed Click or tap here to enter text.

Date Click or tap here to enter text.

Please ensure that the information supplied in this form is accurate and relevant as it will support the completion of the mental health crisis breathing space evidence form.

**Mental Health Crisis Breathing Space – Referral form**

**Please ensure that the information supplied in this form is accurate and relevant as it will support the completion of the mental health crisis breathing space evidence form.**

**Once completed forward this form to** **mh.breathingspace@southampton.gov.uk**

**Are you referring yourself Yes** [ ]  **No** [ ]

**If yes, please complete section marked with an asterisk (\*)**

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| **Section 1a: Information about the individual\*** |
| **Title** |  |
| **Surname** |  |
| **First name(s)** |  |
| **Any alternative name** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Rio Number (if available)** |  |
| **Care Director number (if available)** |  |
| **NHS or Hospital number (if available)** |  |
| **Ethnic Origin** |  |
| **First Language** |  |
| **Does the person require an interpreter?** |  |
| **Home Address****Postcode** | **Any other relevant addresses (e.g respite or hospital)****Postcode** |
| **Telephone Number** |  |
| **GP Name** |  |
| **GP Surgery and Address** |  |
| **GP Telephone Number** |  |
|  |  |
| **Section 1b: Referral form completed by** |
| **Name** | **Date** |
| **Role** | **Email Address** |
| **Contact Number** | **Service/Team** |
| **If you are not the Care Co-ordinator, please record details of the nominated point of contact required)** |
| **Name** | **Role** |
| **Profession, eg RMN, SW** | **Email address** |

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| **Section 2: Brief reasons for referral\*****Please state your/the person’s involvement with Mental Health Services, outlining reasons why you/they are eligible for the mental health crisis breathing space scheme** |
| **Has the person named in section 1a:** | **Been detained in hospital for assessment or treatment (including under part 3 of the Mental Health Act, 1983)** [ ] **Been removed to a place of safety by a police constable (s.135 or s.136)** [ ] **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.** [ ]  |
| **Please state the reasons why the person named in section 1 has been referred for a mental health crisis breathing space.** |
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| **Section 3: The person needs to consent to information being shared with Southampton City Council and organisations in the mental health crisis breathing space scheme\*** |
| **Does the person named within section 1a have capacity to consent to their information being shared for the purpose of starting a mental health crisis breathing space?** |  |
| **If the person named in section 1a has capacity, have they consented to their personal information being shared for the purpose of starting a mental health crisis breathing space and has the consent form been completed?** |  |
| **If the person names in section 1a lacks capacity in relation to this decision, has consent been sought from someone the individual has previously indicated can make decisions on their behalf (e.g., 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?** |  |
| **Or, has the decision been made to refer the person named in section 1a and for their personal information being shared for the purpose of starting a mental health crisis breathing space in their best interests?** |  |
| **If a decision has been made in their best interests what are the grounds (eg to protect from serious physical or psychological harm)?** |
|  |
| **Please forward a copy of the capacity assessment to support the referral. If you are unable to supply a copy of the assessment, please state the reasons why below:** |
|  |
| **The person named in section 1a has been supplied with a copy of the privacy statement** |  |
| **For persons who have capacity:** |
| **I agree to be referred to an Approved Mental Health Professional who will consider referring me to the mental health crisis breathing space scheme if my needs meet the criteria** | **Name** |
| **Signature** |
| **Date** |

|  |  |
| --- | --- |
| **Signature of the person completing this form if not the individual named in section 1a:** |  |
| **Date:** |  |

**Once completed please forward both the consent and referral form (where relevant please include a copy of the capacity assessment and best interest decision) to** **mh.breathingspace@southampton.gov.uk****.**

**Failure to provide these documents will result in a delay to an Approved Mental Health Professional being able to process the mental health crisis breathing space evidence form and the mental health crisis breathing space commencing.**