

**In Association with NNAAMI The National Network of Adult and Adolescent  
Children who have a Mentally Ill Parent/s., and  
WAYMI The World Association of Young People and others who have a  
Mentally ill Parent.**

This letter contains urgent information regarding an individuals concerns for their parent, we ask that you take this information seriously and not breach confidentiality of the person providing this information (unless permission is granted below). This form is provided to assist individuals world wide of any age to deliver information to a doctor or mental health professionals. Most young people will not wish this information to be passed on to their parent in any way, please respect their right.

**Urgent and Confidential Information**

*( If you are under 9 years or feel you need help, please get an older friend to help you fill in this form )*

**To Mr Mrs Ms Dr.....**  
*(Name of parents Psychiatrist, Doctor, Mental health service or other Professional)*

**Drs / MH Service Address.....**

**Name of Parent.....Address.....**

**From(your name).....**

**Address.....telephone.....age.....**

*(Instructions for writer Check the boxes statements below with an X where relevant and Circle words statements that are is important ).*

**I am concerned regarding my parent,**

- my parents current mental state.
- my parent is not taking medication, or not taking medication sufficiently.  
I feel my parent may need different medication. My parent was better on.....
- my parent is acting out more than usual., is off, is unpredictable., angry. crying a lot, up at night, waking others, upset / anxious all the time, anxious some times.
- my parent is psychotic, ie seeing things that are not there, believes things that don't happen, believes things that are not true. my parent is making things up that are not true it scares me.
- my parent is hearing voices talking to people who are not there, looking at people or things that are not there. my parent is responding to things that are not there.
- my parent is paranoid a lot, believes others are out to get him / her or plotting against him /her. paranoid about.....
- my parents mood is all over up and down, is high and low, in the same 30 minutes, same hour, day, week. Over....weeks.
- my parents mood is mainly high all the time.
- my parent is depressed, my parents mood is low all the time, most of the time, does not get out of bed when I ask, has been in bed for .....days.
- my parent is obsessive about many things. ie must do certain things before others could ever be done, he /she is obsessive about .....

I would feel scared if you sent my parent home from hospital now. I feel scared.

I would not feel safe if you sent my parent home from hospital now.

For at least one week For one month. For six months. Always. I do not feel safe.

I want you to provide help to my parent soon. I am not asking for help for myself.

I need some one to look after me. A Please notify my closest relatives to help me.

I need help now to get to live some where else for a while for time out.

(Write out what you are concerned worried about on next page)

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**Continued**

**I am concerned about my parent because.....**

*(Add another page where necessary)*

My parent talks of suicide, and this concerns me deeply, this scares me that she will probably do it.

My parent abuses alcohol, my parent uses other drugs like.....

I get hit a lot by my parent , I am frightened.

My parent threatens me emotionally.  My parent has used a knife at times or other things to threaten me. This scares me.

I feel hungry, there is not enough food in the house.

(circle what is right)

**The level of stress in my family now due to my parent’s illness is,**

OK                      LOW                      MEDIUM                      EXCESSIVE HIGH

**I am also concerned as**

I am not getting my school work done. It is impacting on my own employment.

(Many Doctors and professionals may not feel they can get back to you due to confidentiality with a parent in treatment. You have a right to tell them what is wrong)

I do not want you to get back to me just for you to know what I’m concerned about

I want you to get back to me by letter only.

I want you to get back to me by telephone only.

I want you to get back to me through another family member, friend, professional.

Name of this family member.....

Address of this family member.....

.....

Telephone .....

Signature.....date.....

Please keep a copy of this information do not send it back to me.

*Do not send this form to NNAAMI or WAYMI*

**Send both pages to Doctor or Mental health service now.** Copyright NNAAMI WAYMI P2.

Internet address for NNAAMI [www.nnaami.org](http://www.nnaami.org)