Dear Parent/Caregiver,

We are a group of Adult Children that have grown up with a parent living with a mental illness. As we were growing up there were some things that could have helped us. We would like to share these with you.

Children may often not understand what is going on. They may need to have your illness explained to them. If you are unwell and require help do not be afraid to ask for it. Your support/key worker are there to assist you. Please let your workers know that you are a parent so that they can source extra support for you and your child/children.

COMIC promotes awareness of the children’s needs. Acknowledgment and education about mental illness is our top priority. Parenting is challenging, and we empathise with the added difficulties that living mental illness can bring.

This Supporting Our Family Kit has been put together with the aim of encouraging discussion of mental illness with your child/children and maintaining the family unit.

We hope this letter shows you that you are not alone in your difficult times. We want to stress that it is alright to ask for help, it is alright to link into services and finally it is alright to talk with your child/children about your mental illness. If you do not feel comfortable speaking to your child/children please ask your support/key worker to do so.

Keep well, safe and happy.

Yours in caring

Paola and Nerrelle

COMIC Co-convenors
and all the other Adult Children
My Care Plan

My name: ......................................................... My birthdate:............................................

My parents/caregiver’s names:..................................................................................................

My brothers and sisters names and ages: .............................................................................

If my parent suddenly has to go into hospital I can call these people:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
</tr>
</tbody>
</table>

Whilst my parent is in hospital I would like to stay with either:

<table>
<thead>
<tr>
<th>Name</th>
<th>Their relationship to me</th>
<th>Home Phone No.</th>
<th>Work/Mobile Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
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<tr>
<td>2)</td>
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<td>3)</td>
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</tr>
</tbody>
</table>

☐ Please tick this box to show that this has been discussed with the people listed.

I would like to be (tick one)

☐ Picked up by the people I am staying with.
☐ Dropped off at their home by a FAYS or a Mental Health Worker.
☐ Other.................................................................................................................................

My parent/s will be staying at:...................................................................................................

I can phone them on ............... or visit them at .................................................................

My school is: ............................................................................................................................

I can tell these people at school what is going on:....................................................................

....................................................................................................................................................

These are the people I need to tell that my home situation has temporarily changed:

....................................................................................................................................................

© COMIC 2003
My Doctor’s name and phone number is: ......................................................................................

My Medicare Number is:........................................... Current medicines I use are:..............................
........................................................................................................................................................

When I stay with people it’s important that I take with me: (include favourite toys, clothes, and
any medication)
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................

I will get my pocket money from........................................................................................................
........................................................................................................................................................
........................................................................................................................................................

My pets are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Animal type</th>
<th>Items to be taken with them (food etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
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<tr>
<td>3)</td>
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</tr>
</tbody>
</table>

They will be cared for by ........................................................................................................
........................................................................................................................................................
........................................................................................................................................................

If there were something worrying me I would deal with it by...........................................................
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................

I would like to be told what is going on with my parent/s by these people....................................
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................

I can rely on these people when my parent/s are feeling unwell....................................................
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................

Other things that I need to remember are: ....................................................................................
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................

I have agreed to this plan being put into action by ...................... when my parent/caregiver
becomes unwell.

Signatures       Date:  ....../....../......

.............................. .............................. ............................... ......... ..............
Child                  Parent/Caregiver              Parent/Caregiver              Worker

© COMIC 2003
For the worker to fill out:

Have the children’s needs been met, in particular, has the child been informed about the nature and condition of the parent/caregiver’s illness?  
Yes ☐  No ☐

If not, why not? .....................................................................................................................................................

Has the child had an opportunity to discuss or express their feelings?  
Yes ☐  No ☐

Are there any protective issues?  
Yes ☐  No ☐

........................................................................................................................................................................

Are there any custody restrictions?  
Yes ☐  No ☐

Which agencies/custodial person(s) are involved in the care of this child (include key worker and contact details):

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

Please tick the above boxes when the above agencies/custodial parent(s) have been notified.

I need to let these people know that ………………………… is unwell:

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

This is the number of children that can stay at the listed residences:

........................................................................................................................................................................

........................................................................................................................................................................

Other notes:

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................
Sample Letter

This is an example of a letter you could write to the child’s school

To - The Class Teacher/School Counsellor/ The Principal

I am writing to you to negotiate a school plan for
Child’s Name ........................................................... Class ..................................................
who has a family member that at times experiences symptoms of mental illness. Generally the
person in question functions well within the community and prefers not to be labelled. However,
there may be times when the child would benefit from extra support through the school system.

At home I have
- Explained the mental illness to my the child
- I have a care plan in place (we could discuss whether
  the school would like a copy?)

I nominate ............................................................. (relationship i.e.. husband, grandma)
telephone number .................................................. address...............................................
...........................................................................................................................................

to advise the class teacher should our family be experiencing a stressful time. Our family would
greatly appreciate it if you try to reinforce with the child that mental illness is just another form
of illness and not something to be frightened or ashamed of as this is the attitude we try to
reinforce within our home.

In the event the primary carer in the family is hospitalised the child will be cared for by
.................................................................(relationship ie. husband, grandma)
telephone number .................................................address................................................

I trust that if you have any further questions about mental illness that I can answer them myself
or direct you to someone else or perhaps we could make an appointment. Should you have any
concerns about the child’s behaviour or learning capacity, please feel free to discuss this with
me. I have taken steps to ensure that the impact of the family member’s condition on the child is
kept to a minimum. The schools cooperation in helping educate and support the child about this
important matter is valuable to me.

Yours sincerely

Signature
Your Checklist

Tick these off as they are completed.

☐ Your child needs to know what your illness is and how it can affect you.

☐ Acknowledge that you have a child/children when you seek help with your doctor, key worker etc

☐ Have a Care Plan for your child should you go into hospital or need to go away. Make sure your key worker has a copy (You could also give a copy to your child’s school.)

☐ Encourage your child to link into sports groups, youth groups and go out and have some fun.

☐ Do not be afraid to ask for help - it may be the best thing you will ever do. We all need help sometimes and we shouldn’t have to suffer alone.

☐ Do some nice things for yourself. Join a support group, craft group, a walking group. Make time for yourself too.
THESE BOOKS AND VIDEOS ARE CURRENTLY NOT FOR LOAN BUT CAN BE VIEWED at the MENTAL ILLNESS FELLOWSHIP SA INC. (COMIC LIBRARY)
We have provided prices (current at March 2002), and a contact address, should you wish to purchase your own copy.

Children 0 – 5 yrs

• **JAKE’S DINOSAUR**  
  Anne Sved – Williams (1996)  
  A picture book for 3-6 years old  
  Available from Helen Mayo House, Glenside Hospital,  
  PO Box 17 EASTWOOD SA 5063  
  Phone: (08) 8303 1451 $16.50

• **ROBBY ROSE AND MONKEY**  
  A. Louis  
  A picture book for 3-6 year olds  
  Available from Helen Mayo House (as above) $16.50

Children 9– 12yrs

• **YOU’RE NOT ALONE**  
  SANE Guide to mental illness for children  
  Available from SANE Bookshop  
  www.sane.org $9.00

• **HANDLE WITH CARE**  
  ARAFMI  
  Association of Relatives & Friends of the Mentally Ill (SA)  
  Mental Health Resource Centre  
  1 Richmond Road Keswick  
  PO Box 310 Marleston 5035  
  Ph: 8221 5160 $7.00

Adolescents 13–18yrs

• **ABOUT MENTAL ILLNESS**  
  ARAFMI  
  Association of Relatives & Friends of the Mentally Ill (SA)  
  Mental Health Resource Centre  
  1 Richmond Road Keswick  
  PO Box 310 Marleston 5035  
  Ph: 8221 5160 $5.00
• **THE ILLUSTRATED MOTHER**  
  Jacqueline Wilson  
  Dymocks Bookstore  
  $14.95

• **JOE’S DIARY**  
  SANE Australia  
  Available from SFSA INC Adelaide  
  Mental Health Resource Centre  
  Website: www.sane.org  
  $9.00 + postage and handling

• **IS THERE ANYBODY OUT THERE**  
  COMMUNITY FOCUS (QLD)  
  Comic Book  
  COMMUNITY FOCUS (QLD)  
  Ph: (07) 5479 3110

• **THE UNINVITED GUEST**  
  OFFSPRING (SA)  
  Written by Anne Kasprazk and the young people from Offspring (Southern Region)  
  Email: comic.admin@bigpond.com for a copy

**ADULT CHILDREN (over 18 years)**

• **HIDDEN VICTIMS/HIDDEN HEALERS**  
  Julie Tallard Johnson (1988)  
  Website: www.amazon.com

• **WOMEN WHO LOVE TOO MUCH**  
  Robin Norwood (re-issue 1991)  
  Website: www.amazon.com

• **MY PARENT’S KEEPER**  
  Eva Marian Brown  
  Website: www.amazon.com

**PARENTS**

• **THE BEST FOR ME AND MY BABY.** Managing Mental Health during Pregnancy and Early Parenthood. Health professionals and parents working together. Australian Infant, Child, Adolescent and Family Mental Health Association for the Australian Government Department of Health and Ageing, April 2004. Further resources and information about the initiative can be found at: www.copmi.net.au

**FAMILIES**

• **FAMILY TALK.** Tips and information for families where a parent has a mental health problem or disorder. Australian, Infant, Child, Adolescent and Family Mental Health Association for the Australian Government Department of Health and Ageing, April 2004. Further resources and information about the initiative can be found at: www.copmi.net.au
VIDEOS

• **MY MOM STILL LOVES ME**  (Includes a video - Cat-a-lion and book)
  Email:  Ashanks@tcvmhmr.org

• **HARD WORDS**
  ARAFEMI Melbourne Victoria
  Email:  arafemi@infoxchange.net.au

• **KOPING**
  The KOPING Forum
  Queensland
  Phone:  (07) 3835-1434
MENTAL HEALTH SERVICE PROVIDERS

- **Children of Parents with a Mental Illness**  
  Vicki Cowling, Ed. (1999)  
  A summary of issues, needs, service descriptions and recommendations for service providers  
  Available from Australian Council of Educational Research (ACER)  
  Phone: (03) 9277 5656  

- **Children of Parents with a Mental Illness 2**  
  Personal and clinical perspectives.  
  Available from Australian Council of Educational Research (ACER)  
  Phone: (03) 9277 5656  

- **Children Of Parents Affected By a Mental Illness Scoping Project Report.**  
  *Australian Infant, Child, Adolescent and Family Mental Health Association.*  
  Canberra.  
  Department of Health and Aged Care, 2001.

- **Crossing Bridges: Training Resources For Working With Mentally Ill Parents and Their Children: Trainer.**  
  Kate Mayes, Marie Diggins and Adrian Falkov.  

- **Crossing Bridges: Training Resources for Working with Mentally Ill Parents and their Children: Reader – For Managers, Practitioners and Trainers.**  
  Edited by Adrian Falkov.  

- **Peer Support for Children of Parents with a Mental Illness: Program Design and Evaluation.**  
  Rosemary Cuff and Jonathan Pietsch  
  Melbourne: Mental Health Research Institute, 1997.

- **Southern Partnership Project: Listen to the Children: Interagency Collaboration to Effectively Meet the Needs of Families with Dependant Children where Parents have a Mental Illness.**  
  Vicki Cowling.  

- **Working Together: Families In which a Parent has a Mental Illness: Developing Best Practise for Service Provision and Interagency Collaboration.**  
  Jonathan Pietsch and Liz Short  
  Melbourne: Mental Health Research Institute, 1996.

- **Principles and Actions for Services and People Working with Children of Parents with a Mental Illness.**  
  Australian Infant, Child, Adolescent and Family Mental Health Association for the Australian Government Department of Health and Ageing, April 2004.  
  Further resources and information about the initiative can be found at: [www.copmi.net.au](http://www.copmi.net.au)

- **The Best for Me and My Baby.**  
  Managing Mental Health during Pregnancy and Early Parenthood.  
  Health professionals and parents working together.  
  Australian Infant, Child, Adolescent and Family Mental Health Association for the Australian Government Department of Health and Ageing, April 2004.  
  Further resources and information about the initiative can be found at: [www.copmi.net.au](http://www.copmi.net.au)
WEBSITES

- **AICAFMHA** (Australian Infant Child Adolescent Family Mental Health Association)
  Website: [www.aicafmha.net.au](http://www.aicafmha.net.au)

- **AUSEINET**
  Website: [www.auseinet.com](http://www.auseinet.com)

- **CARER'S ASSOCIATION**
  Website: [www.carers-sa.asn.au](http://www.carers-sa.asn.au)

- **CHAMPS Worldwide**
  Website: [www.champsworldwide.com](http://www.champsworldwide.com)

- **COMIC** (Children of Mentally Ill Consumers/Parents)
  Website: [www.howstat.com/comic](http://www.howstat.com/comic)
  Email: comic.admin@bigpond.com
  Contact: Paola and Nerrelle

- **COPMI** (Children of Parents with a Mental Illness Initiative)
  Website: [www.copmi.net.au](http://www.copmi.net.au)

- **HEADROOM**
  Website: [www.headroom.net.au](http://www.headroom.net.au)

- **KIDS HELP LINE**

- **MAKEANOISE**
  Website: [http://www.makeanoise.ysp.org.au](http://www.makeanoise.ysp.org.au)

- **MENTAL ILLNESS FELLOWSHIP OF SA INC**
  Website: [www.mifsa.org.au](http://www.mifsa.org.au)

- **MIND MATTERS**
  A school education program
  Website: [www.curriculum.edu.au/mindmatters](http://www.curriculum.edu.au/mindmatters)

- **MULTICULTURAL MENTAL HEALTH AUSTRALIA**
  Website: [www.mmha.org.au](http://www.mmha.org.au)

- **REACHOUT**
  Website: [www.reachout.asn.au/home](http://www.reachout.asn.au/home)

- **SANE**
  Website: [www.sane.org](http://www.sane.org)
IMPORTANT PHONE NUMBERS

1. Carer ___________________

2. Carer ___________________

3. Key Worker ___________________

4. General Practitioner ___________________

5. Parent Help Line 1300 364 100

6. Crisis Care 13 16 11

7. ACIS (Assessment & Crisis Intervention Service) 13 14 65

8. Life Line 13 11 14

9. Kids Helpline 1800 55 1800
We would welcome your comments about the content of this kit. They will provide us with necessary feedback to modify future versions of the kit.

We do not need to know who you are but some data is essential.

1. Are you a parent?  Yes  ☐   No  ☐
2. Are you a child?  Yes  ☐   No  ☐
3. Are you a consumer?  Yes  ☐   No  ☐
4. Are you a carer?  Yes  ☐   No  ☐
5. Did you find this information helpful?  Yes  ☐   No  ☐
6. What other information would you like to see included in the kit?
   .................................................. ............................................................................................
   .................................................. ............................................................................................
   .................................................. ............................................................................................
7. Do you have any other comments you would like to add?
   ..............................................................................................................................................
   ..............................................................................................................................................
   ..............................................................................................................................................

We appreciate your time and effort in completing this feedback sheet. You can forward the sheet to

   COMIC (Children Of Mentally Ill Consumers)
   PO Box 310
   Marleston  SA  5033

Alternatively you can e-mail your comments to comic.admin@bigpond.com

Thank you.