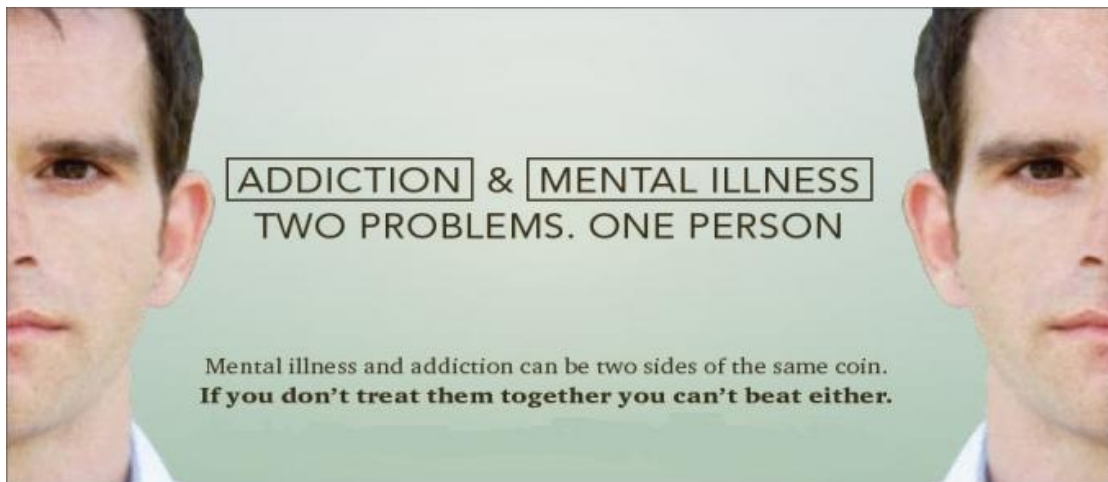


Sample Templates



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INTRODUCTION

These are sample templates we are sharing with you. You will have to decide whether this template is appropriate to your situation and adapt it to your specific needs. We disclaim all liability for use of this template.

You will need to add name, date of birth and medical record number (if available to each letter)

You might also find the A to Z of Irish mental health services useful and this can be found through google search or on our website. It covers everything from what to expect from services to asserting your rights and being heard.

Produced by Dual Dignosis Ireland, January 2021

www.dualdiagnosis.ie

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SAMPLE LETTER: WHO IS RESPONSIBLE FOR CLINICAL MANAGEMENT?

Re: XXXXXX

Dear Dr YYYY

I am very concerned about XXX as he/she does not appear to be recovering as he/she is suffering from both mental health and substance abuse difficulties.

I am unclear as to who is responsible for XXX's clinical treatment so I would be very grateful if you could confirm who is the health care professional who is responsible for XXX's overall treatments.

I am also copying this letter via registered post to all the other health care professionals I have dealt with to ensure there is clarity over who has overall clinical responsibility.

Kind regards

ZZZZZ

Date

Cc Social worker, GP, Key worker, Case worker, Psychiatric Nurse, Psychiatrist, Psychologist, Counsellor, etc.

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SAMPLE LETTER: REQUEST FOR COPY OF CARE PLAN

Re: XXXXXX

Dear Dr. Psychiatrist

I would be very grateful if you could send me a copy of the care plan for XXX, covering (for example)

ICD-10 Diagnosis (es):

Medical problems:

Pre Care plans

Proposed review date

How XXX feels about their mental health & about own care

Goals agreed with XXX

Desired outcomes

Mental health needs- e.g. anxiety, psychotic, MMSE scores etc.

Physical health needs

I attach a copy of XXX's signed consent to disclose information to me.

Kind regards

ZZZZZ

Date

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**CONSENT: RELEASE OF INFORMATION- VERSION 1:
SINGLE RELEASE**

CONFIDENTIAL

I _____ give consent for information on my clinical,
educational and occupational history to be released to XXX

SIGNED:	DATE:
----------------	--------------

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**CONSENT: RELEASE OF INFORMATION, VERSION 2
MULTIPLE RELEASE**

CONFIDENTIAL

I _____ give consent for XXX to release clinical reports and information on my rehabilitation and progress to my Family, G.P., and other clinicians involved in my care.

SIGNED:	DATE:
----------------	--------------

Please return this form to: XXXXX

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SAMPLE LETTER FOR CLIENT/DOCTOR APPOINTMENT

Hi XXX,

As discussed I'm now summarising yours and the family concerns at the moment, so you can bring this list to the doctor's attention at tomorrow's appointment.

1. You are still very anxious and sad despite the medication and are worried you will start drinking again.
2. You've had a brain scan and are awaiting the results
3. Your general energy levels are very low since you went on the medication and you also appear to be putting on weight
4. You have also started drooling from the mouth which means you are embarrassed about going out and meeting people.
5. Your memory/general sharpness is not as good as it was and is impacting on your activities of daily living. We'd like this investigated to see if anything can be done about it.
6. You are finding it difficult to sleep at night
7. You are on a lot of medication and we're wondering if this can be reviewed to ensure no contra indications between the medicines
8. You are on the waiting list to see xxx but wonder are there any alternatives for support while you are waiting e.g. peer support meetings, anxiety reduction programmes. These would also help you to establish a better routine.
9. Your housing situation is unchanged and this is causing you significant stress, can you get a medical letter to support your application.
10. We've applied for additional home help care but we'd also like some more expert help –we understand a specialist psychiatric nurse can visit you in the home to see what extra supports can help.

Don't forget to bring your list or bag of medications.

Regards
XX & phone number

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SAMPLE LETTER: REQUEST FOR CASE CONFERENCE REVIEW

Dear Dr. xxxx

I am writing to you in regard to xxxx. While xxxx is making good progress we still have some concerns about the following:

1. Medication Regime
2. His ability to live independently
3. The impact of recent stroke
4. Risk of return to drinking

We would like to have a case conference with all relevant care providers (Social care, psychiatrist, GP, Home support) with family members present to discuss future rehabilitation and care requirements.

I would appreciate if you could contact me with the earliest suitable appointment

Yours sincerely

Xxx

Date

Contact details.

Cc:

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SAMPLE LETTER REQUEST FOR CASE REVIEW- MEDICATION

Psychiatry Services

Re XXX

Dear Dr XX

You may recall we spoke on a previous occasion and you advised against reducing XX's medication. There is a signed authorisation from XX on file allowing you to share medical information with me.

Due to physical problems, XX is currently in the YY hospital. His mental condition has now quickly deteriorated very significantly, with his memory problems now very severe, hallucinations and profound confusion. A CAT scan shows no change from previous reports. There has been an initial suggestion by the medical team that we consider xxxx which is a very serious course of action.

It appears his medication was reviewed by some one in zzz hospital (he was there for a while) before being transferred to xxx. His Solian has been reduced to 200mg once daily. He now appears to be on

Fluoxetine	20mg once daily
Flurazepam	30mg at night
Solian	200 mg once daily
Folic acid	5mg once daily
Calogen	30mls 3 times daily
Clixane?	Once daily
Remilus	250 mls
Neorecarmmon	Weekly
1 * Vit.d ??	0.5mg once daily
Frusemide	80mg twice daily

We requested a review take place with you, given your detailed knowledge of XX. We have been told this is complete, but we have been unable to confirm whether, the psychiatrist team in xxx have actually spoken to you. Given the circumstances, I would be very grateful if you or your secretary could confirm that you have indeed discussed XX's case and you believe the medication change is not the current cause of XX's decline. I can be contacted by mobile xxx during the day or night I can also be emailed at xxxxx

Yours Sincerely

Date

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SAMPLE PLEA FOR PROVISION OF SERVICES RE HOME SUPPORTS

Re XX Application xxx

Dear xxxx

I spoke to your secretary on the above and she informs me the next meeting to discuss the above application won't be until the 20th of June 2012. It appears also that due to budgetary constraints this application may not be approved.

Whilst individuals within the HSE have been tremendously helpful to XX and us (Louise, Bernie, Marion) overall the health services have failed him. Just some of many examples

1. He has never received any counselling with simple repeat psychiatric drugs prescriptions issued over 15 years
2. No community social worker has ever been assigned to him
3. Simple memory aids- like foil covered tablet capsules were never suggested- we his family had to find out about them
4. He never received any rehabilitation for a major acquired brain injury in 2010
5. He was brought to xxx casualty seriously ill in June 2006 and discharged-saying go to your GP. He then appears to have had another stroke which has never been treated
6. He was discharged at two hours notice from YYY hospital with no community services in place-despite written requests from his family. He had a further fall whilst at home within 2 days

I could list many more examples of failure to meet XX's needs and you are very welcome to see the file of requests, issues, and pleas I have generated in little more than a year. We as a family have done our best to support him, with daily telephone contacts and regular visits by different members of the family but this is not enough.

XX is again in hospital mainly as a result of his difficulties with activities of daily living. He is very despondent and worries he will be stuck in hospital or a nursing home for the rest of his limited life. This is impacting his recovery. If he was 65 I am told budgets would be available to enable him to live at home, I can not see XX reaching 65 in his current situation

Please can you approve this request urgently, it would give XX hope and greatly assist his recovery. It would also ensure his hospital bed would be available quicker for some one currently on a trolley.

Yours Sincerely

XX mobile no

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SAMPLE FORMAL LETTER OF COMPLAINT

XXX

Some Background

Quick details and previous case conferences

You'll recall we documented these issues with you both verbally and in writing towards the end of July.

Unfortunately the way these issues have been managed may have led to excess time for XX in hospital and consequent impacts on his mental health, so we wish to make a formal complaint about XX treatments.

The Treatment Process

We noted XX was still suffering from anxiety and confusion four days after admission and brought this to the attention of the staff nurse on xx ward. They were not aware this had previously been raised as an issue. We again brought this to the attention of the various care providers (medical and non medical) again in writing and in phone conversations.

At the case conference on the 31st August Dr xx seemed unaware of this particular issue and committed to investigations. Whilst he maintained XX was fit for discharge we disagreed as

1. He was still suffering from hallucinations, anxiety and confusion
2. XX confirmed he was "getting caught short" (incontinence)
3. His speech was still slurred
4. XX had changed from a man who up to very recently took pride in his appearance to one with who now presented with food spillages on his clothes.
5. No discharge planning had taken place

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The following actions were agreed at the case conference

No	Actions agreed at case conference 31 st August	Status now
1.	Investigate incontinence	unknown
2.	Work with nursing staff to allow XX take control of his medication.	YY (before her reassignment) did work with XX on this but XX kept forgetting to buy the necessary table box. Box now available and further training needed
3.	Assign advocate	Unknown
4.	Provide prescription in English to assist XX in recall and correct adherence to instructions	<i>Not provided.</i>
5.	A letter of referral to XX's for psychosis programme	<i>Not provided to our knowledge.</i>
6.	Improve independence in activities of daily living	XX (before her reassignment) did work with XX on this- on getting in and out of bed, and provision of a long handled shoe horn and elastic shoe laces. Letter of referral needed for community occupational therapist to maintain progress
7.	Dietician to talk to XX re use of M& S Meals	Completed.
8.	XX's flat to be refurbished and disability proofed.	Completed

As you can see there were quite a number of outstanding actions to ensure XX was fit for discharge for independent living. In view of this we asked could a temporary step down facility be provided for XX. This request was refused

Communications

An additional concern is the difficulty in contacting the psychiatric team and the apparent lack of knowledge of XX's needs. XX himself contributes to this problem as although he is highly intelligent, independent minded and "compos mentis" he is unable to articulate his needs due to "not wanting to be a nuisance" An example illustrates this issue.

We obtained a bed lever for the flat and as this could apparently could not be provided in the hospital we labelled it and brought it into XX to allow him practise with it. Every time we went in the lever was off the bed. . When the bed was being made the lever was taken down and XX felt unable to ask for it to be put back up. But why did any of the nursing staff not notice this problem?

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XX's clinical records also appeared to be incomplete. As you know he went for walks outside the hospital against both the family's and the nursing team wishes. On one occasion we brought him for psychological assessment, (with prior permission) but on a second occasion we were refused permission because "His records showed no indication that XX had ever been off the ward!" When we went down to see him, ten minutes later, he was not on the ward and the nursing staff were unaware he had left the ward!

So in summary we wish to complain about

1. lack of attention to XX 's needs
2. Lack of follow up on actions agreed at case conference of xx date
3. Poor communications between clinical team
4. Lack of discharge planning

I would be most grateful if you or your secretary could acknowledge receipt of this complaint as I am anxious to know it has indeed got to you.

Yours Sincerely

Date

Contact Details

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SAMPLE LETTER REQUESTING ACCESS TO MENTAL HEALTH SERVICES

Re xxxx Date of Birth, xxxx

Dear Doctor xx

I am writing to you about xx who was recently refused support from mental health services on the grounds he/she has an addiction.

XX has capacity to engage in mental health services and has committed to not being drunk or high when she attends services. She is using drugs/alcohol as a means of self-medicating to cope with underlying mental health issues. Until these issues are addressed she will not be able to deal with her addiction,

Given that Government Policy has changed and “Sharing the Vision” states

“It will not be necessary to establish whether a mental health difficulty is ‘primary’ for an individual to access the support of a mental health team.” Page 53-54

I am confused that she has been refused support on the basis of her addiction as she has underlying mental health issues.

I would be very grateful if you would reconsider your decision to exclude XX from support as she would greatly benefit from the treatment you offer.

Looking forward to an early reply.

Yours Sincerely

XX

Date

Contact details

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