

Collaborative Mental Health Care to Support a Young Person from a Refugee Background

Yvonne is a 16 year old Sierra Leonean girl who lives in an Australian capital city with her grandmother and uncle. Yvonne is an orphan; she has no memory of her parents who were killed in the conflict in Sierra Leone when she was four years old. She came to Australia with her grandmother and uncle as humanitarian entrants when she was eight, eventually settling in rental accommodation.

Yvonne spent time in a refugee camp in Guinea prior to coming to Australia, where she had, and enjoyed, high levels of autonomy taking on the responsibility of caring for younger children. Adapting to the level of regulation experienced by children in Australia was difficult, as was meeting her grandmother's expectation that she would instantly conform to the new conventions.

She learnt English very quickly and performed well in primary school, excelling in sport, music, and drama. Yvonne made friends easily, but at home, was not allowed the same privileges as them, experiencing as a result acculturation stress and intergenerational conflict from quite an early stage.

At school her direct manner of communication led to some conflict, mainly with other students. Racism reared its head on a couple of occasions, leading to physical fights.

Erratic school attendance ensued, mitigating very high creative and academic potential, and it seemed that the public system school eventually 'burnt out' in terms of support for Yvonne.

Family conflict increased in her early teens. While it is clear that her uncle and grandmother both used physical discipline and violence, it is difficult to be certain at what level. What is certain is Yvonne became increasingly unhappy at home.

By the time she is 16, Yvonne is living in and out of home, relying on a few good friends in her local community for accommodation a lot of the time.

Yvonne has been seeing the same GP for a number of years. In early adolescence Yvonne presents with a range of fluctuating physical symptoms, headaches, palpitations, poor appetite, and difficulty sleeping along with anxiety symptoms (increasing over time), depressive symptoms and emotional dysregulation.

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Yvonne has also been indulging in risk-taking sexual behavior. Due to her erratic adherence to contraception, she had Implanon inserted but subsequently had it removed as she couldn't tolerate it. When she was 15 Yvonne underwent a termination of pregnancy with no family support.

Her communication with the GP is challenging and characterised by 'splitting' and hampering progress. Yvonne is inclined to denigrate others' input and idealize her current help provider.

Continuity of care is tricky due to Yvonne's difficulty remembering and getting to appointments. Yvonne has agreed to counseling but has never made it to an appointment.

She states that she feels conflicted between what she projects to the outside world and how she feels within herself. *"...I feel like I am expected to be happy, up and going well" but behind the mask "I'm sad, frustrated with my home life and worried about the future..."*

Yvonne's extended family dynamics are complex. She has two aunts, who are refugees in Europe and who are willing and able to look after her. However Yvonne has no passport and her grandmother will not provide consent for a minor's passport and will not verify her true age.

An adult friend who was close to Yvonne's grandmother has confided in the GP that Yvonne's true age (according to grandmother's historical testimony) is 1.5 years older than stated.

If this is true, and the GP is inclined to think it is, this means Yvonne is actually 17.5 years old.

This is a de-identified vignette.

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