## Biography – Sebastian

Sebastian is a twelve-year-old boy admitted to a unit due to increasing self-harming behaviour. He was admitted to the inpatient unit two months ago and was due to be discharged today.

## Mental health history and presentation

Sebastian was diagnosed with oppositional behaviour disorder when he was seven. He has been self-harming in the past two years, which included head banging, cutting and scratching and reopening old wounds. He has recently been diagnosed with PTSD, characterised by avoidant behaviour, disassociation and can be triggered by meeting new people (particularly male) and sudden changes in his routine. When distressed he becomes dysregulated in mood which appear to exasperate self-injurious behaviour. He can engage in other behaviours that challenge such as damaging of property and verbal aggression towards staff and fellow patients.

## Admission details

His admission was characterised by unsettled behaviour, as he engaged in self-injurious behaviour requiring close 1:1 observation for the first month of his admission. This has now reduced to level two observation, and he has not engaged in significant self-harming behaviour for three to four weeks now, apart from scratching an old wound which requires ongoing dressing.  His PTSD symptoms include flashbacks regarding domestic violence, dissociative states and self-harming behaviour. He has developed a therapeutic relationship with some female staff, and the play therapist who have worked with him to reduce dysregulated states and subsequent risk related behaviour. He finds night-time particularly difficult and initially could not attend the dining room with other patients.

He enjoys playing chess and with his train set. He has been facilitated to leave the unit for some exercise in the last two weeks, which appear to be beneficial to his mood and behaviour. He was referred to play therapy, which he now enjoys but initially refused to engage. He has also been referred for EMDR and is on the waiting list. Sebastia was due to be discharged from hospital yesterday but this is no longer the case due to foster placement difficulties, related to his high-risk behaviour and complex needs. While he did not make a strong connection with the foster family, he had met three times, he was looking forward to leaving hospital so he could meet with his grandmother more frequently.

## Family History

Sebastian’s parents separated when he was six years old and had witnessed domestic violence in the home prior to that. He has some contact with parents separately which is supervised by Child Welfare services social worker, but this has been inconsistent. Since they separated, Sebastian was living between his parents but was removed from their care at 10 years old due to his father’s addiction problems and concerns for his safety due to physical abuse when in his care. Additionally, his mother is diagnosed with depression and has a history of suicidality.  Sebastian is supported by his paternal grandmother who visits weekly, but as she lives two hours away, cannot visit more frequently.

## Education

Sebastian’s school attendance has been poor when living with his parents and also with foster parents. When he attended, he found it difficult to make friends. Sebastian has some learning difficulties, can be oppositional with teachers, had poor academic achievements, and can appear distracted and difficult to engage in the school setting.

## Medical history

He has a diagnosis of asthma and is underweight for his age (BMI). He has a poor diet and does not like most food available in the hospital. He was premature at birth and did not meet childhood developmental milestones at the usual time.

## Scenario

Sebastian has just been informed that he will not be discharged as was planned and the new foster family he was due to move in with, and who he has met three times to date, are no longer in a position to take him. This means a new family must now be identified and the process of getting to know them, recommenced. When Sebastian was told this news he did not respond to staff enquiring how he felt about and left the room abruptly.

The scenario begins with Sebastian sitting alone at the table playing with his train in a slightly agitated state. There are two other children in the room also, but he is not engaging with them. Staff area aware that Sebastian may exhibit behaviours that challenge and that there are potential safety issues for him, and others