

Sheida, 17 years old.

Sheida A. is a 17 year old girl of Afghan origin. She is living in the hostel with her younger sister. During the interviews for the anamnesis report, she mentioned that she became separated from rest of her family, including her 4 year old son, during their journey to Europe.

Both her social and psychological history showed great deficiencies. She provided contradicting information about the trip and how the family had obtained the means to undertake the journey. There was also no information obtainable about any psychological issues that might have plagued the minor.

In a short time, and without obvious indicative signs, she committed her first suicide attempt and she was hospitalised in a psychiatric clinic. As no one was trained to manage such a situation, this incident caused disruption and panic in the care team. After a period of about two weeks, she was discharged on the condition of following a pharmaceutical, antidepressant and antipsychotic treatment. The diagnosis made by a psychiatrist was depressive disorder, post-traumatic stress disorder and borderline personality disorder.

Before her discharge, the team was informed and a seminar on depression, post-traumatic stress disorder and suicidality was organised. During her psychiatric treatment, it was revealed that her father had sold her to finance the trip to Europe. She also told us that this was not the first time her father forced her to do something against her will. She was forced to marry at the age of 12, to a man who abused her verbally, physically and sexually. Consequently, she already had tried to take her own life twice.

A sudden hysterical crisis alarmed the team. The minor suffered from seizures/epileptic crises lasting for 12-15 minutes. These never happened when the girl was alone. In a team meeting, it was decided to record when and how long the attacks occurred. After a few days, however, the attacks suddenly stopped.

About two months later, Sheida attempted to cut her wrists with a sharp object, which she obtained when she returned from school. More familiar with this kind of situation, the team initiated the established procedure. A caregiver removed all children out of the space where Sheida had cut her wrists, and another provided medical care. Sheida was transferred to the psychiatric clinic where the psychologist took her into care.

She attempted to commit suicide again in the bathroom of the clinic with a little object for hair decoration within 24 hours of her admission. Following this incident, her psychiatrist imposed 24-hour monitoring shifts. However, this brought with it a great imbalance in the staff's workload. With not all positions being filled staff had to do shifts in psychiatry ward and in the hostel taking care of the other children.

After a month she was discharged with additional medication prescribed. This time a person on duty was assigned to discreetly oversee her. A security room, where it would be impossible for the minor to inflict self-harm was also created in anticipation of a new crisis situation. Specialised forms were drafted to provide continued reporting on her situation. This greatly facilitated the exchange of information during shift changes and the opportunity to look at her behavioural patterns over longer periods of time.

The form recorded on a daily basis: her sleep patterns, diet and emotional state. Weekly intensive sessions with a psychiatrist were also set up to consult her in managing negative thinking and taught her to use compensatory behaviour to compensate self-harm. The team utilised the technique of acting out, when she feels pressed. They take her to a beach, where she can scream loudly, which has a calming effect on her.

So far, there has been no news from the missing family. With the new measures in place, her mental state stabilised, with the usual ups and downs. In anticipation for family reunification, an uncle and aunt have been contacted. As her closest known next of kin they have been briefed thoroughly the severity of her mental health problems in order to ensure tailored support would continue after Sheida left the care home.