

Tyler

Tyler is a 16-year-old male who is in year 11. He currently lives independently in youth residential accommodation operated by a non-government organisation that provides youth worker support. He no longer resides at home due to longstanding conflict with his parents. He has no current contact with his parents or other family members. He receives his own Centrelink payment and has also been working part time at McDonalds for the last twelve months.

This is Tyler's first presentation to child and youth mental health services. He attended the Emergency Department of the local hospital on Saturday afternoon accompanied by his youth worker after he had disclosed a plan to overdose on paracetamol which he had stockpiled over the previous week.

He reported a three-month deterioration in mood with increasing insomnia, decreasing appetite with weight loss, worsening concentration with falling school grades and recent suicidal ideation. He had engaged in a course of cognitive behavioural therapy (CBT) with Headspace during these months, completing eight sessions without resolution of symptoms.

He stated that he did not wish his parents to be part of the assessment process as they were not currently in contact or supporting him at all. He did consent to the clinician seeking collateral history from his youth worker.

He was cooperative with the process of assessment. His mood was subjectively 'crappy' and objectively 'low'. He agreed that he felt depressed, and he reported hopelessness, helplessness and suicidal ideation with ambivalent intent. When the assessing clinician raised the possibility of inpatient treatment he became anxious and agitated, stating that he had plans to attend a concert with friends that night. He became increasingly distressed and dysregulated and was unable to engage in safety planning and threatened to leave the emergency department. His youth worker expressed concern if he were to leave.

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