Drugs In Our System
Executive Summary Report

An Exploratory Study On The Chemical Management Of Canadian Systems Youth

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The National Youth In Care Network

The National Youth In Care Network (NYICN) exists to voice the opinions and concerns of youth ages 14 to 24 in and from care and, to promote the improvement of services available to them.

We are the only national constituency-driven, consumer-focused organization in the child welfare sector. We are the longest-running national child welfare organization in Canada, and the oldest national youth-directed organization in Canada.

Since 1985, we have conducted research, produced publications, participated in policy reform, advised child welfare professionals, and supported the development of over 70 provincial and community level youth in care networks in Canada. We provide social service programming in the areas of networking, advocacy and education.

Executive Summary

Drugs In Our System began as a pilot study[1] conducted by the National Youth In Care Network in years 2004 and 2005. The project engaged 27 systems youth[2] ages 18 to 28, to discuss how and when pharmaceuticals and chemical restraints[3] had been used by caregivers and service providers to address their emotional and mental health needs. Participant feedback sensitized us to five main areas of concern:

1. Psychotropics were prescribed immediately upon (or shortly after) entry into the child and family services system.

2. Informed consent from the young person was not required or requested.

3. Interviewees felt that systems workers had relied on medications as a quicker, easier and cheaper alternative by which to "fix" emotional and behavioural struggles.

4. Interviewees perceived chemical management strategies as a means of controlling behaviour, enforcing compliance, and restraining perceived aggression.

5. The healing needs of participants had not been appropriately addressed through the use of psychotropics, but had resulted in dependency on chemicals as a means of dealing with their life histories and often, daily realities.

These alarming findings motivated the NYICN's decision to continue our investigation with a larger and more diverse population of Canadian systems youth. In 2006, a second research project was launched. In order to present a comprehensive understanding of psychotropic use within the system, it was determined that interveners[4] would be invited to lend their perspectives to our exploration. As a result, *Drugs In Our System* provides in-depth discussion from 59 youth ages 16 to 25 from the 10 provinces and one territory. A total of 97 interveners from across Canada participated through our on-line survey.

1 The Chemical Management of Canadian Systems Youths. 2006. The National Youth in Care Network. Ottawa, Ontario.

2 Refers to young people living in child welfare/protection, youth justice or youth mental health systems.

3 The practice of using pharmaceuticals through methods such as instantaneous injections and the forced-feeding of medication. Other chemical agents including pepper spray and mace are known forms of chemical restraint.

4 In the context of this research, refers to those involved in the care and wellbeing of systems youth. Includes foster parents, child and family advocates, social workers, child and youth care workers, counsellors, senior management staff of youth serving organizations, and detention centre staff.

Summary Of Findings

Youth Participant Sample Demographics

A characteristic profile of youth participants was prepared from our in-depth interviews.

Age/Gender

- On average, youth were 19 years of age. Ages ranged from 16 to 25.
- 52.5% or 31 participants were female. 47.5% or 28 were male.

Ethnicity

- 68% of our participants indicated their ethnicity as White.
- 17% indicated Aboriginal Heritage (Native/First Nations).
- 5% indicated their ethnicity as Black.
- 10% indicated "Mixed" or "Other" ethnicity but did not provide specific information.

Location

- 33% indicated that they lived in the Prairies (Alberta, Saskatchewan and Manitoba).
- 31% lived in Ontario.
- 22% lived in Atlantic Provinces (Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland).
- 12% lived in British Columbia or the Territories.
- 2% lived in Quebec.

Systems Involvement

- On average, participants entered the system at 10 years of age.
- 57% were no longer in care. On average, these participants left care at 18 years of age.
- Participants spent an average 7.5 years in care of the system and had experienced an average 14 placement moves.

Alcohol And Illicit Drug Use

- 91% stated they had used alcohol in the past. On average participants were 13 years of age when they began using alcohol. 69% stated they were still using alcohol.
- 83% had used some type of illicit drug while living in the system. On average, participants were 14 years of age when they began using drugs. Approximately half of this group stated they were still using drugs.

Number Of Participants Prescribed Medication

- 41 participants (70%) had been prescribed psychotropic medications while living in the system.
- On average, participants began taking medication at 13 years of age.

Most Common Psychotropics Utilized

The top five psychotropics prescribed to participants while in systems care were:

1. Ritalin® (34%)
2. Paxil® (17%)
3. Dexedrine® (15%)
4. Effexor® (15%)
5. Prozac® (15%)

Psychiatric Disorders Treated

Of the young people who said they had been medicated while in the system (n=41), the top five psychiatric diagnoses reported were:

1. Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) (41%)
2. Depression (39%)
3. Anxiety (15%)
4. Bipolar Disorder (7%)
5. Obsessive Compulsive Disorder (7%)

Summary Of Findings

Intervener Participant Demographics

Number Of Participants

- 97 interveners participated in this study through an electronic survey.

Working Location

- 61% indicated that they were working in British Columbia or the Northwest Territories.
- 11% were working in the Prairies (Alberta, Saskatchewan and Manitoba).
- 12% were working in Ontario.
- 14% were working in the Atlantic (Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland).
- One intervener was working in Quebec.

Occupation

- Approximately half of our sample indicated that they fostered children and youth.
- 20% stated that they were child and family service workers, or front line workers.
- 14% identified that they worked at a senior management level.
- 3% indicated they were clinical social workers.

Number of Years Employed in the System

- On average, respondents had 15 years experience as interveners, ranging from three months to 35 years.

Analysis Of Results: Research Themes

1. The Inappropriate Use Of Psychotropics Within The System

Both respondent groups raised concerns about the ways medication is administered, monitored and regulated within child welfare, youth justice and mental health services. This included the overuse of psychotropics; psychotropics as a control measure; and psychotropics as "quick", "cheap" and "easy" methods of intervention. The main findings here were:

- 70% of our youth respondents had been prescribed one or more types of psychotropic medication. Overall, youth respondents believe that psychotropics are overused within the system. 70% of our intervener respondents agree with this finding.

- Respondents identified systemic deficiencies that can result in the overuse of psychotropics. This included lack of proper clinical assessment when determining the young person's needs; gaps in communication between care placements and amongst service providers; lack of adequate training and resources for caregivers; and finally, misdiagnosis of the young person's symptoms or behaviours.

- Youth and interveners viewed psychotropics as a control measure used within the system to address a variety of "acting out" or self-harming behaviours, and mental health conditions. In a few instances, youth disclosed that systems staff had used chemical restraints when they or their peers appeared to be "disruptive", or were at risk of harming themselves or others. Youth informed us that chemical restraint is a vividly frightening, triggering and disempowering method of intervention. It was also discovered that those who had been restrained with psychotropics had not been invited to debrief or document the incident.

- Youth and interveners viewed psychotropics as "cheap", "quick" and "easy" methods used to deal with the emotional and/or behavioural struggles of systems youth. They suggest that administering medication is often considered by caregivers/service providers to be a more "cost effective" approach when compared to expenses related to intensive psychotherapeutic services such as counselling or "talk therapy".

2. Advantages Of Psychotropic Medications

Respondents acknowledged several benefits to using psychotropics in the treatment of mental health conditions and psychiatric disorders:

- Youth and interveners reported that when medication had provided relief of symptoms, this had increased the young person's ability to participate in school activities, with their peers and in their community. In some cases, this approach had also assisted them to pursue therapeutic options in combination with, and eventually, outside of pharmacotherapy.

- Approximately 90% of intervener respondents identified benefits to using medication to treat the symptoms of mental illness. They spoke of how this approach had indeed minimized the emotional unrest and disruption associated with conditions such as depression, anxiety, panic attacks, and self harming behaviours.

- Respondents from both groups insisted that when medication is required, it is most effective when used in combination with forms of psychotherapy including a thorough clinical assessment and intensive counselling.

Analysis Of Results: Research Themes

3. The Disadvantages Of Psychotropics

Respondents listed the negative and harmful outcomes of psychotropic use. This included:

- Irreversible damage to major organs, rapid weight loss and gain, and stunted growth. Other negative effects observed were cognitive dulling (e.g., dulling of the senses, slowed response time, lack of concentration), drowsiness, fatigue, nausea, disturbed sleep patterns, and extreme mood swings. Respondents also spoke of how prescription drugs had led to long-term chemical dependence. This included a dependency on prescription drugs, as well as illicit drugs and alcohol.

- Respondents cited examples of when the use of psychotropics had rendered young people incapable of participating in everyday activities including school work, extra-curricular and recreational activities. In most cases, youth had suffered from lowered-self esteem as a result of such circumstances. Additional consequences such as, loss of privileges at school or within the care placement due to the young person's "inability" to function at the required academic level was yet another concern raised.

- Both youth and interveners believe that medication creates a false sense of reality, and prevents young people from developing their own authentic coping skills.

4. The Healing Needs Of Systems Youth

- Youth repeatedly spoke of how their healing needs were left unaddressed with the sole use of psychotropics. Sixty percent (60%) of intervener respondents do not believe that the healing needs of systems youth can be sufficiently attended to with medication.

- Both groups insist that medication is not always a required method of intervention, nor should it be the first course of action by which to address the emotional struggles, behavioural problems or the healing needs of systems youth.

- Respondents are of the opinion that relying on pharmacotherapy as an isolated form of treatment, or for extended periods without regular monitoring and re-assessment is a rather futile, disempowering and unethical form of care.

- Youth and interveners alike stated that non-medicinal forms of treatment and opportunities must be provided to all youth if they are to heal from their experiences. They believe the promotion of good mental health requires close consideration of several key factors including their emotional, physical, social and spiritual development. However, it was discovered that youth and some interveners believe these elements were often overlooked.

Analysis Of Results: Research Themes

5. Dependency On And Abuse Of Psychotropics, Illicit Drugs And Alcohol

- Youth and interveners both spoke of the extremely addictive qualities of psychotropic medication. They share the belief that prescription drugs can lead to the misuse of psychotropics and other substances such as illicit drugs and alcohol.

- Respondents pointed out other contributing factors that lead to chemical addiction. This included lack of appropriate and regular monitoring by a health care professional. In several cases this had led the young person to self-regulate their dosage. Other youth respondents had experimented with medication that had not been prescribed to them. There was also discussion about the use of street-drugs and alcohol in combination with prescription drugs. Several stated they had "saved" their prescriptions to self-medicate, or to sell their medication to peers.

6. The Discontinuation Of Resources And Prescription Drug Coverage

- The 70% of youth respondents who had been medicated while in care were fearful that the medical coverage and supports they received as systems youth would no longer be available to them. Repeatedly, youth disclosed a lack of confidence in their own abilities to secure gainful employment and adequate health benefits in order to absorb the cost of medication, and other forms of treatment such as counselling.

- When discussing their health care options, several youth had already arrived at the decision to stop all forms of treatment once they had left the system. However, participants believe that the immediate and unsupervised cessation of medication or other supports such as counselling is extremely harmful. They stress that those who wish to stop treatment should only do so through the supervision of a health care professional (preferably the prescribing physician or therapist).

- Youth and interveners stated that those requiring treatment after leaving care must be fully prepared to manage with their own health care including any prescribed medical regime. They indicated that these alumni must be supported by their caregivers to develop the confidence before leaving care, to advocate on their own behalf if they are to access the required health care services. This included developing the confidence to ask questions of their physician or therapist; seeking a secondary opinion if needed and ensuring their informed consent is always required and respected.

- Other important approaches to assisting systems youth in their successful and healthy transition to independence included: access to life skills training well before leaving care; support to graduate from high school; and gaining access to post-secondary education and employment. Youth also emphasized a strong desire to participate in their community through volunteer work and leadership development opportunities both before and after they had transitioned from the system.

Summary Recommendations

To begin addressing the findings from this study, the National Youth In Care Network has put forth a set of recommendations. These have been categorized in the full report as Assessment, Monitoring, Ethical Practice, Training, Research and Advocacy. To gain a complete understanding of our findings and recommendations, we encourage the reader to view the full project report.

Participants have expressly called for the improvement of protocols and accountability frameworks that are used to determine, monitor and support the mental wellness and emotional healing needs of all young people living in the Canadian systems domain. It is therefore recommended:

- All young people living in care of child welfare, youth justice or mental health systems will be informed in the presence of their case worker and caregivers/ service providers of their right to contact the child advocate or ombudsperson in their province or territory. Contact information for these services will be clearly posted in the placement at all times.

- Upon intake to a new care placement, the young person must be informed of the case worker/social worker's ethical obligation to share information within their case file with new caregivers. This includes health concerns, symptoms that may be disrupting the young person's development or places them at risk, or any psychotropics that have been prescribed to them. The case worker will ensure that the young person has the opportunity to speak about these and other issues before and during an intake meeting to indicate gaps or any inaccurate information within their case file.

- Caregivers/service providers will make all efforts to ensure young people are seen by a physician, psychologist or other qualified individual to conduct an initial assessment if they are presenting with acute emotional and/or behavioural struggles. This option must also be made available to young people who request it, regardless of whether they are presenting with symptoms of mental illness.

- If an initial assessment reveals that the young person should be referred for a psychiatric examination, they must be afforded the opportunity to consent to the procedure.

- Once the young person has provided consent, their primary case worker/social worker must also conduct a thorough review of the care placement and school, and will ensure that this information is made available to the qualified individual conducting the assessment. This will help to rule out environmental factors that may be contributing to, or are the cause of symptoms and behaviours.

- Once a psychiatric assessment has been conducted, the young person must immediately be informed of their diagnosis and if it has been determined that they would benefit from additional services such as therapy or medication. If so, the young person must also be informed of the health care services available to them (medicinal, non-medicinal and alternative).

- The support services provided to youth must include a range of expert individual and/or group counselling options. These same efforts should be extended to young people who have not participated in an assessment but believe they would benefit from forms of counselling.

- The young person must have access to his or her psychiatric, medical or systems file at any time for his or her review. If the young person disagrees with any information within their file, they will be informed of their right to an independent file review, and will be supported to seek additional medical opinions.

Summary Recommendations

- When medication has been prescribed, direct and regular communication between the young person and their prescribing physician, psychiatrist or counsellor will be encouraged and supported by their immediate caregivers and/or systems staff. This means that the young person should not be required to communicate with, or request permission from any individual in order to contact their health care provider.

- To ensure the safety and wellbeing of the young person and others within their care placement, the health care provider must educate youth and their caregivers of the risks involved with using medication in isolation. This information must include the dangers of sharing medication, as well as storing it where others might have access.

- Those responsible for the young person's day-to-day care must be trained (preferably by the prescribing physician) to monitor their usage of prescription drugs, particularly when it is the caregivers responsibility to administer medications. This includes regular documentation of any side-effects/benefits experienced.

- Upon entry into the placement, all young people must be informed of the circumstances that may result in a restraint. They will also be informed that restraints are to be used as a last resort to defuse crisis situations that place an individual at risk of harm. The young person must also be given the opportunity to have this explained to them in the presence of their case worker/social worker, or an advocate of their choice.

- Any young person who has been restrained (physically and/or chemically) for the purpose of defusing a crisis situation must be informed immediately of the reasons for the restraint.

- Any young person who has been restrained must be informed of the Complaint Procedures available to them should they disagree with any methods used.

- Any young person that has been restrained must be given the opportunity to document the incident leading up to a restraint, as well as the restraint itself, in their own words. The young person should be informed of the option to add this report into their case file if they choose.

- All caregivers and service providers must receive Non-Violent Crisis Intervention Training. This is to ensure that if the youth appears to be at risk of hurting themselves or others, the caregiver can intervene without causing harm or trauma to the young person. This training will also teach the caregiver how to debrief with the young person following an incident. These same individuals must also be reviewed by their supervisor on an annual basis to ensure that their understanding of crisis intervention is up-to-date.

- Caregivers/service providers will be trained to identify and appropriately respond to any problematic side effects of medication and/or drugs and alcohol. This will help to ensure the youth's safety and empowers the caregiver to effectively advocate for, or aid the young person if he or she cannot act on their own behalf.

- Once a young person has exited the system (either to become independent or return to their family) a transitions plan must be established and agreed upon by the young person and their health care provider(s) (e.g., the prescribing physician and individuals such as therapists or counsellors). This plan should provide for the continuity of medication and any other forms of treatment or alternative approaches that have proven to be beneficial to the young person's health. These supports must be readily available to those transitioning from care until the prescribing physician is confident that they are able to manage their own mental health plan.

Summary Recommendations

Upon completion of our research, it is undeniable that "chemical management" within the system is problematic on a number of fronts. However, findings also show that some systems youth fare quite well as a result of pharmacotherapy when used in combination with psychotherapeutic options and other alternatives. This alone deserves further investigation; by uncovering successful methods used across the Canadian systems domain, there is tremendous opportunity to begin promoting standards that provide the very best of care to all systems youth. It is therefore recommended:

- An intensive, multi-sector, national review must be conducted to gather information on the approaches currently used to identify, and address the emotional wellness of systems youth. The goal is to collaborate with child welfare/protection, youth mental health, youth justice systems, provincial child and youth advocates, policy makers and of course, the young people themselves. The objectives here are:
    - To indicate gaps and inconsistencies in terms of training protocols and accountability frameworks;
    - To reveal best practice models within Canadian child welfare/protection services related to prevention/early intervention; alternative treatment options; training and education, and informed consent protocol;
    - To learn about current approaches and programs that have been successful in reducing the stigma associated with mental illness;
    - To develop a national strategy that will introduce findings and help determine how to implement and streamline best practices and/or new approaches.

To begin setting these objectives in motion, the NYICN recommends:

- The formation of a national committee dedicated to the development and improvement of mental health services within the systems domain. This initiative would work in partnership with the NYICN and aforementioned stakeholders. To ensure that youth are represented in existing national initiatives, the committee could potentially exist as a subgroup of organizations that exist to promote the improvement of the mental and social wellbeing of Canadians affected by mental illness.