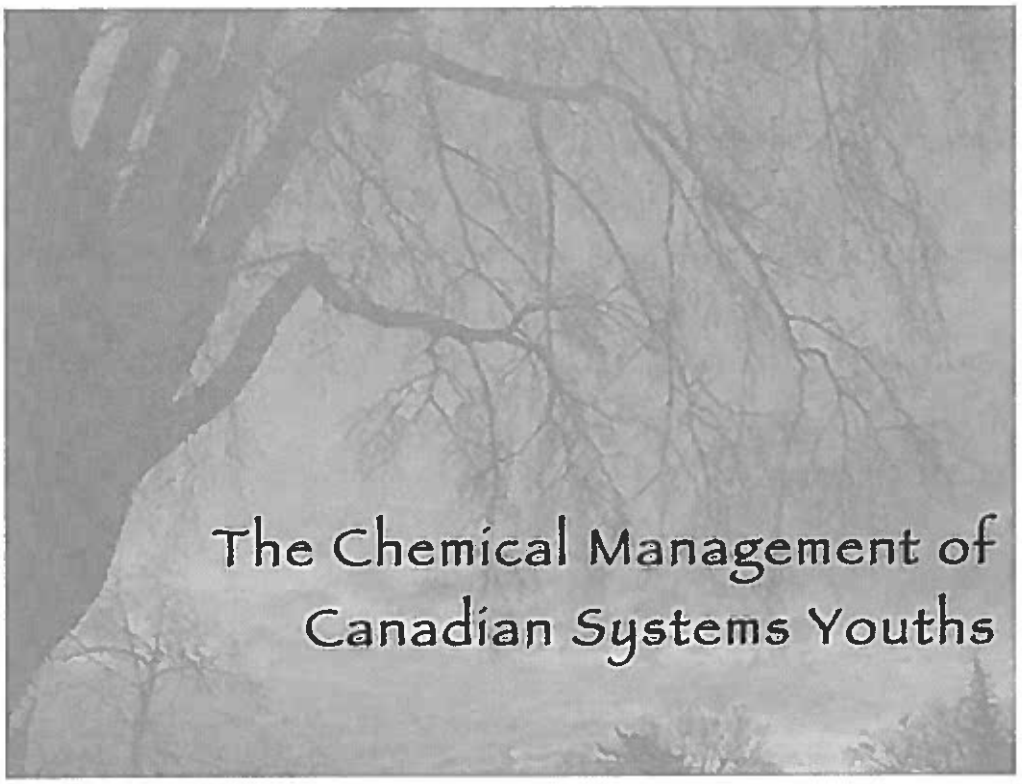

The Chemical Management of Canadian Systems Youths

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National Youth in Care Network
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The National Youth in Care Network wishes to thank all of the youth who participated in this project. This report, made possible with the time, dedication and life histories of the youths across Canada who so generously allowed us into their lives, is a reflection of their experiences within the system. As the author of this report, I can only hope that in the following pages I will do them justice in ensuring that their voices are loud and clear.

We would also like to express our deepest gratitude to the Max Bell Foundation for making this project financially possible.

I would personally like to thank Jordan Alderman and Lynda Manser for their mentorship and friendship. Jordan, your daily calls and emails kept me grounded and laughing and I miss you dearly. Lynda, it's an honour to work with a woman I deeply respect and admire. FYI – you're absolutely fabulous.

To my husband Tapper – if it weren't for you my best friend, I would not be here writing these words. I love you, all that you'll be and I appreciate all that you do to better our lives.

Many thanks to Laurie, Rob and Shyla. I cannot count the many ways you have all helped "calm the chaos" over this past year. Your friendship and support is always greatly appreciated and I wanted to share that with you.

Finally, to Pamela and Tony – you are and always have been the source of my inspiration and dedication to this work. Despite where I was, at what age, in the system or not, both of you were always my light at the end of the tunnel. Love Sis.

Sincerely,

Yolanda Lambe Tapper, Research Director
National Youth in Care Network
March 2006

The National Youth in Care Network

The National Youth in Care Network exists to voice the opinions and concerns of youth in and from care and promote the improvement of services for them. We help our members find their voices and regain control over their lives through support, skill building, and healing opportunities.

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, worked on policy issues, 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.

The National Youth in Care Network mandate is to:

- Increase the awareness of the needs of youth in and from government care by researching the issues and presenting the results to youth, professionals and the general public through publications and speaking engagements, etc.;
- Promote the improvement of child welfare services;
- Facilitate support, skill building and healing opportunities for youth in and from care;
- Support the development of local and provincial Youth in Care Networks; and
- Ensure underserved youth are given the opportunity to participate and be included in the decision-making that affects their lives.

Walk A Mile In My Shoes Or Spend Two Minutes In My Head

Before diving into the actual research report, as the author (with the support of my coworkers), I felt it was tremendously important to shed some light on the emotional strife and feelings of isolation and despair common to many systems youths through an artistic venue. It is hoped that this will assist in sensitizing the audience to the emotions and exclusion of systems youths prior to reading the report. Below are the lyrics to a song that speaks volumes to the feelings and thoughts of many systems youths, and how they are perceived and treated in their communities.

*AFRAID OF ME***
***explicit content*

(chorus) I'm so hidden and you're never gonna see
I'm cold, forgiven all because of my beliefs
I'm nobody that you ever wanna be
Cause I know that the world is afraid of me

Now you can try to sedate me, assassinate or just hate me
But there's nothing that you can do to me lately
Now I'm greatly accepted in the mind so I'm confused and intertwined
From being rejected so many times, I wanna leave it all behind
So kind of you to pick up the album and give it a try for once
And run and tell your homies that these motherfuckers will die for us

So many questions, fingers pointing for answers
Suggesting that I'm the cancer that lingers inside the pasture
With green grass up to my neck, and situations that's too fast
To think about and most people can't dream about
A hundred million miles and every single second
And every time you hear this record I want you to feel me on every sentence
Reminisce from descendants of past treasures
We'll embark on a journey that'll stay alive forever
Plus I would stand over on my side of the fence
Regardless of the circumstances or the consequences
Chorus

I am my own worst enemy
I'm not the smartest motherfucker and shit, I don't pretend to be
And why I am the way I am is not a mystery
My mind's not in proper working order or in therapy
The brain's confused and mentally abused

Life's been hanging on a string so what the fuck I got to lose?
And what the fuck I got to prove to you?
If you don't know me by now, you'll never know me
You can put that on my real homies

I got problems and they stack like bills
And I relate to the broken, bleeding heart love killed
And I awaited in the shadows, awake in the dark
Hoping to talk to the passed on, I'm falling apart
I'm such a mess and decisive, I'm fading away
I'm out of touch with society and living today
Never relying on my sanity, I threw it away
To become the maniac that's got your attention today
Chorus

Can you keep a secret?
Well I'm afraid world because they want me to die, can you believe it?
But I'm still alive... and been floating since '95
With my chin held high but I'm so dead inside
Let the problems just roll and put them back into a pile
Because it's just a bunch of shit that I can't deal with right now
And I'm tired of always guessing and messing it up again
And the next day it's even deeper and I'm steady sinking in

I took a look at myself and came to grips with what I found
It was a vision of a child, disturbed and broke down
No soul, no heart because I gave it away
No time for feeling sorry, I'll grieve another day
And all those tears are stored in storm clouds
That hover above me and cover the ugly
Continued to haunt me when I was feeling low
That's the same reason I hold on and never let go

I'm so hidden and you're never gonna see
I'm cold, forgiven all because of my beliefs
I'm nobody that you ever wanna be
Cause I know that the world is afraid of me

Afraid of Me by Twiztid from the album "The Green Book"
(1993) Psychopathic Records©

Executive Summary

Since its inception in 1985, many staff and members of the National Youth in Care Network have shared stories about the use of drugs and chemicals as a means of dealing with this subpopulation of youths. This study is a small exploratory project that engages the voices of youths who have experienced (willingly or unwillingly) using pharmaceuticals and chemicals as agents to control and manipulate their thoughts, moods and behaviours, which is conceptualized here as the "chemical management" of youths. More specifically, we are exploring the use of chemical management strategies with youths living under the care and custody of the state, also known as "systems youths". When systems youths are chemically restrained, the repercussions can be extremely harmful and damaging, psychologically/psychiatrically and physically to the individual.

The life histories of systems youths are fraught with trauma of all sorts including neglect, physical, emotional and sexual abuse as well as exposure to domestic violence and criminal activities. The internalization and externalization of a systems youth's past and current experiences are normalized and expected within the systems domain[1]. Sometimes systems workers[2] react to these incidents punitively by refusing privileges, removing bedding and other things from their rooms for example. But perhaps the most perplexing reality of the system, to the outsider at least, is the use of chemical restraints within the system as a means of dealing with emotionally and psychologically needy young people.

Regardless of whether these youths present themselves as "problem kids", they have very real emotional and healing needs that existed before they entered the system. We can deduce that

[1] The "systems domain" refers to the child welfare/child protection, youth justice and psychiatric institutions and placement types available to place children and youth who cannot be reunited with their families.

[2] The term "systems workers" refers to the caregivers placed in and around the systems domain to deal with systems youths. Social workers, child and youth care workers, group home workers, probation officers, psychiatric personnel, etc. are all considered to be system workers within this report.

because these issues are not properly addressed with expensive counselling and healing resources that the systems youth requires to heal and move on to become one of the envisioned responsible citizens in our communities, any pre-existing emotional or behavioural problems are exacerbated while living in the system. Masked by the use of medications, the life history of the maltreated, neglected or orphaned youth is ignored, denied or negated, leaving the young person in or from the system with a plethora of psychosocial and emotional needs that are untended to when they leave (voluntarily or involuntarily) or age out of the system.

During the data gathering process for this small pilot study, focus group participants (n=20) and interviewees (n=7) shared their experiences with NYICN staff and sensitized us to five main areas of concern. These five areas of concern include:

1. Psychotropics were prescribed immediately upon entry in the child and family services system.
2. Informed consent from the young person was not required or requested.
3. Interviewees felt that systems workers relied on medications as a quicker, easier and cheaper alternative.
4. Interviewees perceived chemical management as a means of controlling their behaviour, enforcing their compliance, and restraining perceived aggression.
5. The healing needs of youth in care were not addressed, resulting in dependence on chemicals as a means of dealing with their life histories and, often, daily realities.

It is important to keep in mind throughout reading this report that the responses of our participants are not a representative sample of the experiences of all systems youths. The findings represent only the experiences of the study interviewees and focus group participants who shared their stories with us. The National Youth in Care Network will be completing a more comprehensive research project that aims to engage the voices of at least one hundred systems youths across Canada as well as a number of interveners and professionals throughout 2006 and 2007.

Upon completion of this exploratory pilot, it is clear to us that chemical management is undeniably problematic and warrants further investigation by the experts themselves (systems youths), scholars, service providers and the policy-makers involved in the care-giving of youths who cannot for whatever reason be reunited with their families. By investing time and resources into the examination of pharmaceutical and chemical management strategies and their impacts on systems youth, we can (most importantly) explore the various ways in which these strategies unfold, how the young people respond and the implications of this punitive

response for the young person, both immediately and in the long term. We must also keep in mind that the costs for caring for a young person who has not healed from their pre-systems and systems experiences rise exponentially considering the dismal outcomes of these youths. Drug addictions, homelessness, unemployment, criminality and social/community exclusion "post-system" is avoidable, perhaps not for all youths, but for many, these outcomes are a result of the lack of supports and counselling available to them while living in the system.

Research Overview

This purpose of the exploratory pilot project was three-fold.

Firstly and most importantly, the main purpose of this small project was to engage the voices of youth to gather information regarding the key issues around the use of medications in the system from a youth perspective.

Secondly, we wished to contribute important information from a youth-perspective to a scant body of academic and other literature that is available about the use of over-the-counter and prescription medication among youths in care.

The third purpose of this research was to provide a set of recommendations from the experts in this exploratory study to service providers with hopes that they will provide a basis from which essential communications and collaborative efforts on this issue will begin and/or improve between these two groups. In our work, we consider youth who have lived through the system as "experts" of the system, based on their first-hand experiences with many different aspects of the system. We believe that consumers of services have direct, in depth and expert knowledge about the effectiveness and efficiencies of those services. They are, therefore, the most important group to involve when implementing, assessing and modifying those services.

This report offers an examination of the child and family services system. In some instances, youth consumers have experienced this system as punitive and dangerous, with untrained and ill-equipped systems workers that can assist in the very real psychosocial and psychiatric needs of the young people it services and incarcerates. Using these critiques of the system, we explore how it appears to be set up and run in a manner that negates the importance of young person's life history while setting up its young people to fail while under its auspices.

We briefly offer an explanation as to why the system does not work, why systems youths living in the system upon

exiting it are not "model citizens" but are adrift in a myriad of life struggles that include substance use, increased rates of poverty, mental illness, increased rates of homelessness due to practices that are isolating and exclusionary.

We situate this critique of the system within current scholarly sociopolitical thought that suggests declining welfare programs and the rise of an alternate form of governing (self-governing) is especially important to gaining citizenship rights in one's community. It is extremely important that we examine how the withdrawal of the Canadian welfare state and its welfare programs (social supports such as welfare programs) and the resultant forms of governing shape society's response to the perceived unruly and dangerous, or "anti-citizens" as Rose (1999) refers to them.

The anti-citizens of Canada are those who have shown that they cannot, or will not, act appropriately within their communities. Appropriate conduct revolves around the ability of the person to engage in his or her community as an employed, responsible, community oriented and moralized citizen. Systems youths do not have the prerequisites necessary to engage in society as upstanding, engaged citizens as defined by Rose. They are not given a fair chance to succeed in life as a result of their pre-systems and systems experiences. As such, the means of survival for the systems youth clash with what the civilized consider to be moral and righteous, and this has allowed for the negation of the systems youths' life history and legitimates the punitive control mechanism of chemical management within the system.

This report also touches upon the psychiatric needs of systems youths by examining the household, parental and child characteristics of those who are most apt to end up in the system. This allows us a holistic understanding of the types of mental health issues common among systems youths. We take a brief glimpse into their rates of behavioural and emotional disturbances as compared to the community population and provide some literature on the appropriate treatment of the most common disorders noted amongst systems youths.

In conclusion we will discuss, using the information obtained from our literature review and most importantly, the first-hand, expert knowledge obtained from the discussions and interviews held with youths in and from the system across Canada, how chemical management impacts the young person, immediately and in terms of his or her life outcomes. A set of recommendations for policy and practice are also included in this report and we sincerely hope that through raising awareness of chemical management and offering alternative solutions will better the lives of current and future systems youths.

Contextual Analysis Of The System

Mental Health and Social Support in Canadian Society

Neglect is the number one reason that youths enter the system. Neglect, as defined in the CIS, occurs when a child's parents or caregivers do not provide the requisite attention to his or her emotional, psychological, or physical development. Unlike abuse, which is usually incident specific, neglect often involves chronic situations that are not as easily identified, such as poverty, inadequate housing and parental substance abuse and mental illness.

In Canada today, few resources are available to marginalized families to assist them in looking after their families (Covell & Howe, 2001; Jennissen, 1997; Luxton, 2002). In an "Environmental Scan" completed by the Child Welfare League of Canada (CWLC 2001), the replacement of the Canadian Assistance Plan with the Canada Health and Social Transfer "lowered federal funding to the provinces and increased provincial control over spending". One can speculate as to how the reduction of social supports and services has impacted the existing marginalized populations – the poor, the mentally ill, single mothers, children and youths without familial support, aboriginal populations, to name but a few populations. Without financial and social supports in place for vulnerable families, the likelihood of neglect is high. In the latest Canadian Incidence Study (CIS 2005), the category of neglect is the number one reason that youths enter the system. Neglect, as defined in the CIS, occurs when a child's parents or caregivers do not provide the requisite

attention to his or her emotional, psychological, or physical development. Unlike abuse, which is usually incident specific, neglect often involves chronic situations that are not as easily identified, such as poverty, inadequate housing and parental substance abuse.

In general, our society is grappling with an upsurge in the diagnosing and treatment of psychiatric and psychological diseases in our young people. Young people are diagnosed with a range of pathologies. Some of these pathologies are practically unheard of – "emancipation disorder of adolescence or early adult life" and "adolescent adjustment disorder" for example are just two of an ever-expanding net of mental health disorders and diseases. Our youths are also being diagnosed with "specific reading disorder", "shyness disorder", and "specific academic or work disorder" (Cotè and Allahar 1994). From "A Report on Mental Illness in Canada" (Health Canada 2002), we know that most mental health illnesses develop in adolescence and young adulthood, youths and young adults between the ages of 15-24 years of age are hospitalized at a high rate for mental disorders, and suicide accounts for nearly one-quarter (24%) of all deaths amongst 15-24 year olds. According to recent research by the CMHA by 2020 depression will be the leading cause of illness (Brundtland, 2001). During any young person's adolescent years, there is a risk of being diagnosed with a pathology and carrying some label with him or her throughout their lives.

While this issue affects all of Canada's young people, it is perceptible that due to the life histories of the youths, that there is much more risk of labelling a youth "disordered" or "diseased" if he or she is detached from their family of origin and living in the systems domain. As we will see throughout this report, systems youths living in the "custody", or "care" of the government are much more likely than their non-systems peers to be diagnosed with some pathological and inherit deficiency. These individuals often have no personal advocate nor are they able advocate for themselves due to various policies and procedures, lack or rights awareness education, lack of self-advocacy skills, and the fear of repercussions by systems workers. The practice of chemically managing systems youth, however well intentioned, appears to be detrimental to systems youths' capacity to articulate their concerns about their mental health. In many cases, alternative forms of treating the emotional healing needs of youth in care, such as counselling or professional psychotherapy, prior to the prescription of psychotropics are not considered.

Below we begin our analysis of the phenomenon of chemical management as described by our youth participants in this pilot. We place the use of chemicals as agents to control the thoughts, moods and behaviours within the current socio-political context

wherein citizenship in one's community is very much dependent on the behaviours of an individual. We will see that by chemically managing the emotional needs of systems youths, we are not addressing the root emotional issues, and consequently, while the assumption is that we are treating the presenting emotional and mental health symptoms, we are in fact, further harming the individual, disallowing the process of emotional healing and thereby significantly reducing that individual's ability to actively engage in his or her community. They become more and more removed from the envisioned citizenry only to be found on the peripheries of our societies along with other marginalized populations.

The System

While the official purpose of the system may well be the care, protection and supervision of children and youths who cannot be reunited with their families (CFSI 2002), it is a formal bureaucratic system with policies and procedures that serve to police "care" behaviours and institutionalize "love" and "care."

Canada has in place a wide array of legally sanctioned protocols and programs focused on the protection and substitute care of children and adolescents who have either been abused or who, for a wide variety of other reasons, cannot be cared for by their biological families. These were based on the system originally designed for the protection of animals, the humane society.

If and when abuse or maltreatment is suspected, a child welfare agency or department of social services initiates an investigation to determine whether or not the allegation is founded and whether it falls into the jurisdiction's definition of abuse and/or maltreatment. If the allegation is founded, child welfare authorities are legally authorized to apprehend the child. The state assumes legal guardianship of young people in need and thus is considered to be acting "in loco parentis" or in place of the parent (Black, 1983). These children and youth are then designated "in care".

As mentioned earlier, "the system" in the context of this research refers to the child welfare/protection, youth justice, and psychiatric institutions and placement types available to place children and youth who cannot be reunited with their families.

The experience of being in the care system is unlike anything one would wish children to experience. Children and youth frequently have difficulty adjusting to the disintegration of their families and subsequent removal from their home. Being placed in a stranger's home with little more than a garbage bag of belongings compounds the barriers for adjustment. While some social workers, judges or foster parents may attempt to explain to them that they have been removed from their families "for their own good", they typically feel that they are being punished for the abuse they have suffered. After all, it is not the parents who are removed from everything that is secure and known, it is them.

Once placed in the care of the state, youth are frequently moved to new foster or group homes causing further rupturing of relationships. This transiency is a product of inadequate placement selection, inadequate worker contact and supervision and/or worker misdiagnosis of the child's needs. Emotional and behavioural problems resulting from past histories of family violence often manifest themselves in anti-social, hostile and aggressive acting out behaviours, also leading to the breakdown of a placement (Raychaba, 1983). Unfortunately, this "acting out" is a natural response to their earlier separation and loss, yet displaying this response leads into a self-perpetuating and unhealthy cycle of non-attachment and disruptive behaviour. Successful experiences with attachment provide children and youth with the psychological security and confidence necessary for them to cope with stress, fear, frustration, and worry later on in life, while providing the foundations upon which future relationships are built. Unfortunately, the experience of the child in Canada once in care "tends to be characterized by considerable instability, something which is undesirable for any child, especially one who has an unhappy background and has been characterized by an unstable relationship with parents" (Cruikshank, 1991). Youth in care living transient lifestyles over a sustained period of time tend to develop a conditioned inability and an understandable unwillingness to interact, integrate, and become emotionally connected to or attached with either peers or adult caregivers (Raychaba, 1993).

For some analysts and experts of the system, the treatment of youths while in the system and the high percentage of negative life outcomes amongst systems youths have earned them the labels of "Nobody's Children" (Kendrick, 1990) and "Disposable Children" (Golden, 1997).

As a former systems youth myself, I found it to be cold, unconcerned and uncaring about my personal well-being. I felt like an abandoned child who had nothing or no one to care about. I felt different than my peers who lived with their families and had "normal" adolescent experiences. While my feelings of rejection and exclusion did

not initiate from my placement into the system, living in the system certainly raised my awareness of the fact I was different, rejected and excluded. It was extremely hard to break through this identity that I had formed. And I was one of the lucky individuals who had a great support network and access to counselling. One can just imagine how those who have psychological and social problems and cannot get appropriate therapy fare upon leaving the system. This will be examined shortly.

In the presence of increased cutbacks to social programming (Jennissen 1997; Parkin 1997; Little 1998; Lundy and Totten 1998; Luxton 2002; Wiegers 2002) and the expectations of the state for the family to assume responsibility for their predicament (Garland 2001), there are fewer resources these families might access to fulfill the fundamental familial responsibilities as defined earlier. What this means essentially is that there are more children and young people living in existing marginalized families and families at-risk of becoming socially excluded as a result of the withdrawal of the welfare state.

While the official purpose of the system may well be the care, protection and supervision of children and youths who cannot be reunited with their families (CFSI 2002), it is a formal bureaucratic system with policies and procedures that serve to police "care" behaviours and institutionalize "love" and "care".

> *Child welfare work has two purposes: one, the social control task of policing parenting; and two, the provision of surrogate parenting to those children whose natal parents fail to meet the prescribed standards. The orderly rigidity of law and regulation is useful in managing the social control function, but it is poorly suited to the task of surrogate parenting. We describe a ward of the state as a child in care. But we know that there is no guarantee that the child will find authentic human connection-the other meaning of care-while in child welfare care.*
>
> *(Martin.2003:261)*

The institutionalization of care and love for children and youth is a difficult, if not impossible goal to achieve, especially within procedures designed within the fear of liability, such as ethical boundaries forbidding the development of loving and nurturing relationships between workers and their clients, and the discouragement of physical touch between caregivers and children.

Perhaps the most comprehensive and thought-provoking critique of the system is that of Martyn Kendrick's (1990) Nobody's Children: The Foster Care Crisis in Canada. Kendrick, a former systems youth himself, has much "insider knowledge" (Kanuha 2000) of the nature of this punitive and begrudging system. Kendrick employs a critical analysis of the "crisis" engulfing the system in Canada and offers the following explanation as to why this system does not work and cannot work in its current capacity:

[The system] doesn't work because the assumptions and infrastructures designed to process these children through their school years and through puberty are sterile, middle-class, bureaucratic, and severely limited. It doesn't work because the system designed to care for these children is more intent on controlling than on nurturing them. It doesn't work because it forces a dependence on the system that at age 16 or 18 it abruptly terminates, leaving the young people alone, unprepared, and confused. It doesn't work because the system is unwieldy and under regulated and its representatives frequently undereducated. It doesn't work because nobody has listened to the children.
(Kendrick.1990:8)

Written many years ago, Kendrick's critique of the system is still very much applicable today. The system still constitutes a stifling bureaucracy informed by a morality that is foreign to these youngsters. The system continues to turn out thousands of young people without the required social and financial supports that would assist them in actually achieving this "successful transition to adulthood" as the system is supposedly attempting to do.

Systems Youths

The system is a pastiche of constantly changing programs and services offered to individuals based on age, deficit, deed done or undone, etc. This haphazardness leaves no one person or entity accountable for the experiences a child or youth may have in the system living as a ward of the state.

Young people living under the care, custody and control of the state or government have long been recognized as a marginalized and stigmatized population in Canada (Kendrick 1990; Raychaba 1993; Lundy and Totten 1998), the United States (Golden 1997) and the United Kingdom (Parton 1991; Kurtz, Thornes et al. 1998). These youths may live in any of the three components comprising what is well known as a bureaucratic and sterile system – child welfare/child protection, youth justice and mental health care placements and institutions, or the "systems domain".

Unfortunately, there is no national Canadian database monitoring the incoming and/or outgoing status of all children and young people entering and

exiting the system. Consequently, there is no definitive way to tell exactly how many systems youth there are in Canada. Provinces and territories have their own child, youth and family services and support systems, with separate laws, policies and procedures. (NCFV, 2001)

Approximately 76 000 children in Canada are under the protection of Child and Family Services across the country, and are referred to as children in care (based on numbers as reported in Child Welfare in Canada 2000, as well as available Provincial/Territorial Ministry of Child and Family Services Annual Reports, 2000-2002). (Ferris-Manning, C. and M. Zandstra (2003); Children in Care in Canada 2003. Ottawa, Child Welfare League of Canada: 26.) Aboriginal children are overrepresented as a population within children in care, and many children in care have special needs requiring specific attention. This number does not account for temporary ward status in some provinces, nor does it account for all of those young people who have formal involvement, without family removal, and those who are street involved. Additionally there are nearly 25,000 (Huffman, 2004) other young people involved in the criminal justice and mental health systems. Therefore, the actual number of young people with systems involvement totals well over 100,000 young people.

In the presence of increased cutbacks to social programming (Jennissen 1997; Parkin 1997; Little 1998; Lundy and Totten 1998; Luxton 2002; Wiegers 2002) and the expectations of the state for the family to assume responsibility for their predicament (Garland 2001), there are fewer resources that these families might access to fulfill the fundamental the familial responsibilities of care, protection and supervision. What this means essentially is that there are more children and young people living in existing marginalized families and families at-risk of becoming excluded as a result of the withdrawal of the welfare state[3].

Separated from their families of origin, many children and youths find themselves in the system due to abuse, neglect[4] and/or death of a guardian (CIS 2005). For other systems youths, the individual had no rational alternative but to leave their homes as the streets offered more protection than home. In a society where many of our youths are labelled as "at-risk" for some sort of dysfunction, one can argue that when youths are separated from their families, they are immediately labelled as being "high-risk" for negative outcomes simply due to the fact that they do not belong to a normative familial form. This increases public scrutiny of young people on the streets and in the system, doing little to combat the discursive constructs of systems youths being bad,

[3] Discussed in detail in section "Shifts in Governing Canadians".

[4] There are many forms of child neglect. For the purposes of this report we are referring to the inability or unwillingness of parent(s) who intentionally neglect their children.

deficient and delinquent (Kelly 2000; 2001; Kendrick 1990; Schissel 1997).

The notion that those who have been taken from their homes, or who have had no other reasonable alternative but to leave their homes, only to become part of a population of young vulnerable individuals that "belong" to nobody is preposterous to some, but this is the harsh reality for a significant number of children and young people. The system is a pastiche of constantly changing programs and services offered to individuals based on age, deficit, deed done or undone, etc. This haphazardness leaves no one person or entity accountable for the experiences a child or youth may have in the system living as a ward of the state. Because systems youths are often characterized as "being at risk" or labelled as 'bad kids", their life history experiences are frequently dismissed (Raychaba, 1993; Kendrick, 1990). For those who are unfamiliar with the significance of the "life history", it is pertinent to note that a person's life history includes every experience the individual has had during their entire life, and how they have internalized those experiences impacts their emotional outcomes.

Psychiatric Issues Of Systems Youths

The rates of emotional and behavioural problems affecting the population of children and young people in the Canadian child welfare system is between "48-80% of the population, (and) living in this system places youth at-risk for a psychiatric disorder" by default.

Our response to the mental health issues of systems youths is a very complex and understudied area of the systems domain. The lack of Canadian studies with respect to psychiatry, incarceration and youths "is striking . . . (however) the presence of treatable multiple psychiatric disorders is more the rule than the exception amongst incarcerated youths (and) the clinical characteristics between incarcerated and psychiatrically-placed youths are quite similar" (Ulzen and Hamilton 1998).

In the latest Canadian Incidence Study (CIS 2005), 50% of those children and youths in families investigated for child maltreatment had a "child functioning issue", and 40% of the children and youths had a "child behavioural issue". The rates of emotional and behavioural problems affecting the population of children and young people in the Canadian child welfare system is between "48-80% of the population, (and) living in this system places youth at-risk for a psychiatric disorder" by default according to Stein, Mazumdar and Rae-Grant (1996). These authors

suggest that high levels of psychiatric issues within this specific subpopulation are a result of both their pre-systems experiences and the fact that youths are older when they come into the system.

The most prevalent disorders afflicting youths living in the system are either externalizing or internalizing in nature. Externalizing disorders "generally refer to behaviour that negatively affects others, usually behaviours that are aggressive or antisocial" (Kaplan et al. 1999). Some individuals who enter the system do not externalize their abuse however (Higgins and McCabe 2001). These youths may instead internalize their life history experiences. Such is the case with depression and anxiety. When systems youths externalize or internalize their behaviours, they are medicated with startling frequency, moved to more secure environments and generally have poor outcomes (Ulzen and Hamilton). Many youths involved with the mental health system will be involved with the youth justice system as well (Barth and Jonson-Reid 2000; Jonson-Reid and Barth 2000).

According to Kashani and Allan (1998), children who are abused and neglected often strike out, or act disruptively, have little understanding of empathetic relationships and are isolated from his or her peers. From a very early age, they earn the label of "trouble-maker" and are often deemed in need of some sort of medication to calm them down, or help them concentrate in school. The child who has grown up in a negative home environment is affected by the experiences in the home, as well as outside of the household. Their life outcomes are affected by what they have seen and learned as children.

In our literature review, where the mental health of systems youth is referenced, the most common externalizing and internalizing disorders mentioned are depression, anxiety, post-traumatic stress disorder (PTSD), oppositional defiant disorder (ODD), conduct disorder (CD), attention deficit disorder (ADD), and attention deficit hyperactivity disorder (ADHD) (Garland et al. 2001; Kaplan et al. 1999; Kurtz, Thornes and Bailey 1998; Lyons and Rogers 2004; Stein et al. 1996). Systems youths may exhibit symptoms of, or be diagnosed with, an internalizing or externalizing disorder or both, considering that the comorbidity of psychiatric diagnoses for systems youths is significantly high (Ulzen and Hamilton 1998).

Concurrent disorders, disorders that involve a substance use problem as well as a psychiatric condition, are also very common in the systems domain. The young person who finds his or her way into the system may have also resorted to drug use, alcohol abuse and lifestyle behaviours that sometimes place their lives in jeopardy (Lyons and Schaefer 2000). Data available regarding mortality rates for those leaving the child welfare/foster care component of the system are particularly disturbing:

The "death rate for those in care was 72% higher than that found in the general population (and) the death rates were elevated only for the age categories surrounding the age point (18 years) at which child welfare support was withdrawn. Death rates prior to 18 years reflect stresses associated with the feared separation, and those after are a consequence of difficulties in dealing with the world without support".

(Thompson and Newman 1995, as cited in Martin and Palmer 1997).

The above psychiatric disorders and their detailed specifics can be found in the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSMIV), published by the American Psychiatric Association, Washington D.C., 1994. Within the DSM-IV, the medical specifics of over three hundred psychiatric disorders, including those most common to systems youths, are outlined. The criteria for all psychiatric disorders are stated quite clearly, and an expert, such as a child and adolescent psychiatrist, affiliated and licensed with the Canadian Psychiatric Association (CPA), must be well acquainted with the individual and his or her symptoms, behaviours and personality before making a decision regarding a diagnosis that will impact a child or youth's life significantly in terms of whether the child or youth receives medication, therapy and a label for life.

Canadian academics and researchers alike affiliated with the CPA have acknowledged that children are increasingly being medicated with psychotropic medications, and there is a desperate need for research into the efficacy and safety of utilizing these medications with children (Greenhill, 1998; Jensen, 1998; Minde 1998; Vitiello, 1998). We know from these scholars that the brain is undeveloped and is still undergoing significant development during childhood and this raises many questions about the usage of psychotropics in children and young people alike. According to Vitiello (1998) children are more likely to receive psychotropic drugs if they are suffering from ADHD or a mood disorder such as depression or bipolar disorder. If medicating both externalizing and internalizing disorders is a common occurrence, then we may infer that systems youths are at an increased risk of being medicated for psychiatric disorders.

Effectively treating psychiatric disorders requires much more than merely prescribing some anti-depressant, anti-anxiety, and anti-psychotic or stimulant medication and sending the individual home. There are other aspects to treating a psychiatric illness that must be considered, but because different disorders or illnesses necessitate different treatments (DSM IV), it is not possible to describe effective treatments for each of the above mentioned illnesses that are common to systems youths in this research report. We can state however that a full expert evaluation before

prescribing powerful psychotropic medications that affect the physical brain development as well as the mood and behaviour of systems youths is necessary due to the serious implications arising from the use of these medications.

Shifts in Governing Canadians

For the systems youth there is little, if any, concern as to why the young person feels or behaves the way he or she does, but there is great concern as to how his or her behaviour will affect everyone else or the status quo within the community. Systems youths, replete with all of their shortcomings as a result of their pre-systems life history and that of living in a system that does not adequately address their immediate and long-term mental, physical and social needs, will be excluded from participating in their communities and as such, will be cast to the peripheries of our society.

As Rose (1999) and Garland (2001) suggest, the Canadian welfare state, once with an emphasis on rehabilitating and assisting the unfortunate and needy, no longer exists in that capacity (Parkin 1997) and has withdrawn from its role as the guarantor of social progress and social security for all its citizens. For those individuals who have not attained the tools and resources necessary for responsible citizenship within one's community, there are certain control strategies that are available to deal with those who are deemed as "unable or unwilling" to conduct themselves according to the moral, social and legal codes of their communities (Rose 1999).

In place of the welfare state, Canadians are "responsibilized" for their own successful outcomes, and that of their families, even without the presence of social and financial supports that would assist them in attaining the tools and resources that are absolutely necessary to be a responsible citizen within Canadian society (Garland 2001). The adaptation of responsibilization requires that the State withdraw from its role as "guarantor" of social security and progress and responsibilize Canadians for their own well-being and that of their children (Garland 2001), while slashing social programs and funding to those traditionally occupying the periphery of our communities (Jennissen 1997; Little 1998; Luxton 2002). Responsibilization then, has profound results for young people unfortunate enough to find themselves in the care or custody of the state.

Due to shifts in the way the state conducts its business, it is no longer concerned with dealing with causes of behaviour, but it is concerned with how one's behaviour affects the community. Therefore, for the systems youth there is little, if any, concern as to why the young person feels or behaves the way

he or she does, but there is great concern as to how his or her behaviour will affect everyone else or the status quo within the community. The cause of the mood or behaviour itself is denied, and the responsibility for the behaviours and moods is placed on the shoulders of the individual with the problem (Garland 2001). Control strategies are utilized to combat the extent to which problematic individuals, also referred to within this report as "anti-citizens" (Rose 1999) can affect or upset the balance within their moral communities.

The use of control strategies may be as obvious as sending a person away to a psychiatric or prison environment to contain them in the name of public security. Control strategies may also be more punishing, physically and/or mentally, and in the end, exclusionary to the point where individuals are permanently sequestered from their communities and sent to the edges of our communities where they are constantly under the gaze of "control agents" that are put in place by various agencies concerned with the behaviours and attitudes of those who have proven themselves as unable or unwilling to live within the communities wherein values of responsibility, hard work, self-reliance, familial values and community-attachment are essential to inclusion to one's community (Rose 1999).

The systems youth is unprepared to exist within these communities as the system blatantly negates the special needs that the systems youths have. The system essentially denies and negates the importance of the life history of the systems youths by not immediately providing them with the tools and resources they need to heal from their past experiences, current experiences while living in the system, and especially when they reach their age of inevitable emancipation.

For those entering the system, the majority of whom have undergone a long period of socialization in which unhealthy coping mechanisms and deviance has been normalized, and for many who have behavioural and/or mental issues that are exacerbated by their entry into the system, they are especially at-risk for techniques of control. In essence we argue that if there is little emphasis being placed on why systems youths are the way they are, and concern is focused only on the behaviour exhibited, chemical management and other forms of punishment reserved for systems youths is legitimated.

As the Canadian socio-political climate continues to harden toward these young people
(Schissel 1997), and acceptance into a community becomes increasingly conditional upon one's conduct, it is reasonable to infer that systems youths, replete with all of their shortcomings as a result of their pre-systems life history and that of living in a system that does not adequately address their immediate and long-term mental, physical and

social needs, will be excluded from participating in their communities and as such, will be cast to the peripheries of our society.

By bringing youth under its auspices, the child welfare/foster care component of the system officially confirms its purpose as existing to "assist them (systems youths) in making a successful transition into adulthood" (CFSI 2002). We know this does not always happen however, given the negative outcomes of systems youths. We also know that the idea of making a successful transition to adulthood requires significantly more than the substandard and inadequate resources available to youth living in and leaving the system (Lundy and Totten 1998; NYICN 2002, 2003). Currently young people leaving the system are unprepared for living on their own in society. They do not have the educational, occupational, financial or social supports in place for when they leave the system and as such, it seems that they are set up to fail upon leaving the system (CCWA 1990; Mech 1994; Nollan et al. 2000; Scannapieco and Schagrin 1995).

It is obvious that promoting and encouraging engaged citizenry for young people in care is not a choice; it is a necessity. Social and financial supports that exist to support their transition to adulthood are not realities for many youth in and from government systems. Fostering the ability for young people to engage in healthy and positive ways must be the focus of a system that will inevitably force their emancipation.

Systems Youths and Citizenship

Without offering a comprehensive plan of healing for the youth that includes talk therapy, peer support and encouragement, chemically managing youths is so damaging to their psyche and emotional abilities that they self-medicate, developing addictions and have a very small window of opportunity in regards to surviving "outside" in our communities of responsibility.

As described earlier, we conceptualize the use of pharmaceuticals, specifically psychotropics or drugs that work on the mind, with the systems youths population as a form of chemical management that alters their moods, thoughts and behaviours. To administer to youth psychotropic medication without consent and/or without any real purpose other to restrain him or her from acting out his or her emotional pain and frustration is, bluntly, a punitive or punishing way of dealing with the issues the child or youth presents with.

Chemically managing youths who have life histories fraught with trauma and abuse is an irresponsible, counterproductive and punishing response by workers involved in the everyday care of these young people. Without offering a comprehensive plan of healing for the youth that includes talk therapy, peer support and encouragement, chemically managing youths is so damaging to their psyche and emotional abilities that they self-medicate, developing addictions and have a very small window of opportunity in regards to surviving "outside" in our communities of responsibility.

By the time an individual has been identified as "at-risk" of harm from their caregivers and in need of out-of-home placement, or in need of psychiatric help, or has been charged with breaking the law, we can conclude that they have undergone an intense period of socialization where deviance is normalized and negative coping strategies have become an everyday reality. The fundamentals of the social learning theory help establish that when a child is developing his or her understanding of their social environment, their experiences within that environment are viewed and considered as being "normal". The young people who enter the systems domain have likely come from a household environment where the most common stressors include a history of drug/alcohol abuse, childhood history of abuse, lack of social supports and spousal abuse (NCFV 2005). Other common household stressors include mental health issues and a lack of social supports (NCFV 2005). If a child is reared in this type of negative environment, we can expect that child to grow up thinking that whatever has happened in his or her life history is not deviant, but instead known and normal to them.

It is extremely important to provide the reader with the information pertaining to identity formation and how the system affects the ability of a young person to form a healthy identity. Entering the system often occurs during a time in our life when we are attempting to deal with our life histories of trauma and/or our psychological and psychiatric issues, while trying to make some semblance of our broken and fragmented realities (Kools, 1997; Salahu-Din and Bollman, 1994). This is an extremely difficult time to feel alone, misunderstood, sick, uncared for, unloved and unwanted. According to Kools (1997), adolescence is a time when youths try on different aspects of different identities, selecting and discarding various pieces of identities he or she wishes to keep or not to keep. Systems youths internalize what they are living in, what they are told (and shown) by systems workers, the public and the system alike, and in the end, they view themselves as deviants, miscreants or trouble-makers. The list of negative identity traits that they can select from is exhaustive.
Deviants and miscreants are definitely considered to be irresponsible and without the necessary prerequisites for

participation in our civilized and responsibilized Canada. The uncivilized citizens, or anti-citizens are those that have not attained an education required to successfully obtain a job that provides a means of survival, nor have they maintained familial ties or ties with their communities. Without the ability to be "responsible" through ensuring an education, ties with family and the community, the inability to take care of one's self without dependence on any sort of social services, one would consider systems youths as "uncivilized", "defiant" and "disordered". There must be something inherently wrong with systems youths if they are irresponsible upon their emancipation from the system. However, what the system provides to its young people merely perpetuates further stigmatization and exclusion from their communities. Without allowing young people to achieve these prerequisites required for active citizenship, the system is setting up its youngsters to fail in the community. How can a young person, sixteen or seventeen years of age be expected to achieve all that is required to engage in their communities without families and extended networks of support? Quite simply, they cannot.

For those of us who have experienced living in the system and/or have experience working with systems youths, we understand that some systems youths have very real pathologies, which are discussed below, and the system just cannot, in its current capacity, address their needs in an appropriate and effective manner. We state this because it is not the case that all system workers are "bad", or "punishing". What we do know however is that chemical management of the thoughts, moods and behaviours of those living in the system is real, it is happening and the thought put into the analyses of the immediate and future, long-term impacts is nearly non-existent. However, while there are a significant number of challenges facing young people growing up in the system, there is a consistent message within the literature that states the influence of a stable, consistent caring adult can provide the protective factors that will enhance a young person's life. The research literature indicates that promoting a young person's resilience by providing for input in the decision making processes, stability in either placement, or care giver as well as guided autonomy will assist a young person as they move towards their emancipation from the child welfare system (NYICN 2005).

BIASES

By now, it is most likely obvious to the reader, that I am not detached and objective from this research. As expected from all researchers, we are required to openly discuss our biases when carrying out our research. I do not report to be a detached and objective researcher, nor does the National Youth in Care Network wish its researchers to do so. All staff and researchers at the NYICN have personal and intimate knowledge of the child welfare system. This lens guides all of our research. We cannot and choose not to separate our passion for the issue from our research design and reporting. This enables us to stay true to our mission of by youth and for youth as the founders of the organization established.

The NYICN respects the fact that systems youths are the experts when it comes to systems matters, and using qualitative methodological tools is the most appropriate form of youth participation in our research. Using semi-structured instruments allows both the young person and the researcher to expand on interview material and gain a holistic understanding of how that specific youth understands his or her navigation through the system and for this research, the mechanics of chemical management (or not, if they have not experienced it). In-depth interviews are also especially healing for systems youths as they have often been silenced from speaking out about their systems experiences, especially when discussing issues as punitive and controversial as chemical restraints and management.

RESEARCH METHOD

Methodologists Lincoln and Guba (1985) articulate many of the characteristics of what they refer to as "operational naturalistic inquiry". According to Lincoln and Guba (1985),

"realities are wholes that cannot be understood in isolation from their contexts", and as humans, as "value-based instrument(s)", we are able to hear the concerns of our research participants more effectively if we use our own intuitive or tacit knowledge when designing and completing research.

Apart from the input from the Summer Camp 2004 focus groups and the wealth of knowledge that the NYICN has at its disposal, I have used my own knowledge as a former "insider" familiar with the mechanics of the system to help inform the direction of this project (Kanuha 2000). I am privileged in the sense that I have insider knowledge of the technologies of the system and have experienced being placed on medication for purposes unbeknownst to me, and the problems of self-medicating with over-the-counter medications and street drugs when leaving the system. Accordingly, my own experiences with this phenomenon will allow me to hear the concerns of youths in and from the system (Kanuha 2000) somewhat better than someone who has not experienced the phenomena in question.

In designing the research tools, albeit the questionnaire was directly related to ONLY those youths who had experienced chemical management, my own experiences allowed me insight into what questions were important and which ones were less pressing in such a small pilot. The result was a holistic interview instrument that would enable us to capture the "multiple realities" of a small sample of systems youths who had been chemically managed and who had developed a deeper knowledge of this punitive phenomenon.

SAMPLING

Participation Criteria

There were three criteria potential participants needed to meet when determining eligibility to participate in this pilot study. The criteria included: be a systems or former systems youths above the age of eighteen years of age, been given psychotropic prescription medication, and/or have experienced a chemical restraint in the system.

Sampling Mode

Lincoln and Guba (1985:201) agree that maximum variation sampling is usually the best sampling mode for the naturalistic inquirer to "detail the many specifics that give the context its unique flavour" and to obtain "as much information as possible". The sampling mode selected for this study does not include maximum variation sampling due to the practicalities of time and money.

The mode of sampling utilized in this study is purposive since we are attempting to gain a better understanding of the experiences of young people who cannot live with their families of origin and are placed in the system. Employing this purposive mode of sampling also allowed for some discretion in determining selection of interested participants to ensure that there were both male and female participants, individuals who have experienced chemical management, and to ensure representation from as many provinces and territories as possible.

The sampling mode was also convenient, because of the intimate knowledge of chemical management as viewed by the thousands of systems youths that have shared their stories with the NYICN over the last twenty years, as well as my own experiences with chemical management. Our established formal and informal connections with various youth services employees and youths themselves assisted us with gaining access to more systems youths, although the issues of transiency, fear of talking, and lack of time all helped in reducing the number of participants who actually completed the interview.

Sampling Method

A random sampling method of this population was not possible for this study once again due to time and money restraints but also coupled with the fact that this population is a traditionally hard-to-reach group. Given my position as a former insider (Kanuha 2000), and the reputation of the NYICN as an advocate of systems youths, we opted to employ the snowball sampling technique (Atkinson and Flint 2001) to recruit subjects for this project. We first developed a list of contacts within the youth-in-care networking environment, and then sought their active participation in recruiting youths to participate in the interview process.

To do this, we drafted and edited a "research participation request" or RPR addressed to adults known to the NYICN that had access to systems youth, and a "Youth Research Participation Request" or YRPR addressed directly to the systems youths that gave them all the information required to make an informed decision as to whether they wished to participate.

Focus Groups

The qualitative research process began with two 10-person focus groups with youth from across Canada in July 2004. Participants engaged in an informational workshop presentation that finished with open dialogue between presenters and the members of the focus groups. The main purpose of the focus groups was to obtain direct youth feedback on the issues when discussing chemical restraints thereby sensitizing us to problematic areas in the system, and gaining their input in determining the direction of the semi-structured interview schedule.

The focus group youths shared stories of being physically and chemically restrained through the use of psychotropic medications and other chemicals for incidents in which they did not have direct involvement. For instance, one participant shared that he was maced and tossed about during a lockdown in a youth detention facility. Another indicated that because she spoke out against her treatment, she was sedated and left in a "baby doll" for days. Many of the focus group participants shared their constant fear of being harmed if they responded to an event or memory by "acting out" their emotional pain. Some youths vocalized their discontent with the use of any drugs within the system unless absolutely necessary, which in turn, would be decided upon by a professional.

Other young people addressed the reality that many youths have serious behavioural and mental disorders and diseases and authentically needed medications to function normally. ADHD, or attention deficit hyperactivity disorder, was a disorder brought up by some individuals who were taking medications for the disorder, and they told us that they would not be able to function in school or social events without their medications.

Interviews

Utilizing the snowball sampling method, we obtained contact information for sixteen young people who were eligible and interested in participating in this study. Only seven (n=7) were eligible to participate in this pilot. Other individuals did not quality for the study as they did not meet the study criteria or because they were unavailable when attempting to set up the interview. With the information obtained from the two focus groups (n=20) where information was shared back and forth between facilitators and potential interviewees, we acquired an abundance of quality information regarding the process of chemical management and what these youths thought chemical management was all about.

Demographics

It is important now that we give a brief synopsis of the participants of our study. Certain information cannot be identified so we can protect the anonymity of the individuals who participated in this study. What we can provide however are the responses generated from the demographics section of the in-depth interview instrument that we utilized to obtain the first-hand knowledge of systems experts.

Gender and Age

Out of our seven participants, five (n=5) participants were female and two (n=2) were male. At the time of the interview, they ranged in age from 18 to 28 years old.

Ethnicity

Four (n=4) of our respondents indicated their ethnicity as "White", one (n=1) indicated their ethnicity as "White/First Nations", one (n=1) indicated their ethnicity as "First Nations" and one (n=1) individual indicated their ethnicity as "Other".

Geographical Information

One individual (n=1) lived in the province of Newfoundland and Labrador, one (n=1) lived in the province of British Columbia, two (n=2) lived in the province of Alberta, two (n=2) lived in the province of Saskatchewan and one (n=1) individual had experienced placement in several provinces including Alberta, Saskatchewan and Ontario.

Age Of Entry Into System

The average age of the systems youths at entry for this pilot was 13.5 years of age

"Systems" Status

Of the seven (n=7) individuals participating in this project, two (n=2) individuals were still receiving services at the time of the interview. For the remaining five (n=5) participants

who were no longer receiving services, the average age for leaving the system was 16 years of age.

Systems Domains Involvement

Two (n=2) of our participants had experienced living in the youth justice system. A total of five (n=5) participants had experienced some sort of involvement with the psychiatric system. Finally, six (n=6) participants had experienced child welfare/foster care placements.

Current Living Status

Six (n=6) of our participants were living independently at the time of the interview.

School and Work Status

Four (n=4) of our participants were currently attending school (high school, college and university), and four (n=4) had completed their high school educations. Four (n=4) participants were working at the time of the interview.

Concern # 1: Psychotropics were prescribed immediately upon entry in the child and family services system.

Upon entering my first permanent family foster home placement at 10 years of age, I was immediately placed on medication. It was my foster parent's idea to place me on these medications because the only thing that changed was my placement type.
Research Participant

Staff immediately medicated all of our interview participants (n=7) upon their entry into the system. None of the existing and former systems youths had access or were offered access to the Provincial or Territorial Advocate (where one exists), nor had they a means of access to professional counselling and rehabilitation supports and services in a timely and efficient manner. It appears that a response of common choice amongst systems workers is what focus group participants suggested it would be – drugging the pain and ensuring the complacency of those living in placements across the systems domain.

Only one of our participants actually had any semblance of a "medical analogy", as she described it, offered to her. From a professional perspective, the substance of that analogy was insignificant and did not benefit the interviewee – she was merely told that she had a "chemical imbalance in the brain . . . and medications will help" her. Other participants were simply prescribed or given medications without any explanation as to why they needed medications, what the prescribing function of the drug(s) was, or the side effects of the particular drug(s).

It doesn't give them time to deal with emotions, their grief, they're denied a natural process that they're entitled to – it's emotional robbery. These processes are inconvenient and

take a lot of time and investment, therapy and the transiency too, there's not going to be a permanent person (around for the young person to establish a solid relationship with) – instead of establishing a lengthy healing process, it's interrupted by transiency, so they just throw drugs at them.

Research Participant

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

I didn't willingly take the meds and was physically restrained and gagged, they would shove them down my throat.

Research Participant

Our participants received little or no information about their prescription medication. Before administrating and using the medication, youths did not have to supply consent.

This was especially the case for those placed in custodial and psychiatric placements. This may or may not be due to the reactionary nature of the systems staff and the feeling that they need to protect themselves, others and property in these placement types (Day 2002). Also, we must not negate the notion that custodial and psychiatric institutions are intrusive and unapologetic by nature, and it may be argued that the lack of rights of individuals living in these placements are legitimated by the fact that they have presented themselves as unwilling or unable to conduct themselves accordingly (Garland 2001; Rose 1999).

According to our focus groups and interviews, for youth in custodial or psychiatric placements, being drugged typically occurs in a swift and often violent manner. Custodial and psychiatric chemical management involved the use of mace (custodial placement), physical restraints (cuffs; bed restraints; chair restraints), powerful psychotropics via shots and sometimes the daily administration of anti-manic or anti-psychotic drugs.

Two big ass people come sit on you and inject you and put this shit in your arm"

Research Participant

It would be tremendously difficult in these situations to inform the young person of the name, dose, effects and side effects of a psychotropic agent. In addition, the fact that a

young person can be drugged into sedation serves to negate the issue of consent. How can an individual who is sedated and/or put in a padded room while under the influence of these drugs consent to the use of medications in any manner? Consent becomes a non-issue.

For our participants living outside these custodial or psychiatric environments who had experienced chemical management through the daily administration of psychotropic medications, some had been informed of the names of their medications, and some even knew which class the medications fell into (Xanax© as an anti-anxiety and benzodiazipene medication for example). Doctors offered very little information beyond that however, and this has serious consequences for the young person taking these types of medications. Without knowing vital information on the drugs being administered, such as side effects, dependency risks and other pertinent information, the health hazards to youths taking these medications are high. Just as importantly, youth need to be informed of the actual disorder or disease one is being treated for.

So many sources were involved that I don't know what issue I'm treating anymore. It might be depression or anxiety, transitional disorder or borderline personality disorder.

Research Participant

The family doctor prescribed antidepressants as a result of the trauma experienced when my adopted mother attempted suicide. There was no therapy or discussion of why I was being given these pills – my mothersaid I was depressed and that was enough for the doctor.

Research Participant

I don't know what they were medicating, basically anxiety and depression. No one at anytime, nothing was ever explained to me.

Research Participant

Concern # 3: Interviewees felt that systems workers relied on medications as a quicker, easier and cheaper alternative.

We do not deny that many systems youths have unmet emotional and psychological needs. What we do argue however is that without addressing these unmet needs or addressing them in an unfair and punitive fashion, the likelihood of further damage to the individual is extremely high. This is unacceptable for a system that is founded on the principles of "care, protection and supervision"

When making a decision to utilize powerful medications such as psychotropics that bring about radical changes in an individual's mood and behaviour, there are many issues to consider. The life history of the individual, that place where the individual has come from, must be examined with the individual, from a holistic perspective, and decisions about their care should stem from there.

However, our research participants tell us that there is little consideration given to the life history and the current problems that they are now dealing with as a result of having their psychological and/or psychiatric needs unmet. The Canadian system, like its American counterpart, is a "de facto public behavioural health care system" (Lyons and Rogers 2004) that deals with youths who have behavioural or mental health issues. State care should not be a mental health care system for children and youths who cannot or will not be reunited with their families of origin. It must incorporate mental health services into its mandate of course, all the while keeping in mind that like all other adolescents, systems youths require financial, emotional and extended supports if they are to become productive and responsible citizens within our communities.

A lack of federal and provincial resources available to youths may partially explain why systems youths do not receive the supports and services they need. As discussed earlier in this report, with the Canadian shifts in governing, social spending and supports are currently being withdrawn from all vulnerable populations (Jennissen 1997; Luxton 2002; Parkin 1997), including marginalized youths (Lundy and Totten 1998). The emphasis on responsibilizing individuals has had a very profound effect on those who rely on social supports to assist them in their daily survival.

It may also be the case that discursive constructs of systems youths as "troubled" thereby "bad" individuals diverts attention away from the real emotional needs (which would fall under the concept of "the social"[33]) and focuses on the systems youths activities denying them the necessities of successful citizenship because they pose a threat to the moral fabric of our society (Schissel 1997).

One research participant stated, abruptly, to the point and vehemently, that medicating systems youths does little more than provide a means to systems workers to have further control by having the option of a cheap "quick fix" available to them.

[33] For further information on how the state denies the "why" of an activity and does not rehabilitate but instead focuses on the fallout of the action itself and as we have seen here, places the blame on the individual, regardless of age etc., see The Culture of Control: Crime and Social Order in Contemporary Society. D. Garland (2001).

The benefits are mostly to the caregivers. A kid with an actual diagnosis, who gets real meds to help him or her in life, it helps him or her out with their adult life. For kids with traumatic life histories, it's so much cheaper to drug them, and they don't get any benefit – they're just zombies"

Research Participant

There is no doubt that drugging an individual and bringing about a desired change in his/her mood and/or behaviour, is a matter of convenience to some systems staff. To stop the behaviours that a young person displays, to keep the emotionally displaying youth under control, to have the option of doing something considered minute, the systems worker can give a young person medications or utilize other restraints and within minutes they can return the situation to ordered "normalcy".

It's humiliating and scary – it's like they (systems youths) are animals and they are trying to control them to make them sleepy so we're all safe. They're zookeepers.

Research Participant

After my first OD attempt at age 11 with heroin they shackled me to the bed and stuck me in a padded room, then moved me to a psych ward for three weeks.

Research Participant

We must consider the humanity of this treatment. Being drugged is a sad reality for many youths living in any subsystem across the systems domain. We do not deny that many systems youths have unmet emotional and psychological needs. What we do argue however is that without addressing these unmet needs or addressing them in an unfair and punitive fashion, the likelihood of further damage to the individual is extremely high. This is unacceptable for a system that is founded on the principles of "care, protection and supervision" (CFSI 2002).

Concern #4: Interviewees perceived chemical management as a means of controlling their behaviour, enforcing their compliance, and restraining perceived aggression.

Well, I really didn't have a choice. If I said no, it only caused more problems. You'd get placed in a segregation unit – basically rooms with nothing in them. They would take away your clothes and stuff. A psych nurse or person would stay with you until the psychiatrist came, which could be anywhere from four hours to two days.

Research Participant

The use of psychotropics to control the behaviour of "overactive and unmanageable" children is a centuries old practice (Ingersoll, Bauer et al. 2004). Such medications are used on a consistent basis within the youth justice system (Foster, Qaseen and Conner 2004), and powerful psychotropics may even be utilized within youth justice facilities to "combat" perplexing and unknown disturbances such as "short-fuse syndrome" (Alarcon 2001). Within the psychiatric component of the system, a place wherein the entire purpose of placement is to change/alter mood and/or behaviour, medications as a part of behaviour modification programming are almost always a part of a patients' daily reality.

While exploring the phenomenon of chemical management within the system, our interview participants made it very clear how they felt about medications and chemical restraints. They shared their stories of being medicated and chemically restrained for what they felt were purposes of control and compliance. It was apparent to the researcher from their stories that if a young person externalizes or internalizes his or her emotions, systems workers reacted by using medications against these individuals to ensure that they "calmed down" or reached a "sedated state".

In one particular interview, a participant shared with the interviewer that she was force-fed medication at the age of eight because she was acting out and causing disruption in her emergency foster home placement. She was "acting out" because her social worker had refused her contact with her younger brother. Medicating this child enforced her compliance with the wishes of her foster parents and social worker – that she calm down and stop being unruly.

Other participants shared their stories of being medicated while living in the system. These stories are extremely bothersome, and one wonders what it is that a young person can possibly do that is so bad to warrant the following treatment:

> *I tried to fight back with the cops, and was beat up and then charged with assault on the police officers. I have bruises and scars, was maced and had blisters on back because they didn't rinse me off and I sat in the chair for three hours.*
>
> *Research Participant*

> *When I was restrained, I had no energy, a lack of individual thought, I would wander around with no desire to anything like call my family and friends. It was total complacency, they got you to do what they wanted you to do . . I was numbed with no emotion – I don't think I could have cried, even if I wanted to. . . maybe because of the trauma, and maybe because of the drugs.*
>
> *Research Participant*

Whenever I heard 'have you took your meds today?', it was associated with me doing something bad". It was also a tool to control my hyperactivity and a means of controlling me from speaking out against authority. My foster parents dosed out the meds while in the system.

Research Participant

Concern #5: The healing needs of youth in care were not addressed, resulting in dependence on chemicals as a means of dealing with their life histories and often, daily realities.

As a result of being medicated at an early age, and not receiving any additional supports, some of the young people we interviewed openly shared their experiences of becoming addicted to both their prescription medications and other drugs.

Systems youths, who aren't given the opportunities to heal from their pre-systems experiences or their negative systems experiences, need additional special supports in place. They need "talk therapy" as one of our participants stated. They need to be able to express their emotions without fear of repercussion from their placement providers. They need the space to yell or cry without being labelled as dysfunctional or in need of a pill/shot to sedate them. After all, a lot of these children and youths have been separated from their families under duress, even if they have left on their own. It's a lonely world without family, especially in these times where attachment within a community is a necessity for one's inclusion (Rose 1999).

If the life history is negated and the psychological and personal issues stemming from their experiences go untreated, systems youths as a subpopulation are outwardly denied a chance to express and work through their grief, frustration and other feelings they may have as a result of leaving their homes and entering the system. This also impedes and sometimes completely halts the adolescent identity formation of the systems youth (Kools 1997). The system does not allow for youths to express their feelings in an open and safe environment. Instead, if a young person acts out while responding to a memory or an event that is upsetting, he or she will be punished for their outburst, perhaps being moved to a more secure environment (Lyons and Schaefer 2000). Without the ability to express one's feelings, the ability to develop a healthy self-identity or healthy coping habits is near impossible (Kools 1997).

These youths need constant social and emotional support from their placement providers, their peers and their families (where possible). They need to be shown that they are "somebody's" children, that they are "wanted" children, that they are "normal" children and that they are "valued" children. By drugging them, sending them into a "virtual non-system" (Costin, Karger and Stoesz 1996) and essentially letting them find their own way through the system and through adolescence, we are, as a society, setting them up for failure upon exiting this system.

As a result of being medicated at an early age, and not receiving any additional supports, some of the young people we interviewed openly shared their experiences of becoming addicted to both their prescription medications and other drugs. As a means of dealing with their realities as former systems youths who had been harmed before, during and after the system, some participants were self-medicating with both prescription and non-prescription drugs because their psychological issues were chemically managed and not managed with the proper resources and treatment. Their self-medicating behaviours or coping behaviours were severe, prolonged and very damaging to their health.

When a kid goes into care, they're angry. They miss their families, their whole routine is fucked, everyone automatically thinks the kid has something wrong with them because of how they act, so they start medicating them.

Research Participant

The drugs helped me with my sleeping and anxiety which were related to the crisis at home. I never ever slept good at night, the abuse always happened at night, so I guess that's why.

Research Participant

I was continuously told that there was nothing wrong with me. I would get drunk, smoke pot, use coke, just to deal with life.

Research Participant

Emotionally they (systems workers) pushed me further into the streets, I wanted to rebel, and I coped with everything through drugs, hard drugs, like heroin and cocaine and I have problems with pills.

Research Participant

The long-term effects of medicating and restraining youths – medicating people who don't need to be medicated – is definitely going to cause some effects – build a resistance and/or become dependent which causes a struggle for young people who then have to get off drugs period.

Research Participant

They forget that youth have a lot of anger/outrage and need to be dealt with and not medicated. They need to deal with their issues through discussion and dialogue, and not dulled out/numbed out with drugs.

Research Participant

They get put on drugs to get better, but they deserve a chance to grow up but they don't know who they are. For example, ADD kids are treated as different – "who am I" when I get off the drugs?

Research Participant

There's the issue of dependency, and there's so many side effects, some long term, some short term, some may never happen and in years to come it may, you don't know. And they all interfere with how a child develops.

Research Participant

LIMITATIONS

We recognize that the results of this pilot do not represent the experiences of the entire population of systems youth across Canada. The results were never intended to do so. With that in mind, there were several limitations to this study.

The main limitation of this pilot stems from the design of the study itself. Deciding to gather further information on areas of concern identified by youths attending "Summer Camp 2004", we focused our attention on youths who had experienced chemical management strategies in an exploratory pilot study. We designed the interview instrument to explore the phenomenon of chemical management as experienced whilst in the system.

We did not receive interviews with youth from the territories or Quebec. The limitation with contacting youth from the North reflects the fact that no formal youth in care network exists in the territories. Without an established relationship with individuals from the North, no interviewees were forthcoming. Similarly, Quebec presented the same type of challenges. Firstly, there are few formal and informal networking ties and relationships that would have enabled us access to youths. Secondly, the fact that we chose to interview youths who were aged 18 years and older was a difficulty because when youths leave the Quebec system their records of their involvement are sealed and/or destroyed. Therefore, contacting youths who fit the criteria for this study was, and continues to be, an organizational difficulty.

Finally, the "politics of silence" that operate to keep many current and former systems youth silent about speaking out about their experiences in the system (Kendrick 1990; NYICN 2004) may have had some influence on the number of potential interviewees that came forward. Many current systems youth are stifled from speaking out due to the fact that they are still in the system and are afraid of repercussions that may befall them, such as losing their post-majority services.

Discussion

According to David Garland (2001), as a result of the failure of the welfare State to be the guarantor of social progress and security, several adaptations emerged that changed the face of Canadian polity – welfarism, as we knew it in terms of social programs and helping the unfortunate and desolate, is dying in Canada. In its place, a new form of governing is emerging, a not-so-giving, not-so-forgiving type of governing.

To further understand the dynamics of "responsibilization" (Garland 2001) and how this phenomenon of chemical management works to punish and exclude systems youths from fully participating in society (Rose 1999) upon their release, it is essential to draw on arguments put forth by scholars that describe recent shifts in the way the Canadian government has withdrawn from its role as the guarantor of social progress and security (Garland 2001) and its impact on existing marginalized and stigmatized populations (Jennissen 1997; Little 1998; Lundy and Totten 1998; Luxton 2002). It is also essential to recognize how those citizens in our communities who are viewed as unwilling or unable to conduct themselves according to the values of their communities are legitimately excluded, perhaps permanently from engaging in their communities (Rose 1999).

What is most disturbing about responsibilization is that without the resources and skills that enable people to engage in their communities as upstanding and so-called civilized citizens (Rose 1999) the marginalized and stigmatized risk permanent exclusion from their communities as a result of their inabilities to conduct themselves appropriately. In these times of political and social unrest, where inclusion within one's community is conditional upon conduct, responsibilizing systems youths for their own predicament is nothing more than a technique of punishment and control of youths viewed by the community as deviants, troubled and troubling to the moral consciousness (Schissel 1997).

Indeed, as individuals without families, without attachments to the communities in which they live, without educations and work experiences (Rose 1999), systems youths represent the very antithesis of what the civilized citizen should look like.

As a result, systems youths face many barriers to healing, and many never fully recover from their experiences of being in care, custody or in "the hospital" or "on the ward". They can never fully shake it from their identity, from their being, that they are in essence – nobody's children – the system's or society's or anyone else's for that matter. They come from that place, the place where they were punished by default, punished just for being who they are and where they came from – most likely a home ravished by poverty, criminality, mental illness, domestic violence, exclusion and isolation.

We feel that drugging systems youths and/or chemically restraining them has much more to do with containing and controlling their moods and behaviours, which are subjectively defined and interpreted, than it does with keeping them from harming themselves, others or property, which are the most oft cited reasons for restraining individuals (Day 2002). We view chemical management as an easy, cheap and effective means for the State to solve an immediate perceived "problem" or "threat" by systems youths. For systems youths, this essentially means that their life history, or the prior experiences (causes) that brought them into the system in the first place are negated and denied and this is extremely detrimental to the mental health and adolescent identity formation of systems youths.

Within the American child and adolescent mental health care system, there is a call for "advocacy counselling", which addresses the need for social action and justice for this population and others who are affected by child and family services system intervention and care. Such advocacy counselling references the absolute necessity of providing the client and his or her family with information that allows them to make educated and informed decisions with respect to the safety and efficacy of psychotropic medications (Ingersoll, Bauer et al. 2004).

If such counsellors were located strategically across the systems domain, youths at-risk of being medicated upon entry into the system would have an abundance of resources and information that enables them to promote and advocate for what they feel is in their own best interests. For instance, before administering medication, an advocacy counsellor would work collaboratively with the youth and the medical team, remaining with him or her throughout the process of screening/assessment, medication selection/agreement providing constant support throughout the placement duration.

Throughout this report, we have conceptualized systems youths within academic discourse and front-line work across the systems domains as "nobody's children" (Kendrick 1990) and "disposable children" (Golden 1997). The need for advocacy within this area is an absolute necessity for this sub-population of youth. They are without "normative" familial structures (a mother, father and often, siblings and an extended family) to protect them, promote their best interests and teach them the necessary prerequisites for active participation in our communities of civil, morally upstanding and hardworking citizens. An effective means of ensuring that systems youths and their rights are being respected would be to assign advocates and peer specialists who report to a "watch-dog" committee that holds the system accountable to those entrusted with their care.

Implications and Recommendations

It is painfully obvious to us that that young people are being consistently medicated with drugs such as Ritalin ©, Paxil ©, Prozac ©, to name but a few, that serve to conform their behaviours rather than explore individuality and deal with real and persistent issues. Chemically managing young people has become a crutch used by caretakers to manage heavy caseloads and youth who require too much of their limited time and resources.

Added to these prescriptions for conformity, is a high usage rate of substances (i.e. illicit drugs, alcohol, solvents, and abuse of over-the-counter and prescription drugs) among at-risk youth populations. Street substances are used as mechanisms for coping with difficult situations and emotions by youth who lack the support for developing healthy coping behaviours. With an at-risk vulnerable youth population supported by adults whose answer to emotional struggles is prescription drug, it becomes easy to understand their prevalence to also use street and over-the-counter drugs in an effort to self-medicate internal difficulties.

The areas of concern that we have identified through the course of this preliminary research have verified our fears that young people in care are being medicated without proper assessment and usually as a result of simply being brought into care. Once prescribed, these youth are not informed of their diagnosis, nor the benefits and side effects of the medications. Nor are they involved in the decision to be medicated. They are being prescribed medications for convenience, as an early intervention (read quick, cheap and easy) for dealing with life histories and trauma experienced upon being brought into care. And in some cases, they are being medicated, chemically restrained, to control behaviour, enforce compliance, and restrain aggression, without having been offered alternatives for dealing with the root causes of these behaviours. The life history healing needs of youth in care life are not being addressed, and the most common intervention strategy - chemical management – is becoming a learned coping mechanism, and as a result, youth in care's personal hope for their future is bleak.

The reality is grim for systems youth, without immediate public policy changes that will enforce a better standard of care for vulnerable children. But in order for this to occur, more substantial research will need to be conducted – research that involves more young people and helping professionals in all provinces and territories of Canada, and that will stand up to the scrutiny of decision-makers who are faced with the onerous task of attempting to provide for the well-being of children within the confines of fiscal restraint.

As a start, we have developed some recommendations for public policy, both in terms of guiding principles and in practice.

Recommendations for Public Policy Principles

1. An individual's right to consent to treatment must be balanced with their emotional and physical health needs. Discussion and medication should be used as part of the process and care should be taken to ensure that medication is not the sole focus of an intervention.

2. Each individual should have autonomy to receive care and medical treatment at a facility, institution or agency of their choice, in respecting their right to consent to treatment and receive treatment in a timely, safe and efficient manner.

3. An individual's experiences before, during and after any medication intervention (prescription or restraint) must be documented and witnessed by each individual, the attending worker/doctor/personnel, staff, peer supporter and other support to the individual.

4. In each respective province, the office of the child advocate or ombudsman should receive notice of any and all uses of medication.

5. Each individual must have the right to request an independent review of their file and seek additional medical opinions prior to engaging in a prescribed medicinal regime. Additionally, if in a case of chemical restraint, each individual will have the opportunity to initiate a complaint and investigation into the use of force and appropriate use of medication.

Recommendations for Public Policy Practice

1. A comprehensive review of practices should be undertaken of the use of chemical restraints and prescription medications within the system throughout Canada.

2. A regulatory body should be established to oversee all Canadian governmental and pseudo-governmental agencies providing services and/or supervision of systems youths that are legally compelled to report all instances of chemical restraints within their placements.

3. Cooperation and collaboration between Canadian stakeholders(provincial/territorial child, youth and family services agencies, Health Canada, Youth Justice Canada, etc.) and youth representatives agencies such as the National Youth In Care Network, regional youth in care networks and other youth-centred, youth-driven organizations should commence to develop research examining the trends and impact of chemical management and restraining Canadian systems youth.

4. A medical and support team, consisting of a child and youth psychiatrist, medical doctor, and peer support specialist, should be available to each child/youth within 48 hours of entry into the system.

5. The psychiatrist/psychologist must have a background in child and youth treatment.

6. If a psychiatric evaluation is deemed necessary, the system youth must be afforded the opportunity to consent to the procedure. Policies surrounding the involvement of supporters for the young person as well as their case management team should be developed to ensure fair, open and youth-focused service delivery.

7. The system youth must have access to expert individual and/ or group counselling sessions to assist the youth entering the system with the transition, their issues, and whatever other assistance the systems youth feels they need help.

8. The system youth must have access to his or her psychiatric, medical or systems files at any time for his or her perusal/review, and if upon disagreement with any information within their files, have the right to have the information investigated, and changed where appropriate.

9. The system youth must have the right, at any time, to request a review of his or her medical and support team, and may request in writing at any time the removal and/or addition and/or replacement of his or her medical and support team.

10. The system youth must have, without fear of his or her safety or security within the system or fear of losing his or her placement status within the system, the right to ask to be moved to a different placement if they feel their mental health needs are not being met in the current placement.

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