Use of 'behaviour-altering' drugs widespread in foster, group homes

Almost half of children and youth in care aged 5 to 17 are on drugs, including tranquilizers and anticonvulsants, government-backed survey finds.

JIM RANKIN / TORONTO STAR Order this photo

Nick Woolridge, who was taken into care just before his eighth birthday, says he was on so many behaviour-altering medications that he "can't remember half of them."

By: **Sandro Contenta** News, Insight **Laurie Monsebraaten**, Social justice reporter **Jim Rankin**,Published on Fri Dec 12 2014

Nick Woolridge learned he would become a ward of the provincial government while sitting in the lobby of a children's aid society office in Brantford. He was 10, and his reaction was swift.

"The lobby was destroyed within two seconds," says Woolridge, now 20. "There were hangers flying and glass smashed.

"You don't bring someone to a children's aid society and say, 'Oh, you're not going back home until you're 18.' That's hard for someone to deal with, especially when you're 10," he adds. "I didn't understand why I wasn't going home."

It wasn't the last place Woolridge would trash while in the care of the state. And it wasn't long before he was placed on "behaviour-altering medications," so many that he "can't remember half of them."

Woolridge isn't alone.

Almost half of children and youth in foster and group home care aged 5 to 17 — 48.6 per cent — are on drugs, such as Ritalin, tranquilizers and anticonvulsants, according to a yearly survey conducted for the provincial government and the Ontario Association of Children's Aid Societies (OACAS). At ages 16 and 17, fully 57 per cent are on these medications.

In group homes, the figure is even higher — an average of 64 per cent of children and youth are taking behaviour-altering drugs. For 10- to 15-year-olds, the number is a staggering 74 per cent.

The figures are found in "Looking After Children in Ontario," a provincially mandated survey known as OnLAC. It collects data on the 7,000 children who have spent at least one year in care. After requests by the Star, the 2014 numbers were made public for the first time.

Top CAS officials describe the high number on "psychotropic or behaviour-altering medication" as a crisis.

"The medication problem is huge," says Raymond Lemay, who retired this summer after 32 years as executive director of the Prescott-Russell children's aid society. "It's catastrophic.

"We should be doing other things than medicating these kids," he says, adding his agency discourages the

use of psychotropic drugs. “Medication is inappropriate in many circumstances and will do these kids long-term damage.”

Drugs can ease disruptive behaviour. But doctors and CAS officials are concerned that mental-health issues caused by trauma aren’t being addressed. Dosages at times are too high and long-term side effects, according to some experts, are poorly studied. A Star investigation in 2012 found 600 cases, reported to Health Canada during a 10-year period, of children and youth suffering serious side effects while on ADHD medication, including amnesia and suicide.

For youths in care, the rate of psychotropic drug use is significantly higher than the general population. A 2005 study in the Canadian Journal of Psychiatry estimated that only 2.5 per cent of Canadians aged 15 to 19 were on psychotropic medication.

Children’s aid societies deal with children and youth who have higher levels of mental-health and behavioural problems than the general population. Still, there is evidence of a system using medication simply to keep children and youth under control.

“I don’t think doctors out there are trying to zombie kids as a goal,” says Dr. Ben Klein, medical director at the Lansdowne Children’s Centre in Brantford and a consultant with children’s aid societies. “The medication gets abused because the rest of the system doesn’t deal with the (mental-health) problem.”

Children’s aid societies tap into outside agencies for mental-health services. But long waiting lists often leave physicians treating traumatized or unruly children with few options. The result is what Dr. Burke Baird at McMaster University’s Child Advocacy and Assessment Program calls “a harm reduction model.”

“Why are these kids on medication? Because people are desperate to make them functional,” Baird says, and “there’s so little else to offer.

“If there was something I could do to make him a little less angry, a little less explosive, would that be worthwhile?” he adds, describing how medication can get prescribed.

A Toronto man in his early 20s, who spent 12 years as a Crown ward, believes medication was used as a “behaviour control method” in the Belleville group home where he lived with 15 other youths.

“I felt it was an excuse. I think it was just easier to manage that number of youth in one place if they weren’t all going so fast,” he says, referring to youths considered hyperactive.

He was placed on medication despite insisting he didn’t need it.

“I felt you really didn’t have a choice because if you refused to take your medication you’d be punished for that,” he says. “You’d be grounded and not allowed to join programs and interact with other youth.”

Andrew Koster, executive director of Brant Family and Children’s Services, notes that Ontario law requires informed consent for medical treatment from anyone capable of providing it, regardless of age. But concerns that youth will reject medication mean “their rights are not necessarily given to them.”

Ontario’s highly decentralized child-protection model — 46 private agencies funded largely by tax dollars — seems to make matters worse.

Only half of children's aid societies have a prescribed way of assessing the mental health needs of children, and barely 15 per cent of these use methods recommended by the provincial government, according to a 2009 survey sponsored by OACAS, the lobby group representing the agencies.

The lack of standardization "likely means that many children in need are not identified and referred for treatment," concludes the survey report, co-authored by Elisa Romano, professor of psychology at the University of Ottawa.

In 2009, the Ministry of Children and Youth Services issued a "best practices" report on the administration and monitoring of psychotropic drugs, but did not make them part of regulations governing child protection agencies.

JIM RANKIN/TORONTO STAR

Gissele Taraba of Brant Family and Children's Services, who is developing a guide on how children should be assessed and treated, says "kids in the system are taking too many medications." (Jim Rankin/Toronto Star)

The OACAS is now funding work by Gissele Taraba, a manager with the Brant and Oxford children's aid societies, to develop a guide on how children should be assessed and treated.

"Kids in the system are taking too many medications," she says flatly.

At the Brant CAS, drugs make up 52 per cent of expenditures on health insurance claims. The top five drugs prescribed and paid for by insurance are all used to treat attention deficit hyperactivity disorder (ADHD), including Concerta, Strattera and Adderall.

Taraba describes child-welfare services — from education to mental health — as disconnected and blames the provincial government for the lack of integration.

"Where is the expectation from above in terms of us working together?" she says, challenging the government to take responsibility for the children legally in its care.

A soon-to-be-published report by Klein, Taraba and other child-welfare experts also warns of children who have symptoms of attention deficit disorder being misdiagnosed and given "unhelpful medications" for long periods. "The big question is, what are we treating?" Klein says.

Recent scientific studies, for example, have examined the impact on infants of "toxic stress," caused by long periods of physical or emotional abuse. The prolonged release of stress hormones changes the wiring of the developing brain, causing long-term problems with learning and with controlling of emotions and impulses.

"We don't call it brain damage but it is brain damage," says Klein, who is also a clinical professor at McMaster University. "It's like a baseball bat to the head."

Something as common as a stern admonition from a teacher or foster parent can provoke a "flight or fight" response from children raised in threatening and unpredictable family environments.

"These kids become train wrecks in the system," Klein says. "They burn through home placements and every time it's another separation, it's another trauma."

Typically, these children get diagnosed with ADHD because they exhibit its symptoms, including inattention, hyperactivity and acting on impulse. They get placed on medication like Ritalin, whose side effects may include insomnia and appetite suppression. If the symptoms persist, the dosage might get boosted.

“There are definitely cases where kids are on egregious doses of, say, ADHD medications,” Klein says.

Medication might make them less likely to act out, Klein adds, but it doesn’t deal with the root cause of a child’s trauma. That requires “trauma-focused cognitive behaviour therapy,” which he says is almost impossible to access in Ontario.

Klein also calls for more services to support struggling families, noting that children in care often come from homes strained by poverty, substance abuse and mental-health troubles. Ontario implemented a mental health strategy in 2011, which boosted the number of mental health workers and served thousands more children. But experts say it isn’t nearly enough.

The 2014 OnLAC survey, prepared by the University of Ottawa’s Meagan Miller and Robert Flynn, found 32 per cent of wards aged 5 to 21 with ADHD, as reported by caregivers. (A 2007 study in the U.S. found 6 per cent of children in the general population, aged 2 to 17, diagnosed with ADHD. The last child health study conducted in Ontario, in 1983, found 9 per cent of children with ADHD. A new study is underway.)

In an earlier OnLAC study, Miller and Flynn found more than 50 per cent of youths in care at “high risk for a likely psychiatric disorder,” compared to 17 per cent of the general youth population in the U.S.

Klein wasn’t surprised by Woolridge’s violent reaction to being made a ward.

“That’s the flight-or-fight response,” he says. “In his brain, it’s as if he’s being chased by a sabre-toothed tiger. It’s flooding stress chemicals. It’s a tantrum. He’s not in control.”

Woolridge was taken into care a month before his eighth birthday. He was bounced from foster homes to group homes — a dizzying 22 different homes during 10 years in care.

“I had a lot of anger issues due to my past, and dealing with my family,” he says. “And, growing up in foster homes and group homes, my anger just kept getting worse.”

A recent study co-authored by researchers at the Child Welfare Institute of the Children’s Aid Society of Toronto found that poor parenting in foster homes partly accounts for higher levels of behaviour problems in some children.

JIM RANKIN/TORONTO STAR

Nick Woolridge is pictured at a Brant Family and Children's Services building, where staff viewed an LGBT video produced by Woolridge and other youth. (Jim Rankin/Toronto Star)

During visits with his grandmother, Woolridge noticed she patiently found ways to defuse his outbursts and calm him down. Foster parents rarely tried doing so, and Woolridge says the Brant CAS too easily acquiesced to bouncing him around.

“I don’t think it’s right for a kid growing up in CAS to be shipped from foster home to foster home,” he says.

Woolridge spent time in a mental-health treatment centre and participated in what he describes as countless anger-management programs. He suffered from depression and anxiety. At times, he harmed himself, once with an overdose of the many medications he was on. A year ago, he decided to stop taking them.

Despite his ordeal, he credits the Brant children's aid society with helping him turn his life around. He's now on an Extended Care and Maintenance Agreement, which continues to support youths after they turn 18, the age when they must leave care. He lives on his own in a rented room, helps Brant train foster parents, plans to get his high school diploma and eventually go to college.

"I want to be like — I was going to say a normal person who has their own house and a family and a nice job," he says, sitting on the bed in his small room. "I want the whole nine yards, I guess."

On his bedroom wall hangs a sign: "Just because the past didn't turn out like you wanted it doesn't mean your future can't be better than you ever imagined." He's not sure he fully believes that, but he's working at it.

The reporters on this story can be reached at children@thestar.ca **.**

Tomorrow: A secret system

Society's Children

Canada
Black children's aid society needed, lawyers say

Canada
Black children's aid society needed, lawyers say

Canada
How one child welfare agency is building trust

Canada
Through the eyes of a CAS front-line worker

Canada
Ontario's most vulnerable children kept in the shadows

Canada
New children's aid funding formula raises concerns

Canada
Use of 'behaviour-altering' drugs widespread in foster, group homes

Canada
CAS racial disparities shameful, opposition MPPs say

Canada
Taking steps to help black youth in CAS

Canada

Grandma loses two girls to CAS after abuse allegations

Canada

A mother fights to get her son back from CAS

Canada

Immigration story turns into a nightmare with CAS

Canada

The history of children's aid in Ontario

Canada

Why are so many black children in foster and group homes?

Canada

The anxiety of a black parent when CAS comes calling

Canada

Society's Children

More on thestar.com