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'States Parties shall ensure to the maximum extent possible the survival and development of the child.'

Convention on the Rights of the Child, Art. 6(2)

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EDITORIAL

Over-medication in care: Are the high levels justified and how can they be prevented?

When one reviews the files of many children in care, in particular in residential care, the high number of children and adolescents, who are medicated for a variety of reasons, is questionable. Whilst medication for a physical or mental illness is mostly justified, what about the widespread use of medication for behaviour control?



Whilst every child's physical and mental health must be a priority when family strengthening efforts are undertaken or when a child

must be placed in temporary care (Arts. 3(3), 23, 24 of the Convention on the Rights of the Child; Paras. 9, 58, 117 of the Guidelines for the Alternative Care of Children), any medical treatment should be limited to those situations, which truly require such an intervention (Art. 25 of the UNCRC; Paras. 96, 116 of the Guidelines). Indeed, as reflected in the research undertaken by Pascal Rudin, from the International Federation of Social Workers, there is a tendency to over-medicalise social problems, including disruptive and antisocial behaviour¹. This observation is particularly obvious in alternative care – even more so in residential care – where staff and carers are often overwhelmed by the challenging behaviours of an important number of children and adolescents placed in a limited space and

*'I was a child in care. We needed love, not chemicals.'*⁵

often resort to medical treatment to ensure that the situation remains 'under control', but also amongst specific groups and profiles of children, such as those with intellectual or other disabilities

– who have sometimes even been subject to sterilisation treatments. Thus, what are the current challenges of the over-medication in families or in care? What other means are available to respond to mental health and social issues amongst some children?

Family-type care vs residential care: Same impact on children's medication?

As the number of children in foster care and residential care taking at least one psychotropic medication (*i.e.* medications used to address emotional and behavioral problems) is, in the USA for example, in general, higher than the rate for all children², is there a difference depending on the type of environment the child is placed in? Indeed, one could assume that a more personalised form of care – such as quality foster care – allows carers and professionals to be able to identify better the causes of a child's physical and mental health issues and the potential means to respond to them, or even to prevent such situations.

In fact, do children enter the care system with the symptoms and causes for medication or do they develop them whilst in care? Or does alternative care – in particular residential care – further aggravate the situation of children with already complex backgrounds? Even though this would require further scientific research, one can

assume that children enter care with adverse childhood experiences, often marked by violence, abuse, neglect and/or abandonment, which undoubtedly already have an impact on their physical and mental wellbeing. However, the quality of care may have a potential impact on their wellbeing and their capacity to manage difficult situations around them. The placement of children in more confined and institutional facilities may also have an impact on their capacity to address and manage their personal problems.

Is the role of psychosocial professionals and direct carers not essential in identifying potential problems that may affect the children's physical and mental health as well as their resilience? How can their capacity be strengthened in order to limit and monitor the resort to medication?

Sufficient assessment, training and support to prevent and regulate the use of medication?

In the framework of ISS's technical assistance in various countries, the team has been surprised by the widespread use of the concept of 'children beyond control', which not only includes a very wide and unclear range of circumstances, but is also used across family and care environments in an often negative and discriminatory manner³. The situation observed in many countries through ISS's project *A better future is possible* (see, for example, p. 5) reflects the urgent need to address behavioural problems within care facilities, and to work with families in order to improve their capacity to manage such situations and thereby reduce the need for family separation.

What can be undertaken by the social and child protection authorities in this regard? Families must, without a doubt, benefit from increased human and material resources and have access to medical staff and health facilities in order to receive advice, to benefit from comprehensive psychological, social, educational, medical and psychiatric assessments of the children's individual needs, and, based on the latter, identify a range of therapies before any resort to medication. Is this also true once children are separated from their families and placed in care? Indeed, the ongoing responsibility of social services and child protection authorities should include the prompt availability of such assessments and adapted therapies.

Whether they are foster families or institutions, they will often have to face and manage complex medical and/or behavioural problems. Thus, the latter must be carefully identified, assessed, selected, trained and supported to care for children with complex backgrounds⁴ (see p. 11). How can the families' and carers' role in building a central element of their protection – attachment – be strengthened? Once again, the State's obligation to select, support and monitor the most suitable form of care, in line with the 'principle of suitability', remains a challenge. Indeed, the training and support provided to carers must put an emphasis on the impact of the overuse of medication on children's health. Some countries, such as Mauritius, have developed courses (see p. 5), materials and tools in this regard⁶.

Medication: Part of care standards?

Once in care, what are the means available to ensure that the children's physical and mental health and well-being are given sufficient attention and protection? As children's placements often occur in situations of emergency, efforts initially focus on the child's basic needs, and some more complex aspects are not addressed.

Given that medication is indeed used to such a high rate, should it not be an integrated part of care standards? Irrespective of the person in charge of the children, they must be trained on the circumstances, limitations and implications of medication. Whilst it is obvious that medical treatments should not be an option of initial resort, there will be situations in which medication is needed and determined as a result from the assessment of the child's situation and needs, as previously mentioned. In these contexts, their use must be carefully determined, monitored and periodically reviewed. Ideally, their use should be limited in time and reassessed periodically and their dosage adapted to the profile of the child (see p. 5)⁷. Is there progress made in this regard? Given this vital issue, a number of countries have included this element in their assessments of their care system and in their standards in relation to the children's physical and mental health or the management of challenging situations and behaviours (e.g. Canada, Spain, United Kingdom⁸).

The complexity of addressing the physical and mental health needs as well as the behavioural and social issues of children and adolescents in their families and in care have been acknowledged across the range of professionals involved. But, how can all actors involved better assess and monitor the use of medication in specific cases? An assessment of these difficulties, the identification of the means to respond and resolve them is crucial before these children and young people become autonomous. Finally, how can this be ensured without the full participation of the young people? How can the public's awareness on the appropriate use of medication be raised? How do we ensure that standards of care and professional tools systematically address this key issue?

The ISS/IRC team,
September 2019

References:

¹ 'IFSW Representative to the UN criticises medicalisation of social problems', 20 September 2018. Available at: <https://www.ifsw.org/ifsw-representative-to-the-un-criticises-medicalisation-of-social-problems-in-swiss-television/>.

² 'On any given day nearly one in four children in foster care is taking at least one psychotropic medication—more than four times the rate for all children. Nearly half of children living in residential treatment centers or group homes take psychotropic medications'. See: Wright, M. (22 May 2015). 'Overmedicating children in foster care'. Marian Wright Edeman's Child Watch® Column, Children's Defense Fund. Available at: <https://www.childrensdefense.org/child-watch-columns/health/2015/overmedicating-children-in-foster-care/>.

See also: Vasile, S. 'Romanian children in care plied with "unnecessary" prescription drugs'. Balkan Investigative Reporting Network (BIRN), *Balkan Insight*, 23 July 2019 (<https://balkaninsight.com/2019/07/23/romanian-children-in-care-plied-with-unnecessary-prescription-drugs/>); and Office of the Administration for Children and Families – US Department of Health and Human Services (2012). *National Survey of Child and Adolescent Well-Being, Research Brief No. 17: Psychotropic Medication Use by Children in Child Welfare* (<https://www.acf.hhs.gov/opre/resource/nscaw-no-17-psychotropic-medication-use-by-children-in-child-welfare>).

³ International Social Service. Mission Report. Training and workshops. Mauritius. 18-25 May 2015.

⁴ Interview of Jennifer Cousins, 'L'institutionnalisation est toxique'. In *L'express*, 1 June 2015, Mauritius, p. 9.

⁵ See: Akinsanya, D. 'I was a child in care. We needed love, not chemicals', *The Guardian*, 23 August 2016. Available at: <https://www.theguardian.com/commentisfree/2016/aug/23/child-care-love-chemicals-drug-trials>.

⁶ See, e.g. Victoria State Government (Australia), *Child Protection Manual*, Administration of medication – advice, 2017 (<https://www.cpmmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/health/administration-medication>); Western Australia (Australia), *Residential Care Practice Manual – Residential Group Homes* (<https://www.dcp.wa.gov.au/Organisation/Documents/ResidentialCarePracticeManual.pdf>); New South Wales Government (Australia), Behaviour Support in out-of-home care (https://www.facs.nsw.gov.au/data/assets/pdf_file/0005/583511/Behaviour_Support_OOHC_Guidelines.pdf).

⁷ Interview of Dr. Fanny Cohen-Herlem, 'La dénomination 'child beyond control' conduit d'emblée à un traitement judiciaire'. In *L'express*, 1 June 2015, Mauritius, p. 9.

⁸ See, e.g. Defensor del Pueblo (Spain), *Centros de protección de menores con trastornos de conducta y en situación de dificultad social* (<https://www.defensordelpueblo.es/wp-content/uploads/2015/05/2009-01-Centros-de-protección-de-menores-con-trastornos-de-conducta-y-en-situación-de-dificultad-social.pdf>); Hillingdon – London (United Kingdom), *Children and Families Procedures Manual*, Chapter 3.7.2 – Administration of Medication to Looked After Children (<https://hillingdonchildcare.proceduresonline.com/chapters/contents.html#looked>); Leeds City Council – Children and Young Peoples Social Care Service (United Kingdom), *Medication Policy for Children who use residential services 2010* (https://leedschildcare.proceduresonline.com/pdfs/med_pol_residen_serv.pdf); Derby City Council, People's Directorate - Children and Young People's Services (United Kingdom), *Medication Policy. Children's Homes* (https://www.proceduresonline.com/derbycity/homes/files/med_policy.pdf); Ontario (Canada), *Summary of Recommendations of the Ontario Expert Panel: Standards of Care for the Administration of Psychotropic Medications to Children and Youth Living in Licensed Residential Settings* (http://www.children.gov.on.ca/htdocs/English/documents/specialneeds/residential/summary_report.pdf).



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