

Neglect and Maltreatment of Foster Children in Hungary

The Use of Psychotropic Drugs



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(Citizens Commission on Human Rights Hungary)

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Summary

In view of the international trend of a strongly increasing use of psychotropic drugs to chemically control children especially labeled with educational or behavioral difficulties we conducted research to establish the scene in Hungary. We focused at how this affects foster children compared to the average child population in Hungary in 2012. The findings of the research show a multiple rate and excessive use of psychiatric drugs amongst foster children compared to the general child population. This raises a strong concern and worry in view of the vast number of potential side effects of these drugs and the fact that in case of many of the drugs, there are no evidences of their safety in childhood age.

The scene require an increased awareness and alertness, and need of reviewing how foster children are being dealt with in Hungary as the high level of psychotropic drugs used indicate a neglect of children in need of attention and proper care and thus the existence of maltreatment. The research indicate that proper educational and non-medical solutions still don't get enough attention in many places.

Introduction

In the last decades, the psychiatric diagnosing and drugging of children with educational or behavioral difficulties has risen to an unprecedented level in many developed and a number of developing countries. This tendency is not primarily reflecting a higher number of children with actual mental disorders but a scene in which changes of the psychiatric diagnostic criteria used and an increasing number of psychiatric diagnoses that cover a number of ordinary childhood problems is changing the acceptance of what a child may do and behave like and thus the resultant increasing labeling of these with a psychiatric condition. This is further aggravated by the fact that the solution as promoted by pharmaceutical companies and a number of leading psychiatrists with vested interests is psychotropic drugs. Very little research and funding of non-drug treatments is being done. This tendency increasingly causes worries not only in the general population but also professional circles.

Dr. Richard Bentall, professor of clinical psychology at the University of Liverpool, noted: "I know what these drugs do and it's outrageous". "There's no way in a million years that any child I had anything to do with, under any circumstances, would come close to an anti-psychotic [drug]. There's no clinical basis for it, and from what we know of the pharmacology they are clearly bad things to be putting into developing brains."¹

In June 2013 the Vatican held a conference about the harmful effects of psychotropic drugs prescribed to children and expecting mothers. A psychologist who helped organize the conference, Barry Duncan, during a presentation noted that prescriptions for psychiatric drugs have increased by 274 percent globally since 2003, and that SSRI-type antidepressant drugs double the risk of suicide in children while anti-psychotic drugs cause cardiovascular problems, obesity and diabetes. The psychologist added, the people giving these children drugs are not treating the root of their problems and are just "sedating and controlling" them to make the unruly children more "manageable."²

¹ <http://www.szendi.net/pszichiatria-richard-bentall.htm>

² <http://www.catholicnewsagency.com/news/vatican-conference-to-reveal-harm-of-prescription-drugs-for-children/>

This tendency that mainly emanated in the USA has not avoided Hungary. While several thousands of children living with their biological families in Hungary are diagnosed with psychiatric “disorders” due to behavioral, study or other difficulties, we can’t ignore that in the case of foster children – of whom many have additional disadvantages – the protective role of a caring family unit would act against stigmatizing diagnoses and use of strong psychoactive drugs. Thus in this regard, many foster children seems to be more vulnerable compared to children living with their biological families. Whatever the actual reason(s) this research clearly show that foster children in Hungary are statistically significantly more likely to be labeled with a psychiatric diagnosis and subjected to drugging with psychotropic drugs than the general child population.

This report presents the findings of our research into this issue.

Janos Dobos
President of CCHR Hungary

The psychiatric drugging of children in foster care

CCHR in the course of its activity of protecting human rights in the field of mental health, from time to time encounter accounts of cases of children from foster homes that are being subjected to heavy psychiatric drugging, and the consequences of this drugging.

To establish the scene more systematically CCHR in 2012 started a research with among others a survey to map out the extent of psychiatric diagnosing and drugging of foster children placed in homes as well as in foster families. A survey was worked out that would allow for statistical data to be calculated as well as data on the operation of each of the foster institutions and information on cases of individual children – in an anonymized form, that is, with no data that would allow to identify the specific child. Beside this statistics were collected from national authorities. These got analyzed.

The survey was sent out to all foster homes/institutions, 40 of the homes answered with a filled out survey. The number of children in the institutions that responded to the survey were 2.365, which is about 11% of the children in foster care in Hungary. The survey thus can’t be considered as fully representative, yet it is indicative and as the relative figures are comparable with the range of the national statistics these can be used to further evaluate the scene in the Hungarian foster care system.

From the analysis of the data from the 40 institutions that provided information it was found that 218, or 9,2% of the children in the care of these foster homes and families have some kind of psychiatric diagnoses and received some mind altering psychiatric drugs.

The national Hungarian statistics for the year 2013 list the number of children under foster care to be 21.421 (placed in foster institutions providing care: 297; foster homes: 8.218 and with foster parents: 12.906). Of these, a total of 1.728 children are listed under a psychiatric category due to their special needs, in other words 8,17% of the full foster child group are mainly placed due to a perceived psychiatric condition – which is about the same level as calculated from the surveys.

The number of children (under 18 years of age) in Hungary per the national statistics of 1st January 2013 was 1.876.000³ and the number of children that were in contact with or underwent some kind of care in a psychiatric outpatient center in 2012 was 45.478.⁴ The number of child inpatients is relatively small and the number that upon release is not in contact with an outpatient psychiatric center is even smaller thus the children under psychiatric provision can be set to 2,42% of the total child population.

The difference between the foster children and the general child population is significant: while on a national level 2½ % of the children are in psychiatric treatment, the rate of foster children with psychiatric labels and subjected to psychoactive drug treatment is, according to the national statistics: 8,17%, and per the survey figures 9,2% – about 3,5x of the rate of non foster children.

Children under psychiatric provision nationally		Children with psychiatric labels in the foster system		Own data from the surveys	
Number	Rate	Number	Rate	Number of children under psychiatric treatment	Rate of children under psychiatric treatment
45.478	2,42%	1.728	8,17%	218	9,2%

Thus the data show that foster children in Hungary have a multiple risk of being labeled with a psychiatric abnormality label and subsequently subjected to psychiatric drug treatment as compared to children being raised in their biological families.

It is noted that foster children often struggle with more difficulties in their lives than children with a stable family life. This however can't be the only reason for this statistically significant higher rate of drugging with psychotropic drugs.

A foster child has a multiple risk of being subjected to psychiatric drugs compared to a child being raised in his/her biological family

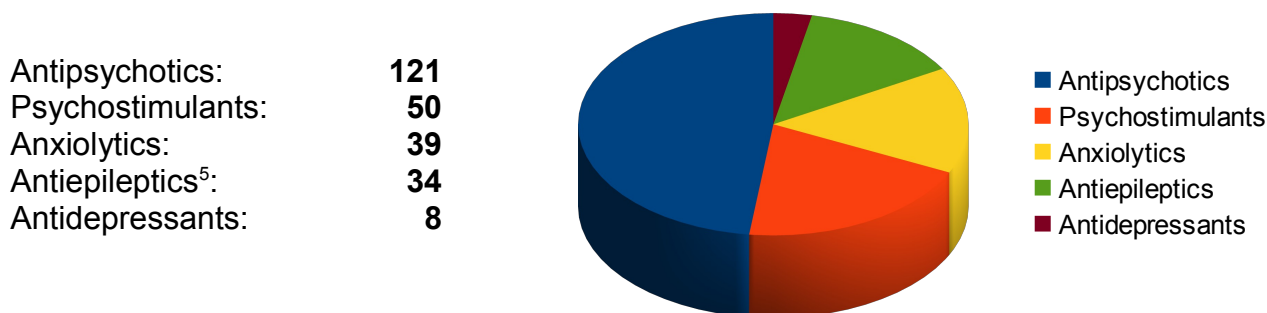
An educator of foster children in the survey noted: “The most important point for these children is safety as they often come from disadvantaged families, even having been exposed to family violence. It is very important to gain the child's trust, so that he dares to speak with the educator about his problems, he knows that the educator won't pass them on. It is important to support their integration into peer groups, the proper self-esteem, strategies for conflict management, encouragement, guidance, influencing moral and judgment.”

³ Source: Central Statistical Office (KSH)

⁴ Source: Central Statistical Office (KSH)

Psychiatric drugs used by children in foster care

The different types of drugs given to children in foster homes/care and the number of children on these drugs, according to the survey, showed the following distribution:



(Note: Some children are being subjected to several types of drugs at the same time.)

It is noted that some of the foster children being subjected to psychotropic drugs treatment are having so severe neurological side effects that they are also being prescribed anticholinergics. Anticholinergics are usually prescribed for the symptoms of the neurological damage known as Parkinson's Disease, that is, twitchings and uncontrollable movements.

Concerns about psychiatric diagnoses and using drugs

Regarding the psychiatric diagnosing of foster children and the subsequent use of mind altering psychotropic drugs, the following concerns rise:

- Based on the data found in this research, a child living in a foster home has a multiple chance of getting a psychiatric diagnosis and subsequently subjected to psychiatric drugs compared to a child growing up in his/her biological family.
- The use of psychoactive drugs can cause serious physical and mental side effects. And as a side note in regards to the effects of these drugs it is of concern that some of these drugs especially the psychostimulants in fact are sold as street drugs due to their ability of getting the user high, and secondly that they can cause addiction.

Here are some of the typical side effects of the different types of drugs:

- Antipsychotics: diabetes, pulmonary embolism, aphasia, imbalance, attention deficit, lethargy, anxiety, mania, insomnia, disturbed state of mind, blunt emotions, muscle stiffness, tardive dyskinesia⁶, temporary hormonal disorder, sudden death.
- Psychostimulants: insomnia, irritability, misconceptions, arrhythmia, high blood pressure, seizures, cardiac arrest.

⁵ Antiepileptics (originally used for treating epilepsy) are often prescribed also for psychiatric diagnoses.

⁶ Tardive dyskinesia: a disease characterized by unintentional body movements, causing the compulsive movements most often of the mouth, lips, tongue, sometimes the trunk and limbs.

- Antianxieties: blurred vision, muscle weakness, headache, confusion, confused thinking, amnesia, nervousness, burst of anger, hallucinations.
- Antiepileptics: dizziness, nausea, double vision, allergic shock, sleeping problems, nightmares, diseases of hemopoietic organs, aggressive behavior, depression, liver damage.
- Antidepressants: disorders of blood sugar level, tinnitus, blurred vision, anxiety, paranoid thoughts, aphasia, restlessness, sleeping problems, delusions, exhaustion, panic attack.

(Note: The above list is only a short extract from the list of side effects found in the national medical drug catalog.)

- In the case of several of the listed drug groups, there is no sufficient evidence about their safety and efficiency in child and adolescent age.
- In the recent years, several pharmaceutical and health agencies across the world issued official warnings about different psychiatric drugs (falling in to the categories listed above) including these being able to increase the risk of *violent behavior* and *suicidal ideation* under the age of 18.
- One of the educators in one of the foster homes that responded to CCHR's survey wrote in his survey: "In a part of the children, the drugs caused a contrary effect, they became more restless, and struggled with sleep problems. Another part of them complained of permanent tiredness, in certain cases they fell asleep in the school leaning on to the desk." "The opinion of one child under our care (now drug free): he took psychiatric drugs for 5 years (Xanax, Truxal, Risperdal, Tiapridal, Rivotril). He gave them up by himself, he is off the drugs for 1.5 years by now. According to him, it is easy to get addicted to the drugs, he felt constantly tired, depressed, had problems with waking up in the morning. After giving up the drugs, he had sleeping problems for about two weeks, his tiredness ceased, he didn't become aggressive, and finally his sleeping problems were also gone".
- Another problem may be caused by the fact that while formerly the guardian of the children was the leader of the foster home (who generally knows each of them personally as they spend significant time together), an amendment to the Hungarian law No. XXXI. of the year 1997, about the protection of children changed this. The guardian function shifted from the foster home leaders and entrusted the guardianship of foster children to external official guardians. This do appear more sensible yet in the daily reality of Hungary these are in many cases people who rarely meet the children under their care. One of the reasons is because the law permits these external guardians to obtain the guardianship of up to 30 children at the same time. Thus they can't have enough personal contact and direct information on the need of every child and much less care for each. It is in this reality that one has to see the neglect and the de facto maltreatment occurring with a high usage of psychiatric drugs.

Recommendations

- Medical literature extensively describes how many physical conditions, bodily diseases exist that – when remaining uncovered and untreated – can bring about mental symptoms that without proper examination can easily be diagnosed as “mental diseases”. Thus the possibility has to be created for foster children to receive, before getting a psychiatric diagnosis, a full searching physical examination that can exclude the possibility of a physical condition causing the child's mental symptoms or behavior problems, and if such found, the child has to be helped by traditional medical treatments instead of psychiatric treatments.
- Educational methods should be worked out or be put in use by which the educator of children placed in foster care can learn how to effectively handle unruly children without the use of psychiatric drugs.
- All the current cases of foster children on psychiatric drugs should be reviewed and in every case where the child's problems can be treated by traditional medical treatments or other non-drug methods, they have to be gradually taken off the psychoactive mind-altering drug under medical supervision. They have to be helped by less dangerous and actually workable methods and care and proper education.

Citizens Commission on Human Rights

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology and Dr. Thomas Szasz, professor of psychiatry to investigate and expose psychiatric violations of human rights. Today, the organization works in over 30 countries with more than 140 chapters, its board of advisers includes doctors, lawyers, educators, artists, businessmen and human rights representatives.