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Youth lock-ups blasted

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Just around the corner from the Eaton Centre, a psychiatric facility is locking up youngsters who don't belong in secure custody, provincial documents reveal.

In one case, a 15-year-old girl's "moderately eccentric interests" in origami and the study of bugs were cited by a psychiatrist at Youthdale Treatment Centre as examples of a possible mental disorder. Another teen's admission of having unprotected sex was taken as evidence of a suicide wish because such behaviour could lead to AIDS.

"Secure treatment is not a placement substitute for child welfare," a provincial appeal board ruled in ordering the release of a 14-year-old boy with a learning disability and limited school supports.

A *Toronto Star* review of 32 cases over the past two years where a youth formally appealed the lock-up decision found that nearly half (14) were overturned after an emergency hearing by the Ontario Child and Family Services Review Board. Most of these children were ordered released on the grounds they didn't even have a mental disorder.



Youthdale Treatment Centre, which is around the corner from the Eaton Centre at 227 Victoria St., is a psychiatric facility that is locking up kids who don't belong in secure custody, provincial documents reveal.

RICHARD LAUTENS/TORONTO STAR

Youthdale is a non-profit community agency. Last year, it received \$11 million in funding from the Ministry of Children and Youth Services. In addition to the secure treatment unit and a less restrictive inpatient program downtown that has no maximum length of stay, Youthdale operates four group homes in the Annex, one home in Aurora and three cabins at a remote wilderness setting near Parry Sound for children with mental health issues. The centre also runs a 24-hour telephone crisis line, which is often the first step toward getting a child admitted.

With consent from a legal guardian — often children's aid — youth 16 years and younger can be held in Youthdale's secure unit for up to 30 days where they may receive mood-altering medications. Disruptive behaviour may be managed with chemical injections as well as mechanical and physical restraints.

Paul Allen, Youthdale's clinical director, said a review of his agency's policies and practices, led by two psychiatrists in response to complaints from former patients and parents, is underway. A report is expected later this summer.

"The challenge of balancing a child's rights and needs for treatment is a complicated matter," Allen said.

To lock up a child, provincial law states that a facility must satisfy five criteria. It must demonstrate the child has a mental disorder; poses a substantial threat to himself or others; that secure custody would prevent the child from causing serious bodily harm to himself or others; that the facility offers appropriate treatment for the child's mental disorder and that there are no less restrictive method available.

A "mental disorder" is defined by the Child and Family Services Act as "a substantial disorder of emotional process, thought or cognition, which grossly impairs a person's capacity to make reasoned judgments."

Once committed, the child meets with a provincial youth advocate who informs him he is allowed to appeal his secure placement. In 2009, 117 youth were admitted to the secure floor for 30 days. Appeals were filed by 30 youth, but 19 withdrew their applications before the hearing. Of the remaining 11, seven were ordered released.

The girl with the "moderately eccentric interest" in the study of bugs appealed in December 2008. The board ruled the 15-year-old, gifted student's behaviour — pouring flour on the floor and getting into physical confrontations with her mother — was the result of teen-parent conflict and was not caused by a mental disorder.

In the case of the girl who admitted to having unprotected sex, Youthdale claimed the teen refused to take birth control pills, which indicated a “gross impairment to make reasoned decisions.”

The board's decision cited evidence that the child had discussed birth control with a doctor and that the teen's mother threw out sample pills and refused to fill the prescription. The board also took issue with a psychiatrist's suggestion that the teen's ability to make reasoned judgments was impaired because she took Prozac only when she needed to feel better.

“This is typical of even adult patients taking medication,” the board wrote in its decision. “To suggest that a child should be admitted to a treatment centre because of this is unrealistic.”

Review board chair Suzanne Gilbert, a lawyer who specializes in criminal law and youth protection, told the *Star* she would not comment on individual cases. The board, which must rule within five days of receiving an application, has members with backgrounds in education, law, social services and mental health.

“To lock a child in a secure area is a very serious decision,” she said. Gilbert noted that of the three Ontario facilities with secure treatment units, all but one of the recent appeals have come from Youthdale.

Youthdale's headquarters is a four-storey, tan brick building on Victoria St. A sleep research clinic and gymnasium occupy the basement. There are as many as 20 children occupying beds in rooms on the upper two floors at any given time. Ten beds are reserved for children who present emotional and behavioral issues but no imminent risk of harm to themselves or others. The locked fourth floor is set aside for up to 10 children considered at immediate risk of seriously hurting themselves or others.

“Our approach to managing kids when they are distressed and agitated is well in advance of the 1950s,” said Allen, responding to comments from critics who suggested Youthdale's methods were outdated. Allen said the agency's treatment plans are “good as any care you will find in any hospital or any other mental health centre.”

Allen invited the *Star* to tour the facility last month.

Two of the children in the secure unit were in common areas at the time. One cherub-cheeked boy is seated alone inside a room with glass windows playing a hand-held electronic game. A girl sat by herself at a table, staring blankly ahead while holding a picture of trees torn from a magazine.

Their bedrooms, though impeccably clean, are cell-like — big enough only to accommodate the length of a twin-size bed, which is fitted with a flat sheet and a pancake-thin pillow. A window is covered in external blinds that open and close with a magnetic device held by staff. On this day, in the early afternoon, they are shut. The only personal artifact that shows a child sleeps here is a small, plush toy dinosaur perched on a shelf high out of arm's reach.

Dr. Nathan Scharf, Youthdale's director of psychological services, explained that the facility has been admitting more children under the age of 12. Many, he said, have neuro-developmental disorders. Scharf estimated that one-third of youngsters admitted to the secure unit now fall into this demographic.

“They're damaged in the sense that there is something wrong with them from the time they were born,” he added.

In one of the cases the *Star* reviewed, Youthdale argued a 14-year-old girl was a danger to herself because she once said, “I wish I was dead” after learning she could never return home to live with her mother. The girl was in the care of the Catholic Children's Aid Society and suffered from seizure-like episodes during which she drooled and walked into walls.

These episodes were considered further proof she posed a danger to herself. She was considered a danger to others on grounds that she can become “loud and argumentative.”

The review board ruled there was “no evidence that an emergency measure was at all warranted.

“It appears (the Catholic Children's Aid Society) was looking for a way to have her problems diagnosed and receive appropriate treatment after hitting an impasse in the child's care,” the board's decision states.

Youthdale's Scharf suggested the review board's decisions are subjective.

“How they interpret the information is subject to their own attitudes and philosophies,” he said.

In another case, the review board ordered released a 14-year-old boy who had a learning disability and was suspended for skipping school. The board noted “a clear link between the child's lack of appropriate school supports and behavioural difficulties.”

The board recommended less-intrusive options to help the child, such as working with the local hospital to access assessment and counseling services.

In one case involving a 14-year-old girl whose mother contacted children's aid for help after her daughter was sexually assaulted, Scharf told the review board an assessment at the centre's secure treatment unit will sometimes lead to prioritizing youth with community resources. The board called this an "irrelevant consideration."

"To deprive a child of her liberty in order to more readily access community resources," the decision stated, "flies in the face of the use of secure treatment as an extraordinary measure of last resort."

The Ministry of Children and Youth Services told the *Star* it is committed to providing support for "our most vulnerable," which is why it empowered the review board to scrutinize admissions into secure treatment.

Said ministry spokesperson Paris Meilleur: "The statistics demonstrate the process works and that the review board is serving its purpose."