

*Some indicators of the state
of the mental health services
for Italian Children*



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Introduction

The area of education and the viewpoint of children has seen a dramatic change in Italy in the last 10-15 years. Children with some sort of learning challenges or difficulties related to reading, writing and mathematical skills are now categorized with psychiatric “learning problem” diagnoses, such as Dyslexia¹. The Citizens Commission on Human Rights (CCHR) note that there has been a worrying increase of such diagnoses, with a close to linear increase from 0,7 to now 2,9% of all Italian children having been diagnosed in just six years.

The labelling of children with psychiatric diagnoses, not only have led to the undue diagnosing of children, labelled as “mentally disordered”, but also had the consequence of de-powering parents, teachers, educators, pedagogues, and the school, debasing their functions and roles, and for many transforming every problem into a problem of the “disorder” of the child and substantially dismantling the child’s development, and even the family and to some degree cracking the educational system.

In another area of mental health for children in Italy, CCHR, note that the use of antidepressant drugs prescribed to children and adolescents, has continued and even increased despite it is more than a decade after the European regulatory recommendations on the use of antidepressant drugs for children and adolescents stated these drugs “should not be used in children and adolescents” diagnosed with depression.

In another setting we note a scene with thousands of children being removed from their family on questionable grounds. The use of the possibility to remove a child from his or her family is frequently found to violate articles 7, 8 and 9 of the Convention of the Rights of the Child. Yet, it is happening despite the Convention and that this right has been established in state Law no. 149 of the 28th of March 2001, “Amendments to law of 4th of May 1983, no. 184, Regulation of adoption and custody of children”.

Statistics indicate that in Italy only about 20-30% of the placements of children outside of their family are done due to the “absence” of their parents (in jail, etc.), the death of both parents, ill-treatment or sexual abuses. The remaining 70-80% are removed based on some generic motivations such as “parental incapacity”, “prejudicial situations” (a rubber term used to describe a scene that may escalate in to a situation), “conflicts” or similar generic and subjective conceived or judged motivations. And one of the most referred to motivations is “economic problems of the family”, “housing problems”, and “occupational problems of one or both parents”. These are used to justify the argument and sentence of “parental incapacity”.

The children are placed in to foster families or so-called communities, that is, residential facilities that often are run as a lucrative business in which the children become a commodity to make money with. Thousands of children are affected by this.

As a final note, one of the biggest challenges in understanding and monitoring the effects of interventions in these fields of health, family and of schooling is the lack of clear, accurate and proper updated statistics that are consistent agency to agency in Italy.

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1 Dyslexia refers to learning difficulties related to word recognition, decoding and spelling. The term was coined in Germany as *Dyslexie* from the Greek words *dys-* which means “impaired,” and *lexis* “speech” (apparently by confusion of Greek *legein* ‘to speak’ and Latin *legere* ‘to read’).

Specific Learning Disorders

Specific learning disorders (SLD) are a type of psychiatric diagnoses that are given to children who have any of various types of learning challenges or difficulties related to reading, writing and mathematical skills. The number of children so labelled is continuously increasing. This follows the adoption of the diagnosis and its sub-diagnoses through a law on 8th October 2010 – the Law no. 170 “New norms concerning specific learning disorders in the scholastic field”.

Fig. 1 **Relative rate of pupils diagnosed with SLD**
(in percentage of the total number of pupils)

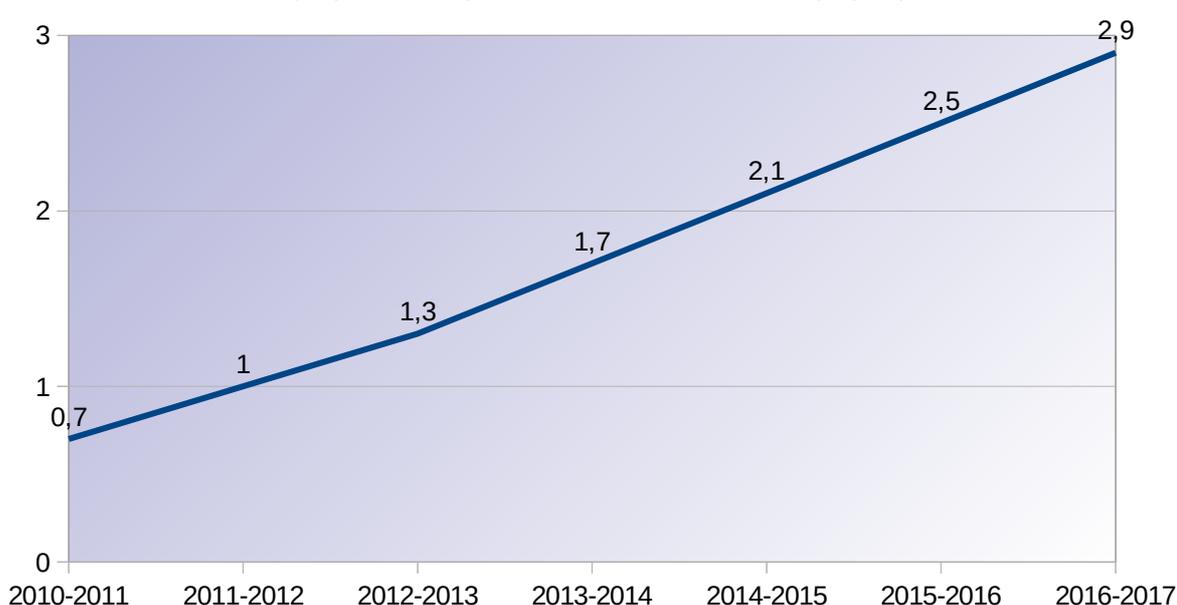


Table 1.²

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
In per cent	0,7	1,0	1,3	1,7	2,1	2,5	2,9
Actual number	65.219	90.030			186.803		254.614

A Specific learning disorder is not simply a result of lack of instruction or poor instruction according to the diagnostic criteria defined by the American Psychiatric Association (APA). The APA state that key skills that may be impacted include reading of single words, reading comprehension, writing, spelling, mathematics calculation and mathematical problem solving. Difficulties with these skills may cause problems learning in other academic subjects, such as history, science and social studies. But those problems according to the psychiatrists in the committee defining the disorder are attributable to difficulties learning the underlying academic skills which is a subject that falls within the psychiatric field.

The viewpoints related to the study difficulties of some children have divided researchers, educators, health practitioners and affected for decades. Even though many call it a “disorder,” several experts are quick to point out the possibility of this being the result of recent changes in the way children are learning their language. Dyslexia is not a mental illness

2 Source: Ministry of Education of Italy, Office of Statistics and studies (MIUR – Ufficio Statistica e Studi); Gli alunni con Disturbi Specifici dell’Apprendimento (DSA) nell’a.s. 2016/2017 (April 2018), pg. 12; Note: In Italy SLD is translated as Disturbi Specifici dell’Apprendimento or DSA; www.regioni.it/download/news/557943/. And for the “Actual number” 2010-2015: Research Institute Censis; *Accompagnare le Università verso una più ampia integrazione degli studenti con disabilità e DSA* of 23 June 2017; pg. 3. http://www2.cruil.it/cruil/cnudd/PRESENTAZIONE%20CENSIS_Catania.pdf

according to most definitions although 30 years ago dyslexic people were often cared for by psychiatrists. Today “dyslexia” generally is considered a learning disability.

The debate whether Specific learning disorders and its different sub-diagnoses are real mental disorders or not, is not completed. Many experts believe the problems observed could be actual pedagogical issues. One of the arguments is that nowadays, children learn and adapt to this technological age a lot faster than most adults. But that fact is distracting many from a sad reality. Technology is a double-edged sword; it can make life and work easier. But using it in excess is making children lose their motor skills, body awareness, and skills of self-correction in writing.³ In fact, computers and most smartphones are capable of auto-correcting words, eliminating the need of putting an effort in our orthography.

Another aspect that makes up the argument is the pedagogical issue. At first, people taught children through the Alphabetic Method, which was gradually replaced by the Global Method.

Alphabetic Method⁴

Educators summed up this way of teaching as “first letters, then sentences.” People usually thought children to write by using a traditional phonetic method. It consisted of a gradual and ordered learning. The first step being assimilating the smallest elements of the language before moving to more complex structures.

People had to teach children to draw the letters of the alphabet and help the kids to associate each character with its respective oral pronunciation. Then, children would have to learn to unite the syllables to transcribe short words, and later to correctly write longer and more difficult words. That is their first lesson of orthography.

From this point on, they have the foundation to study grammar and to construct sentences. It is a cumulative learning process. If the children do not grasp a concept, teachers or family will not move the kid to the next level. The children will continue the exercises and practice until grasping the concept, and then they move on to the next lesson

Global Method⁵

At the early decades of the 20th century, people gradually abandoned the time-proven alphabetic method to replace it with this “new” and “easier” method.

The Global Method starts with words, sentences and short stories. The objective being to reach the analysis of syllables and letters. People present a word to the child, who has to attach a sound and meaning to it. This new focus on visual learning takes the place that belonged to phonological mediation.

This method jumps directly to the words, giving no time to elaborate on the construction of sentences. That results in generations of students that are more prone to make several grammatical and syntactical mistakes. A few decades ago, those prior generations of students knew their language very well.

However, the new students struggle to build correct and coherent sentences not because of a disorder, but rather because of a flawed but seemingly less complicated system of teaching.

Redefinition of learning difficulties

The term and use of Specific learning disorders (SLD) diagnoses and the more specific sub-diagnoses never-the-less have continued in to the latest version of the American Psychiatric Association's diagnostic manual, *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), published in 2013. To be diagnosed with a specific learning

3 Dysorthography: Definition, Possible Causes, and is it a Real Disorder? <https://hooool.com/dysorthography/#.WxGmaNR97s0>

4 Ditto.

5 Ditto.

disorder, a person must have difficulties in at least one of the following areas.⁶ The symptoms must have continued for at least six months despite targeted help.

1. Difficulty reading (e.g., inaccurate, slow and only with much effort)
2. Difficulty understanding the meaning of what is read
3. Difficulty with spelling
4. Difficulty with written expression (e.g., problems with grammar, punctuation or organization)
5. Difficulty understanding number concepts, number facts or calculation
6. Difficulty with mathematical reasoning (e.g., applying mathematical concepts or solving mathematical problems)
7. Reading problems can include difficulties with reading accuracy, reading rate or fluency, and reading comprehension.

For a person with specific learning disorder, his/her affected academic skills according to the diagnostic description are substantially below what is expected for his/her age, and cause problems in school, work or daily living activities. What is the difference between having a specific learning disorder and just poor school performance? To be diagnosed with specific learning disorder, other possible causes of learning difficulties need to be ruled out.

Fig. 2. Relative number of Italian pupils diagnosed with SLD by 2016-2017

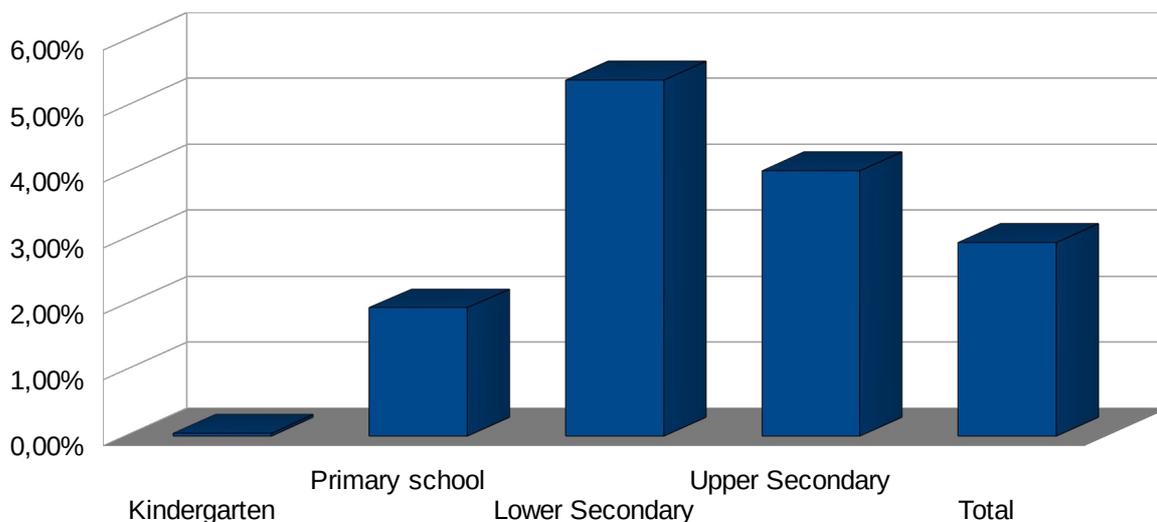


Table 2.⁷

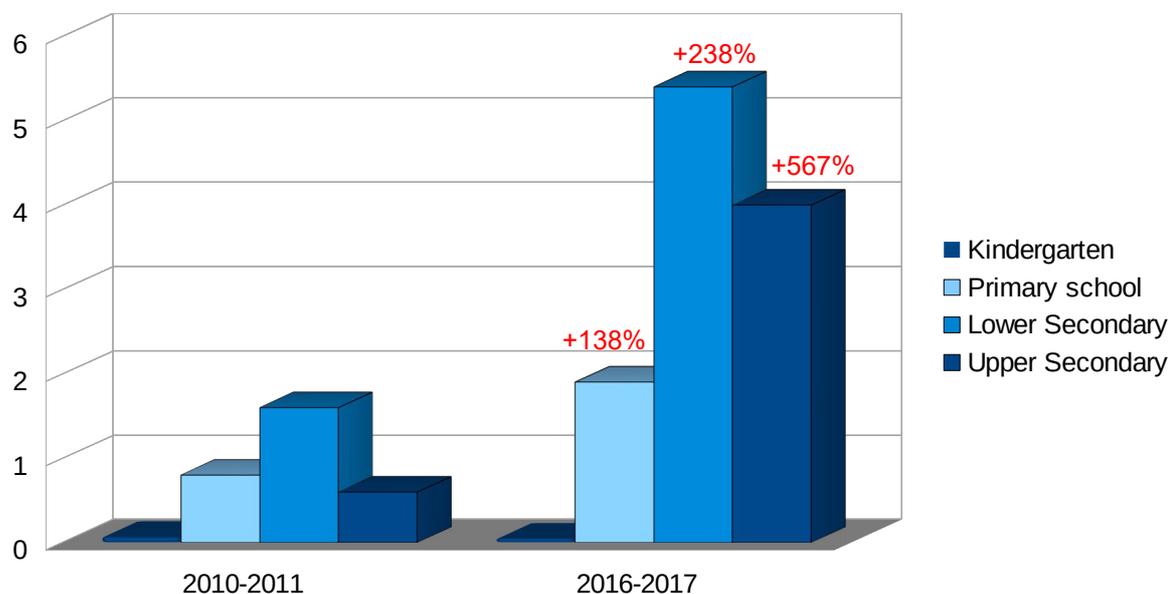
	Pupils with SLD	Total pupils	% Pupils with SLD
Kindergarten	774	1.518.843	0,05%
Primary school	53.832	2.764.810	1,95%
Lower Secondary	92.483	1.711.954	5,40%
Upper Secondary	107.525	2.664.967	4,03%
Total	254.614	8.660.574	2,94%

For a definitive SLD diagnosis to be given in Italy, it is necessary to have the child examined at a Centre of Child Neuropsychiatry. Since the law was adopted in 2010 the set up of these centers and referral to them for diagnosing exploded, with now more than ¼ million children having been diagnosed.

6 Source: American Psychiatric Associations website, What Is Specific Learning Disorder? <https://www.psychiatry.org/patients-families/specific-learning-disorder/what-is-specific-learning-disorder>

7 Source: Ministry of Education of Italy, Office of Statistics and studies (MIUR – Ufficio Statistica e Studi); Gli alunni con Disturbi Specifici dell'Apprendimento (DSA) nell'a.s. 2016/2017 (April 2018), pg. 5; www.regioni.it/download/news/557943/

Fig. 3. Pupils diagnosed with SLD in percentage of the total pupils

Table. 3.⁸

Year	Kindergarten (0-5 Y.O.)	Primary school (5-10 Y.O.)	Lower Secondary (10-13 Y.O.)	Upper Secondary (13-18 Y.O.)
2010-2011	0,07	0,8	1,6	0,6
2016-2017	0,05	1,9	5,4	4,0

The rise of SLD in to prominence in Italy came after intensive lobby work in 2009 that lead to the creation of a so-called Consensus Conference on Specific Learning Disorders, that in turn resulted in the formulation of Law No. 170 of 2010.

The Conference was created in collaboration between AID (Italian Dyslexia Association) and Public Institutions. The Italian Dyslexia Association, was a key promoter of the Consensus Conference, after a climate for it had successfully been created through debates on dyslexia. AID promoted the need for enacting legislation in favour of scholastic children and dyslexic children. The AID had positioned itself as the only private institution in favour of public users for the protection of those who do not see the rights guaranteed by law.

The Consensus Conference on Specific Learning Disorders consisted of a review of the international psychiatric literature. Selected papers were examined by a group of Evaluators and then discussed by a Scientific and Technical Committee, whose conclusions were examined and approved by a so-called Jury Panel.⁹

The Scientific and Technical Committee consisted of specialists from within the psychological and psychiatric services. The so-called Jury Panel consisted of 24 representatives of health/mental health services and the AID, the paediatric association, the logopedist association and the association for eyesight problems. In reality a far from multidisciplinary group of persons and certainly biased towards the neuropsychiatric field away from the pedagogical and educational specialities.

With the approval of Law 170 of 2010, common school difficulties that most have experienced during some period during their educational path, now became an authorized psychiatric disorders, which required a diagnosis and a certification.

⁸ Ditto, pg. 12.

⁹ Maria Luisa Lorusso et al.; Ann Ist Super Sanità 2014 | Vol. 50, No. 1, pg. 77-89; The process and criteria for diagnosing specific learning disorders: indications from the Consensus Conference promoted by the Italian National Institute of Health.

The Specific learning disorders (SLD) is covering a group of diagnoses. SLD is further divided in to more specific diagnoses. Problems with written expression can include difficulties with spelling, grammar and punctuation, and with clarity or organization of written expression. *Dysgraphia* is a term used to describe difficulties with handwriting. *Dysorthography* is a learning disability that is defined as one that interferes with an individual's ability to spell and/or write correctly. Problems with mathematics can include difficulties with number sense, memorizing mathematical facts, mathematical calculations or mathematical reasoning/problem solving. *Dyscalculia* is a term used to describe difficulties learning mathematical facts and performing mathematical calculations.

SLD and its specific sub-types are often diagnosed together with other behavioural type diagnoses such as Attention-deficit/Hyperactivity Disorder (ADHD).

Fig. 4. Pupils diagnosed with SLD broken down in to specific diagnoses

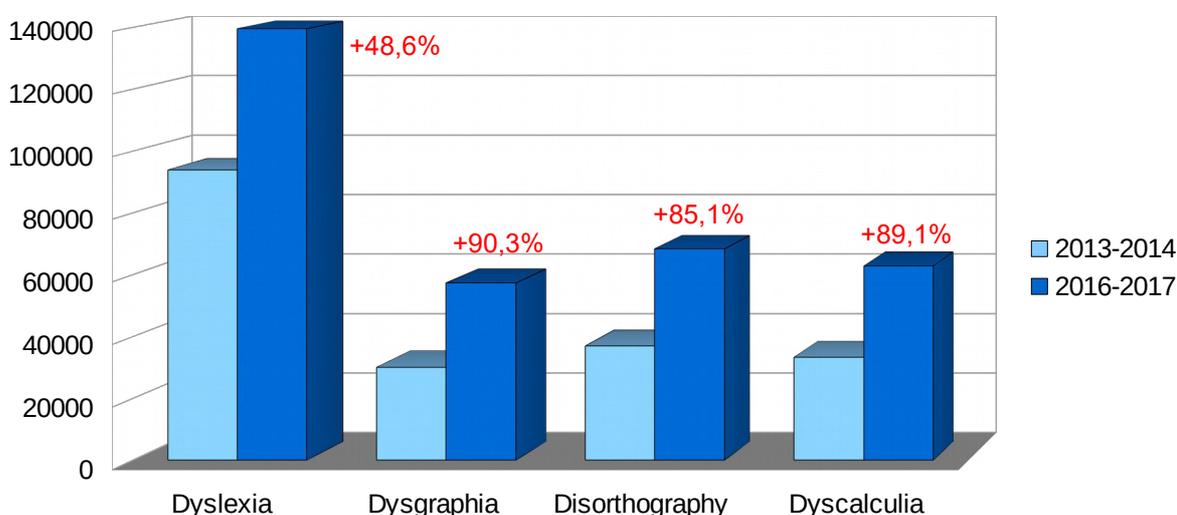


Fig. 4.

	Dyslexia	Dysgraphia	Disorthography	Dyscalculia
2013-2014	93.926	30.093	36.964	33.257
2016-2017	139.620	57.259	68.421	62.877

Use of Antidepressant Drugs Not Authorized for Use in Children

A study of the Health Protection Agency (ATS) of the Metropolitan area of Milan from 2016¹⁰ reported about the use of antidepressant drugs prescribed to children and adolescents, stating: "A decade after the regulatory recommendations on the use of antidepressant drugs for children and adolescents and on the risk of suicidal events, these drugs are still being used to treat these patients, although they are not authorized."

The research study of the health protection authorities on the prevalence of antidepressant prescription, on child and adolescent patients was carried out in Milan. The study covered the years 2011-2015. It found that the use of antidepressants for children overall had increased with 19.2% and that the greatest use was for adolescents between 15 and 19 years, but with the greatest increase for children between 10 and 14 years of age.

10 Study published in Bollettino SIFO 2016, 62(6) pages 326-330: Analisi del consumo di medicinali antidepressivi (ATC N06A) nella popolazione di età compresa fra 0 e 19 anni nel territorio della ex-ASLMI1, negli anni 2011-2015; by Cristina Locati, Rachele Folchino, Silvia Pazzi, Elena Clerici, of the U.O.C. Servizi Farmaceutici – ATS Città Metropolitana di Milano (English: Complex Operating Unit for Pharmaceutical Services, Health Protection Agency (ATS) of the Metropolitan City of Milan); http://www.bollettinosifo.it/articoli.php?archivio=yes&vol_id=2598&id=26740

The most used type of antidepressants was the ones known as SSRI, which is the type that had been widely promoted as “happy pills” in the 1990s and in the following decade until it was firmly established they have severe side effects, including addiction. In more recent research they have been found to have actual damaging effects that outweighs the risk-benefit ratio – and further the drugs wasn't actually tested on children. The Milan study found that the use of the different antidepressants had not developed the same way, some of the drugs were increasingly being used while others are used less with reductions of up to 50%, but still in use.

The study concluded with a warning, since most of these drugs are not indicated in the paediatric population, stating “the prescriptions are improper, as they cannot be prescribed within the NHS medicinal products when done outside the therapeutic indications reported in the Summary Product Characteristics document.”

European Medicines Agency Warning

This is in accordance with the recommendations of the European Medicines Agency (EMA) which in 2005 completed a review of two classes of antidepressants and concluded that they “should not be used in children and adolescents” patients diagnosed with depression.¹¹

The EMA review of serotonin-selective reuptake inhibitor (SSRI) and serotonin-norepinephrine reuptake inhibitor (SNRI) drugs looked at the potential risk of suicidal behaviour in children and adolescents treated with these products. The Agency’s scientific committee, the Committee for Medicinal Products for Human Use (CHMP), concluded at its 19-22 April 2005 meeting that “suicide-related behaviour (suicide attempt and suicidal thoughts), and hostility (predominantly aggression, oppositional behaviour and anger) were more frequently observed in clinical trials among children and adolescents treated with these antidepressants compared to those treated with placebo.”

The Agency therefore was recommending the inclusion of strong warnings across the whole of the European Union to doctors and parents about these risks.

Parliamentary concern

The matter of the continued use of these antidepressants following the EMA warning has been of repeated concern. It among others was raised as a concern in the parliament. Mr. Baroni Massimo Enrico raised the matter with Parliamentary Act – Question no. 4-06042¹², stating the following facts among others as part of the query on what is being done: “... 30,000 Italian children who every day take antidepressants that potentially lead to suicide, which administration has been banned by the European Medicines Agency (source: Mario Negri Institute for Pharmacological Research). H) 1 year, that's the delay of the Italian Ministry of Health in giving feedback to the first "warnings" against the administration of antidepressant medications to children (source: Campaign *Giù le mani dai bambini - Hands off the children*). I) 25 percent of the young patients have shown dependence (difficulty in discontinuing the administration of the drugs) of antidepressant medications (source: Glaxo study office).”

The Government has not yet answered this concern.

From a report of the Institute of Pharmacological Research IRCCS Mario Negri in Milan, it is reported that between 20,000 and 30,000 children are being given psychotropic drugs and antidepressants daily in Italy. The report lay out that drugs, such as the SSRI antidepressant Paroxetine, that has side effects such as the potential of increasing suicide risk – and which administration to children under 18 is expressly prohibited by Law no. 648 of 1996 – is being used. The Italian Medicines Agency, AIFA, on 16 May 2017 issued a communication stressing the caution against these drugs due to a lack of significant data of efficacy in children while having an increased risk of suicidal and hostile behaviour.¹³ New research data reinforce the warning and the agency recommended to strictly comply with the issued product use data.

11 EMEA press release, European Medicines Agency finalises review of antidepressants in children and adolescents, 25 April 2005; Doc. Ref. EMEA/CHMP/128918/2005 corr; <http://www.ema.europa.eu/pdfs/human/press/pr/12891805en.pdf>

12 Baroni Massimo Enrico Tuesday 16 September 2014, session no. 291
<http://aic.camera.it/aic/scheda.html?core=aic&numero=4/06042&ramo=C&leg=17>

13 <http://www.aifa.gov.it/content/comunicazione-sullutilizzo-degli-antidepressivi-16052017>

Removal of Children from their Family

In Italy, it frequently happens that educators, teachers, social workers, and a wide range of operators in the juvenile field, for one reason or another report or write an evaluation on a child, the parents, or the family as a whole which in essence categorize the child or family just like a diagnosis do. In this process psychologists or psychiatrists are often involved in interviewing the child or supervising the procedure. Such interviews may result in a diagnosis of the child, but even when it does not the child is labelled and categorized.

These evaluations are used in reports that are presented to a Judge and used in a Court hearing on the actual or supposed conflict or situation. They are subsequently written into a Court order. The final result of this is frequently the removal of the child from the family even in the absence of any real abuse or ill-treatment. The removal from the family itself, done by a Juvenile Judge acting on behalf of the state to “protect” the child, in too many cases becomes a violation of the rights of the child.

Through such subjective and questionable evaluations, the Juvenile Courts can be persuaded to adopt drastic and dramatic measures, such as removing the child from the family, placing him or her in a foster home, putting the family under investigation, and so forth. The family, in the majority of the cases, is completely powerless against this system that operates with the assistance of the police force, in the case the parents refuse to agree.

With appropriate measures to prevent and resolve family problems, with correct assistance and support of their parenting, the traumatic experience and drama related to having to remove a child from the family could be avoided in many cases. The Province of Trento is an example of this, as evidenced by a drop of more than 40% of the number of children removed from their families within a few years from the adoption of new policies that consider the rights of the child.

According to a parliamentary report of 25 February 2015 on the removal of children from their families in the Piedmont region¹⁴, it was found that only 7% of the children who had been removed from their families were victim of abuse or ill-treatment while nearly half of the children (46%) were removed from their family due to incapacity of raising the child, economic problems, or psycho-physical problems of the parents. Mr. Gianluca Vignale, Councillor of the Piedmont Region who carried out the investigation and wrote the report among others concluded that: “the recovery of the parental capacity ... is not, today, amongst the interventions and priority actions neither of the Juvenile Courts nor of the social services.” This is of concern when the removal of the child often is based on a judgement that there had been some parental incapacity.

According to a 2010 Report of the regional child protection authority, the Guarantor of Children and Adolescents of the Lazio Region¹⁵ many placements outside of the family in their region are based on not severe or clear-cut motivations, such as, for example, low educational level of the parents (20.1%), family at risk due to low or none income or otherwise at risk (26.7%), child without [fair] family support (13.1%) and, even, not detectable (22.2%).

According to the Ministry of Labour and Social Policies¹⁶, in addition to problems related to “parental inadequacy” is added the removal of children based on economic difficulties of the families (which is contrary to the purpose of the state Law no. 149 of the 28th of March 2001): “Considering the main motivations: 37% of the children are removed from the family due to parental inadequacy; 9% due to addiction of one or both parents; 8% due to relationship problems in the family; 7% due to ill-treatments and negligence; 6% due to health problems of one or both parents. ... When returning to current data, relationship problems and parental inadequacy remain important even amongst the secondary reasons, but here we are observing present-day difficulties of the family nucleus – but which risk to become chronic – that is:

14 <http://www.camera.it/temiap/2015/05/06/OCD177-1252.pdf> , page 6 and 7.

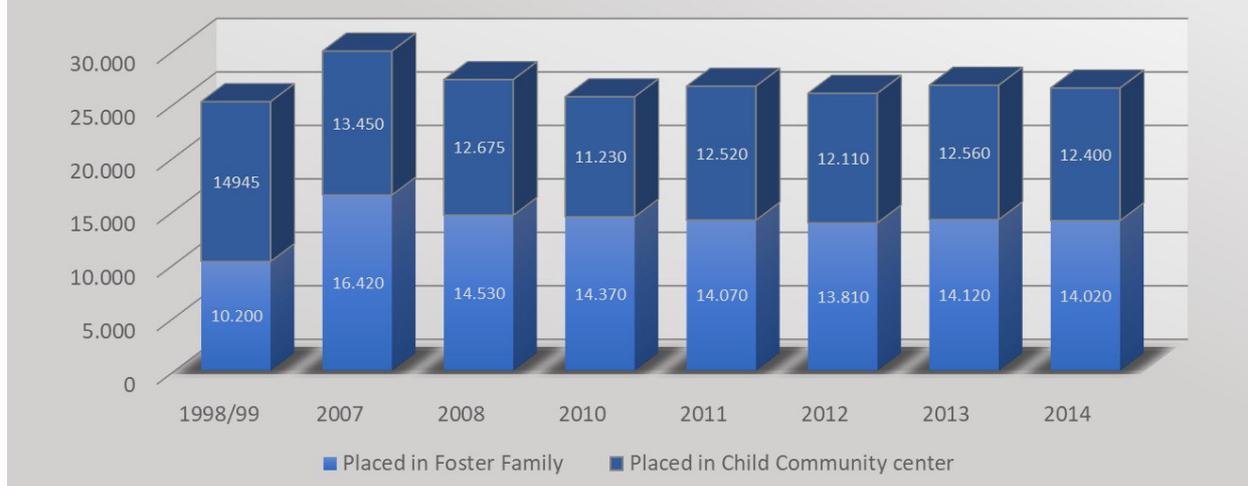
15 http://www.garanteinfanzia.regione.lazio.it/binary/prtl_garante_infanzia/garante_infanzia_pubblicazioni/report_2010_interni.pdf

16 <https://www.minori.it/sites/default/files/quaderno-55.pdf> Social research 19 – children temporarily outside of their family – custody and collocation in foster homes on the 31st of December 2010

Economic problems of the family, housing problems, occupational problems of one or both parents.”¹⁷

The number of children residing in Italy (and not considering unaccompanied minors that have been increasing in the recent years and which statistically appear with those counted as “removed from their family” when placed in to child community centres) who has been removed from their family is quite stable around 26.000-26.5000 at any given time since 2010 (up to the latest records available: 2014).¹⁸ The total number of children who are subjected to removal from their family is some thousand higher. A number of the children are removed for less than one year and thus the total number of placed children for a given time is lower than the actual total removed children.

Fig. 5. Number of children removed from their family, at the end of Year
by placement type



The parliamentary fact-finding investigation on children placed outside the family – approved by the Parliamentary Committee on Children and Adolescents on the 17th January 2018 – noted the widespread frustration concerning the lack of definite data about the out of the family placed children from every persons questioned during the Committee’s audit of the situation.¹⁹ The Committee in consequence of these inconsistencies note that it is “necessary to insist on improving the inter-institutional relationships in order to make structural, periodic and complete data collections on children in foster communities.”²⁰

A system to be reformed: The Juvenile Court

For some years a debate has taken place about the procedures of the juvenile courts amongst the multiple political, social and technical parties operating in this field. The debate hasn’t come to a conclusion yet. A key point in the debate has been the point that the juvenile courts frequently issues decrees based on reports and non verified expertises, of which some even aren’t verifiable, something that has been criticized by many actors and even the European Court on Human Rights.

17 Source: Curare senza allontanare. Esperienze di home visiting per il sostegno educativo alla famiglia. A cura di Maria Teresa Pedrocchi Biancardi. 1st Edition of book 2013. Publishing house FrancoAngeli

18 Ministero del Lavoro e delle Politiche Sociali, Direzione Generale per la lotta alla poverta’ e per la programmazione sociale; Quaderni Della Ricerca sociale 40 - Affidamenti familiari e collocamenti in comunità I presenti al 31.12.2014 e i dimessi nel corso del 2014, Rapporto finale; Ottobre 2017; pages 5&11.

19 Doc. XVII-bis, n. 12, Document approved by the Parliamentary Commission for Children and Adolescence, in the session of 17 January 2018

20 Ditto.

As part of this ongoing debate, the National Institute of Family Pedagogy had organized a congress “Never Again a Child...” on the 21st of December 2012. Judge Francesco Morcavallo of the Juvenile Court of Bologna during this congress stated that the juvenile judges often are “on holiday” and that they for this “reason” do not make an adequate preliminary investigation. Morcavallo had already prior to this denounced the Courts' uncritical adoption of reports from the social services. The Juvenile Court in the vast majority of cases, do not carry out a preliminary hearing of all the parties and stakeholders. They simply issue their decisions without the full data at hand that would have been obtained in an in-depth preliminary investigation.

These Juvenile Courts in many aspects operate different from the regular courts. While in the Ordinary Civil Court all the parties can express themselves and present expertises, in the case of the Juvenile Court the cross-examination is often absent. Having two experts in the Juvenile Court, the Court limits itself to acquire “the reports of the social services” or the “psychiatric expertises”.

Often the public prosecutor issues a requests of suspension or forfeiture of the parental authority and meanwhile issue a verbal assignment of the child to the social services (which is often undermanned or supported by cooperatives with only part-time operators that are not always adequately trained/recruited on a professional and operative level). The Juvenile Court accepts the request and decides *inaudita altera parte* (without listening to the other party) that the child is to be removed from the family, without the family is having the possibility to express any viewpoint and to have the scene clarified if questionable.

The Juvenile Court procedure is governed by the principles of the council chamber, and is consisting of two magistrates and two honorary judges, a man and a woman, who are holding a degree in psychology or similar disciplines. The honorary judge, which may be a psychologist, criminologist, sociologist or psychiatrist, is not an auxiliary to the judge, who preserves his/her decisional autonomy and who counter balance the experts assigned by the parties. The honorary judge is a judge in practice and part to issuing the decree, which is directed at the family.

The council chamber procedure as applied by the Juvenile Court violates the Constitutional principles of having a possibility to present a proper legal defence and cross-examination. These are laid out in article 24, 2nd point²¹ of the Italian Constitution. And these procedures further violate the principles of the European Convention for the Protection of Human Rights and Fundamental Freedoms, Article 6, *Right to a fair trial*; as well as International Covenant on Civil and Political Rights, Article 14, even though these rights are prescribed as primary and inalienable in each legal proceeding.

A regulation and practice that reduce or denies the guarantees of a fair tribunal of the charged party, such as the one that governs the procedure of the Juvenile Court, is certainly due to its inspiration design that was materialized in an era (1934) in which the specialization of the courts was intended as a government tool and implied a punitive system for the political or social guilt of the parents.

Psychiatric and psychological expertises

Contrary to medical science, in which the boundaries of uncertainty are rather small and in which some accepted and recognized truths exist, even if transitory and modifiable, in psychiatry and criminology the certainties are almost non-existent.²²

This is reflected in a significant number of the cases being processed by the Juvenile Court. According to psychologist Giuseppe Raspadori: “And when the discretion of the psychological evaluations that accompany the power to dictate the maximum punishment –

21 The Constitution of the Italian Republic (edited and annotated by Carlo Casonato and Jens Woelk, Faculty of Law, Department of Legal Sciences, University of Trento): “24. Everyone can take judicial action to protect individual rights and legitimate interests. The right to defence is inviolable at every stage and instance of the proceedings. The indigent are assured, through appropriate institutions, the means for action and defence before all levels of jurisdiction. The law determines the conditions and the means of reparation for judicial errors.”

22 T. Bandini, U. Gatti, “Limiti e contraddizioni dell'opera del criminologo clinico nell'attuale sistema penitenziario italiano” (Limits and contradictions of the clinical criminologist in the current Italian prison system, *Rass. Penitenziaria e Criminologica*, 1980, p. 165

the loss of your son and the negation of yourself – the risk to pass from discretion to abuse is huge and can produce damages and dramas much greater than the damages that the authorities are theoretically stating that they are wishing to avoid. To declare a parent, and particularly a mother, 'incapable' and taking away her child, and today, quite frequently the only child, is much more devastating than prison, much closer to death penalty²³ ... And this is the only field in which a 'scientist' can diagnose a severe 'illness' and a colleague can state that the same person is perfectly sane. This does not happen in any other field of medicine. But nobody flinches nor dares to claim for a compensation for such severe abuses, nor asks them to go to hell."

The alignment and excessive reliance on expertises is at the base of many criticized and not rare decisions that are a violation of the rights of the child. The Supreme Court is among those which have raised a concern. In 2012 it issued a decision on a Juvenile Court sentence because of the exclusive reliance on and alignment towards the expertises of the court experts²⁴.

The subjective and discretionary nature of the expertises, such as the psychiatric and psychological expertises, should only have the value of an opinion and not be considered directly as the "proof of truth".

Removed children, some observations

Children removed from their family have to be re-united with their family. The intention of the law is clear, and so a time limit of maximum two years has been set in case a removal has to be initiated. Yet, in reality, it frequently happens that the child's placement in a foster family or child community continues for several years. Sometimes the child is never returned to his or her family.

Table 6.²⁵ Children removed from their families, *in percent of the total removed children*

	Longer than 2 years	15-17 Y.O.
2010	48	53
2011	59,7	43,9
2012	NR	44
2013	NR	39,9
2014	25,7	50,8
2015	23	61,6

NR: Not reported

It is furthermore noted that the majority of the children who are or get removed (in the most recent recorded years) are 15 years or older, indicating that a reasoning such as parental incapacity may be questionable or a falsehood for the removal of the child.

Minors removed from their families due to economic problems, educational disabilities, psychophysical problems of parents have gradually been decreasing from 46% in 2011 to 38,24% in 2014.²⁶

23 http://territorioepersona.it/doc/conf_stamp_trib.pdf

24 <http://avvrenatodisa.files.wordpress.com/2013/03/corte-di-cassazione-sezione-i-sentenza-20-marzo-2013-n-7041.pdf>

25 Sources: for 2010: Quaderno 19; for 2011: Quaderno 26; for 2012: Quaderno 31; for 2013: national statistical institute, <https://www.istat.it/it/archivio/176622>; for 2014: Quaderno 40; and for 2015: Garante Infanzia http://www.garanteinfanzia.org/sites/default/files/la_tutela_dei_minorenni_in_comunita.pdf, figure 4, pg. 23, and fig. 10, pg. 29.

26 ANNO 2011: 46% - <https://www.istat.it/it/files//2013/12/Presidi-socio-sanitari-assistenziali.pdf>
 ANNO 2012: 44,77% - <https://www.istat.it/it/archivio/106719>
 ANNO 2013: 42,28% - Tavola 2.8/a; https://www.istat.it/it/files/2015/12/Presidi-residenziali_2013.pdf?title=Presidi+residenziali+-+17%2Fdic%2F2015+-+Testo+integrale+e+nota
 ANNO 2014: 38,24% - <http://documenti.camera.it/leg17/resoconti/commissioni/bollettini/pdf/2018/01/17/leg.17.bol0944.data20180117.com36.pdf>

There is no detailed national report of the public expenditures for child residential facilities. Only some fragmentary data is publicly available. For example, in the Province of Trento the public coverage per child is about 100 Euro²⁷ per day, but some facilities can receive up to 350 Euro²⁸ and CCDU has received informal information that payments have been up to 400 Euro a day.

The expenses for raising a child in Italy is depending on a number of factors. It can be divided in to three levels, for low, middle, and high income families, but also differs relating to the region of residence of the family and the age of the child. The expenses for older children are a little higher than for the younger children. A 16 year old child for a family with an income of 34.000 Euro a year was 11.291 Euro a year, or 940,92 Euro per month, in 2015.²⁹

If the family's economical problems is one of the main reasons for the removal of the child from the family, it is not only not in the best interest of the child, and a violation of the child's right to stay and grow with his or her family, but it is also bad "business" from an economical viewpoint, if the removed child would be placed in to some child community at an expense of 100-350 Euro/day compared to simply providing some temporary financial support to the family. It is from this viewpoint that the possibility of a conflict of interest with the court experts appears, something which has been noted as well in the research in to the matter by Piedmont Councillor, Mr. Vignale³⁰.

Recommendations

The Comitato dei Cittadini per i Diritti Umani (CCDU) and the Citizens Commission on Human Rights (CCHR) recommends that the State party:

- (a) Ensure that the relevant educational and health authorities determine the root causes of the significant increase in diagnoses of Specific Learning Disorders, and implement measures to address these and prevent children being incorrectly diagnosed;
- (b) Establish a system of independent expert monitoring including by educational specialists of the diagnoses of Specific Learning Disorders and any behavioural specificities such as Attention-deficit/Hyperactivity Disorder (ADHD), and re-assess any diagnoses given;
- (c) Ensure that appropriate and scientifically based psychological counselling and specialist support for children, their parents and teachers is given priority over the prescription of drugs in addressing behavioural specificities and depression symptoms in children;
- (d) Ensure that the prescription of drugs is used as a measure of last resort and only after an individualized assessment of the best interests of that child, and that children and their parents are properly informed about the possible side effects of such medical treatment and about non-medical alternatives;
- (e) Regularly collect data on the amount and regularity of psychotropic drugs being prescribed to children, and make the data transparent;
- (f) Review the functions of the social services and ensure it strengthen its support to families, including help in addressing economical and other livingness challenges with the aim at avoiding the possible risk of having to remove a child for such reasons;

27 http://www.consiglio.provincia.tn.it/documenti_pdf/idap_176514.pdf

28 http://www.consiglio.provincia.tn.it/documenti_pdf/idap_266210.pdf

29 I costi per crescere un figlio/a da 0 a 18 anni. 3° rapporto Osservatorio Nazionale Federconsumatori (su dati 2015) <http://www.federconsumatori.it/news/foto/Spesa%20per%20crescere%20un%20figlio%20fino%20a%2018%20anni%202015.pdf>

30 http://www.ristretti.it/commenti/2016/aprile/pdf9/libro_manicardi2.pdf Book Give back our children from page 155

(g) Review the protocols and functions of the Juvenile Court in regard to the civil matters such as the removal of a child from his or her family, and consider setting up a tribunal consisting of only judicially trained magistrates who are well trained on the Convention of the Rights of the Child.

(h) Any psychological-psychiatric expertises should only have the value of opinions and not be considered as a “proof of truth”.

(i) Revise article 403 of the civil code and all related laws in order to forbid any removal from the family “inaudita altera parte” (without listening to the other party), except for in well-defined and limited sets of severe crimes against the person grounded on objective and positive proofs, such as sexual abuses, physical mistreatments, etc. and in every case ensure that every party to a suspicion of abuse are heard and can present a fair defence that is considered.

Citizens Commission on Human Rights

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology and co-founded by professor of psychiatry, Dr. Thomas Szasz to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.

Comitato dei Cittadini per i Diritti Umani (CCDU) Onlus is the Italian associate of CCHR. CCDU was established in Italy in 1979 and became a non-profit organization (Onlus) in 2004.

While CCHR doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective “diagnoses” that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR endorses the Convention on the Rights of the Child and specifically have been campaigning for the rights of the child throughout the world for more than a decade in which CCHR is active as an NGO.

Today, CCHR has more than 140 chapters in over 31 countries. Its board of advisers, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

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