

Children's Rights

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<https://www.childrensrights.org/cr-insider-when-childrens-rights-came-knocking/>

Campaign and Advocacy

By Ryan Barker, Missouri Foundation for Health



Sometimes things just click. Call it Kismet, call it karma, call it dumb luck. For me it happened in 2017, when I first met Childrens Rights. At the time, I had been working in Health Policy at [Missouri Foundation for Health](#) for 15 years. Our mission is to eliminate the underlying causes of health inequities, transform systems, and enable individuals and communities to thrive. Our work involves dismantling systems that are not equitably serving all the people of Missouri. We call out dysfunction and invest in change to make systems better at supporting the conditions necessary for healthy lives.

When Childrens Rights came knocking, I already knew [Missouris child welfare system](#) had a problem with psychotropic drugs and kids in its care. And as a policy wonk, I was aware that this was a horrific problem nationwide. For children in foster care, [psychotropic medications](#), especially antipsychotics, are often used as chemical straitjackets to control behavior and not to treat the limited illnesses for which the FDA has approved their use in children.

The [consequences can be serious](#). The incidence of type 2 diabetes for children given these drugs is three times as high as for children not medicated. They can cause other profound and even permanent adverse effects including psychosis, seizures, suicidal thoughts, aggression, weight gain, and organ damage. The grave harms flowing from psychotropic medications are exacerbated because these children often live with caretakers who do not have detailed knowledge of their trauma background, mental health needs, or medical history.

But my interest wasnt just professional. It was personal. In 2008 my partner and I fostered a little boy who became our son a year later. He came to us with minimal health or immunization records and four different prescription medications. That seemed like a lot for an eight-year-old. I wanted to find out if this made any sense. But finding a child psychiatrist was not easy. First of all there was and still is a national shortage of child psychiatrists. Because as a foster child my son was only eligible for Medicaid, the only option we could find was to see a doctor who hosted a psychiatry clinic for Medicaid kids once a month for three hours.

What happened next was an eye opener for a privileged white guy. I remember sitting in that waiting room for two and a half hours with my Black child because everyone at the clinic was given the same appointment time and we were seen in the order we arrived. When we met the doctor, it was for a cursory ten minutes. He had no interest in getting to know my son, asked no questions of him except what was his favorite video game and then promptly wrote out prescriptions for two psychotropic drugs. I was appalled. We did our own research, and over the course of about a year, my son was down to just one medication that was not a psychotropic.

So when Childrens Rights came to us looking for funding for a [lawsuit](#) that would do something to fix this, my interest was immediate.

MFH invests in eliminating inequities in every aspect of health. We are change makers. And, especially since the murder of Michael Brown in Ferguson in 2014, everything we do, we do through the lens of racial equity. Whatever we invest in must have a lasting impact.

Missouri had a systems problem related to psychotropics and foster children. 20% of foster youth were taking an average of two or more psychotropic medications, some prescribed as many as seven medications at one time. And like other child welfare systems around the country, a disproportionate number of these kids are Black.

Childrens Rights and its lawsuit checked all our boxes. Childrens Rights has a proven model of using litigation to get to the very root of injustice and create transformative social change. Childrens Rights fights for systemic change. And wins. It was my pleasure to make the case internally at MFH to support Childrens Rights and this lawsuit.

In the end the results speak for themselves. In December 2019, a U.S. District Court judge gave final approval to a settlement that will establish better practices that prioritize the health and well-being of children who are often left behind by the systems that are supposed

to be serving them. This groundbreaking victory is the first federal class-action lawsuit in the country to focus on the widespread and often dangerous use of psychotropic medications among youth in foster care.

Missouri is now implementing comprehensive reforms to protect children. Medical records will be monitored; doctors and caregivers, with real input from youth, will vet the risks and the benefits of medication before it is administered; an independent child psychiatrist will provide secondary review of prescriptions for efficacy and safety; and caseworkers will be trained on the appropriate use of these medications.

There is still much work to be done. But the progress is huge. And Ill always be grateful for that knock on the door.

Visit our [Tales of Strength & Love](#) page for more stories like Ryans.

Thousands of children are trapped in systems they do not understand. These systems fail to understand that children need time and space to be children and develop the foundations that allow them to be who they truly are.

Help us build a better childhood for kids everywhere and [donate to our Childhood is Our First Right](#) campaign today.

Make sure to follow our Childhood is Our First Right campaign on [Instagram](#), [Twitter](#), and [Facebook](#) for stories, news, events, and actions you can take to help build a brighter future for children.

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First Name	Last Name
Email Address	

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