

Children's Rights

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<https://www.childrensrights.org/migrant-children-foster-care-psychotropic-drugs/>

Public Facing Advocacy Writing

By Sandy Santana, Executive Director, Children's Rights

Last weeks congressional [hearing](#) about the psychological trauma of migrant children in detention put a spotlight on the troubling use of psychotropic drugs in these facilities. A recent [government report](#) stated that approximately 1 out of every 30 detained migrant children were being administered psychotropic medications. These children, the report indicates, may have been given medications against their will, without the consent of their parents or guardians, and without proper oversight.

But sadly, this problem is not limited to detention centers for migrant children; it is widespread in government systems nationwide. Children's Rights has long fought against this harmful practice in American foster care systems, and we must speak out wherever drugs are used as chemical straight-jackets to control children's behavior.

At the hearing last week, one Health and Human Services (HHS) official [admitted](#) that the agency did not have [the] specifics regarding how many children had arrived in the U.S. already taking psychotropic medications, making it nearly impossible to provide consistent mental healthcare. Furthermore, some children may develop a dependency on medications administered while in government custody. But as one official stated, We in HHS do not fund ongoing access to healthcare meaning that these children are released into the community with few resources for ongoing mental health services.

A systemic solution is needed, not only in a handful of states but in all government systems that serve kids. No child should be subjected to the misuse of drugs as a chemical straight-jacket.

These revelations underscore a vicious cycle: traumatized migrant children held in untenable conditions are administered powerful drugs, which only compounds their symptoms and leads to further trauma. Migrant children are given these medications to treat symptoms anxiety, depression, panic attacks, suicidal ideation, post-traumatic stress disorder, and insomnia all symptoms that can clearly result from being held in prison-like detention facilities away from their families. These processing stations are the worst and the last place you would ever want to put a child, one doctor recently [told](#) PBS NewsHour.

Too many children in foster care are the victims of a similar cycle, with nearly 30% of children in foster care nationwide administered at least one psychotropic medication compared to less than 7% of children in the general Medicaid population, according to data from 2012. Like migrant children, children in foster care have by definition experienced trauma, through abuse, neglect, and the experience of removal from their homes. Nearly all of these children enter state custody with significant mental health needs, which frequently leads to the prescription of psychotropic medications. Too often, these medications are used in place of comprehensive mental healthcare.

Children's Rights is fighting to end this grave problem. Our Missouri case, [M.B. v. Corsi](#), is the first of its kind to shine a singularly-focused spotlight on the overuse of psychotropic medications among foster youth. There are approximately 13,000 children in Missouri's foster care system. According to a 2012 study by the Missouri Initiative for Children in Foster Care, approximately 30% (3,900) of children in foster care are taking one or more psychotropic medications more than quadruple the percent of children on Medicaid. Some of these children are prescribed as many as seven psychotropic medications at one time, which can lead to serious side effects, particularly in the absence of consistent mental health services.

Earlier this year, we reached a [groundbreaking settlement](#) with the state. The reforms that Missouri will now begin implementing include improved mental health records, meaning that all children who receive psychotropic medications will have a comprehensive medical record on file. The state will also adhere to an updated informed consent policy, which calls for prescribers and adults, with genuine input from youth, to consider fully the benefits and risks of psychotropic medications before authorizing prescriptions.

But Missouri is not the only state that needs to be held accountable to children. A 2013 federal report noted the overuse of psychotropic drugs in child welfare systems across the country and the widespread lack of adequate oversight in states across the country, with Iowa, Maine, New Hampshire, North Dakota, and Virginia ranking highest.

A systemic solution is needed, not only in a handful of states but in all government systems that serve kids. No child, whether a migrant child in detention a child in foster care, should be subjected to the misuse of drugs as a chemical straight-jacket. We must keep working to hold governments accountable.

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First Name Last Name

Email Address

