Socioeconomic Status and Access to Mental Health Care The Case of Psychiatric Medications for Children in Ontario Canada

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We examine differences in the prescribing of psychiatric medications to low-income and higher-income children in the Canadian province of Ontario. The analysis takes advantage of an expansion to universal public drug coverage followed by a contraction in access, coupled with rich administrative data that includes physician identifiers. Our most striking finding is that conditional on diagnosis and medical history, low-income children are more likely to be prescribed antipsychotics and benzodiazepines than higher-income children who see the same doctors. These are drugs with potentially dangerous side effects that should be prescribed to children only under narrowly proscribed circumstances. Low-income children are also less likely to be prescribed SSRIs, the first-line treatment for depression and anxiety. Hence universal drug coverage for children did not eliminate differences in prescribing practices between low-income and higher income children, suggesting that addressing these differences would require additional interventions including changing prescribing behaviors of individual providers.

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