The use of psychotropic medications as treatment for children and youth with mental health (MH) problems increased dramatically through the 1990’s, doubling and in some cases tripling. This increasingly widespread use in pediatric populations significantly exceeds the current evidence base regarding safety, tolerability, and efficacy with only about a third of commonly prescribed psychiatric medications approved for children by the U.S. Food and Drug Administration (FDA). Despite recent FDA warnings and growing concerns about off-label use and pediatric polypharmacy, surprisingly few large-scale studies have examined trends in pediatric psychotropic medication prescribing. Most related trend papers are now out of date, are limited in scope and generalizability (e.g. single US state, condition, or medication), and surprisingly few population-based estimates are available. The proposed study uses data for a large, nationally representative sample of children and youth, ages 2 – 17 years (n~44,352) in the Medical Expenditures Panel Survey (MEPS) to examine trends, expenditures, disparities, and health care quality associated with psychotropic medication use from 2002 through 2011. Specific aims are: 1) Describe and test national trends (2002-2011) in psychotropic medication use (total, class-specific, and concomitant use) and related expenditures; 2) Among children and youth ages 5 – 17 years with mental health impairment, test associations between psychotropic medication use and health care quality as measured by parent-reported experiences of care; and 3) Assess the extent to which there are disparities in the Aim1 and Aim 2 findings within policy-relevant subgroups. Hypotheses are tested with one and two-part regression models that control for important covariates (e.g. age, race/ethnicity, health insurance status, urbanicity, socioeconomic status, region) and account for the MEPS survey design and complex sampling. The findings will support clinicians, public health professionals, researchers and policy makers—specifically, by informing clinical and health policy recommendations; identifying, for targeted interventions, specific subgroups at risk for over-/under-prescribing or inadequate quality of care; and by providing current national estimates from which future trend studies can be extended. The research addresses MCHB Strategic Issues #1 (public health service systems and infrastructures at the community, state and/or national levels applied to MCH populations) #2 (MCH services and systems of care efforts to eliminate health disparities for MCH populations) and #3 (services and systems to assure quality of care for MCH populations). Results are generalizable to a very large population: all of the nation’s non-institutionalized children and youth.

**Key Words:** Mental Health and Well-being; Health Disparities; Access to Health Care; Health Care Utilization; Health Care Costs; Medicaid, SCHIP, & Health Insurance; Coordination of Services; Primary Care; Psychotropic Medication