

Youth with Schizophrenia-Spectrum Disorders in the Hawaii Department of Health's Child and Adolescent Mental Health Division System of Care

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Schizophrenia is a chronic, debilitating mental disorder that affects about 1% of people worldwide (Freedman, 2003). The disorder is one of the most burdensome and costly illnesses (Rossler & Salize, 2005), and causes major disability and psychosocial impairment (Compton, 2004). Although much progress has been made in schizophrenia research over the last several decades, schizophrenia remains an enigmatic condition that can place substantial strain on patients, families, and systems of care (Freedman, 2003).

To date, most research relating to schizophrenia has been with adults, with relatively less attention focused on early manifestations of the disorder. Although less prevalent than adult-onset schizophrenia, schizophrenia developing in childhood and adolescence ("early-onset") is a particularly debilitating illness, often with a severe and chronic course (Dulmus & Smyth, 2000). Several studies suggest that early-onset schizophrenia may represent a severe variant of traditional adult-onset schizophrenia (Asarnow & Asarnow, 2003; Dulmus & Smyth, 2000; Jacobsen & Rapoport, 1998).

Despite growing interest, research on schizophrenia among children and adolescents is limited (Asarnow & Asarnow, 2003). Basic demographics information, level of services received, specific intervention strategies employed, cost of services, and outcomes over time remain areas requiring further investigation. Increased understanding of these factors may improve understanding of both early- and adult-onset schizophrenia disorders, and have implications for the provision of mental health care.

The current study examines population and service characteristics of youth (age 3 - 18 years) with and without schizophrenia-spectrum disorders ("spectrum"), who received public mental health services in Hawaii's system of care between July 1, 2004 and June 30, 2005. This study replicates and extends a study of youth in Hawaii from 2000-2001 (Schiffman & Daleiden, 2005).

Records of youth with a diagnosis of schizophrenia-spectrum ($n = 34$) were compared to records of all other youth ($n = 2,428$) registered for services with respect to age, gender, ethnicity, type of service, targets of treatment, specific intervention strategies, clinical outcome, and cost of services. Among other findings, in relation to all other youth in the system, youth with spectrum disorders were more likely to be hospitalized (13% vs. 6%), were more

likely to receive intensive in-home services (67% vs. 51%), and had higher mean CAFAS scores (106 vs. 87). Seventy percent of youth with a spectrum disorder showed “reliable” improvement as measured by the CAFAS, but only 27% showed “clinical” improvement. Improvement for this group was in contrast to all other youth in the system, for whom only 50% showed “reliable” improvement, but 40% showed “clinical” improvement. Common targets of treatment for youth with spectrum disorders included “Academic Achievement,” “Activity Involvement,” “Social Skills,” and “Psychosis.” Additionally, common practice elements employed by providers for youth with spectrum disorders included “Assertiveness Training,” “Communication Skills,” “Medication/Pharmacotherapy,” “Problem Solving,” “Social Skills,” and “Self-Monitoring.” The average cost per youth with a spectrum disorder was nearly \$16,500 more than the cost per youth without a spectrum disorder.

Although youth with schizophrenia-spectrum disorders are uncommon, they represent a unique population with relatively high service consumption. Continued monitoring of interventions and outcomes may help develop systematic and effective treatment strategies for youth with schizophrenia-spectrum disorders.