Quality Standards

# Schizophrenia

## Care in the Community for Adults

Health Quality Ontario

*Let's make our health system healthier*

## Summary

**This quality standard addresses care for adults aged 18 years and older with a diagnosis of schizophrenia, including related disorders such as schizoaffective disorder. The quality standard focuses on care provided in the community, including primary care, hospital outpatient care, rehabilitation, care in correctional facilities, and community supports and services. It also provides guidance on early psychosis intervention for people experiencing a first episode of schizophrenia.**

**For a quality standard that addresses care for adults with schizophrenia who present at the emergency department or are admitted to hospital, please refer to the quality standard *Schizophrenia: Care for Adults in Hospitals*.**

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# About Quality Standards

Health Quality Ontario, in collaboration with clinical experts, patients, residents, and caregivers across the province, is developing quality standards for Ontario.

Quality standards are concise sets of statements that will:

- Help patients, residents, families, and caregivers know what to ask for in their care
- Help health care professionals know what care they should be offering, based on evidence and expert consensus
- Help health care organizations measure, assess, and improve their performance in caring for patients

The statements in this quality standard do not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances.

# How to Use Quality Standards

Quality standards inform clinicians and organizations about what high-quality health care looks like for aspects of care that have been deemed a priority for quality improvement in the province. They are based on the best available evidence.

They also include indicators to help clinicians and organizations assess the quality of care they are delivering, and to identify gaps and areas for improvement. These indicators measure processes, structures, and outcomes.

In addition, tools and resources to support clinicians and organizations in their quality improvement efforts accompany each quality standard.

For more information on how to use quality standards, contact **qualitystandards@hqontario.ca**.

# About This Quality Standard

## Scope of This Quality Standard

This quality standard addresses care for adults aged 18 years and older with a primary diagnosis of schizophrenia, including related disorders such as schizoaffective disorder. It also provides guidance on early psychosis intervention for people who experience a first episode of schizophrenia. The quality standard focuses on care provided in the community, including primary care, hospital outpatient care, rehabilitation, and community supports and services.

The quality standard also applies to care in correctional facilities. People with schizophrenia and other mental health conditions are disproportionally represented in the correctional system.[1] For some people with schizophrenia, their first point of contact for mental health care is after becoming involved with the correctional system. For these individuals, it is particularly important that screening processes at intake be sufficiently well developed that affected individuals can be diagnosed with schizophrenia.

For a quality standard that addresses care for adults with schizophrenia who present at the emergency department or are admitted to hospital, please refer to the quality standard *Schizophrenia: Care for Adults in Hospitals*.

This quality standard includes 15 quality statements addressing areas identified by Health Quality Ontario's Schizophrenia Care in the Community Quality Standard Advisory Committee as having high potential to improve the quality of community-based care for adults with schizophrenia.

## Terminology Used in This Quality Standard

### Health Care Professionals, Providers, and Team

In this quality standard, "health care professionals" refers to regulated professionals, such as physicians, nurses, nurse practitioners, pharmacists, physiotherapists, psychologists, occupational therapists, social workers, and speech-language pathologists.

The term "health care providers" also includes people in unregulated professions, such as recreational staff, peer support workers, administrative staff, and spiritual care staff. The term "health care team" is used when referring to all individuals who are involved in providing care (including health care professionals and health care providers).

## Substitute Decision-Maker

"Substitute decision-maker" refers to a person who makes care and treatment decisions on another person's behalf if that person becomes mentally incapable of making decisions for themself. Capacity is issue- or task-specific.[2] The substitute decision-maker should be involved in ongoing discussions with the person about their goals of care, wishes, values, and beliefs so that the substitute decision-maker is empowered to participate in the health care consent process, if required. The substitute decision-maker makes decisions based on their understanding of the person's wishes or, if these wishes are unknown or not applicable, makes choices that are consistent with the person's known values and beliefs and that are in their best interests.

Ontario's *Health Care Consent Act* outlines a hierarchical list of people who are automatically considered a substitute decision-maker when a person is incapable of making decisions about their own care.[3] If a capable person prefers to assign someone to this role other than their automatic substitute decision-maker, they can formally appoint someone else using a "Power of Attorney for Personal Care."[4] This is a legal document in which one person gives another person the authority to make personal care decisions on their behalf if they become mentally incapable.[2]

## Capacity or Mental Capacity

Under Ontario's *Health Care Consent Act*, a person is capable with respect to a health care decision if they understand the information that is needed to make a decision and appreciate the consequences of the decision or lack of decision.[3] Capacity is issue- or task-specific.[2] A person's specific capacity to understand information and appreciate the decisions that must be made should be respected so that their abilities are recognized.[5] A person may be capable with respect to making some health care decisions but incapable with respect to others.[3] A person may also be capable of making a health care decision at one time but incapable at another time.[3] If a person is incapable with respect to making a health care decision about a treatment or plan of treatment, the substitute-decision maker can give or refuse consent on the person's behalf.[3]

### Community Treatment Order

"Community treatment order" refers to a legal order, issued by a physician, to provide a comprehensive plan for community-based treatment or care to a person with a serious mental illness who has had difficulties maintaining their mental health in the community.[6] Informed by a community treatment plan, the order outlines the medications, medical appointments, and other aspects of care the physician believes are necessary to allow the person to stay well in the community, rather than remain in hospital.[7] The plan may include, but is not limited to, the treatments outlined in this quality standard.

A community treatment order is developed by the physician in collaboration with the person receiving treatment or their substitute-decision maker, if applicable, and any other people or organizations that will assist the person in the community.[7] A community treatment order is valid only if the person, or their substitute decision maker, provides consent.[7] Ontario's *Mental Health Act* defines the criteria necessary to issue and renew a community treatment order.[6]

## Why This Quality Standard Is Needed

Schizophrenia is a severe, chronic mental health condition that usually begins in late adolescence or early adulthood. The symptoms of schizophrenia can be categorized as positive, negative, or cognitive. Positive symptoms include hallucinations, delusions, and disorganized speech and behaviour.[8] Negative symptoms include apathy, social withdrawal, emotional flatness, and a restriction in the amount and content of speech.[8] Cognitive features include problems with memory, attention, planning, and organizing.[9]

In Canada, about 1 in 100 people have schizophrenia.[10] A 2012 report identified schizophrenia as one of the five mental health and addictions–related conditions with the greatest impact on the life and health of people in Ontario.[11] The risk of developing schizophrenia is influenced by a combination of genetic, physical, psychological, and environmental factors.[12] The risk is higher in men, in people living in cities, and in families of recent immigrants.[11,13]

People with schizophrenia die about 15 to 20 years earlier than the general population, with the majority of these premature deaths resulting from cardiovascular or chronic respiratory disease.[14] People with schizophrenia are also much more likely to die by suicide compared with people without schizophrenia. In addition, people with schizophrenia have an increased risk of having

other psychiatric conditions, including substance use disorders, depression, and anxiety. They are also more likely to experience trauma, homelessness, and unemployment.[12,15]

People with schizophrenia face important gaps in the quality of care they receive in Ontario. Only 25% of people who are hospitalized for schizophrenia or psychosis receive a follow-up visit with a physician within 7 days, and people hospitalized for schizophrenia have a high rate (12.5%) of readmission within 30 days of discharge.[16] Rates of emergency department visits for schizophrenia vary widely across the province.[17] Access to psychiatrists also varies across Ontario: in 2009, the number of psychiatrists per 100,000 people ranged from 7.2 to 62.7 per 100,000 individuals across Ontario's 14 local health integration networks.[18]

People with schizophrenia are disproportionately affected by homelessness, and are often precariously housed.[19] About 520,700 people living with mental illness are inadequately housed in Canada and, of those, as many as 119,800 are homeless.[19] People with schizophrenia are overrepresented in these populations: it is estimated that 6% of the homeless population in Toronto has schizophrenia.[20]

The 15 quality statements that make up this standard provide guidance on high-quality care and offer accompanying indicators to help health care professionals and organizations measure the quality of the care they provide. Each statement includes details about its effect on people with schizophrenia, their families and caregivers, health care professionals, community service providers, health care services, and community support services at large.

## Principles Underpinning This Quality Standard

This quality standard is underpinned by the principles of respect, equity, and recovery. As described by the Mental Health Commission of Canada, "recovery refers to living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness."[21] The commission elaborates that "recovery journeys build on individual, family, cultural, and community strengths and can be supported by many types of services, supports, and treatments."[22]

People with schizophrenia have the right to receive services in an environment that promotes hope, empowerment, and optimism, and that embeds the values and practices of recovery-oriented care. Many intersecting factors—including biological, psychological, social, economic, cultural, and spiritual considerations—may affect a person's mental health and well-being.[22]

People with schizophrenia and their families, caregivers, and personal supports should also receive services that are respectful of their rights and dignity, and that promote shared decision-making and self-management.[22] Further, people should be empowered to make informed choices about the services that best meet their needs.[21] People with schizophrenia should engage with their care providers in informed, shared decision-making about their treatment options. Each person is unique and has the right to determine their own path toward mental health and well-being.[22]

Homelessness and poverty are two examples of economic and social conditions that influence people's health, known as the social determinants of health. Other social determinants of health include employment status and working conditions, ethnicity, food security and nutrition, gender, housing, immigration status, social exclusion, and residing in a rural or urban area. Social determinants of health can have strong effects on individual and population health; they play an important role in understanding the root causes of poorer health. People with a mental illness or addiction often live under very stressful social and economic conditions that worsen their mental health,[23] including social stigma, discrimination, and a lack of access to education, employment, income, and housing.[16]

People with schizophrenia often also encounter beliefs and attitudes that stem from negative stereotypes about mental illness. Stigma, or the perception of stigma, can negatively affect a person's recovery, their ability to tell friends and family about their illness, and their willingness to seek help. Stigma may also impact a person's ability to access health care services.

People with schizophrenia should be provided services that are respectful of their gender, sexual orientation, socioeconomic status, housing, age, background (including self-identified cultural, linguistic, ethnic, racial, and religious backgrounds), and disability. Equitable access to the health system also includes access to culturally safe care.

Language, a basic tool for communication, is an essential part of safe care and needs to be considered throughout a person's health care journey. For example, in predominantly English-speaking settings, services should be actively offered in French and other languages.

Services also need to be responsive to the specific needs of people who are marginalized, underserved, or members of other at-risk subgroups (e.g., lesbian, gay, bisexual, transgender, and queer or questioning populations; immigrant, refugee, and racialized populations; specific cultural groups; or survivors of sexual abuse or violence). While this quality standard addresses care for people who have already been diagnosed with schizophrenia, the importance of having responsive services that ensure all Ontarians with schizophrenia can receive a diagnosis cannot be overstated.

Care providers should be aware of the historical context of the lives of Canada's Indigenous peoples and be sensitive to the impacts of intergenerational trauma and the physical, mental, emotional, and social harms experienced by Indigenous people, families, and communities.

A high-quality health system is one that provides good access, experience, and outcomes for everyone in Ontario, no matter where they live, what they have, or who they are.

## How Success Can Be Measured

The Schizophrenia Care in the Community Quality Standard Advisory Committee identified a small number of overarching goals for this quality standard. These have been mapped to indicators that may be used to assess quality of care provincially and locally.

### How Can Success Be Measured Provincially

- Percentage of adults hospitalized for schizophrenia who have had an unplanned hospital readmission for a mental health or addictions condition within 30 days of discharge (Data sources: Discharge Abstract Database, Ontario Mental Health Reporting System)
- Percentage of adults hospitalized for schizophrenia who had contact with a trained mental health physician:
  - Within 7 days of hospital discharge
  - Within 28 days of hospital discharge

  (Data sources: Discharge Abstract Database, Ontario Mental Health Reporting System, Ontario Health Insurance Plan Claims Database)

### How Can Success Be Measured Locally

You may want to assess the quality of care you provide to people with schizophrenia. You may also want to monitor your own quality improvement efforts. It may be possible to do this using your own clinical records, or you might need to collect additional data. We would recommend the following list of potential indicators; these indicators cannot be measured provincially using currently available data sources:

- Percentage of adults with schizophrenia who report unmet care needs (suggested stratification: type of need) (Data sources: Ontario Common Assessment of Need or local data collection)
- Percentage of adults with schizophrenia who report living in stable housing for the past year (Data source: local data collection)
- Percentage of adults hospitalized for schizophrenia who had contact with a trained mental health professional:
  - Within 7 days of hospital discharge
  - Within 28 days of hospital discharge (Data source: local data collection)

In addition, each quality statement within the standard is accompanied by one or more indicators. These indicators are intended to guide the measurement of quality improvement efforts related to the implementation of the statement.

To assess the equitable delivery of care, the quality standard indicators can be stratified by patient or caregiver socioeconomic and demographic characteristics, such as income, education, language, age, sex, and gender.

# Quality Statements in Brief

QUALITY STATEMENT 1:
**Care Plan and Comprehensive Assessment**

Adults with schizophrenia have a care plan that is regularly reviewed and updated, and that is informed by a comprehensive assessment.

QUALITY STATEMENT 2:
**Physical Health Assessment**

Adults with schizophrenia receive a physical health assessment on a regular basis.

QUALITY STATEMENT 3:
**Self-Management**

Adults with schizophrenia have access to information and education that supports the development of self-management skills.

QUALITY STATEMENT 4:
**Family Education, Support, and Intervention**

Families of adults with schizophrenia are given ongoing education, support, and family intervention that is tailored to their needs and preferences.

QUALITY STATEMENT 5:
**Access to Community-Based Intensive Treatment Services**

Adults with schizophrenia have timely access to community-based intensive treatment services based on their needs and preferences.

QUALITY STATEMENT 6:
**Housing**

Adults with schizophrenia have a safe, affordable, stable living environment that reflects their needs and preferences.

QUALITY STATEMENT 7:
**Antipsychotic Monotherapy**

Adults with schizophrenia are prescribed a single antipsychotic medication, whenever possible.

QUALITY STATEMENT 8:
**Treatment With Long-Acting Injectable Antipsychotic Medication**

Adults with schizophrenia are offered the option of a long-acting injectable antipsychotic medication.

QUALITY STATEMENT 9:
**Treatment With Clozapine**

Adults with schizophrenia who have not responded to previous adequate trials of treatment with two different antipsychotic medications are offered clozapine.

QUALITY STATEMENT 10:
**Continuation of Antipsychotic Medication**

Adults with schizophrenia whose symptoms have improved with antipsychotic medication are advised to continue their antipsychotic medication for the long term.

QUALITY STATEMENT 11:
**Cognitive Behavioural Therapy for Psychosis and Other Psychosocial Interventions**

Adults with schizophrenia are offered cognitive behavioural therapy for psychosis and other evidence-based psychosocial interventions, based on their needs.

QUALITY STATEMENT 12:
**Promoting Physical Activity and Healthy Eating**

Adults with schizophrenia are offered readily accessible interventions that promote physical activity and healthy eating.

QUALITY STATEMENT 13:
**Promoting Smoking Cessation**

Adults with schizophrenia who smoke tobacco are offered pharmacological and nonpharmacological interventions to help them reduce or stop smoking tobacco.

QUALITY STATEMENT 14:
**Assessing and Treating Substance Use Disorder**

Adults with schizophrenia are asked about their substance use and, if appropriate, they are assessed for substance use disorder and offered treatment.

QUALITY STATEMENT 15:
**Employment and Occupational Support**

Adults with schizophrenia who wish to find work or return to work are offered supported employment programs. Adults with schizophrenia who are not seeking paid work are supported in other occupational or educational activities, in accordance with their needs and preferences.

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# Care Plan and Comprehensive Assessment

**Adults with schizophrenia have a care plan that is regularly reviewed and updated, and that is informed by a comprehensive assessment.**

## Background

Every person with schizophrenia should be involved, whenever possible, in developing, implementing, reviewing, and updating their care plan with their health care professional. Ideally, the care plan is also informed by input from their family, caregivers, and personal supports. It needs to consider the whole person and be tailored to the person's goals, personal strengths, and resources, reflect their cultural beliefs and realities, and address the range of issues that may impact their health and well-being. It should aim to reduce symptoms, improve psychosocial functioning, and help the person fulfil their individual needs and aspirations.[24] Regular review of the care plan will enable the person and their health care professional to review progress, revisit goals, and make adjustments for changing needs and preferences. If a person has a community treatment order, their community-based treatment plan should be informed, whenever possible, by the person's care plan and recovery goals.

**BACKGROUND** CONTINUED

A comprehensive assessment of the person with schizophrenia should inform the development of the care plan. The comprehensive assessment allows health care providers to thoroughly explore the biological, psychological, and social factors that may have contributed to the onset, course, and outcome of the person's illness, and that may influence their recovery. An assessment can determine a baseline level of functioning, activity, and participation, and can be used to track changes in the person's status over time. Validated assessment tools and instruments should be used, where available. The assessment may take place over several encounters to gain a full understanding of the person and to support their engagement.[25] Depending on how care is organized, the components of the assessment may be carried out by several members of the health care team, or the person with schizophrenia may be referred to other health care professionals, as needed, to complete the assessment.

A copy of the care plan and findings from the assessment should be shared with the person with schizophrenia, relevant health care providers, and the person's family or caregivers, unless the person indicates that they do not want such information shared.

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15]

# What This Quality Statement Means

## For Adults With Schizophrenia

A care plan is a written document between you and your health care professional that you agree to. It describes your goals, the care and services you will receive, and who will provide them. Your health care professional should work with you to update your care plan regularly, and your family or caregivers can be involved in making and updating the plan, if you agree.

Your care plan should be informed by a thorough assessment of your physical and mental health. This will include questions about your medical history and what medications you are taking. It also should look at your social situation, your goals, how you are feeling, and how you are coping with the impact of symptoms on your daily life.

If you are on a community treatment order, your care plan and goals will be used to inform your community-based treatment plan, whenever possible.

## For Clinicians

Work with adults with schizophrenia (and their family or caregivers, if they agree) to create an individualized care plan. The plan documents mutually agreed-upon goals, individual concerns and preferences, care and services, and a crisis plan, and it incorporates the results of the comprehensive assessment. The plan should be reviewed and updated regularly.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Care plan**

A care plan includes:

- Results of the comprehensive assessment (see definition below)
- Mutually agreed-upon goals based on the person's needs, strengths, and preferences, including activities of daily living, housing, daily structure and employment, symptom reduction, and family and social relationships
- Interventions, activities, and other steps the person and others might take to help them achieve their goals, optimize their capacity to function as independently as possible, and support their social inclusion
- A relapse prevention plan
- A crisis plan
- Roles and responsibilities of health and community service providers

**Regularly reviewed and updated**

The care plan should be reviewed every 6 to 12 months, or sooner if there is a clinical need or a significant change in a person's goals. Reviewing the care plan may require a partial or full reassessment, including revisiting recovery and treatment goals.

WHAT THIS QUALITY STATEMENT MEANS CONTINUED

## For Health Services

Ensure that systems, processes, and resources are in place to help care providers develop, implement, and reassess care plans for adults with schizophrenia. This may include access to standardized care plan templates and comprehensive assessment tools, and access to the resources necessary to carry out the care plan.

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who had a comprehensive assessment within 6 months of initial presentation**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who had a comprehensive assessment within 6 months of initial presentation
- Data source: local data collection

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Comprehensive assessment**

In collaboration with the individual, and their family member(s), as appropriate, the comprehensive assessment should be undertaken by health care professionals who have expertise in the care of people with schizophrenia. It should be informed by communication with the person's primary care provider, other mental health care providers, and/or community treatment providers. The assessment should address the following:

- Self-identified goals, aspirations, personal strengths, and resources that support personal recovery
- Psychiatric symptoms and impairments; risk of harm to self or others; current and past treatments and responses; alcohol consumption and use of prescribed and non-prescribed drugs (see Quality Statement 14)
- Medical considerations, including medical history and physical examination to assess medical conditions
- Medication review (including prescription, over-the-counter, and alternative medications)
- Physical health and well-being (see Quality Statement 2)
- Psychological and psychosocial status, including social networks, intimate relationships, and history of trauma or adversity

QUALITY INDICATORS CONTINUED

**Percentage of adults with schizophrenia who have a care plan that was reviewed in the past 12 months or when there was a significant change in their goals**

- Denominator: total number of adults with schizophrenia who have a care plan
- Numerator: number of people in the denominator whose care plan was reviewed in the past 12 months or when there was a significant change in their goals
- Data source: local data collection

**Percentage of adults with schizophrenia who have had their community service needs assessed using a standardized, validated tool**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have had their community service need assessed using a standardized, validated tool (such as the Level of Care Utilization System or the Ontario Common Assessment of Need)
- Data source: local data collection

## DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Comprehensive assessment (continued)**

- Developmental history (social, cognitive, sensory, and motor development and skills, including coexisting neurodevelopmental conditions); consider neuropsychological assessment for people with an intellectual disability or functional impairment
- Social status (housing; culture and ethnicity; responsibilities for children or as a caregiver; role of family and their involvement in the person's life; leisure activities and recreation; community participation; participation in peer and self-help activities)
- Occupational and educational histories (educational attainment and opportunities, employment and occupational support [see Quality Statement 15])
- Sources of income
- Activities of daily living, instrumental activities of daily living, and home management
- Legal history and current legal involvement
- Capacity to make personal care and financial decisions, as described in the *Ontario Substitute Decisions Act*[4]
- Service needs (assessed using a tool or instrument such as the Level of Care Utilization System or the Ontario Common Assessment of Need) to match resource intensity with care needs

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# Physical Health Assessment

## Adults with schizophrenia receive a physical health assessment on a regular basis.

### Background

Adults with schizophrenia have poorer physical health and a shorter life expectancy than the general population: on average, men with schizophrenia die 20 years earlier and women 15 years earlier.[14] Common conditions that contribute to the high risk of morbidity and premature mortality in people with schizophrenia include cardiovascular disease, diabetes and metabolic syndrome, and lung disease.[12,26]

Factors that contribute to increased morbidity and mortality in people with schizophrenia include smoking, poor diet, physical inactivity, and adverse effects of medication,[27] as well as reduced health-seeking behaviour and lower adherence to medical treatments. Further, people with schizophrenia are at high risk for under-recognition and under-treatment of physical health conditions by health care providers.[26-29]

**BACKGROUND** CONTINUED

Supporting the physical health of people with schizophrenia is an essential part of improving their overall health outcomes, promoting their capacity to set and achieve recovery goals, and enabling them to participate fully in their community. As part of this, it is important to comprehensively assess and monitor their physical health to enable treatment, if necessary. Access to timely and high-quality primary health care is also key for managing people's general and preventive health care needs, including regular screening (e.g., cervical cancer, colon cancer), immunizations, and management of any chronic health conditions. Mental health care providers should ensure that people with schizophrenia have their physical health needs addressed concurrently in primary care, integrated primary care and mental health services, or specialized clinic settings. Mental health care providers should facilitate and support people in accessing primary care.

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Scottish Intercollegiate Guidelines Network, 2013[30]

# What This Quality Statement Means

## For Adults With Schizophrenia

As part of your regular appointments, your health care professional should assess you for health problems that are common in people with schizophrenia, such as diabetes, weight gain, heart disease, and lung disease. These assessments might result in changes to your care plan.

## For Clinicians

Complete a physical assessment that focuses on conditions that are common in people with schizophrenia. The assessment should inform the person's care plan.

## For Health Services

Ensure that systems, processes, and resources are in place for health care professionals and teams to carry out ongoing comprehensive physical health assessments in people with schizophrenia. This includes access to standardized physical assessment protocols and tools.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Physical health assessment**

The following should be assessed and recorded at baseline before starting antipsychotic medication (or as soon as possible if the medication needs to be started quickly). They should also be monitored and recorded regularly and systematically during treatment, especially when titrating medications. Validated assessment tools and instruments should be used, where available. Each assessment should inform the care plan (see Quality Statement 1).

- Weight and body mass index (at baseline, weekly for the first 6 weeks, then at 12 weeks, 1 year, and annually, plotted over time)
- Waist circumference (at baseline and annually, plotted over time)
- Pulse and blood pressure (at baseline, 12 weeks, 1 year, and annually)
- Fasting blood glucose and glycated hemoglobin (HbA1c; at baseline, 12 weeks, 1 year, and annually)
- Blood lipid panel—total cholesterol, low- and high-density lipoprotein cholesterol, triglycerides (at baseline, 12 weeks, 1 year, and annually)
- Prolactin (as clinically indicated)
- Electrocardiogram (as clinically indicated)

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who have a comprehensive physical health assessment within 12 weeks after starting antipsychotic medication**

- Denominator: total number of adults with schizophrenia who are started on antipsychotic medication
- Numerator: number of people in the denominator who have a comprehensive physical health assessment within 12 weeks after starting antipsychotic medication
- Data source: local data collection

**Percentage of adults with schizophrenia who have had a comprehensive physical health assessment within the previous 12 months**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have had a comprehensive physical health assessment within the previous 12 months
- Data source: local data collection

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Physical health assessment (continued)**

- Neurological adverse effects, such as acute extrapyramidal symptoms and tardive dyskinesia
- Overall physical health (with particular attention to conditions common in people with schizophrenia, including cardiovascular disease, diabetes and metabolic syndrome, and lung disease)
- Age-appropriate physical health screening (e.g., a Pap smear, mammography, colonoscopy) and immunizations
- Hearing and vision screening
- Nutritional intake and level of physical activity
- Smoking status
- Alcohol and drug use
- Sexual health
- Dental health

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# Self-Management

## Adults with schizophrenia have access to information and education that support the development of self-management skills.

### Background

For people with schizophrenia, the ability to actively self-manage their health and well-being is an important factor in reducing the risk of relapse and a key step in the recovery journey. Self-management involves[12,31]:

- Learning about schizophrenia and treatment options
- Improving illness-management skills
- Understanding recovery and developing recovery strategies
- Developing and maintaining social relationships
- Gaining skills to cope with the impact of symptoms, stress, and life changes

Peer support may help people manage their own health and recovery.

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15]

## What This Quality Statement Means

### For Adults With Schizophrenia

Your health care professional should give you information to help you learn about schizophrenia and your treatment options to manage your condition so you can be actively involved in developing your care plan. You should also be given information about support services and groups that are available in your community and online.

### For Clinicians

Offer self-management education to adults with schizophrenia. Education should align with their needs and stage of illness, and focus on empowering people to engage in their own recovery. If you are not able to provide education onsite, ensure that people have access to it elsewhere (e.g., through a partnership with a local organization).

### For Health Services

Ensure that health care professionals are able to offer self-management education or refer people to local programs.

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Self-management**

Self-management involves people gaining the knowledge, skills, and confidence to actively manage their own recovery. For people with schizophrenia, self-management education should include information about:

- Causes, symptoms, and treatment of schizophrenia
- Effective use of medication
- Identifying and coping with symptoms
- Managing stress
- Self-care strategies
- Crisis planning
- Building a social support network
- Relapse prevention and management
- Setting personal recovery goals
- Available mental health and other support services and how to access them, including locally available services and supports available online

# Quality Indicators

## Process Indicator

**Percentage of adults with schizophrenia who have received education about self-management**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have received education about self-management
- Data source: local data collection

## Outcome Indicator

**Percentage of adults with schizophrenia who report feeling confident in the self-management of their symptoms**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who respond “confident” or “very confident” to the following question: “How confident are you in your ability to manage your schizophrenia symptoms?” (Response options: Very confident, Confident, Not confident, Not at all confident, Unsure)
- Data source: local data collection

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# Family Education, Support, and Intervention

**Families of adults with schizophrenia are given ongoing education, support, and family intervention that is tailored to their needs and preferences.**

## Background

Family—which can include relatives, caregivers, or people from a broader circle—can play a vital role in supporting a person's recovery, promoting their well-being, and providing care.[32] Families may benefit from information and support according to their circumstances and needs, such as programs for the parents, siblings, or children of people with schizophrenia; financial assistance; and respite care.[32]

Family members who have ongoing contact with a person with schizophrenia may benefit from family intervention. Family intervention aims to improve family members' support and resilience and enhance the quality of their communication and problem-solving. Delivered by a trained practitioner, it also seeks to provide insight into the condition of the person with schizophrenia and to teach family members to identify the signs and symptoms of relapse, improving their ability to anticipate and help reduce the risk of relapse.[33] Family intervention can be started in the in-patient setting or community.[12]

People with schizophrenia should be encouraged to include family members in their treatment and recovery. If a person with schizophrenia chooses not to involve their family, family members may still find it valuable to participate in education and to access support services.

**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Schizophrenia Patient Outcomes Research Team, 2010[34] | Scottish Intercollegiate Guidelines Network, 2013[30]

# What This Quality Statement Means

## For Adults With Schizophrenia and Families

Families can play a vital role in supporting a person's recovery, promoting their well-being, and providing care. If you are a family member of someone who has schizophrenia, the health care professional should give you opportunities to learn about schizophrenia and to get support if you need it. This is important so you can help your family member, while also looking after your own needs.

## For Clinicians

Encourage people with schizophrenia to involve their family in their care. Offer families education and supports that align with their circumstances and needs. If you are not able to provide education, supports, or family intervention onsite, ensure that people have access to them elsewhere (e.g., through a partnership with a local organization).

## For Health Services

Ensure that family-focused education and supports and family intervention are available for families when they need them.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Family**

Family is whoever the person with schizophrenia defines it to be. It may include relatives, a significant other, children, siblings, personal supports, or a caregiver who is in close contact.

**Education**

Education consists of evidence-based information provided verbally or in a print or multimedia format. It should include, at a minimum, information about the following:

- Diagnosis and management of schizophrenia
- Outcomes and recovery
- Available support services and how to access them
- The *Mental Health Act*[6] and other legislation relevant to mental health care in Ontario (e.g., the *Health Care Consent Act*[3] and the *Substitute Decisions Act*[4])
- Self-care and coping strategies
- Role of teams and services
- Getting help in a crisis
- Legal issues

# Quality Indicators

## Process Indicator

**Percentage of adults with schizophrenia whose family members receive education, support, and family intervention by a trained practitioner**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator whose family members receive education, support, and family intervention by a trained practitioner
- Data source: local data collection

## Outcome Indicator

**Percentage of adults with schizophrenia whose family members or unpaid caregivers report continued feelings of distress, anger, or depression over a 12-month period**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator whose family members or unpaid caregivers report continued feelings of distress, anger, or depression over a 12-month period (indicator adapted from Resident Assessment Instrument–Home Care [RAI-HC])
- Data source: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Support**

Families should have access to a range of supports, which may include:

- Support and information available by telephone and through the Internet
- Support groups
- Respite for caregivers

**Family intervention**

This intervention should:

- Include at least 10 planned sessions
- Be delivered by an appropriately trained practitioner
- Involve the person with schizophrenia whenever possible
- Be sensitive to the cultural and spiritual characteristics of the individual and their family
- Take account of the whole family's preference for either single-family intervention or multifamily group intervention
- Consider the relationship between the family and the person with schizophrenia
- Involve communication skills, problem solving, and education
- Have reasons discussed and documented when a patient chooses not to involve their family

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# Access to Community-Based Intensive Treatment Services

**Adults with schizophrenia have timely access to community-based intensive treatment services based on their needs and preferences.**

## Background

Depending on their needs, people with schizophrenia may benefit from intensive treatment services, such as early psychosis intervention, assertive community treatment, and intensive case management. People experiencing a first episode of schizophrenia should have access to early psychosis intervention, which serves young people with early psychosis, usually between the ages of 13 and 35 years, and their families. People with schizophrenia who have more complex service needs and difficulty engaging or staying in treatment may benefit from assertive community treatment or intensive case management.[25,30,34]

Services should be recovery-oriented and available to people regardless of factors such as gender, age, income, race, culture, ethnicity, immigration status, linguistic identity, or whether they live in a rural or urban area. People's needs and preferences change over their lifespan and illness; a person may require different services (or changes in the intensity of services) at different times,[32] so services should allow for flexibility to match the services to a person's needs. Assessment of level-of-service needs (using a tool such as the Level of Care Utilization System or the Ontario Common Assessment of Need) can be useful in matching resource intensity with care needs.

**BACKGROUND** CONTINUED

Detailed provincial program standards set out by the Ministry of Health and Long-Term Care are available for assertive community treatment teams,[24] intensive case management,[35] and early psychosis intervention.[36] These standards establish expectations for program requirements, such as staff qualifications and staff-to-client ratios, so that services are delivered consistently across Ontario and incorporate evidence-based practices.

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Schizophrenia Patient Outcomes Research Team, 2010[34] | Scottish Intercollegiate Guidelines Network, 2013[30]

# What This Quality Statement Means

## For Adults With Schizophrenia and Their Families

Depending on your needs, your health care professional may connect you with specialized treatment services such as:

- An early psychosis intervention program if you are experiencing schizophrenia for the first time. Psychosis is a treatable condition that affects your mind and can result in difficulty deciding what's real and what's not.
- Something called "assertive community treatment." This is a team of health care professionals working together to provide you with various services to meet your needs—such as medications, counselling, life skills, and housing and employment supports.
- Something called "intensive case management." This is similar to assertive community treatment, but in this instance a case manager is at the core of your supports, connecting you to services to meet your needs, such as medication support, mental health programs, and housing, employment, life skills, and justice services.

These services are designed to help you to live in the community, manage your symptoms, and reach your goals.

## For Clinicians

Refer people to the community-based services that will best meet their needs. Advise them on available services and how to access them.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Intensive treatment services**

- People experiencing a first episode of schizophrenia should have access to early psychosis intervention.[12,15,25,30,34] This involves specialized treatment and support provided by a multidisciplinary team to reduce treatment delays, promote recovery, and reduce relapse.[12] These services provide a full range of pharmacological, psychological, social, occupational, and educational interventions, as well as support services for families.[12]
- People who have difficulty engaging with mental health services should have access to assertive community treatment or intensive case management:
  - Assertive community treatment involves intensive treatment, rehabilitation, and support provided by a multidisciplinary team.[15,25,30,34,37] Team members work with the person to provide services that are tailored to meet the person's needs and goals. Services include assertive outreach; pharmacological, psychological, social, and occupational interventions; daily living support; and crisis assessment and intervention[24,38]
  - Intensive case management involves a case manager who provides intensive, assertive outreach and facilitates coordinated access to services, supports, and resources from across the mental health system, as well as from other systems (e.g., housing, addictions, justice, education, social services)[15,25,35,38,39]

WHAT THIS QUALITY STATEMENT MEANS CONTINUED

## For Health Services

Ensure that people with schizophrenia have timely and equitable access to the intensive treatment services they need, when they need them, by providing adequately resourced systems and services. Work collaboratively with stakeholders, communities, and people with lived experience, using local data and evidence to plan and develop population-based services that reach and meet the needs of all people with schizophrenia, particularly those who are socially disadvantaged or have barriers to accessing care. Ensure that health care professionals are aware of services and able to connect or refer people to them.

# Quality Indicators

## Process Indicators

**Percentage of adults with a first presentation of schizophrenia who receive early psychosis intervention within 2 weeks of referral**

- Denominator: total number of adults with a first presentation of schizophrenia
- Numerator: number of people in the denominator who receive early psychosis intervention within 2 weeks of referral
- Data source: local data collection

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Timely access**

Early psychosis intervention should be accessible within 2 weeks of referral, irrespective of the person's age or the duration of untreated psychosis.[12,40] Intake for assertive community treatment or intensive case management should be initiated within 2 weeks after initial contact.[24,35]

QUALITY INDICATORS CONTINUED

**Percentage of adults with schizophrenia who have been assessed as requiring intensive case management who receive intensive case management within 2 weeks of referral**

- Denominator: total number of adults with schizophrenia who have been assessed as requiring intensive case management
- Numerator: number of people in the denominator who receive intensive case management within 2 weeks of referral
- Data source: local data collection
- Potential stratification: level of need (high vs. low)

**Percentage of adults with schizophrenia who have been assessed as requiring assertive community treatment who receive assertive community treatment within 2 weeks of referral**

- Denominator: total number of adults with schizophrenia who have been assessed as requiring assertive community treatment
- Numerator: number of people in the denominator who receive assertive community treatment within 2 weeks of referral
- Data source: local data collection
- Potential stratification: level of need (high vs. low)

**Percentage of adults with schizophrenia who have had their need for community services assessed using a standardized, validated tool**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have had their need for community services assessed by a standardized, validated tool (such as the Level of Care Utilization System or the Ontario Common Assessment of Need)
- Data source: local data collection

6

# Housing

## Adults with schizophrenia have a safe, affordable, stable living environment that reflects their needs and preferences.

### Background

Safe, affordable, stable, well-maintained housing supports good physical and mental health, facilitates social inclusion, and is an important foundation for recovery.[15,19,41] When a person's housing is not safe, affordable, stable, or of good quality, that person is at increased risk of negative outcomes related to their health and well-being.[19,42,43]

All people with schizophrenia—including those who are homeless and those who have a concurrent disorder—should have access to housing and support services that meet their needs. People's housing needs vary and may change over time, so housing and support services need to be flexible and tailored to a person's strengths and needs, while also being timely, accessible, affordable, and based on the person's preferences. Standardized tools such as the Service Prioritization Decision Assistance Tool may be helpful for assessing a person's needs and support requirements.

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**Sources:** Royal Australian and New Zealand College of Psychiatrists, 2016[15] | World Health Organization, 2012[44]

# What This Quality Statement Means

## For Adults With Schizophrenia

It's easier to focus on your recovery when you don't have to worry about having somewhere to live. Your health care professional should connect you with services that can help you find a safe, affordable, stable place to live, as well as support services (such as medication management, income supports, meal preparation, assertive community treatment or case management, and recreational and support activities), if you need them.

## For Clinicians

Ask adults with schizophrenia about their housing, including if they have access to safe, affordable, stable housing and support services that meet their needs and preferences. Ensure connection with service providers who can assist them with their housing needs.

## For Health Services

Ensure that adults with schizophrenia can access the housing and support services they need, when they need them, within the constraints of locally available resources. Ensure that health care providers are aware of these services and able to connect or refer people to them.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Safe, affordable, stable living environment**

The person's living environment is facilitated using a continuum of community housing and support services according to the person's needs and preferences, which may include:

- Home modifications
- Supported housing
- Independent housing with support services
- Affordable general housing
- Housing First interventions for people who are homeless or precariously housed, which may be delivered in conjunction with intensive care management or assertive community treatment (e.g., At Home/Chez Soi)

# Quality Indicators

## Outcome Indicators

**Percentage of adults with schizophrenia who report living in a safe, affordable, and stable living environment**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who report living in a safe, affordable, and stable living environment
- Data sources: Ontario Common Assessment of Need; local data collection

**Percentage of adults with schizophrenia who report being homeless or precariously housed**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who report being homeless or precariously housed
- Data sources: Ontario Common Assessment of Need; local data collection

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# Antipsychotic Monotherapy

## Adults with schizophrenia are prescribed a single antipsychotic medication, whenever possible.

### Background

Antipsychotic medication is usually effective in resolving psychotic symptoms and in preventing recurrence of symptoms.[12] Whenever possible, only one antipsychotic medication should be prescribed at a time, and at the lowest dose effective for the person with schizophrenia.[12] The use of antipsychotic medication—including benefits, risks, clinical response, and side effects—should be discussed with the person with schizophrenia. Whenever possible, family members should be included in these discussions.

People with schizophrenia who are taking antipsychotic medications may also require other types of medications such as antidepressant and mood-stabilizing medication to treat their symptoms.

Taking two or more antipsychotic medications concurrently should generally be avoided; it has not been shown to be more effective than taking a single antipsychotic and is associated with an increased risk of adverse effects.[12,15,25,30,34,44]

**BACKGROUND** CONTINUED

A person's medication and dosage should be reviewed regularly, including response, observed benefits, and side effects.[12] Offering a long-acting injectable antipsychotic medication should be considered early in the course of antipsychotic treatment (see Quality Statement 8). If psychotic symptoms do not improve with antipsychotic medication, consider the potential causes of nonresponse, including incorrect diagnosis, inadequate dose, poor adherence, concurrent substance use, and physical illness.[12] If the person with schizophrenia does not achieve an adequate response after trials of two different antipsychotic agents given separately at therapeutic doses for a sufficient duration, treatment with clozapine should be considered (see Quality Statement 9).

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Scottish Intercollegiate Guidelines Network, 2013[30] | World Health Organization, 2012[44]

# What This Quality Statement Means

## For Adults With Schizophrenia

Antipsychotic medication reduces the intensity of psychotic symptoms, including hallucinations and delusions. Your health care professional should discuss with you the potential benefits, harms, and side effects of antipsychotic medication so that you can make informed decisions about your care together. If you have family or others involved in your care, they should also receive this information.

Usually, a health care professional will offer one antipsychotic medication at a time. However, there might be times when they recommend more than one antipsychotic medication.

If your symptoms don't get better or you experience significant side effects when taking an antipsychotic medication, talk with your health care professional about switching to a different medication.

## For Clinicians

Adults with schizophrenia should usually be prescribed one antipsychotic medication at a time. Regularly monitor and document people's symptoms and side effects. In situations where more than one antipsychotic medication is prescribed, regularly assess for effectiveness and side effects.

## For Health Services

Ensure that systems, processes, and resources are in place for health care professionals to appropriately trial one antipsychotic medication at a time and monitor people's response to treatment.

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who have been prescribed and are taking a single antipsychotic medication**

- Denominator: total number of adults with schizophrenia who have been prescribed an antipsychotic medication
- Numerator: number of people in the denominator who are taking a single antipsychotic medication
- Data source: local data collection

**Percentage of adults with schizophrenia who have had their antipsychotic medication reviewed in the past 12 months**

- Denominator: total number of adults with schizophrenia who have been prescribed an antipsychotic medication
- Numerator: number of people in the denominator who have had their antipsychotic medication reviewed in the past 12 months (including response, observed benefits, and side effects), or more frequently if clinically indicated
- Data source: local data collection

QUALITY INDICATORS CONTINUED

## Outcome Indicator

**Percentage of adults with schizophrenia who have been prescribed an antipsychotic medication (or their substitute decision-makers) who felt involved in discussions about their medications, including benefits, risks, clinical response, and side effects**

- Denominator: total number of adults with schizophrenia who have been prescribed an antipsychotic medication
- Numerator: number of people in the denominator (or their substitute decision-makers) who felt involved in discussions about their medications, including benefits, risks, clinical response, and side effects
- Data source: local data collection

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# Treatment With Long-Acting Injectable Antipsychotic Medication

## Adults with schizophrenia are offered the option of a long-acting injectable antipsychotic medication.

### Background

Long-acting injectable antipsychotic medications can improve treatment adherence and prevent relapse.[12,45] Relapses may contribute to worsening outcomes over the course of the illness.[46]

Treatment with long-acting injectable medications provides people with their medication on a consistent schedule and provides clinicians with a valid measure of treatment adherence, the major determinant of relapse.[12]

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Scottish Intercollegiate Guidelines Network, 2013[30] | World Health Organization, 2012[44]

# What This Quality Statement Means

## For Adults With Schizophrenia

You may want to take your antipsychotic medication as a long-acting injection so you don't have to remember to take it every day. Your health care professional should talk with you early in your treatment about whether this would be a good option for you. Depending on the medication, you would get an injection every 2 weeks to every 3 months. Not all antipsychotic medications can be given as a long-acting injection.

## For Clinicians

Discuss the option of long-acting injectable antipsychotic medications with adults with schizophrenia. Offer this option early in the course of antipsychotic treatment.

## For Health Services

Provide adequately resourced systems and services so that clinicians can offer long-acting injectable antipsychotic medications to adults with schizophrenia.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Long-acting injectable antipsychotic medication**

Antipsychotic medication may be given as an intramuscular injection every 2 weeks to every 3 months, depending on the medication. Health care professionals should discuss the option of long-acting injectable antipsychotic medications with the person early in their course of treatment. Whenever possible, family members should be included in these discussions.

# Quality Indicators

## Process Indicator

**Percentage of adults with schizophrenia who have been offered a long-acting injectable antipsychotic medication**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have been offered a long-acting injectable antipsychotic medication
- Data source: local data collection

## Outcome Indicator

**Percentage of adults with schizophrenia who have been prescribed a long-acting injectable antipsychotic medication (or their substitute decision-makers) who felt involved in discussions about their medication, including benefits, risks, clinical response, and side effects**

- Denominator: total number of adults with schizophrenia who have been prescribed a long-acting injectable antipsychotic medication
- Numerator: number of people in the denominator (or their substitute decision-makers) who felt involved in discussions about their medication, including benefits, risks, clinical response, and side effects
- Data source: local data collection

9

# Treatment With Clozapine

**Adults with schizophrenia who have not responded to previous adequate trials of treatment with two different antipsychotic medications are offered clozapine.**

## Background

Clozapine is uniquely effective and is the treatment of choice if a person with schizophrenia has not responded to other antipsychotic medications, or has had a partial response but experiences persistent psychotic symptoms.[12] A trial of clozapine should also be considered for people with schizophrenia who experience significant side effects from other antipsychotic medications,[15] who exhibit persistent symptoms of aggression or violent behaviours, or who have persistent suicidal thoughts or behaviours.[15,25,34]

Like other antipsychotic medications, clozapine is associated with a range of adverse effects that can influence physical health, and it requires ongoing physical health assessment and management (see Quality Statement 2).[34] Clozapine is also associated with an increased risk of several severe adverse effects, including agranulocytosis, myocarditis, cardiomyopathy, and bowel obstruction. Protocols to monitor and manage these risks need to be followed rigorously.[15]

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Schizophrenia Patient Outcomes Research Team, 2010[34] | Scottish Intercollegiate Guidelines Network, 2013[30]

# What This Quality Statement Means

## For Adults With Schizophrenia

If you have tried at least two different antipsychotic medications and your symptoms continue to be distressing, talk with your health care professional about taking a medication called clozapine.

## For Clinicians

Offer clozapine to adults with schizophrenia if they have tried two different antipsychotic medications and their symptoms have not improved or remain distressing.

## For Health Services

Ensure that systems, processes, and resources are in place so clinicians can offer clozapine as a treatment for schizophrenia, and so they can monitor and manage the risks associated with clozapine.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Not responded**

People with schizophrenia have not responded if they continue to experience persistent and clinically significant positive symptoms (such as hallucinations, delusions, skewed perceptions, and disorganized thinking or behaviour[47]) after trials of two different antipsychotic medications at adequate dosage and duration, and with reasonable assurance of medication adherence during the trials.

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who receive clozapine**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who receive clozapine
- Data source: local data collection

**Percentage of adults with schizophrenia who did not respond adequately to treatment with at least two different antipsychotic medications, and who receive clozapine**

- Denominator: total number of adults with schizophrenia who did not respond adequately to treatment with at least two different antipsychotic medications
- Numerator: number of people in the denominator who receive clozapine
- Data source: local data collection

**Percentage of adults with schizophrenia who have had their clozapine medication reviewed in the past 12 months**

- Denominator: total number of adults with schizophrenia who have been prescribed clozapine
- Numerator: number of people in the denominator who have had their clozapine medication reviewed in the past 12 months (including response, observed benefits, and side effects), or more frequently if clinically indicated
- Data source: local data collection

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# Continuation of Antipsychotic Medication

**Adults with schizophrenia whose symptoms have improved with antipsychotic medication are advised to continue their antipsychotic medication for the long term.**

## Background

People with an established schizophrenia diagnosis who experience remission from an acute episode with an antipsychotic medication can reduce their risk of relapse and development of treatment resistance by continuing to take the medication.[15,25,48,49] The use of antipsychotic medication—including benefits, risks, clinical response, and side effects—should be reviewed with the person with schizophrenia at least once a year.[12,15] The lowest dose that maximizes effectiveness and minimizes side effects should be used.[34] Treatment with a long-acting injectable antipsychotic medication should be offered early in the course of antipsychotic treatment (see Quality Statement 7).

Any trial to reduce or discontinue antipsychotic medication should be carried out under close supervision by the treating psychiatrist and clinical team and include frequent follow-up to monitor for early signs of recurrence or relapse. Whenever possible, family members should be included in discussions about the risks associated with medication discontinuation, how to identify signs of recurrence, and the steps to take if symptoms recur.[44]

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**Source:** Schizophrenia Patient Outcomes Research Team, 2010[34]

# What This Quality Statement Means

## For Adults With Schizophrenia

If an antipsychotic medication works to make your symptoms better, you will likely need to keep taking it to prevent symptoms from recurring. Your health care professional should review your medication with you once a year to make sure it continues to work for you and to address any side effects.

## For Clinicians

Ensure that adults with schizophrenia continue to take their antipsychotic medication and that they and their family are educated about the role of maintenance medication in helping them stay well.

## For Health Services

Ensure that systems, processes, and resources are in place so that adults with schizophrenia whose symptoms have improved can continue treatment with antipsychotic medication, and that regular medication reviews can be conducted.

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Continue antipsychotic medication for the long term**

Most people with schizophrenia will need to take antipsychotic medication for life to prevent a relapse.

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who have been dispensed an antipsychotic medication**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have been dispensed an antipsychotic medication
- Data sources: Ontario Drug Benefit Claims Database (for those age 65 and older; measures if the prescription was dispensed, not necessarily taken); local data collection (for those younger than age 65 and for those receiving antipsychotics not included in the Ontario Drug Benefit Claims Database, and to calculate the denominator)
- Note: Also included as a process indicator in Quality Statement 7

**Percentage of adults with schizophrenia who have been dispensed an antipsychotic medication who have continuously been dispensed an antipsychotic medication since initiation**

- Denominator: total number of adults with schizophrenia who have been dispensed an antipsychotic medication
- Numerator: number of people in the denominator who have continuously been dispensed an antipsychotic medication since initiation
- Data sources: Ontario Drug Benefit Claims Database (for those age 65 and older; measures if the prescription was dispensed, not necessarily taken); local data collection (for those younger than age 65 and for those receiving antipsychotics not included in the Ontario Drug Benefit Claims Database, and to calculate the denominator)

QUALITY INDICATORS CONTINUED

## Outcome Indicator

**Percentage of adults with schizophrenia who experience a relapse**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who experience a relapse (a return or worsening of symptoms)
- Data sources: National Ambulatory Care Reporting System (for relapses resulting in an emergency department visit); Discharge Abstract Database (for relapses resulting in a hospitalization); Ontario Health Insurance Plan Claims Database (for relapses resulting in a physician visit); local data collection (for relapses not captured in other settings)
- Potential stratification: use of antipsychotics at the time of relapse; sector of care

11

# Cognitive Behavioural Therapy for Psychosis and Other Psychosocial Interventions

**Adults with schizophrenia are offered cognitive behavioural therapy for psychosis and other evidence-based psychosocial interventions, based on their needs.**

## Background

There is evidence supporting the effectiveness of cognitive behavioural therapy for psychosis and other psychosocial interventions for people with schizophrenia with certain indications. Cognitive behavioural therapy is a form of psychotherapy delivered by a trained therapist that helps a person become more conscious of their beliefs and patterns of thinking. It provides strategies to reshape their beliefs and thoughts to achieve a positive outcome.

Cognitive behavioural therapy for psychosis is more effective when delivered in conjunction with antipsychotic medication. Cognitive behavioural therapy for psychosis has been shown to be effective in reducing symptom severity and re-hospitalizations in people with schizophrenia.[12] Evidence also supports offering cognitive behavioural therapy for treatment of concurrent depression and anxiety in people with schizophrenia.[12,15,30]

**BACKGROUND** CONTINUED

Cognitive remediation is a psychosocial intervention that may be considered for people with schizophrenia who have cognitive impairment.[15,30,50] Cognitive remediation aims to improve basic cognitive processes, including memory, concentration, social cognition, and problem-solving.[15,51] It is an intervention based on behavioural training, facilitated by trained clinicians.[51] There is growing evidence that when it is applied as an adjunct to supported employment programs, cognitive remediation can enhance employment outcomes.[52]

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Schizophrenia Patient Outcomes Research Team, 2010[34] | Scottish Intercollegiate Guidelines Network, 2013[30] | World Health Organization, 2012[44]

## What This Quality Statement Means

### For Adults With Schizophrenia

You should be offered nondrug interventions as part of your treatment, based on your needs. Two types are cognitive behavioural therapy and cognitive remediation.

In cognitive behavioural therapy, you would talk with a therapist about your thoughts and beliefs and learn how they can affect the way you behave and deal with problems.

In cognitive remediation, you would perform learning activities that help you improve your memory, concentration, and problem-solving skills.

### For Clinicians

Ensure that cognitive behavioural therapy and cognitive remediation are offered to adults with schizophrenia who may benefit.

### For Health Services

Provide adequately resourced systems and services to ensure that adults with schizophrenia can access cognitive behavioural therapy and cognitive remediation. Ensure that clinicians are aware of and able to refer people to these services.

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Cognitive behavioural therapy for psychosis**

This therapy should be:

- Started during the initial phase, the acute phase, or the recovery phase
- Started in the community or in-patient setting
- Delivered over at least 16 planned sessions spanning 4 to 9 months
- Delivered one-on-one, ideally, but can be delivered in a group, given resource availability
- Delivered by an appropriately trained therapist, according to a treatment manual

**Other evidence-based psychosocial interventions**

Based on people's needs, other interventions to consider include:

- Cognitive behavioural therapy for concurrent depression and anxiety in people with schizophrenia[12,15,30]
- Cognitive remediation for people with schizophrenia who have cognitive impairment that affects functioning[15,30]

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who have received cognitive behavioural therapy for psychosis**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have received cognitive behavioural therapy for psychosis
- Data source: local data collection

**Percentage of adults with schizophrenia and concurrent depression and anxiety who have received cognitive behavioural therapy for depression and anxiety**

- Denominator: total number of adults with schizophrenia and concurrent depression and anxiety
- Numerator: number of people in the denominator who have received cognitive behavioural therapy for depression and anxiety
- Data source: local data collection

**Percentage of adults with schizophrenia and cognitive impairments that affect their functioning who have received cognitive remediation**

- Denominator: total number of adults with schizophrenia and cognitive impairments that affect their functioning
- Numerator: number of people in the denominator who have received cognitive remediation
- Data source: local data collection

QUALITY INDICATORS CONTINUED

## Structural Indicators

**Local availability of cognitive behavioural therapy programs given by trained and certified professionals**

- Data source: local data collection

**Local availability of cognitive remediation programs given by trained and certified professionals**

- Data source: local data collection

12

# Promoting Physical Activity and Healthy Eating

## Adults with schizophrenia are offered readily accessible interventions that promote physical activity and healthy eating.

### Background

There are many reasons why people with schizophrenia experience a higher incidence of physical health conditions (see Quality Statement 2), but one important group of causes is lifestyle factors, including poor nutrition and a lack of physical activity.[12] Several of the medications used to treat schizophrenia may also cause weight gain.[12,15] Offering people with schizophrenia interventions that promote physical activity and healthy eating can help to improve their physical and mental health.[12] Such programs need to be affordable and accessible. People with schizophrenia and their families should also be educated about the importance of physical activity and healthy eating, and encouraged to participate in related programs.

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**Sources:** National Institute for Health and Care Excellence, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Scottish Intercollegiate Guidelines Network, 2013[30]

## What This Quality Statement Means

### For Adults With Schizophrenia

A healthy lifestyle can help improve your physical and mental health. Your health care professional should give you information about programs that help you exercise and eat healthy foods.

### For Clinicians

Be aware of local programs for healthy eating and physical activity, and encourage adults with schizophrenia to access them.

### For Health Services

Ensure that interventions are available in the community to promote physical activity and healthy eating for adults with schizophrenia.

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Interventions that promote physical activity and healthy eating**

Behavioural interventions that provide information and support to increase physical activity levels and healthy eating.

# Quality Indicators

## Process Indicator

**Percentage of adults with schizophrenia who regularly receive interventions that promote physical activity and healthy eating**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who regularly receive interventions that promote physical activity and healthy eating
- Data source: local data collection

## Structural Indicator

**Local availability of programs that promote healthy eating and physical activity for adults with schizophrenia**

- Data source: local data collection

## Outcome Indicator

**Percentage of adults with schizophrenia who report being active during their leisure time**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who report being active during their leisure time
- Data sources: Canadian Community Health Survey (to identify numerators); local data collection (to identify denominator)
- Exclusion: survey non-response categories (refusal, don't know, not stated)

13

# Promoting Smoking Cessation

## Adults with schizophrenia who smoke tobacco are offered pharmacological and nonpharmacological interventions to help them reduce or stop smoking tobacco.

### Background

Cigarette smoking rates among people with schizophrenia are much higher than in the general population.[53] High tobacco use contributes to the main causes of morbidity and mortality in people with schizophrenia.[54] Smoking may also interfere with the effectiveness of certain antipsychotic medications.[55]

People with schizophrenia who want to reduce or stop smoking should be offered pharmacological and nonpharmacological interventions that are aligned with their readiness for change.[34,56] Validated screening tools can assist with monitoring tobacco use. Health care providers should monitor a person's psychiatric symptoms, medication dosage, and response when they are reducing or stopping smoking.[56]

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Schizophrenia Patient Outcomes Research Team, 2010[34]

# What This Quality Statement Means

## For Adults With Schizophrenia

Quitting or cutting down on smoking can help improve your physical and mental health. Your health care professional should talk with you about ways to stop smoking or smoke less.

## For Clinicians

Offer behavioural interventions, counselling, or medications to adults with schizophrenia who smoke tobacco to help them reduce or stop smoking.

## For Health Services

Ensure that behavioural interventions and medications are available in the community to help adults with schizophrenia reduce or stop smoking.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Interventions to help people reduce or stop smoking tobacco**

A range of pharmacological and nonpharmacological interventions are available to help people reduce or stop smoking tobacco, including:

- Adequately dosed pharmacotherapy (i.e., varenicline or bupropion)
- Nicotine replacement therapy products (e.g., transdermal patches, gum, inhalation cartridges, sublingual tablets, or spray)
- Motivational interviewing
- Behavioural support

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who smoke tobacco and who have developed a plan in the past 12 months to reduce or stop tobacco use**

- Denominator: total number of adults with schizophrenia who smoke tobacco
- Numerator: number of people in the denominator who have developed a plan in the past 12 months to reduce or stop tobacco use
- Data source: local data collection

**Percentage of adults with schizophrenia who smoke tobacco and receive at least one pharmacological or nonpharmacological intervention to help them reduce or stop smoking tobacco**

- Denominator: total number of adults with schizophrenia who smoke tobacco
- Numerator: number of people in the denominator who receive at least one pharmacological or nonpharmacological intervention to help them reduce or stop smoking tobacco
- Data source: local data collection
- Potential stratification: intervention method (i.e., pharmacological or nonpharmacological)

## Outcome Indicator

**Percentage of adults with schizophrenia who smoke tobacco daily**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who report smoking tobacco daily
- Data sources: Canadian Community Health Survey; local data collection (to calculate the denominator)

14

# Assessing and Treating Substance Use Disorder

**Adults with schizophrenia are asked about their substance use and, if appropriate, they are assessed for substance use disorder and offered treatment.**

## Background

Substance use and substance use disorders are more common in people with schizophrenia than in the general public.[39,57] Substance use is associated with poor functional recovery and a higher risk of relapse and hospitalization.[39] Substance use may exacerbate the symptoms of schizophrenia and worsen its course, as well as limit the ability of antipsychotic medications to control symptoms. Substance use may also interfere with the therapeutic effects of nonpharmacological treatments.[39]

Health care professionals should routinely screen people with schizophrenia for use of a range of substances, including alcohol, cannabis, tobacco, prescription or nonprescription medications, and illicit drugs.[12] Validated screening tools (e.g., Global Appraisal of Individual Needs–Short Screener [GAIN-SS]) can assist with screening for substance use and identify people who would benefit from further evaluation. If a person's substance use is causing them significant impairment or distress, the person should be assessed for substance use disorder via the most current criteria in the *Diagnostic and Statistical Manual of Mental Disorders*.[8]

**BACKGROUND** CONTINUED

Substance use should not prevent people with schizophrenia from receiving treatment or services. Treatment for concurrent disorders should be integrated with mental health and addictions services and take into account people's needs, preferences, and readiness to change.[15,39]

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Schizophrenia Patient Outcomes Research Team, 2010[34] | Scottish Intercollegiate Guidelines Network, 2013[30]

# What This Quality Statement Means

## For Adults With Schizophrenia

Alcohol and drugs may make your schizophrenia symptoms worse and make your treatment less effective. Your health care professional should ask if you use alcohol and drugs and offer you treatment (if you need it) to help you stop using them.

## For Clinicians

Ask adults with schizophrenia about their substance use. If necessary, provide them with a more thorough assessment for a possible diagnosis of substance use disorder, and offer treatment for concurrent disorders.

## For Health Services

Ensure that systems and resources are in place to allow care providers to screen for substance use and assess for substance use disorder. Ensure that pathways to treatment for concurrent disorders are in place for when substance use disorder is identified.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

**Substance use disorder**

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* defines substance use disorder as a problematic pattern of substance use leading to clinically significant impairment in daily life or distress, occurring within a 12-month period.[8] The manual lists 11 symptoms of substance use disorder. The presence of two or three symptoms indicates mild substance use disorder; four or five symptoms indicates moderate substance use disorder; and six or more symptoms indicates severe substance use disorder.[8]

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who have been assessed in the past year for substance use**

- Denominator: total number of adults with schizophrenia
- Numerator: number of people in the denominator who have been assessed in the past year for substance use
- Data source: local data collection

**Percentage of adults with schizophrenia and substance use disorder who receive treatment for substance use disorder**

- Denominator: total number of adults with schizophrenia and substance use disorder
- Numerator: number of people in the denominator who receive treatment for substance use disorder
- Data source: local data collection

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# Employment and Occupational Support

**Adults with schizophrenia who wish to find work or return to work are offered supported employment programs. Adults with schizophrenia who are not seeking paid work are supported in other occupational or educational activities, in accordance with their needs and preferences.**

## Background

People with schizophrenia experience high rates of unemployment.[58] Engaging in meaningful, productive work and other activities reduces social isolation, promotes inclusivity, and is an essential element of recovery.[58] Barriers to employment include stigma and discrimination; lack of opportunities for education and skills development; limited ongoing support to get and keep a job; and disincentives in income support/benefit programs, where returning to paid work can mean the loss of health care benefits or subsidies.[58] People should also be supported in other meaningful occupational or educational activities and interests, regardless of their desire for or participation in paid employment. Promising new opportunities have emerged in the form of work integration social enterprises and paid peer-provider and peer-support positions in the mental health system.[58,59]

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**Sources:** National Collaborating Centre for Mental Health, 2014[12] | Royal Australian and New Zealand College of Psychiatrists, 2016[15] | Schizophrenia Patient Outcomes Research Team, 2010[34] | World Health Organization, 2012[44]

## What This Quality Statement Means

### For Adults With Schizophrenia

Your health care professional should talk with you about programs that could help you to achieve your goals for work and education.

### For Clinicians

Ask adults with schizophrenia about their employment, volunteering, and other occupational and educational interests and goals. Include this information in their care plan (see Quality Statement 1). Connect people with supports and services that can assist with these pursuits.

### For Health Services

Ensure that adults with schizophrenia can access supported employment programs and other occupational and educational activities within the constraints of locally available resources. Ensure that health care providers are aware of and able to connect people to these services.

**DEFINITIONS USED WITHIN THIS QUALITY STATEMENT**

**Supported employment**

This is an approach to vocational rehabilitation that involves placing people in competitive jobs (i.e., permanent jobs paying commensurate wages that any person can apply for[60]) right away and providing them with ongoing job support.[12] Key elements of supported employment include developing job opportunities, focusing on individual preferences, conducting a rapid job search, ensuring availability of ongoing job supports, and integrating vocational and mental health services.[34]

**Other occupational or educational activities**

These activities may include pre-vocational training, supported education, and volunteering.[12,15]

# Quality Indicators

## Process Indicators

**Percentage of adults with schizophrenia who wish to work who participate in supported employment programs**

- Denominator: number of adults with schizophrenia who wish to work
- Numerator: number of people in the denominator who participate in supported employment programs
- Data source: local data collection

**Percentage of adults with schizophrenia who are not seeking paid work who participate in other occupational or educational activities, in accordance with their needs and preferences**

- Denominator: number of adults with schizophrenia who are not seeking paid work
- Numerator: number of people in the denominator who participate in other occupational or educational activities, in accordance with their needs and preferences
- Data source: local data collection

## Structural Indicators

**Local availability of supported employment programs for people with schizophrenia**

- Data source: local data collection

**Local availability of supported pre-vocational training, education, and volunteering programs for people with schizophrenia**

- Data source: local data collection

QUALITY INDICATORS CONTINUED

## Outcome Indicator

**Percentage of adults with schizophrenia who report contributing meaningfully to their community and to society**

- Denominator: total number of adults with schizophrenia who respond to the question, "In the past month, how often did you feel that you had something important to contribute to society?" (Response options: Every day; Almost every day; About 2 or 3 times a week; About once a week; Once or twice; Never)[61]
- Numerator: number of people in the denominator who respond "Every day," "Almost every day," or "About 2 or 3 times a week"
- Data sources: Canadian Community Health Survey; local data collection

# Emerging Practice Statement: Peer Support, Illness Management and Recovery Training, Wellness Recovery Action Planning, and Social Skills Training

## What Is an Emerging Practice Statement?

An emerging practice statement describes an area for quality improvement that has been prioritized by the advisory committee but for which there is insufficient or inconsistent evidence in the guidelines used in the development of the quality statements. An emerging practice statement acknowledges that there is a need for evidence-based guidance to be developed in an area, but the evidence base in this area is still emerging.

## Rationale

We cannot provide guidance at this time on peer support, illness management and recovery training, or wellness recovery action planning because of conflicting recommendations in the guidelines used to develop the quality statements. While there is a growing body of literature showing the effectiveness of these interventions, further evidence is needed before a quality statement can be made. The advisory committee suggested these are important areas to be considered in future work.

Social skills training is not a new intervention; however, we cannot provide guidance at this time on the use of social skills training because of conflicting recommendations in the guidelines used to develop the quality statements. While there is a large and growing body of literature showing that social skills training may improve social functioning and reduce relapse rates in people with schizophrenia,[62] further evidence is needed before a quality statement can be made.

# Acknowledgements

## Advisory Committee

Health Quality Ontario thanks the following individuals for their generous, voluntary contributions of time and expertise to help create this quality standard:

**Steve Lurie (co-chair)**
Executive Director, Canadian Mental Health Association, Toronto Branch, Adjunct Professor, Factor-Inwentash Faculty of Social Work, University of Toronto

**Robert Zipursky (co-chair)**
Professor, Department of Psychiatry, University of Toronto
Psychiatrist, Centre for Addiction and Mental Health

**Elgin Barrett**
Lived Experience Advisor

**Jonathan Bertram**
Physician, Addictions Medicine, Centre for Addiction and Mental Health and Bowmanville Family Health Organization

**Yvette Brook**
Executive Director, Patient/Client and Family Council, Waypoint Centre for Mental Health Care

**Patricia Cavanagh**
Head, Outpatient Services, Complex Mental Illness, Centre for Addiction and Mental Health, Assistant Professor, Department of Psychiatry, University of Toronto

**Krista DePooter**
Occupational Therapist, Assertive Community Treatment, Providence Care

**Michael Dunn**
Director of Quality Improvement, Canadian Mental Health Association

**Julia Fineczko**
Lived Experience Advisor

**Phillip Klassen**
Vice-President, Medical Affairs, Ontario Shores Centre for Mental Health Sciences, Assistant Professor, Department of Psychiatry, University of Toronto

**Terry Krupa**
Professor, School of Rehabilitation Therapy, Queen's University

**Paul Kurdyak**
Director, Health Outcomes and Performance Evaluation Research Unit, Centre for Addiction and Mental Health, Associate Professor, Department of Psychiatry, University of Toronto

**Gord Langill**
Director of Program and Services, Canadian Mental Health Association–Haliburton, Kawartha

ADVISORY COMMITTEE CONTINUED

**Kwame McKenzie**
Medical Director, Centre for Addiction and Mental Health, Chief Executive Officer, Wellesley Institute, Professor, Department of Psychiatry, University of Toronto

**Kayla Nicholls**
Manager, Programs
Schizophrenia Society of Ontario

**Sheryl Pedersen**
Lived Experience Advisor

**Donna Pettey**
Director of Operations, Canadian Mental Health Association Ottawa Branch

**Carol Riddell-Elson**
Lived Experience Advisor

**Sylvain Roy**
Neuropsychologist, Inner City Family Health

**Abraham Rudnick**
Professor of Psychiatry, Northern Ontario School of Medicine, Vice-President of Research and Chief of Psychiatry, Thunder Bay Regional Health Sciences Centre, Chief Scientist, Thunder Bay Regional Health Research Institute

**Frank Sirotich**
Director of Community Support, Research and Development, Canadian Mental Health Association

**Stephanie Skopyk**
Nurse Practitioner and Clinic Lead, Nurse Practitioner-Led Clinic, Canadian Mental Health Association Durham

**Melinda Wall**
Clinical Manager, Mental Health Outpatient Department, Peterborough Regional Health Centre

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# About Health Quality Ontario

**Health Quality Ontario is the provincial leader on the quality of health care. We help nurses, doctors and others working hard on the frontlines be more effective in what they do—by providing objective advice and by supporting them and government in improving health care for the people of Ontario.**

Our focus is making health care more effective, efficient and affordable which we do through a legislative mandate of:

- Reporting to the public, organizations and health care providers on how the health system is performing,
- Finding the best evidence of what works, and
- Translating this evidence into concrete standards, recommendations and tools that health care providers can easily put into practice to make improvements.

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Quality Standards

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Visit our website at **hqontario.ca** and contact us at **qualitystandards@hqontario.ca** if you have any questions or feedback about this guide.

**Health Quality Ontario**
130 Bloor Street West, 10th Floor
Toronto, Ontario
M5S 1N5

**Tel:** 416-323-6868
**Toll Free:** 1-866-623-6868
**Fax:** 416-323-9261
**Email:** qualitystandards@hqontario.ca
**Website:** hqontario.ca

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