Précis

En 2017, Qualité des services de santé Ontario a publié un document (version préliminaire) identifiant des recommandations concernant le soin des adultes avec la schizophrénie vivant dans la communauté. En considérant l'histoire récente dans le soin et traitement de la schizophrénie, c'est évident que ces recommandations sont progressives, influencées par la philosophie de rétablissement, et se marient bien avec le travail et les valeurs du travail social.

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Reflections on Health Quality Ontario's Proposed Quality Standards for Schizophrenia (Care in the Community for Adults)

Changes are underway in the care and treatment for adults with schizophrenia living in Ontario. These changes will impact the services provided by social workers and other health care professionals. In October 2017, Health Quality Ontario (HQO), released its final version of the quality standard for the treatment of adults with schizophrenia who are hospitalized ("Care for Adults in Hospitals") and a draft version of the quality standard for adults with schizophrenia living in the community ("Care in the Community for Adults"). HQO is "the provincial advisor on the quality of health care" (Health Quality Ontario, 2007, p.3). Quality standards "inform clinicians and organizations about what high-quality health care looks like. They are based on the best available evidence" (Health Quality Ontario, 2007, p.2). These standards are not optional recommendations— they are mandatory guidelines on how care is to be provided. For each quality standard document for treating adults with schizophrenia there are 15 distinct quality statements. These statements range from more medical recommendations (e.g. relating to medication choice and administration) to psychosocial ones (e.g. assessment, family education and support,

treatment of substance use disorders, connecting with community resources [including affordable housing], support with vocational goals, and psychotherapy). The quality standards' emphasis on recovery and the importance of psychosocial interventions for caregivers and individuals impacted by schizophrenia fits well with social workers' roles and values. Although I could comment on several quality statements, for this brief article I'll focus on Quality Statement 11:Psychological Interventions from the Quality Standard for the Care in the Community for Adults. This statement identifies cognitive behavioural therapy (CBT) and cognitive remediation as evidence-based practice.

The quality standard for the Care in the Community for Adults' relevance and importance is significant when considering changes in the approaches to treatment for adults with schizophrenia over the past 20-30 years alone. Since first learning about this HQO standard, I have been reflecting on past conversations which I have had with more senior colleagues about the recovery model and changes in the treatment for adults with schizophrenia. For example, my former social work colleague and I had several conversations about her at-times challenging experience in advocating for the use of CBT for psychosis (CBTp) in our workplace in the 1990s.At that time, she received mixed reactions from colleagues about whether this would be beneficial for this client population. She was determined and nonetheless was successful in teaching CBTp to clients, caregivers, and mental health professionals. Fast forward to present time, and CBTp is now viewed as an evidence-based practice for adults with schizophrenia. The other conversation that came to mind happened in the context of a caregiver support group several years ago. In a psychiatrist's guest presentation, he commented on changes in the care and treatment of adults with schizophrenia that he has witnessed within the context of his career, which began in the late 1980s. He spoke about developments in the effectiveness of anti-psychotic medications and shifting views re: the goals of treatment. It was no longer enough to just aim for a reduction of symptoms. Effective treatment or true recovery needed to also include a focus on issues

relating to quality of life as well as engagement in meaningful activities and relationships.Over time, psychosocial and recovery-based interventions have become increasingly important in the assessment and treatment of adults with schizophrenia. Both these examples make me realize just how much mental health care (and specifically interventions to support adults with schizophrenia) has changed. It's difficult for me to imagine a time in which concepts like the benefit of psychotherapy for this client population, and the recovery model —-which are both identified in the HQO quality standard—were not yet the norm.

As a clinician working with outpatients who have schizophrenia, I am curious about how this quality standard will be implemented. Initially, many questions sprang to mind. How do we ensure that all of the quality statements are followed with every client? How will workplaces support social workers in seeking additional professional development in this area, if needed, in order for these services to be provided confidently and competently? Will the quality standard's emphasis on psychosocial interventions lead to the creation of more social work positions? Will there be an increase in funding (e.g. from the Ministry of Health and Long-Term Care or LHINs) to support this initiative or will workplaces be expected to "do more with less" within the confines of their existing budgets? Will there be more administrative responsibilities added to our roles in terms of HQO assessing clinicians' and workplaces' adherence to the quality standard?

After taking a closer look at the draft for the Care in the Community for Adults, some of my questions were answered. It's interesting that each quality statement is followed by a section of "what this means". These sections outline what the expectations should be for patients, clinicians, and employers. Under the clinician section it identifies the clinician's role in using their professional judgement about determining a client's readiness or suitability for CBT interventions. It also allows for flexibility in terms of the duration of treatment by indicating a minimum (but not a maximum) number of sessions. This avoids a one-size-fits-all approach to treatment, and respects clinicians' professional judgement in

assessing whether CBT is suitable for each client at different points in their recovery journey. I also found it interesting that there is an expectation under the health services (employer) section to provide "adequately resourced systems and services"(Health Quality Ontario, 2017, p.27). It wasn't clear in this document about how HQO will ensure that this happens. Finally, I am impressed by how collaborative and inclusive this document is. The draft quality standard was prepared by mental health professionals from different (professional) backgrounds, and HQO is currently soliciting feedback from the public (including adults with schizophrenia and caregivers) to ensure that the quality standard is relevant.

To conclude, although it is unclear what the immediate future holds when it comes to the implementation of the HQO Quality Standard for Care in the Community for Adults, I recognize that it has the potential to facilitate easier access to quality care for adults living with schizophrenia and their caregivers, as well as support and validate the work that social workers do in empowering historically marginalized and stigmatized clients.

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Reference List

Health Quality Ontario. (2017). *Quality Standards. Schizophrenia: Care for Adults in Hospitals* [PDF file]. Retrieved from http://www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-schizophrenia-clinical-guide-1609-en.pdf