



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



Ontario Shores  
Centre for Mental Health Sciences

# Schizophrenia Quality Standards National Demonstration Project Outcomes Report

September 2025



Schizophrenia  
Quality Standards  
National  
Demonstration Project



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# Executive Summary

Schizophrenia significantly affects over 147,500 people in Canada, but there is a substantial gap between clinical advancements and widespread practice, leading to inconsistent and suboptimal care across Canada. To address the urgent need to apply best evidence to patient care, the Schizophrenia Quality Standards National Demonstration Project was launched. From April 2023 to May 2025, the Mental Health Commission of Canada (MHCC) and Ontario Shores Centre for Mental Health Sciences (Ontario Shores) collaborated to expand the implementation of the Schizophrenia Quality Standards, developed by Ontario Health, to diverse health-care sites across Canada, in British Columbia, Manitoba, Ontario, and Newfoundland and Labrador.

These sites received personalized support, training, and tools to help them put the best practices into action. The initiative focused on four areas: prescribing long-acting injectable (LAI) antipsychotic medication, providing clozapine to patients for treatment-resistant symptoms, ensuring access to cognitive behavioural therapy for psychosis, and providing family intervention therapy.



## Key Highlights

Schizophrenia affects over  
**147,500**  
Canadians.

A **significant gap** exists between  
**clinical advancements** and  
**widespread practice**.

A gap leads to inconsistent and  
suboptimal care across Canada.

**Schizophrenia Quality Standards  
address this gap.**

**45% → 99%**

Increase in patients offered  
best practice medications.

Near universal patient screening for  
psychotherapy interventions:

**99%** for cognitive behavioural  
therapy for psychosis

**99%** for cognitive remediation

**98%** for family intervention therapy.

**28% → 91%**

Increase in consistent use of  
measurement-based care at  
participating sites.

The project significantly improved the lives of 920 individuals with schizophrenia and their families. The severity of patients' symptoms decreased substantially (69%), and their daily functioning improved significantly (68%). Patients' recovery was enhanced through cognitive behavioural therapy for psychosis, and their family relationships were strengthened through family intervention therapy.

This project also significantly enhanced clinical practice; by increasing providers' adoption of best-practice pharmacotherapy treatments increased from 45% to 99%, near-universal patient screening for psychotherapy interventions was achieved (99% for cognitive behavioural therapy for psychosis, 99% for cognitive remediation, and 98% for family intervention therapy), and the use of measurement-based care increased substantially from an average of 28% in the first three months to 91% in the final three months of the project, across all sites.

All sites successfully embedded measurement-based care into their clinical workflows, using tools like the schizophrenia treatment plan (STP) and scales such as the Brief Psychiatric Rating Scale (BPRS-6) and the four-item version of the Functional Remission of General Schizophrenia scale (Mini-FROGS) to systematically assess treatment adherence, monitor outcomes, and inform clinical decisions with real-time data. The integration of the schizophrenia treatment plan ensured that 100% of patients were offered best-practice pharmacotherapy treatments by May 2025, and psychotherapy screeners ensured that all patients had the opportunity to receive the psychotherapy interventions that were most appropriate for them.





The demonstration project effectively integrated Schizophrenia Quality Statements into practice across the four participating sites by providing customized support, individualized guidance, and a National Community of Practice. This approach proved vital for successful implementation. Key factors for success for future initiatives include strong leadership buy-in, continuous clinician training and support, optimization of electronic health records to build decision-making into workflow, and effective resource planning. All of the demonstration sites developed plans to sustain and spread their use of these Standards.

A comprehensive bilingual implementation toolkit has been created to facilitate national adoption of the Quality Standards. This toolkit, featuring practical tools, real-world insights, and testimonials, aims to empower healthcare organizations nationwide to adopt the standards and improve schizophrenia care.

“

*The medication was truly life changing. We just couldn't conceptualize how effective it could be because we hadn't experienced that to that point. My sister is now able to find joy and, most importantly, find peace.*

*- Family Member*

”

# About the National Demonstration Project

## *The urgent need for schizophrenia care standards in Canada*

Schizophrenia significantly impacts the lives of over 147,500 Canadians age 10 and older. Despite clinical advancements, it currently takes 14-17 years for new evidence to be translated into practice, resulting in substantial gaps and wide variations in the quality of care provided across the country. This inconsistency means that many individuals with schizophrenia are not receiving the best available treatments, hindering their recovery and overall well-being. Quality standards synthesize the best available clinical evidence and help close this gap.

The Schizophrenia Quality Standards were developed by Ontario Health and informed by guidance from the National Institute for Health and Care Excellence (NICE). Adapted to the Canadian context and local conditions, the Standards include 11 statements for schizophrenia care for adults in hospitals and 15 statements for schizophrenia care in the community for adults. The statements are actionable, measurable, and grounded in the best available evidence.



Schizophrenia  
Quality Standards  
National  
Demonstration Project

Normes de qualité de la  
schizophrénie:  
projet de démonstration  
national

“

***[The treatment] is helping, yeah. It's helped my confusion and anxiety. My experience has been healing. I hope I'm on the path to a meaningful life.***

***- Patient***

”



# Partnering with Demonstration Sites Across Canada

From April 2023 to May 2025, the Mental Health Commission of Canada (MHCC) and Ontario Shores Centre for Mental Health Sciences (Ontario Shores) collaborated to expand the implementation of the Schizophrenia Quality Standards to diverse health-care sites in Canada.

These sites represented a variety of contexts and realities. They benefited from a customized and regional approach that helped their organization optimize their delivery of evidence-based care and strengthen health outcomes for people with schizophrenia. Participating sites received onboarding, implementation and change management support, training, and tools to help them implement the Standards.



## *The participating demonstration sites, from west to east*

- |          |                                                                                                  |          |                                                                         |
|----------|--------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------|
| <b>1</b> | Seven Oaks Tertiary Mental Health Facility,<br>British Columbia                                  | <b>2</b> | Adult Forensic Mental Health Services,<br>Manitoba                      |
| <b>3</b> | Hôtel-Dieu Grace Healthcare and<br>Canadian Mental Health Association,<br>Windsor-Essex, Ontario | <b>4</b> | Newfoundland and Labrador Health Services,<br>Newfoundland and Labrador |

# Implementing Best Practices in Hospital and Community Settings

The Schizophrenia Quality Standards National Demonstration Project focused on putting the latest research into practice to ensure that adults living with schizophrenia receive the best available care. Participating sites implemented the Standards, focusing on the below Quality Statements.

## **Treatment With Long-Acting Injectable Antipsychotic Medication**

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

## **Treatment With Clozapine**

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

## **Access to Cognitive Behavioural Therapy for Psychosis**

Adults with schizophrenia are offered cognitive behavioural therapy for psychosis and/or cognitive remediation in community settings.

## **Access to Family Intervention Therapy**

Adults with schizophrenia and their families are offered family intervention therapy, based on their needs.

These four statements significantly impact schizophrenia care and patient outcomes. Successful implementation requires considerable education, training, and measurement, which the demonstration sites received by participating in the project.

# Project Implementation Outcomes

Key clinical achievements (April 2024 to May 2025) of the National Demonstration Project generated impacts for patients and improvements in clinical practice and organizational integration.

## Patient impact:

**920 individuals with schizophrenia received care** that followed the best practices outlined in the Schizophrenia Quality Standards.

Clinical scores improved substantially after treatments: Patients experienced a **69% average reduction in symptom severity**. Patient's **daily functioning improved by an average of 68%**.

Of the patients who received cognitive behavioural therapy for psychosis, **75%** said there had been a **meaningful improvement in their recovery from psychosis** including improved coping skills and quality of life.

**Family relationships improved** with patients and families participating in FIT expressing the following: **100% noted improvement in communication, 75% noted improvement in problem solving and 67% noted improvement in setting personal goals.**



“

*Cognitive behavioural therapy for psychosis and the care team has helped me feel more like myself. They have helped me with building confidence.*

- Patient

”

## Improvements in clinical practice and organizational integration:

### Adoption of pharmacotherapy treatment:

The percentage of providers offering best-practice pharmacotherapy treatments (long-acting injectable antipsychotic medication or clozapine) dramatically increased from **45% to 99%**. In the final month of the project, **61% of patients** were receiving the pharmacotherapy intervention that was recommended on the basis of the patient's previous experience with treatment. Accurate baseline data were not available from before the start of the project.

### Increased access to psychotherapy interventions:

The project significantly expanded access to vital psychotherapy interventions for individuals living with schizophrenia. Almost all patients were screened for key psychotherapy interventions: **99% for cognitive behavioral therapy for psychosis, 99% for cognitive remediation, and 98% for family intervention therapy.**

### Measurement-based care:

The rate at which participating organizations adopted measurement-based care substantially increased, rising from an **average of 28% in the first three months to 91% in the final three months** of the project across all sites.

“

*We listen better to each other and are more aware of each other's needs.*

*- Family Member*

”



## Embedding Measurement-Based Care in Workflows and Clinical Practice

Measurement-based care was introduced to help participating sites to implement the Schizophrenia Quality Standards by providing a systematic approach to treatment. While the Standards establish what quality care should look like, measurement-based care ensures that the interventions are achieving the desired outcomes. All providers and clinicians across the four sites successfully implemented measurement-based care, which significantly enhanced their ability to assess treatment adherence, monitor patient outcomes, and inform clinical decisions with real-time data. The figures in this section present key highlights of integration of treatments and measurement-based care at demonstration sites.

To integrate the pharmacotherapy statements into clinical practice and measure data to support improvement of care delivery, a schizophrenia treatment plan (STP) was used. The STP is a template embedded in an electronic health record (EHR) or paper-based documentation template for a provider to collect process measures for the Quality Statements on treatment with long-acting injectable antipsychotic medication and clozapine. It contains questions to determine if previous treatments have not been successful for a patient and if they are therefore a candidate for clozapine, or, if they do not meet the criterion for clozapine, if they should be offered a long-acting injectable antipsychotic medication. The Brief Psychiatric Rating Scale (BPRS-6) and the four-item version of the Functional Remission of General Schizophrenia (Mini-FROGS) scale are part of this document to measure clinical outcomes.

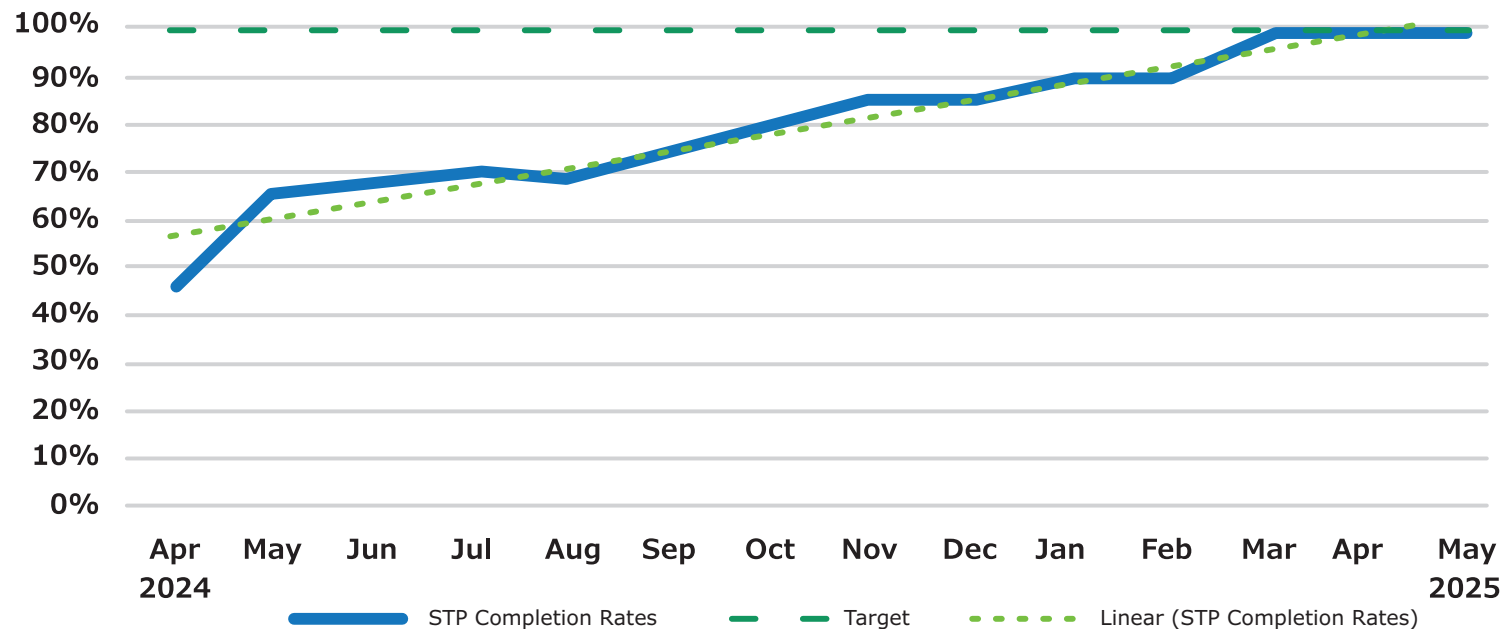


***The most valuable part of family intervention therapy was learning how to have supportive and therapeutic conversations, even in difficult situations. We now have steps in our minds to problem-solve, and overall, we've become a stronger family unit and more effective communicators.***

***- Family Member***

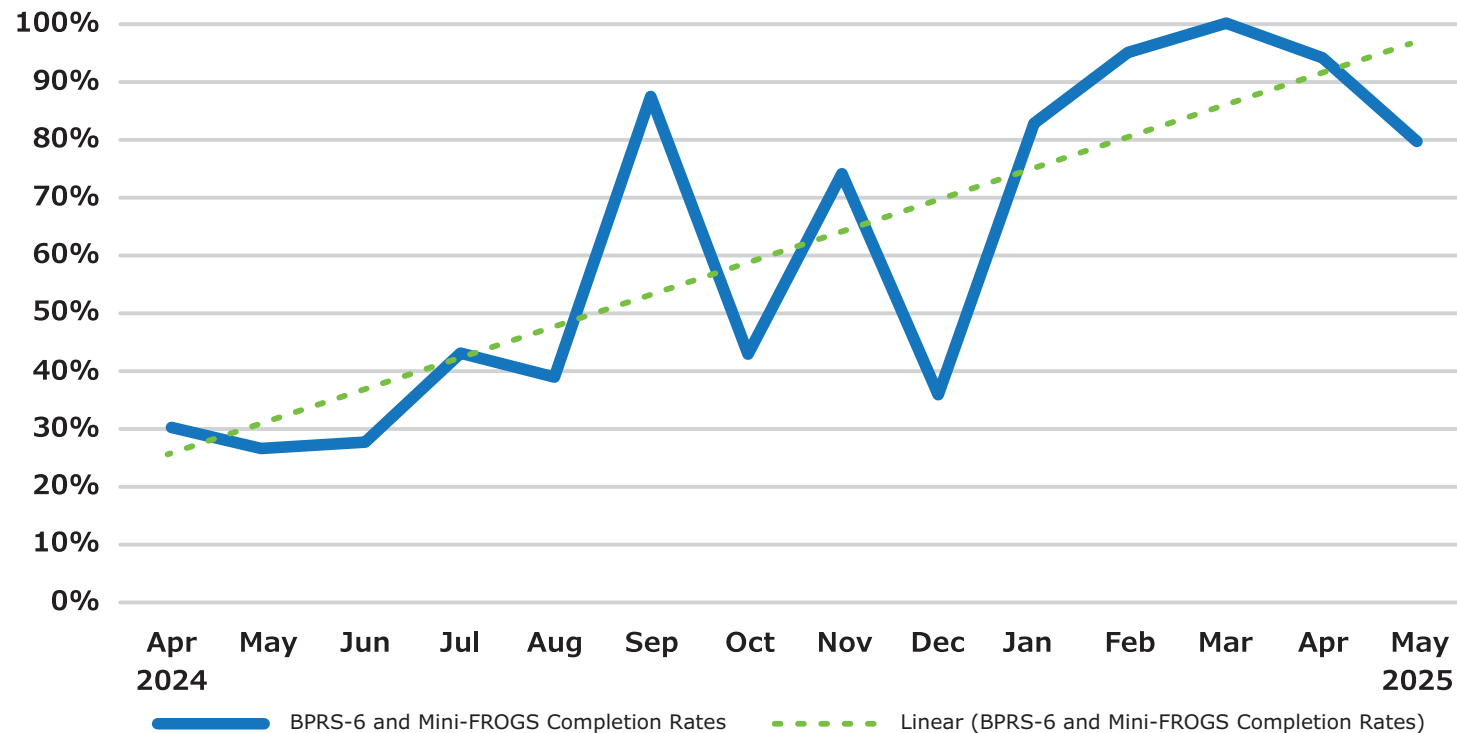


**Figure 1:  
Schizophrenia Treatment Plan (STP)  
Completion Rates**



Before the Demonstration Project started, sites were unable to provide clear evidence to help their providers optimize their use of long-acting injectable antipsychotic medications and clozapine for their patients. As seen in Figure 1, in the first month of the project, 45% of patients had an STP documented, indicating that these patients had the opportunity to receive either a long-acting injectable antipsychotic medication or clozapine, as clinically indicated. By May 2025, all sites had integrated the STP into their clinical workflows, and 99% of patients were being offered best-practice pharmacotherapy treatments as per the Standards. This graph shows that sites were successful in embedding measurement-based care for the pharmacotherapy statements in their organizations.

**Figure 2:  
Completion Rates of BPRS-6 and Mini-FROGS**

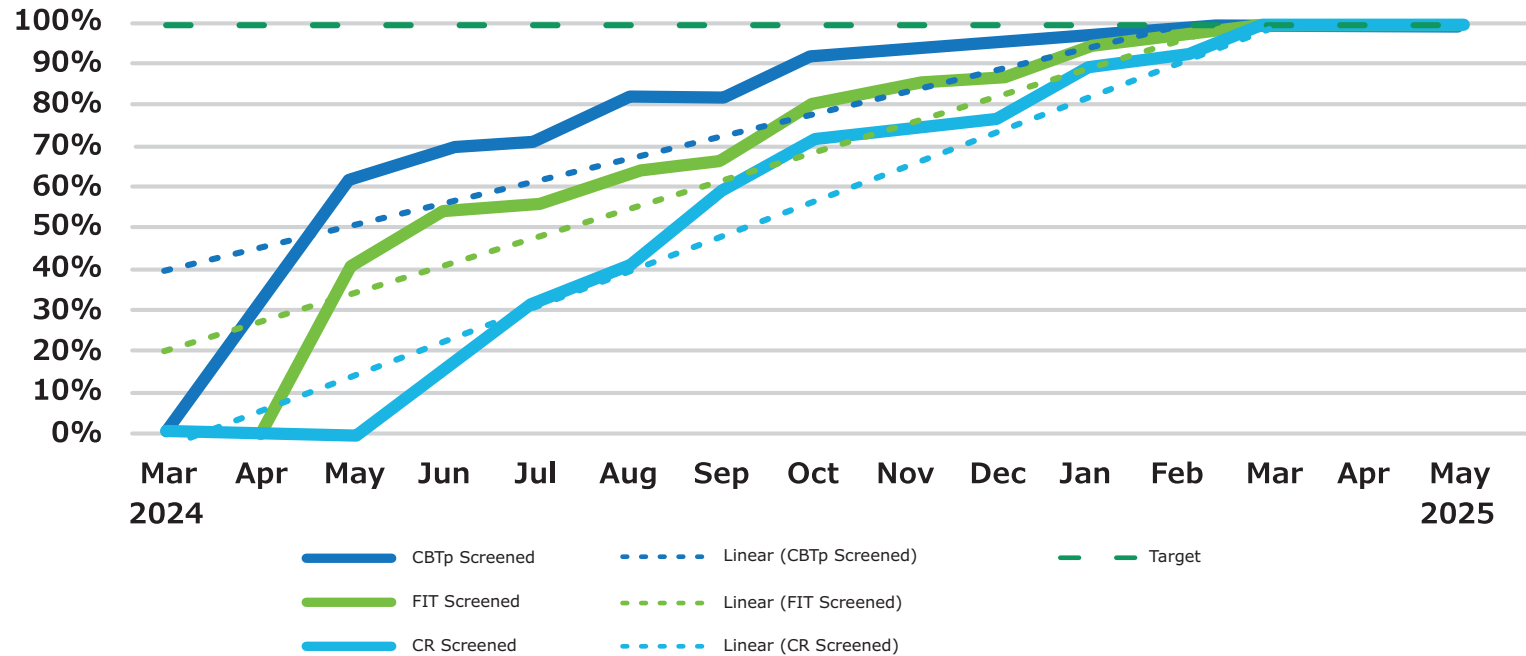


The BPRS-6 is a validated tool measuring schizophrenia symptom severity on a 0–6 Likert scale across six items: delusions, conceptual disorganization, hallucinations, blunted affect, emotional withdrawal, and poverty of speech. A 25% score reduction indicates reliable symptom improvement.

Mini-FROGS measures functional remission in schizophrenia across four domains—travel/communication, illness management, self-esteem/independence, and biological rhythms—using a 1–5 Likert scale (1 = unable, 5 = perfect). A 1-point or 5% score reduction indicates reliable functional improvement.

Before the Demonstration Project started, sites had not implemented scales to measure clinical outcomes for symptom burden or functional improvement. As seen in Figure 2, at the start of the Demonstration Project, sites had only a 30% completion rate for these scales; as the project ended, the completion rates of these scales continued to increase, indicating that the participating organizations were continuing to adopt measurement-based care. The observed decrease in completion rates in April and May 2025 was due to a reduction in patient discharges.

**Figure 3:**  
**Opportunity to receive psychotherapy interventions**



To integrate the psychotherapy statements into clinical practice and capture data to improve care delivery, screeners for cognitive behavioural therapy for psychosis (CBTp), cognitive remediation (CR), and family intervention therapy (FIT) were created. Screening templates were to be completed by clinicians and were embedded in an electronic health record or paper-based documentation template. Each screener contained all the criteria required for a patient to effectively participate in each psychotherapy intervention. Every patient with schizophrenia was to be regularly screened. Once all criteria were met, the patient was eligible to be referred to the given intervention.

Before the Demonstration Project started, patients did not commonly participate in psychotherapy interventions, and patients were not all provided with similar opportunities to participate. As seen in Figure 3, by May 2025, all demonstration sites offered 99% of their patients the opportunity to receive CBTp, CR, and FIT.

# Project Implementation: Achievements and Lessons Learned

## **Successful implementation of best practices in hospital and community settings:**

All sites successfully implemented two pharmacotherapy Quality Statements and two psychotherapy Quality Statements. Key factors in their success included effective training and support; strong buy-in from staff, management, patients, and families; and prior knowledge of pharmacotherapy standards.

Challenges encountered during implementation included staffing shortages, patient and family access issues, electronic health record integration problems, difficulties associated with new responsibilities and competing priorities, and communication breakdowns within teams. These challenges provided valuable insights for refining future implementation approaches.

## **Putting the Quality Statements into practice:**

The project provided customized support to demonstration sites, enabling the effective integration of the Quality Statements into practice:

**Individualized implementation guidance:** Sites were provided with one-on-one implementation support, tailored learning events, and core training.

**Collaborative learning:** Sites were actively involved in a National Community of Practice, an Evaluation Working Group, and a Toolkit Advisory Group.

**Training and consultation:** Eighteen dedicated training days were conducted, resulting in 80 clinicians being trained in psychotherapy and 158 psychotherapy consultation sessions being provided.

**Resource development:** The project developed 21 tailored intervention documents and videos, shared 26 tools for implementation standards, and provided 17 data collection and planning tools.

**Knowledge exchange:** Over 64 knowledge exchange and collaboration opportunities fostered a rich environment for shared learning and best practices.



### **Completion of an evaluation:**

A comprehensive evaluation was completed to assess the success of implementing the Standards, measure their impact on patients, families, clinicians, and leaders, and inform the development of a national implementation toolkit. As part of this work, art-based evaluation was successfully introduced to sites as an innovative way to engage patients and families in the evaluation process.

### **Commitment to sustainability and scalability:**

All demonstration sites have developed concrete plans to sustain or spread the Schizophrenia Quality Standards. This commitment includes expanding the implementation to other sites and/or integrating additional Quality Statements, demonstrating a long-term vision for the project's impact.

### **Critical success factors for future implementation:**

On the basis of this project's experience, here are key considerations for successfully implementing such Standards:

#### **Leadership buy-in:**

Strong, engaged, and consistent buy-in from leadership across all levels is paramount.

#### **Technological integration:**

Optimize electronic health records for managing data efficiently and adopting measurement-based care effectively.

#### **Provider support:**

Clinicians need continuous training and support to ensure that they have the confidence and competence they need to apply the Standards.

#### **Resource planning:**

A clear understanding of staffing requirements and effective workload management are vital for sustained success.



## Real-Life Impact: Patient and Family Journeys to Recovery

Over 33 patients and family members were consulted and actively engaged in sharing their personal stories and experiences with the project. Their powerful feedback highlighted the positive impact of the care they received, as well as the profound emotional support and encouragement from providers that were pivotal to their recovery journeys. Quotes from patients and their families about their experiences can be found throughout this report. The following artwork, created by patients who participated in the Schizophrenia Quality Standards National Demonstration Project, offers a glimpse into their experiences.



“

*These are my own hands ... I call them helping hands, because people have helped me and made me feel very happy. So I put happy faces on here that shows [staff] that they have helped clients like me to have, you know, a better life. There's also a peace symbol where there is peace. I feel peace. You know, like, see when I'm with my counsellor I feel peace. There's a heart in the centre. The hands are not holding the heart, but they have it together, you know, like this, it's showing that this is what I see, which is loving and caring people taking care of me.*

-Patient

”

This collage represents a patient's experience with the treatments. The bunny symbolizes their initial vulnerability, while the circles and bottles reflect their medication and commitment to self-care. The changing colours of the leaves from green to brown are used to represent the patient's healing and growth through the various life cycles.

“

*Came to [the program] as a moth and I am half-way to turning into a butterfly.*

-Patient

”



# Scaling Up Quality Care Nationally: Bilingual Implementation Toolkit

Advancing Schizophrenia Care through the Schizophrenia Quality Standards – An Implementation Toolkit to strengthen outcomes and quality of life for adults living with schizophrenia is now available to help health-care organizations to adopt the Schizophrenia Quality Standards. This resource was built collaboratively with a Toolkit Advisory Group (including partner organizations, individuals and families with lived experience, and demonstration sites) and Early Users, who piloted it. It aims to increase awareness of the Standards, provide practical implementation support, and accelerate the delivery of measurement-based care.

## The toolkit has the following features:

**Detailed guidance:** It offers essential insights into all of the Quality Statements in the Standards, covering care in both hospital and community settings, with a focus on psychotherapies and pharmacotherapies.

**Practical tools:** It includes templates and resources for effective implementation.

**Real-World insights:** It shares key considerations from the National Demonstration Project, offering practical lessons learned.

**Lived experiences:** It features stories and testimonials from patients, families, caregivers, and health-care professionals impacted by the Standards.

The Toolkit serves as a comprehensive guide for organizations beginning their journey or looking to strengthen existing schizophrenia care practices, translating evidence into action. It can be accessed [here](#).



## Conclusion

The Schizophrenia Quality Standards National Demonstration Project significantly improved patient care by introducing evidence-based interventions and expanding treatment options. Over 13 months of implementation, this initiative successfully standardized schizophrenia treatment and integrated measurement-based care across four sites, demonstrating substantial progress and promising further positive outcomes with continued commitment.



### Join us in transforming schizophrenia care across the nation!

If your organization is ready to enhance schizophrenia care, the time is now.

Our **Implementation Toolkit** provides the essential roadmap to help institutions and health-care providers build consistent, high-quality care across Canada, paving the way for a brighter future for adults living with schizophrenia.

## **Mental Health Commission of Canada**

Suite 1210, 350 Albert Street  
Ottawa, ON K1R 1A4

Tel: 613.683.3755  
Fax: 613.798.2989

 @MHCC\_  /theMHCC  /1MHCC  @theMHCC  /Mental Commission of Canada

[mhccinfo@mentalhealthcommission.ca](mailto:mhccinfo@mentalhealthcommission.ca)  
**[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)**

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