

# Implementation Guide: Standards

## Team Solutions and Solutions for Wellness



## Promoting Recovery in the Treatment of Schizophrenia and Bipolar Disorder for Facilitators

### Team Solutions (TS) and Solutions for Wellness (SFW)

#### Background

This section of the TS and SFW library of materials provides a guide for facilitators (treatment providers) and participants (clients and family members or friends) who wish to enhance understanding and knowledge of the recovery process in the treatment of schizophrenia and bipolar disorder brain diseases. Questions to be considered include the following:

- What are the reasons that facilitators and participants may want to know this information?
- What is a person's motivation for reading this implementation guide?
- How can this guide help facilitators such as therapists, clinical directors and supervisors, and the participants or families manage schizophrenia or bipolar disorder?
- How can the guide be implemented across all levels of care by a variety of mental health professionals and para-professionals?

The President's New Freedom Commission on Mental Health guides the framework for this library of materials. The Commission identifies six goals for mental health care, which includes the treatment of schizophrenia and bipolar disorder. These six goals are:

#### Goals: In a transformed Mental Health System...

- Goal 1** Americans Understand that Mental Health Is Essential to Overall Health.
- Goal 2** Mental Health Care Is Consumer and Family Driven.
- Goal 3** Disparities in Mental Health Services Are Eliminated.
- Goal 4** Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.
- Goal 5** Excellent Mental Health Care Is Delivered and Research Is Accelerated.
- Goal 6** Technology Is Used to Access Mental Health Care and Information.

The sessions in each workbook focus on themes of Recovery and Resilience in the treatment of schizophrenia and bipolar disorder.

In addition, the workbooks integrate themes from three significant Institute of Medicine (IOM) reports on health care. The first report is *To Err is Human: Building a Safer Health System* (IOM, 2000). The second report is *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001). The third report is *Improving the Quality of Health Care for Mental and Substance Use Conditions: Quality Chasm Series* (IOM, 2006).

Crossing the Quality Chasm lists six aims for quality health care and identifies strategies for reexamining the health care system. The six aims are:

1. Safety
2. Effectiveness
3. Patient centered approach
4. Timeliness
5. Efficiency
6. Equitable care.

## Promoting Recovery in the Treatment of Schizophrenia and Bipolar Disorder for Facilitators

Team Solutions (TS) and Solutions for Wellness (SFW)  
(cont.)

Ten rules are described in the IOM reports for examining the health care system. These ten rules are:

1. Care based on healing relationships
2. Customization based on patient needs/values
3. Patient as source of control
4. Shared knowledge with free flow of information
5. Evidence-based decision making
6. Safety
7. Importance of transparency
8. Anticipation of patient needs
9. Continuous decrease in waste of time and resources
10. Cooperation among clinicians

The aims and rules from the IOM reports apply to the treatment of schizophrenia and bipolar disorder and are incorporated throughout the 10 workbooks of Team Solutions and the two workbooks of Solutions for Wellness.

## Standards

### Introduction

The purpose of the first section on standards is to serve as an orientation for facilitators and participants. Facilitators and participants need to be aware of standards in mental health care pertaining to schizophrenia and bipolar disorder. Focal areas related to standards that will be addressed include professional standards and agency standards and evidence based treatment and outcome measures. A review of these focal areas by facilitators and participants serves as a useful tool to raise awareness of how standards, evidence-based practice, and outcomes play key roles in the treatment of schizophrenia and bipolar disorder. These standards will be integrated throughout the materials.

### What is a Standard?

A standard refers to a yardstick or gauge to which valued and well-established actions are measured. Standards are the basis of how professionals act or perform and how agencies deliver treatments for diseases. Generally, standards evolve over time in treatment systems, but consensus panels of experts may also develop standards.

When providing mental health care, it is useful for the facilitators and the participants to be aware that professional and agency standards exist and are used in specific settings.

## Standards (cont.)

### A. Professional Standards

Professional standards of practice for specific health care workers (e.g. doctor, nurse, psychologist, social worker, rehabilitation specialists) vary with each profession and are found in the state practice acts and professional associations. Professionals and paraprofessionals may elect to become certified through accrediting bodies in specific treatment methods such as cognitive behavioral therapy or addictions therapy, to name two.

### B. Agency Standards

Standards are used to evaluate programs such as inpatient, outpatient, residential and other behavioral health settings. Agencies are evaluated according to standards by a variety of accreditation centers. There are different types of accreditation. Some include: Joint Commission, Commission on Accreditation of Rehabilitation Facilities, the National Committee for Quality Assurance, and the Substance Abuse Mental Health Services Administration. The following are examples of accreditation organizations that use standards to evaluate mental health care:

1. The Joint Commission evaluates Behavioral Health Programs, such as addiction services and general hospitals with psychiatric inpatient units, particularly on the use of restraints and seclusion. Some hospitals receive a special recognition known as Magnet Status Accreditation that is given to hospitals for excellent quality of care.
2. CARF is the Commission on Accreditation of Rehabilitation Facilities that surveys and accredits Behavioral Health Programs. CARF utilizes behavioral health standards in reviewing programs.
3. NCQA is the National Committee for Quality Assurance. The NCQA is a non-profit organization that focuses on improving health care quality. It offers a range of program evaluations from organizations such as health maintenance organizations (HMOs), preferred provider organizations (PPOs), physician networks, and managed behavioral health groups. Specific standards and performance measures based on quality practices are met in order to receive NCQA approval. NCQA is another seal of quality given to mental health care groups.
4. SAMHSA is the Substance Abuse Mental Health Services Administration and reviews mental health services based on standards of evidence-based practice. It has established a National Registry of Evidence-based Programs related to behavioral health. Programs are rated as “Promising,” “Effective,” and “Model” programs.
5. Other accreditations are completed by State Departments of Mental Health, Medicaid, and Medicare and Assertive Community Treatment (ACT) organizations.

## Evidence-Based Practice

What does the term “evidence-based practice” mean? What is effective in providing care for schizophrenia and bipolar disorder? A gold standard of treatment for a disease is usually the result of studies that were randomized controlled trials. An array of evidence-based interventions used together typically allows successful treatment of most mental disorders. Evidence-based practice (EBP) is defined by the Institute of Medicine as the integration of best-researched evidence and clinical expertise that takes into account patient values. What is a best practice? Emerging best practices are treatments and services that are promising but less thoroughly documented than evidence-based practices. The American Psychiatric Association (APA) lists guidelines for treatment for Schizophrenia and Bipolar Disorder, as well as guidelines for use of the Second Generation Antipsychotic Medications.

Implementation of standards of care needs to incorporate eight key factors based on the literature. These eight factors may be coined the Eight S’s of recovery. The eight S’s are: **S**ymptom knowledge, **S**cheduling medication, **S**election of coping, **S**ide effect management, **S**ubstance use, **S**et Backs, and **S**upport and **S**creening for physical problems.

Factors that contribute to Recovery are:

1. Evidence-based programs of care
2. Multiple outcome measures
3. Importance of the therapeutic relationship
4. Behavioral interventions
5. Medication
6. Skills training
7. Cognitive techniques
8. Motivational Interviewing
9. Psychoeducation
10. Integrated treatment screening for physical disease and referral to primary care

## Outcome Measures

Outcomes such as changes in behavior are used to measure clinical progress. Symptom improvement is necessary to show clinical effectiveness. There are many different types of outcome measures to show improvement. Some are laboratory tests, behavioral questionnaires about depression, anxiety, sleep, or client satisfaction.

Evidence points to the value of treatment approaches combining medications with psychosocial treatments, including, coping skills, family support, employment, and motivational interviewing. The goal for patients with schizophrenia or bipolar disorder should be recovery.

In addition, awareness of substance use occurring with schizophrenia or bipolar disorder is crucial. Results of a consensus panel suggest the need for integrated treatment. Recommendations are provided to screen for substance use disorders in patients with schizophrenia and bipolar disorder.

## Outcome Measures (cont.)

---

Physical health monitoring of patients with schizophrenia and bipolar disorder is also very important. Schizophrenia is associated with several chronic physical illnesses and a shorter life expectancy compared with life expectancy in the general population. Improving the health of patients with schizophrenia includes the monitoring of physical health. Recommendations include regular monitoring of weight, glucose level, lipid profiles, and signs of prolactin elevation or sexual dysfunction. Facilitators and participants should be aware that physical health monitoring that typically occurs in primary care settings is essential. Referral and visits to the family physician or nurse practitioner may be necessary on a regular basis.

Similarly with bipolar disorder, the guidelines suggest that although pharmacotherapy forms the cornerstone of management, medication should be used with psychosocial treatments. Assessing motivation for change, managing medical conditions that commonly occur, selecting appropriate medications, and use of evidence-based psychosocial intervention such as cognitive-behavioral therapy and motivational enhancement therapy contribute to recovery.

## Conclusion

---

It is useful for facilitators and participants to be aware of the role of standards, evidence based practice, and outcomes in the overall management of schizophrenia and bipolar disorder. Each of the chapters in the workbooks of Team Solutions and Solutions for Wellness is based on evidence-based treatment. The theme of recovery and resilience is intertwined in the treatment and implementation strategies suggested in each workbook.

## References

American Psychiatric Association Guidelines for Treatment of Schizophrenia. [www.apa.org](http://www.apa.org).

American Psychiatric Association Guidelines for Treatment of Bipolar Disorder. [www.apa.org](http://www.apa.org).

Harvey, P. D., M. F. Green, et al. (2004). Cognitive functioning in schizophrenia: a consensus statement on its role in the definition and evaluation of effective treatments for the illness. *Journal of Clinical Psychiatry* 65(3): 361-72.

IOM (Institute of Medicine) 2000. *To Err Is Human: Building a Safer Health System*. Washington, D.C: National Academy Press.

IOM (Institute of Medicine) 2001. *Crossing The Quality Chasm. A New Health System for the 21st Century*. Washington, D. C: National Academy Press.

IOM (Institute of Medicine) 2006 *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*. Washington DC: National Academy Press.

Lehman, A. F., J. A. Lieberman, et al. (2004). Practice guideline for the treatment of patients with schizophrenia, second edition. *American Journal of Psychiatry* 161(2 Suppl): 1-56.

Marder, S. R., S. M. Essock, et al. (2004). Physical health monitoring of patients with schizophrenia. *American Journal of Psychiatry* 161(8): 1334-49.

Ziedonis, D. M., D. Smelson, et al. (2005). Improving the care of individuals with schizophrenia and substance use disorders: consensus recommendations. *Journal of Psychiatric Practice* 11(5): 315-39.

[www.jointcommission.org](http://www.jointcommission.org).

[www.nami.org](http://www.nami.org).

The President's New Freedom Commission on Mental Health. *Achieving the Promise: Transforming Mental Health Care in America*.