

POLICY BRIEF

CSA Z2004:24, Mental health and well-being in long-term care (LTC) and assisted living (AL) settings

Connecting CSA Standards to Public Policy

October 2024



Introduction

- Canadian Standards Association ("CSA Group") is a leader in standards development, research, education, and advocacy, whose mission is to enhance the lives of Canadians through the advancement of standards in the public and private sectors.
- CSA Group recently published a standard called **CSA Z2004:24**, *Mental health and well-being in long-term care (LTC) and assisted living (AL) settings.*
- The standard provides guidance for the planning, development, implementation, and continuous improvement of services, programs, training, policies, procedures, and practices to help support the mental health and well-being of residents in LTC and AL settings.
- The requirements and guidelines within CSA Z2004 address all residents who are living in LTC and AL settings, regardless of where they fall on the mental health continuum, including those with and without mental health symptoms or conditions. Specific consideration is also given to younger residents (under 65), whose needs may differ somewhat from older residents.
- As published, the standard is voluntary, however, governments, regulators, and the LTC and AL sectors could choose to make it binding through incorporation in regulation and/or accreditation, and care practices.
- This document will provide an overview of the development of the standard, what is covered in the standard, and the standard's policy relevance for government.

Current Challenges

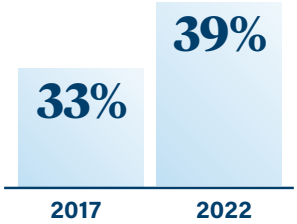
Prevalence of Mental Health Conditions



The number of seniors experiencing mental health challenges is increasing – as of 2017, approximately

1 in 5 Canadian seniors

were living with a mental health condition or dementia[1].





The prevalence of mental health-related conditions increased between 2017 and 2022, specifically among youth and working-age adults. In 2022, mental health-related conditions increased to 39% from 33% in 2017, the largest increase among all disability types[2].

Mental Health in LTC



76%

of LTC home residents have a diagnosis of a mental health condition, including dementia[3].

- The population of younger residents (under 65) is substantial in LTC (nearly 7%) and likely similar in AL[4]. More severe disability and greater care needs, higher rates of mental health conditions, and much longer lengths of stay, among other factors, contribute to distinct needs for mental health and well-being among younger compared to older residents in LTC and AL settings. Care and services in LTC and AL are typically developed for the majority (i.e., older population) and are thus often ill equipped to meet the mental health needs of younger residents[5].
- With a high prevalence of mental health conditions, including dementia, and associated responsive behaviours, staff in LTCs can feel insufficiently equipped to care for residents' mental health needs. This not only affects the quality of care for residents, but also impacts staff retention amid a growing shortage of care workers[6].

1 Centre for Addition and Mental Health. April 2023. "Aging and Mental Health Policy Framework" https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/camh-aging-and-mental-health-policy-framework-pdf.pdf

2 Statistics Canada. April 3, 2024. "The disability rate in Canada increased in 2022" https://www.statcan.gc.ca/o1/en/plus/5980-disability-rate-canada-increased-2022

3 Kehyayan, V., Chen, J., and Hirdes, J. P. 2021. Profile of Residents with Mental Disorders in Canadian Long-Term Care Facilities: A Cross-Sectional Study, Journal of Long-term Care, 154–166.

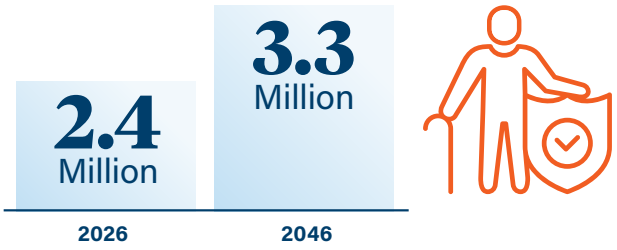
4 Canadian Institute for Health Information (CIHI). 2022. Profile of Residents in Residential and Hospital- Based Continuing Care, 2021–2022, Victoria, BC. https://www.cihi.ca/sites/default/files/document/residential-hospital-based-continuing-care-ltc-quick- stats-2021-2022-data-tables-en.xlsx

5 CSA Z2004

6 Government of Canada. July 30, 2020. Long-term care staffing study. https://www.ontario.ca/page/long-term-care-staffing-study

Growing demand for LTC and AL

The number of Canadians that require paid and unpaid continuing care will increase significantly in the coming years – 2.4 million by 2026 and 3.3 million by 2046. LTC specifically will require 199,000 additional beds by 2035, requiring a $200B investment.[7]



Development of CSA Z2004

- This standard was developed by CSA Group's Technical Subcommittee on Mental Health and Well-Being in Long Term Care and Assisted Living Settings, a diverse group of mental-health and long-term care experts and practitioners from across Canada.
- The standard is the first to focus specifically on mental health and well-being in *both* LTC and AL settings. Two previous National Standards of Canada have been recently published to help address the safety, needs, and quality of life of residents in LTC settings only (CSA Z8004:22 and HSO 21001:2023).
- Because physical health and mental health and well-being are closely related, CSA Z2004 complements the requirements and recommendations of these standards and fills an important gap toward achieving higher quality of care.

CSA Z8004 and CAN/HSO 21001



CSA Z8004:22, Long-term care home operations and infection prevention and control provides guidance on safe operating practices, design, and infection prevention and control practices in LTC homes, while incorporating a person-centred approach.



CAN/HSO 21001:2023 Long-term care services focuses on promoting good governance, upholding resident-centred care and enabling a meaningful quality of life for residents, ensuring high-quality and safe care, fostering a healthy and competent workforce, and promoting a culture of quality improvement and learning across LTC homes.

7 Conference Board of Canada (September 2020). Health Care Cost Drivers in Canada. https://www.canadaspremiers.ca/wp-content/uploads/2020/10/CBOC_impact-paper_research-on-healthcare_final.pdf



What is covered in the standard CSA Z2004:24

General guiding principles
Person-centred care (PCC), equity, diversity and inclusion (EDI), and cultural safety and humility.

Therapeutic recreational program and activities
Development of group programs and individualized interventions that increase engagement and maximize independence.

Organizational commitment
Leadership advocacy and sustained commitment of resources for mental health and well-being promotion.

Optimizing mental health and well-being through relationships
Strategies and plans to build, strengthen, and maintain relationships among residents, workers, families, and care partners.

Quality improvement
Process for continuously monitoring and improving quality of care through data collection, key indicators, and evaluations.

Supports for residents with mental health conditions
Specialized mental health resources, care plans, continuity of care, and non-pharmacological treatment approaches.

Workforce
Recruitment, optimal ratios, skills and occupational mix, psychological health and safety, and training.

Critical event management
Risk assessment, planning process, and protocols for internal and external events.

Design
Optimized building design elements that address the physical, environmental, and social aspects of residents' quality of life.

Considerations for younger residents
PCC principles, transition process, rehabilitation programs, and community engagement tailored to younger residents.

What is **not** covered in the standard CSA Z2004:24

- General operating practices in LTC and AL settings.
- Content related to medical practice and professional obligations.
- Specific medical treatments and mental health conditions.



Policy relevance for government

Provincial and territorial governments are primarily responsible for adopting standards relevant to the management and delivery of long-term care and assisted living services.

However, the federal government is responsible for developing a Safe Long-Term Care Act[8], which aims to enhance the "quality, safety, equity and availability of long-term care." This work builds on other recent federal efforts to improve LTC homes, including through a national Dementia Strategy[9] and investments in CSA Z8004 and HSO 21001 standards.

Ultimately, significant collaboration between federal and provincial governments is needed to raise and sustain a new standard of care in LTC and AL settings across Canada. While such efforts require approaches that address both physical and mental health, physical health and safety has historically been the primary focus of governments' interventions.

Recognizing this gap, CSA Z2004 centers on elements that contribute to building organizational capacity and competency in supporting LTC and AL residents' mental health and well-being (see Table 2).

8 Government of Canada. Development of a federal Safe Long-Term Care Act: Discussion paper. https://www.canada.ca/en/health-canada/programs/consultation-safe-long-term-care/document.html

9 Government of Canada. A Dementia Strategy for Canada: Together We Achieve - 2023 Annual Report. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy-annual-report-parliament-2023.html#a3.3

How CSA Z2004 addresses key gaps in LTC and AL Settings

Meeting diversity of needs

Gap

LTC residents and their families express a strong need for care that is appropriate and respectful of diverse cultures and identities.

How the standard addresses this

Four key guiding principles – person centred care, EDI, cultural safety, and humility – underpin the provisions outlined in the standard, and emphasize the need for direct input from residents, families, and care partners across policies, procedures, practices and programs.

Example

*The LTC and AL setting **shall** address recommendations from the Government of Canada's Honouring the truth, reconciling for the future (2015) call to action number 22 "to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

Availability of high-quality recreation therapy programs

Gap

Recreation therapy helps enable residents to maintain physical, cognitive, emotional, and social skills to maximize their mental health, well-being, and sense of belonging, and reduce social isolation and loneliness.

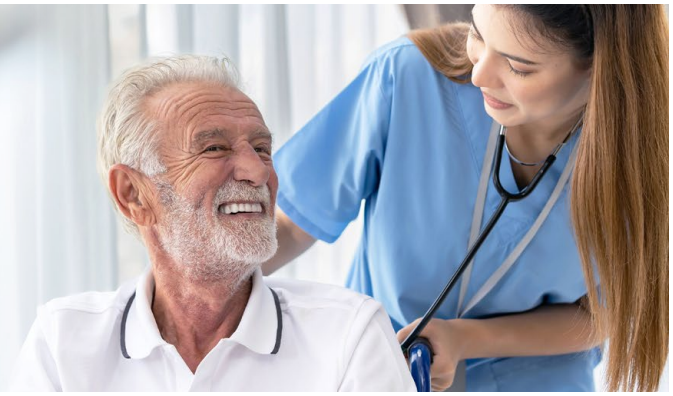
How the standard addresses this

The standard instructs LTC and AL homes to take an evidence-based, person-centred approach in developing a mix of therapeutic and leisure activities for residents. It outlines a list of potential activities that meet these criteria and adds specific content with respect to younger residents, whose needs differ from the larger population of elderly residents.

Example

*Residents **should** be assessed by a qualified recreation therapist or other trained health professional and engaged to determine and co-develop a program and interventions using recreation, leisure, and play to address their physical, emotional, cognitive, social, and spiritual needs.*

> **"The LTC and AL setting shall develop care plans for each resident that address mental health promotion and treatment of mental health conditions, where necessary."**



Access to high-quality mental health supports

Gap

Physical and mental health are interdependent, but existing systems of care may not sufficiently prioritize mental health and well-being, especially in LTC and AL settings.

How the standard addresses this

The standard requires that mental health plans be in place, and that accurate recognition and diagnosis, along with treatment is made available for residents with complex needs.

Example

*"The LTC and AL setting **shall** develop care plans for each resident that address mental health promotion and treatment of mental health conditions, where necessary."*

Building and strengthening relationships

Gap

Loneliness and isolation are a significant concern for LTC and AL residents and can contribute to further mental and physical decline.

How the standard addresses this

The standard recognizes the impact of positive relationships on residents' health outcomes. It outlines several requirements to help strengthen relationships among residents themselves, as well as to improve connection and understanding between staff, residents, and families and care partners.

Example

*"The LTC and AL setting **shall** […]:*

- *consider the creation of care navigator roles to facilitate effective communication and advocacy, particularly for residents without family or care partners; and*
- *provide access to education to families, care partners, and volunteers about dementia and mental health, as well as how to support persons living with dementia who are experiencing changes in their mood, personality, or behaviour."*

Mental health training and support for staff

Gap

Staff in LTC and AL settings may lack the required knowledge or access to training on mental health, while working in high-stress roles.

How the standard addresses this

The standard identifies requirements to enable all workers to promote and support the mental health and well-being of residents. This includes provisions related to hiring practices, staff training, and optimal workforce ratios. Building on HSO 21001, the standard also highlights the importance of optimizing staff well-being and mental health.

Increased training in mental health and access to support for workers can help improve job satisfaction and retention in key roles (i.e., personal support workers) where worker turnover and shortages are high.

Example

*"The LTC and AL setting **shall** have a mix of skills and occupations within its workforce that supports the mental health and well-being of the residents. Where these workers are not available within the setting itself, the LTC and AL setting **should** ensure access to these professionals on a regular basis."*

*"The LTC and AL setting **should** ensure worker access to internal and external mental health supports as well as supporting access to peer support networks, when available.*

Focus on results and accountability

Gap

Ensuring lasting and meaningful improvement in the quality of long-term care and assisted living requires new levels of commitment and accountability.

How the standard addresses this

The standard addresses the role of good governance in achieving and sustaining high quality mental health care in LTC and AL settings. It sets out requirements for leadership and funding bodies (whether private or public) to demonstrate organizational commitment to mental health and well-being and also includes provisions to enhance measurement and accountability through a quality improvement process.

Example

*"The funding body of the LTC and AL setting **should** be responsible to ensure that adequate and sustained resources are available [for mental health]."*

*"The quality improvement process **shall** include the following foundational elements:*

***a)** evidence of governing body and leadership commitment and support;*

***b)** resident, family, care partner, and worker participation and engagement; and*

***c)** procedures for measuring and monitoring quality of care, addressing identified gaps in care, and monitoring the impact of changes to improve quality of care.*

Note: In the CSA Z8004 Standard, "shall" is used to express a requirement, i.e., a provision that the user is obliged to satisfy in order to comply with the Standard; "should" is used to express a recommendation or that which is advised but not required; and "may" is used to express an option or that which is permissible within the limits of the Standard.

About CSA Group

CSA Group is a global organization dedicated to safety, social good, and sustainability. We are a leader in Standards Development and in Testing, Inspection and Certification around the world, including Canada, the U.S., Europe, and Asia. The mission of CSA Group's Standards organization is to enhance the lives of Canadians through the advancement of standards in the public and private sectors. We are a leader in standards research, development, education, and advocacy.

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