



CSA Z2004:24
National Standard of Canada



Mental health and well-being in long-term care (LTC) and assisted living (AL) settings



Legal Notice for Standards

Canadian Standards Association (operating as “CSA Group”) develops standards through a consensus standards development process approved by the Standards Council of Canada. This process brings together volunteers representing varied viewpoints and interests to achieve consensus and develop a standard. Although CSA Group administers the process and establishes rules to promote fairness in achieving consensus, it does not independently test, evaluate, or verify the content of standards.

Disclaimer and exclusion of liability

This document is provided without any representations, warranties, or conditions of any kind, express or implied, including, without limitation, implied warranties or conditions concerning this document’s fitness for a particular purpose or use, its merchantability, or its non-infringement of any third party’s intellectual property rights. CSA Group does not warrant the accuracy, completeness, or currency of any of the information published in this document. CSA Group makes no representations or warranties regarding this document’s compliance with any applicable statute, rule, or regulation.

IN NO EVENT SHALL CSA GROUP, ITS VOLUNTEERS, MEMBERS, SUBSIDIARIES, OR AFFILIATED COMPANIES, OR THEIR EMPLOYEES, DIRECTORS, OR OFFICERS, BE LIABLE FOR ANY DIRECT, INDIRECT, OR INCIDENTAL DAMAGES, INJURY, LOSS, COSTS, OR EXPENSES, HOWSOEVER CAUSED, INCLUDING BUT NOT LIMITED TO SPECIAL OR CONSEQUENTIAL DAMAGES, LOST REVENUE, BUSINESS INTERRUPTION, LOST OR DAMAGED DATA, OR ANY OTHER COMMERCIAL OR ECONOMIC LOSS, WHETHER BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE), OR ANY OTHER THEORY OF LIABILITY, ARISING OUT OF OR RESULTING FROM ACCESS TO OR POSSESSION OR USE OF THIS DOCUMENT, EVEN IF CSA GROUP HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, INJURY, LOSS, COSTS, OR EXPENSES.

In publishing and making this document available, CSA Group is not undertaking to render professional or other services for or on behalf of any person or entity or to perform any duty owed by any person or entity to another person or entity. The information in this document is directed to those who have the appropriate degree of experience to use and apply its contents, and CSA Group accepts no responsibility whatsoever arising in any way from any and all use of or reliance on the information contained in this document.

CSA Group is a private not-for-profit company that publishes voluntary standards and related documents. CSA Group has no power, nor does it undertake, to enforce compliance with the contents of the standards or other documents it publishes.

Intellectual property rights and ownership

As between CSA Group and the users of this document (whether it be in printed or electronic form), CSA Group is the owner, or the authorized licensee, of all works contained herein that are protected by copyright, all trade-marks (except as otherwise noted to the contrary), and all inventions and trade secrets that may be contained in this document, whether or not such inventions and trade secrets are protected by patents and applications for patents. Without limitation, the unauthorized use, modification, copying, or disclosure of this document may violate laws that protect CSA Group’s and/or others’ intellectual property and may give rise to a right in CSA Group and/or others to seek legal redress for such use, modification, copying, or disclosure. To the extent permitted by licence or by law, CSA Group reserves all intellectual property rights in this document.

Patent rights

Attention is drawn to the possibility that some of the elements of this standard may be the subject of patent rights. CSA Group shall not be held responsible for identifying any or all such patent rights. Users of this standard are expressly advised that determination of the validity of any such patent rights is entirely their own responsibility.

Authorized use of this document

This document is being provided by CSA Group for informational and non-commercial use only. The user of this document is authorized to do only the following:

If this document is in electronic form:

- load this document onto a computer for the sole purpose of reviewing it;
- search and browse this document; and
- print this document if it is in PDF format.

Limited copies of this document in print or paper form may be distributed only to persons who are authorized by CSA Group to have such copies, and only if this Legal Notice appears on each such copy.

In addition, users may not and may not permit others to

- alter this document in any way or remove this Legal Notice from the attached standard;
- sell this document without authorization from CSA Group; or
- make an electronic copy of this document.

If you do not agree with any of the terms and conditions contained in this Legal Notice, you may not load or use this document or make any copies of the contents hereof, and if you do make such copies, you are required to destroy them immediately. Use of this document constitutes your acceptance of the terms and conditions of this Legal Notice.



Standards Update Service

CSA Z2004:24

June 2024

Title: *Mental health and well-being in long-term care (LTC) and assisted living (AL) settings*

To register for e-mail notification about any updates to this publication

- go to www.csagroup.org/store/
- click on **CSA Update Service**

The **List ID** that you will need to register for updates to this publication is **2430999**.

If you require assistance, please e-mail techsupport@csagroup.org or call 416-747-2233.

Visit CSA Group's policy on privacy at www.csagroup.org/legal to find out how we protect your personal information.

Canadian Standards Association (operating as “CSA Group”), under whose auspices this National Standard has been produced, was chartered in 1919 and accredited by the Standards Council of Canada to the National Standards system in 1973. It is a not-for-profit, nonstatutory, voluntary membership association engaged in standards development and certification activities.

CSA Group standards reflect a national consensus of producers and users — including manufacturers, consumers, retailers, unions and professional organizations, and governmental agencies. The standards are used widely by industry and commerce and often adopted by municipal, provincial, and federal governments in their regulations, particularly in the fields of health, safety, building and construction, and the environment.

More than 10 000 members indicate their support for CSA Group’s standards development by volunteering their time and skills to Committee work.

CSA Group offers certification and testing services in support of and as an extension to its standards development activities. To ensure the integrity of its certification process, CSA Group regularly and continually audits and inspects products that bear the CSA Group Mark.

In addition to its head office and laboratory complex in Toronto, CSA Group has regional branch offices in major centres across Canada and inspection and testing agencies in fourteen countries. Since 1919, CSA Group has developed the necessary expertise to meet its corporate mission: CSA Group is an independent service organization whose mission is to provide an open and effective forum for activities facilitating the exchange of goods and services through the use of standards, certification and related services to meet national and international needs.

For further information on CSA Group services, write to
CSA Group
178 Rexdale Boulevard
Toronto, Ontario, M9W 1R3
Canada

A National Standard of Canada is a standard developed by a Standards Council of Canada (SCC) accredited Standards Development Organization, in compliance with requirements and guidance set out by SCC. More information on National Standards of Canada can be found at www.scc.ca.

SCC is a Crown corporation within the portfolio of Innovation, Science and Economic Development (ISED) Canada. With the goal of enhancing Canada’s economic competitiveness and social wellbeing, SCC leads and facilitates the development and use of national and international standards. SCC also coordinates Canadian participation in standards development, and identifies strategies to advance Canadian standardization efforts.

Accreditation services are provided by SCC to various customers, including product certifiers, testing laboratories, and standards development organizations. A list of SCC programs and accredited bodies is publicly available at www.scc.ca.

Standards Council of Canada
600-55 Metcalfe Street
Ottawa, Ontario, K1P 6L5
Canada



Cette Norme Nationale du Canada est disponible en versions française et anglaise.

Although the intended primary application of this Standard is stated in its Scope, it is important to note that it remains the responsibility of the users to judge its suitability for their particular purpose.

®A trademark of the Canadian Standards Association, operating as “CSA Group”

National Standard of Canada

CSA Z2004:24

***Mental health and well-being in
long-term care (LTC)
and assisted living (AL) settings***



*®A trademark of the Canadian Standards Association,
operating as "CSA Group"*



*Published in June 2024 by CSA Group
A not-for-profit private sector organization
178 Rexdale Boulevard, Toronto, Ontario, Canada M9W 1R3*

*To purchase standards and related publications, visit our Online Store at
www.csagroup.org/store/ or call toll-free 1-800-463-6727 or 416-747-4044.*

*ICS 11.020.10, 13.100
ISBN 978-1-4883-5095-5*

*© 2024 Canadian Standards Association
All rights reserved. No part of this publication may be reproduced in any form whatsoever
without the prior permission of the publisher.*

Contents

Technical Committee on Home and Community Care	5
Subcommittee on Mental Health and Well-Being in Long-Term Care and Assisted Living Settings	8
Preface	10
SDG Foreword	11
0 Introduction	12
0.1 General	12
0.2 Overview	12
0.3 Background	14
0.4 Users	14
1 Scope	14
1.1 General	14
1.2 Exclusions	15
1.3 Terminology	15
2 Reference publications	15
3 Definitions and abbreviations	19
3.1 Definitions	19
3.2 Abbreviations	22
4 Guiding principles	22
4.1 General guiding principles	22
4.2 PCC	22
4.2.1 General	22
4.2.2 PCC principles	23
4.3 EDI	23
4.3.1 General	23
4.3.2 EDI principles	23
4.3.3 Human rights	23
4.3.4 Discrimination and stigma linked to mental health	24
4.4 Cultural safety and humility	24
4.4.1 General	24
4.4.2 Addressing the call to action from <i>Honouring the truth, reconciling for the future</i>	24
4.4.3 Cultural safety and humility principles	25
4.4.4 Cultural support	25
5 Organizational commitment to mental health and well-being	25
6 Quality improvement	26
6.1 Quality improvement process	26
6.2 Alignment	26
6.3 Quality improvement process elements	26

6.4	Applying the quality improvement process	26
6.4.1	General	26
6.4.2	Steps	27
6.4.3	Quality indicators	27
6.4.4	Evaluations	27
7	Workforce	28
7.1	General	28
7.2	Mental health and well-being of workers	28
7.3	Workforce practices	28
7.3.1	General	28
7.3.2	Recruitment	28
7.3.3	Continuity of care	28
7.3.4	Workforce ratios	28
7.3.5	Skills and occupational mix	28
7.3.6	Models	29
7.4	Work environment	29
7.4.1	Psychological health and safety in the workplace	29
7.4.2	Accessible mental health support	29
7.5	Worker training	29
7.5.1	General	29
7.5.2	Content of training	29
8	Design of the LTC and AL setting	30
8.1	General	30
8.2	Building design elements	30
8.2.1	General	30
8.2.2	Basic design attributes	30
8.2.3	Ambiance	32
8.2.4	Environmental attributes	33
9	Recreation therapy programs and activities to foster social connectedness, mental health, and well-being	34
9.1	Offering recreation therapy programs and activities	34
9.1.1	General	34
9.1.2	Content of the recreation therapy program	34
9.1.3	Development of the recreation therapy program	34
9.2	Resident input into the recreation therapy program and activities	34
9.3	Types of therapy interventions and activities offered	34
9.3.1	Range of activities	34
9.3.2	Culturally appropriate therapy interventions and activities	35
9.3.3	Internal and external activities	35
9.4	Accessibility	35
9.4.1	General	35
9.4.2	Adaptability to individual strengths and abilities	35
9.5	Resources	36
9.5.1	General	36
9.5.2	Coordination of outside resources	36
9.6	Implementation and communication	36
9.7	Evaluation	36

10	Optimizing mental health and well-being through relationships within LTC and AL settings	37
10.1	General	37
10.2	Optimizing mental health and well-being of residents by building relationships with workers and volunteers	37
10.2.1	Promotion strategies and planning to support the mental health and well-being of residents	37
10.2.2	Supporting mental health and well-being of residents through shared knowledge and understanding	37
10.3	Optimizing mental health and well-being of residents by building relationships with families and care partners	38
10.3.1	Implementing practices to engage and involve families and care partners	38
10.3.2	Building relationships between workers, and residents, families, care partners, and communities that promote mental health and well-being of residents	38
10.3.3	Resources to support the mental health and well-being of families and care partners	39
10.4	Building relationships among residents to support their mental health and well-being	39
11	Support for residents with mental health conditions	39
11.1	Addressing mental health needs	39
11.1.1	General	39
11.1.2	Specialized mental health resources	40
11.1.3	Planning	40
11.1.4	Continuation of services	40
11.1.5	Workforce training	40
11.1.6	Models for providing specialized mental health care	41
11.1.7	Specialized mental health resources as essential workers	41
11.2	Mental health assessments	41
11.3	Care plans	41
11.3.1	General	41
11.3.2	Care plan development	42
11.3.3	Care plan content	42
11.3.4	Treatment approaches	42
12	Critical incident management	43
12.1	General	43
12.2	Management by the workforce	43
12.3	Support	43
12.4	Processes and protocols	43
13	LTC and AL considerations for younger residents	44
13.1	General	44
13.2	PCC principles for younger residents	45
13.3	Transitions	45
13.4	Rehabilitation program	45
13.5	Workforce and care relationships	46
13.6	Activities and community participation	46

Annex A (informative)	— Lighting levels to promote mental health and well-being	47
Annex B (informative)	— Examples of activities offered within a recreation therapy program	48

Annex C (informative) — Non-pharmacological treatment options for dementia, delirium, and depression 49

Annex D (informative) — Additional context on younger residents 53

Annex E (informative) — Bibliography 55

Technical Committee on Home and Community Care

G. Fernie	KITE Research Institute, Toronto, Ontario, Canada <i>Category: Training/Education</i>	<i>Chair</i>
S. McKay	VHA Home Health Care, Toronto, Ontario, Canada <i>Category: User Management</i>	<i>Vice-Chair</i>
J. L. Bank	Age-Friendly London Network, London, Ontario, Canada <i>Category: General Interest</i>	
B. Bell	Brampton, Ontario, Canada <i>Category: User Management</i>	
M. Bilek	Mississauga, Ontario, Canada	<i>Non-voting</i>
A. Bridge	Alberta Health Services, Red Deer, Alberta, Canada	<i>Non-voting</i>
K. L. Brown	2112218 Ontario Inc. o/a Reno Studios & Brown Healthcare, Exeter, Ontario, Canada	<i>Non-voting</i>
S. Chetty	Vancouver Coastal Health, Vancouver, British Columbia, Canada <i>Category: User Interest</i>	
H. Croucher	Yukon Government — Continuing Care, Community Care, Whitehorse, Yukon, Canada <i>Category: Regulatory Authority</i>	
R. Dulmage	Carleton Place, Ontario, Canada	<i>Non-voting</i>
M. Esterhammer	Calea Ltd., Mississauga, Ontario, Canada	<i>Non-voting</i>

A. Gaudet	Government of New Brunswick, Fredericton, New Brunswick, Canada <i>Category: Regulatory Authority</i>	
N. Islic	Conestoga College, Kitchener, Ontario, Canada <i>Category: Training/Education</i>	
F. Ismail	SE Health, Markham, Ontario, Canada <i>Category: User Management</i>	
J. Kirkham	Canadian Coalition for Seniors' Mental Health, University of Calgary, Calgary, Alberta, Canada	<i>Non-voting</i>
T. Learmonth	Bayshore Home Care Solutions, Quispamsis, New Brunswick, Canada <i>Category: User Management</i>	
S. Leduc	Ottawa Paramedic Service, Ottawa, Ontario, Canada <i>Category: User Interest</i>	
A. Lee	OntarioMD Inc., Toronto, Ontario, Canada	<i>Non-voting</i>
D. Lee-Baggle	Dalhousie University, Saint Mary's University, Dr. Lee-Baggle and Associates, Halifax, Nova Scotia, Canada <i>Category: Training/Education</i>	
C. Loadman	Queer Seniors of Saskatchewan, Vanscoy, Saskatchewan, Canada	<i>Non-voting</i>
A. Nickoloff	SE Health, Markham, Ontario, Canada	<i>Non-voting</i>
S. Ryall	Sara Vista LTC (Revera), Elmvale, Ontario, Canada <i>Category: User Interest</i>	
R. Shaikh	City of Toronto, Seniors Services and Long-Term Care (SSLTC), Toronto, Ontario, Canada <i>Category: Regulatory Authority</i>	

L. Tamblyn Watts	CanAge: Canada's National Seniors Advocacy Organization, Sandy Cove, Nova Scotia, Canada <i>Category: General Interest</i>	
R. H. Wang	University of Toronto, Toronto, Ontario, Canada	<i>Non-voting</i>
R. Sogani	CSA Group, Toronto, Ontario, Canada	<i>Project Manager</i>

Subcommittee on Mental Health and Well-Being in Long-Term Care and Assisted Living Settings

J. Kirkham	Canadian Coalition for Seniors' Mental Health, University of Calgary, Calgary, Alberta, Canada	<i>Chair</i>
J. Y. Jones	Long-Term Care, Island Health, Comox, British Columbia, Canada	<i>Vice-Chair</i>
P. Caron	Saskatchewan Health Authority, Blaine Lake, Saskatchewan, Canada	
T. Cohen	Hillel Lodge, Ottawa, Ontario, Canada	
V. Desai	Birchview Residences, Prince George, British Columbia, Canada	
T. Fearon	Family Councils Ontario, Mississauga, Ontario, Canada	
S. Freeman	School of Nursing, University of Northern British Columbia, Prince George, British Columbia, Canada	
E. Gamble	Hawthorne Seniors Care Community, Port Coquitlam, British Columbia, Canada	
J. Hall	Canadian Association for Long Term Care, Fredericton, New Brunswick, Canada	
T. Houghton	WorkSafeBC, Richmond, British Columbia, Canada	
S. Jakobson	Jakobson Consulting & Analytics, Holland Centre, Ontario, Canada	
J. Kelndorfer	MS Canada, Edmonton, Alberta, Canada	

S. Lockwood	Alzheimer Society of Canada, Toronto, Ontario, Canada	
L. Mullaly	Mental Health Commission of Canada, Ottawa, Ontario, Canada	
P. J. Poirier	Paramedic Association of Canada, Ottawa, Ontario, Canada	
P. Potter-Bereznick	Mental Health Care Consultant, London, Ontario, Canada	
K. G. Scraba	McMaster University, Dundas, Ontario, Canada	
A. M. Martel	CSA Group, Montréal, Quebec, Canada	<i>Project Manager</i>

Preface

This is the first edition of CSA Z2004, *Mental health and well-being in long-term care (LTC) and assisted living (AL) settings*.

This Standard was prepared by the Subcommittee on Mental Health and Well-Being in Long-Term Care and Assisted Living Settings, under the jurisdiction of the Technical Committee on Home and Community Care and the Strategic Steering Committee on Health and Well-Being, and has been formally approved by the Technical Committee.

This Standard has been developed in compliance with Standards Council of Canada requirements for National Standards of Canada. It has been published as a National Standard of Canada by CSA Group.

Notes:

- 1) *Use of the singular does not exclude the plural (and vice versa) when the sense allows.*
- 2) *Although the intended primary application of this Standard is stated in its Scope, it is important to note that it remains the responsibility of the users of the Standard to judge its suitability for their particular purpose.*
- 3) *This Standard was developed by consensus, which is defined by CSA Policy governing standardization — Code of good practice for standardization as “substantial agreement. Consensus implies much more than a simple majority, but not necessarily unanimity”. It is consistent with this definition that a member may be included in the Technical Committee list and yet not be in full agreement with all clauses of this Standard.*
- 4) *To submit a request for interpretation of this Standard, please send the following information to inquiries@csagroup.org and include “Request for interpretation” in the subject line:*
 - a) *define the problem, making reference to the specific clause, and, where appropriate, include an illustrative sketch;*
 - b) *provide an explanation of circumstances surrounding the actual field condition; and*
 - c) *where possible, phrase the request in such a way that a specific “yes” or “no” answer will address the issue.*

Committee interpretations are processed in accordance with the CSA Directives and guidelines governing standardization and are available on the Current Standards Activities page at standardsactivities.csagroup.org.
- 5) *This Standard is subject to review within five years from the date of publication. Suggestions for its improvement will be referred to the appropriate committee. To submit a proposal for change, please send the following information to inquiries@csagroup.org and include “Proposal for change” in the subject line:*
 - a) *Standard designation (number);*
 - b) *relevant clause, table, and/or figure number;*
 - c) *wording of the proposed change; and*
 - d) *rationale for the change.*