ATTACHMENT 1

SUBMISSION TO THE CANADIAN STANDARDS ASSOCIATION GROUP ON PROPOSED NATIONAL STANDARD FOR SUPPORTING MENTAL HEALTH AND WELL-BEING IN LONG-TERM CARE AND ASSISTED LIVING SETTINGS

Submitted by: The Regional Municipality of York

Date: November 17, 2023

Introduction

This submission to the Canadian Standards Association Group on the proposed new National Standard for Mental Health and Well-Being in Long-Term Care and Assisted Living Settings (New Standard) (CSA Z2004) presents important considerations that build on York Region's existing advocacy:

- Submission to the Ontario Long-Term Care COVID-19 Commission
- Submission to the Ministry of Long-Term Care on our Analysis of Ontario's Long-Term Care COVID-19 Commission's Final Report and Recommendations for Urgent Provincial Action
- Submission to the Ministry of Long-Term Care on the then-proposed new regulation under the *Fixing Long-Term Care Act, 2021*
- Submission to the Health Standards Organization on the then-draft National Standard for Long-Term Care Services (CAN/HSO 21001:2023)
- Submission to the Canadian Standards Association on the then-draft National Standard for Operation and Infection Prevention and Control of Long-Term Care Homes (CSA Z8004: 22)
- Submission to Health Canada on the development of a *Safe Long-Term Care Act* and Implementation of National Standards

If implemented, the new National Standard for Mental Health and Well-Being in Long-Term Care and Assisted Living Settings would be an important step towards strengthening a resident's quality of life in a long-term care setting, both for residents with and without mental health conditions.

Recommendations for amendments to the proposed new long-term care standard

York Region's comments on the proposed standard (CSA Z2004) are limited to a long-term care setting and structured to align with the format of the online public review site (respondents can submit a comment or a proposed change or both where applicable).

Section	National Standard Criteria	York Region Comments	Proposed Change
Definition	Allied health professional — a person who is a health professional (not including medical or nursing related occupations) that delivers, supports, or informs resident care. This may include but is not limited to: a) dentists and oral hygienists; b) dieticians and nutritionists; c) healthcare coordinators; d) occupational therapists; e) pharmacists; f) physical therapists; g) psychologists; h) social workers; i) speech-language therapists; and j) therapeutic recreation therapists.	We support this definition. However, to implement any national standards, definitions need to acknowledge that exact descriptions of allied health professionals vary between provinces and territories. For example, Ontario's Ministry of Long-Term Care has a definition of allied health professionals included in their Long-Term Care Staffing Increase Funding Policy (2023-24) and Resident Health and Well-Being Program Funding Policy (2023-24). Ontario is also consulting on the role of resident support personnel in long-term care.	The definition to be used for allied health professionals is the definition used by the applicable provincial/territorial legislation and standards.
Definition	Care partner — a person or persons chosen by a resident, or if incapable, their substitute decision maker or power of attorney, to participate in the resident's ongoing care. Can be a family member, close friend, private care provider, or other paid or unpaid caregiver.	We support this definition. It aligns with Ontario's *Fixing Long-Term Care Act, 2021* General Regulation 264/22 (Section 4). However, an amendment is proposed to permit differentiation between paid and unpaid Care Partners. For example, expectations such as for employment screening measures and immunization requirements for unpaid caregivers (primarily family members, close friends and substitute decision-makers) generally differ compared to paid caregivers (who usually have a	Paid and unpaid caregivers should be defined separately, with different provisions as appropriate.

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		healthcare background) privately hired by the resident's family.	
Definition	Healthcare worker (HCW) — person delivering care to a resident (adapted from CSA Z8004). This includes but is not limited to: a) allied health professionals; b) designated support persons; c) emergency service workers; d) heath care aides; e) nurses; f) personal support workers; g) physicians; and h) students. **Note:** In some non-acute settings, volunteers might provide care and would be included as Healthcare workers.	We support this standard. However, to implement any national standards, definitions need to acknowledge that exact descriptions vary between provinces and territories. For example, Ontario's Ministry of Long-Term Care is consulting on the role of resident support personnel in long-term care. In some non-acute settings, volunteers and resident support personnel might provide care and would be included as Healthcare workers.	The definition to be used for healthcare worker is the definition used by the applicable provincial/territorial legislation.
4.2.2 Person-Centred Care Principles	In addition to the guidance and requirements of these two National standards, Long-Term Care and Assisted Living settings shall ensure the respect of the following Person-Centred Care principles to promote and support the mental health and well-being of residents: a) The physical, mental, social, and spiritual needs of the resident are taken into account. b) The lived experience of residents is recognized and valued by the workers in the Long-Term Care and Assisted Living setting.	We support this standard. Developing people-centred or emotional models of care requires additional funding and support. The City of Toronto identified costs associated with implementing these models at around $5 million for its 10 homes. We have not undertaken an analysis of the cost to implement this at our homes.	None

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	c) To the fullest extent possible, residents direct their own care. When not possible, workers use knowledge gained about the resident's preferences either directly or through the resident's substitute decision maker. d) Care focuses on residents' strengths, capabilities, preferences, and priorities. e) Individual identity and expression (including gender, sexuality, cultural, and ethnic) are respected (refer to CSA Z8004 standard Long-term care home operations and infection prevention and control for sexual expression).		
4.3.1 General	Principles of Equity, Diversity and Inclusivity are foundational in promoting the mental health and well-being of residents and ensuring an inclusive and non-discriminatory environment. Refer to CSA Z8004 standard, Long-term care home operations and infection prevention and control and to the Health Standard Organization (HSO)'s 21001 Long-term care services standard for guidance and requirements for the inclusion of Equity, Diversity and Inclusivity in Long-Term Care and Assisted Living settings.	We support this standard. Though this standard builds on CSA Z8004 and HSO 21001 it is important to add workers here too. It is well-documented that working conditions are caring conditions (Hande and Nourpanah, 2022).	Add "workers."
4.3.4.2 Policies	To ensure equitable services for all residents, Long-Term Care and Assisted Living settings shall develop policies that protect residents from discrimination due to mental health conditions, needs, or any of the prohibited grounds listed in Clause 4.3.3, during the delivery of services and during transitions in	We support this standard. However, we note that provincial and territorial legislation may allow Long-Term Care and/or Assisted Living Settings to decline admission based on legislated criteria. For instance,	Include that a Long-Term Care or Assisted Living setting **must** be able to decline admissions based on provincial and territorial legislation, and/or concerns the setting has about

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	care (e.g., admission, transfer, discharge). For example, a person shall not be refused admission based solely on having a diagnosis of a mental health condition. These policies shall be applied according to the person's current presentation, symptoms, and related needs with consideration of their history including past or present diagnoses.	under the Ontario *Fixing Long-Term Care Act, 2021*, Long-Term Care settings may decline to admit an applicant if: a) The home lacks the physical facilities necessary to meet the applicant's care requirements, **and/or** b) The staff of the home lacks the nursing expertise necessary to meet the applicant's care requirements (Section 51(7)).	their ability to support the safety and well-being of a resident.
5 Organizational commitment to mental health and well-being	Leadership responsible for the Long-Term Care and Assisted Living setting shall establish a high-level commitment to a culture that promotes mental health and well-being for all. The funding body (whether privately or publicly funded at the municipal, regional, or provincial level) of the Long-Term Care and Assisted Living setting shall be responsible to ensure that adequate and sustained resources are available. The setting shall be accountable to ensure available resources are appropriately utilized for the promotion of the mental health and well-being of residents. This shall be accomplished by ensuring the following are integrated into the mission, vision, values, policies, procedures, and practices of the Long-Term Care and Assisted Living setting to reflect a commitment that supports mental health and well-being: a) Leadership shall be proactive regarding the mental health and well-being of	We support this standard. Though this standard builds on CSA Z8004 and HSO 21001 it is important to add workers here too. It is well-documented that working conditions are caring conditions (Hande and Nourpanah, 2022).	Add "workers."

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	residents and the psychological health and safety of workers. b) Workers shall be supported and resources provided to ensure a person-centred and relationship-based culture of caring that supports mental health and well-being of residents. c) Workforce levels and skill mix shall support mental health and well-being of residents. d) Leadership shall identify, prevent, and address abuse and neglect of residents. e) A safety risk assessment shall be conducted to determine if additional measures are required in situations where residents, families, care partners, and workers may be exposed to a safety risk. f) Residents with additional mental health needs shall be supported by ensuring access to appropriate resources. g) Residents, families, and care partners shall have the opportunity to contribute, be involved in and engaged in decision making, and advocate for change within the Long-Term Care and Assisted Living setting. h) The roles and responsibilities of residents, families, care partners, and workers shall be defined and communicated to promote civility and respect in the Long-Term Care and Assisted Living setting. i) Residents, families, and care partners shall be made aware of activities, resources, or programs supporting mental health and well-being of residents.		

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	j) A policy and procedures on the use of least restraint shall be in place. k) An evaluation process shall be in place where residents, families, care partners, and workers can safely provide feedback about how programs and services support the mental health and well-being of residents.		
6.3 Quality improvement process elements	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.	We support this standard. Long-Term Care and Assisted Living settings should be provided with a standardized approach to quality improvement including a recommended set of indicators and tools to be used.	None
6.4.3 Quality indicators	The Long-Term Care and Assisted Living setting shall monitor quality of care related to mental health and well-being by selecting relevant quality indicators, when available, or by establishing ways to measure this care by determining: a) what needs to be routinely monitored via quality indicator or other methods for measurement; b) the methods for measuring and analysis; c) how frequently the monitoring shall be performed; d) the targets for quality indicators or other methods for measurement;	We support this standard. Long-Term Care and Assisted Living settings will need support to select quality indicators, measure and interpret them.	None

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	e) the actions to be taken when quality indicators or other methods for measurement fall short of targets; and f) when and how the results will be reported and disseminated to relevant parties.		
7.3.1 General	The Long-Term Care and Assisted Living setting shall ensure they have optimal ratios, skills, and occupational mix of workers grounded in evidence-based practices and according to residents' mental health and well-being needs. The following requirements are additional to HSO's 21001 Long-term care services standard workforce requirements and guidelines to further promote the mental health and well-being of residents.	We support this standard. However, this standard must recognize the importance of integrating palliative care and restorative care principles because rehabilitation needs and the end-of-life phase require intensive and unique mental health and wellbeing supports.	Add that consideration shall also be given to the restorative and palliative care needs of the residents.
7.3.2 Recruitment	The Long-Term Care and Assisted Living setting shall ensure the recruitment process identifies and allows for the selection of workers who demonstrate emotional intelligence, compassion, and capacity to form relationships with diverse resident populations.	We support this standard. Selecting workers who demonstrate emotional intelligence, compassion, and capacity to form relationships with diverse resident populations may unintentionally create barriers for individuals requiring more training and support on inclusion, equity, diversity and accessibility principles. Long-Term Care and Assisted Living settings should develop and promote an Embracing Diversity Toolkit as part of this standard. This toolkit was developed to support equitable and respectful care within Ontario's long-term care sector. It represents a shared responsibility and commitment	None

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		to welcoming and affirming communities for all members of the diverse populations who live, work and visit long-term care homes.	
7.3.4 Workforce Ratios	The Long-Term Care and Assisted Living setting shall have workforce ratios that allow workers the required time for compassionate interactions with residents, especially those who may have varying cognitive capabilities. They shall have plans and mitigation strategies in place for residents whose needs may temporarily surpass usual operational workforce ratios. For example, this may involve implementing a temporary 1:1 worker resident ratio.	We support this standard. However, there are operational and funding challenges with implementing a 1:1 worker-resident ratio. This standard needs to consider how Long-Term Care and Assisted Living settings can maximize their existing resources and/or their ability to access funding supports. In Ontario, long-term care homes can access high-intensity needs funding.	Rather than requiring these workforce ratios, request that the settings "consider" such workforce ratios.
7.3.6 Models	Long-Term Care and Assisted Living settings should develop models to support dedicated specialized mental health workers and resources (e.g., social workers, behavioural specialists) internal to the setting through funding positions or innovative care models (see Clause 11.1.5 for examples of models of care).	We support this standard. In Ontario, Psychogeriatric Resource Consultant Programs receive some funding from the Ministry of Health. Behavioural Supports Ontario under the Ministry of Long-Term Care may also support other specialized staffing resources.	The examples given for dedicated specialized mental health workers and resources be expanded to include psychogeriatric resource consultants.
7.4.1 Psychological Health and Safety in the Workplace	The Long-Term Care and Assisted Living setting shall develop, implement, and maintain policies, procedures, and practices to promote and support a psychologically healthy and safe work environment, including those addressing violence, harassment, and bullying. Refer to CSA Z1003-13-National	We support this standard. Through Ontario's *Fixing Long-Term Care Act, 2021* and the *Occupational Health and Safety Act*, employers are required to have:	None.

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	Standard of Canada for Psychological Health and Safety in the Workplace for more information.	• Protection for workers from violence, harassment and bullying, • Emergency plans to deal with violent outbursts, and • A policy to promote zero tolerance of abuse and neglect of residents. A psychologically healthy and safe work environment in a long-term care setting includes having policies and procedures that address violence, harassment and bullying across all types of relationships including Resident to Staff, Families/Caregivers to Staff, Resident to Resident.	
8.2.1 General	The Long-Term Care and Assisted Living setting shall ensure its building design elements, such as basic design attributes, ambiance, and environmental attributes promote the mental health and well-being of residents (Wrublowsky, 2018). Residents, families, care partners, and workers shall be consulted, when possible, in the planning and design process for planned renovations of existing buildings and for new builds, to ensure the building design elements accommodates the needs of the residents, addressing the physical, environmental, and social aspects of their quality of life.	We support this standard. It is important that general design of Long-Term Care settings, including any planned renovations (both inside and outside the setting) consider dementia design because it supports residents to cope with the cognitive and functional challenges they face, reduces symptoms associated with dementia and promotes mental health and well-being.	Building design elements to also include dementia design.
8.2.2.2 Spatial layout	The Long-Term Care and Assisted Living setting shall favour open concepts when renovating or designing new builds. Connecting spaces such as hallways should	We support this standard. The general design of Long-Term Care settings, including any planned	Building design elements to also include dementia design.

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	be designed or adapted, where they already exist, to encourage more homelike settings.	renovations (both inside and outside the setting) should consider dementia design because it supports residents to cope with the cognitive and functional challenges they face, reduces symptoms associated with dementia and promotes mental health and well-being.	
8.2.2.5.5 Family areas	For younger residents parenting minor children, the Long-Term Care and Assisted Living setting should offer child-friendly areas and lounges and private rooms where families can visit for longer periods including staying overnight.	We do not support this standard as it is written. This change would need to be included in Ontario's Long-Term Care Home Design Manual, 2015 and would incur substantial retrofit costs for existing Homes that do not comply and or the loss of existing long-term care beds or resident spaces. In addition, long-term care settings are not ideal settings for young children. Other residents may have responsive behaviours in response to children in the long-term care setting. Where the long-term care and/or assisted living setting is part of a campus of care, supports for a residents' family (including spouse/partners) could and should be accommodated, subject to the availability of senior government capital and operational funding.	Align the standard with provincial/territorial legislation and standards.

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8.2.4.2 Lighting	The Long-Term Care and Assisted Living setting shall provide residents with illumination which simulates the natural and diurnal variation of light exposure to have a positive effect on mood and sleep. Lighting to promote circadian rhythm shall be of a higher intensity white upon wakening and throughout the day. Three hours prior to bedtime, the lighting should transition to warmer, lower intensity lighting. Additional information on lighting levels to promote mental health and well-being can be found in Annex A.	We support this standard provided appropriate changes are made to Section 21 of the General Regulation 246/22 of the *Fixing Long-Term Care Act, 2021* and the cost of meeting this standard is funded (for example, lighting rich in blue spectral wavelengths (460-520 nm) or full spectrum white light, to help cue wakefulness).	Lighting standards to be aligned with provincial/territorial legislation and standards.
8.2.4.4 Assistive Technologies	The Long-Term Care and Assisted Living setting shall incorporate current and emerging technologies, such as unobtrusive technology that ensures the safety and localization of residents (e.g., coded entries; location bracelets, motion sensors) and technologies that assist with safe exploring for residents and allow monitoring if exploring in unsafe areas (e.g., hook-and-loop fasteners on doors). These technologies shall be used in a way to support a balance between the residents' need for privacy and quality of life with their safety and security, and to promote their mental health and well-being.	We support this standard. Assistive technologies need to include translation devices to support resident communication and promote mental health and well-being.	Add translation devices to the examples of emergency technology provided.
9.3.2.1 General	All residents have the right to request and engage in culturally appropriate activities. The therapeutic recreational program shall provide culturally appropriate activities that support and affirm the individual resident's culture. The Long-Term Care and Assisted Living	We support this standard. However, we recommend this standard provide more guidance for Long-Term Care and Assisted Living settings on how to identify and	None

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	setting shall engage residents, families, care partners, and communities to ensure the therapeutic recreational program represents the diverse culture mix of residents in the setting. As diversity in the resident population changes, programming shall be adapted to these changes.	implement culturally appropriate activities. Long-Term Care and Assisted Living settings should develop and promote an Embracing Diversity Toolkit as part of this standard. This toolkit was developed to support equitable and respectful care within Ontario's long-term care sector. It represents a shared responsibility and commitment to welcoming and affirming communities for all members of the diverse populations who live, work and visit long-term care homes.	
9.4.1 General	The Long-Term Care and Assisted Living setting shall ensure that all residents have access to and have necessary accommodations to participate in the therapeutic recreational program, according to their abilities. This includes residents in secure units (e.g., memory-care units) as well as residents that are isolated from other residents, whether by choice, by language, by abilities or due to public safety measures (e.g., outbreak protocols, infection prevention and control measures), etc. These residents shall have access to the same level of engagement in activities as other residents, when possible.	We support this standard. Regulatory requirements and inspections should consider the flexibility Long-Term Care settings need to accommodate resident participation in therapeutic recreational and restorative care programs. Current legislation and standards in Ontario require long-term care homes to strictly adhere to care, service and program timelines. This standard would be difficult to operationalize without flexibility in provincial or territorial standards. Having set timelines is not part of delivering a person-centered approach focused on mental health and well-being.	Align the standard with provincial/territorial legislation and standards.

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9.4.2 Use of technology	Residents shall be assisted in the use of technology to enable them to participate in the therapeutic recreational program and facilitate human-to-human interaction activities. Residents shall have access to internet connectivity permitting them to stream live content (e.g., videos, movies, social media) and to enable video-conferencing activities. The Long-Term Care and Assisted Living setting shall a) Provide the necessary equipment and infrastructure to participate in the therapeutic recreational program including access to phones and other electronic devices to enable connectivity with family, care partners, and friends; b) Ensure residents can easily access the required technologies (e.g., through making high-speed internet connections available); c) Ensure time and technological support is available to aid workers in the understanding the use of these technologies; and d) Ensure workers have the time to help residents in learning and using the technology.	We support this standard. The Province has yet to implement Ontario's Long-Term Care COVID-19 Commission recommendation 34 which advocates to provide residents with a right to technology. There is currently no provincial funding to support the use of technology for residents in our Homes. Residents need to be able to access translation devices to promote their participation in care, programs and services. This standard should provide more guidance on how to measure and evaluate the use of technology in Long-Term Care and Assisted Living settings.	Align the standard with provincial/territorial legislation and standards. Add an example to bullet (a) "such as translation devices."
10.1 General	The Long-Term Care and Assisted Living setting shall optimize mental health and well-being of residents by building, supporting, strengthening, and maintaining relationships with residents and their families and care partners. The Health Standard Organization	We support this standard. However, it is important to acknowledge that it may not be possible for the long-term care setting to build, support, strengthen and	Relationships to be "others" as determined by the resident.

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	(HSO)'s 21001 Long-term care services standard covers topics relating to building caring relationships with residents and promoting the role and presence of their families and care partners. The following requirements are additional to HSO's 21001 Long-term care services standard, to further optimize mental health and well-being of residents.	maintain relationships with the resident's family and care partners. This standard also needs more guidance on how to measure and evaluate relationship building in Long-Term Care and Assisted Living settings.	
13.4 Rehabilitation program	Younger residents in Long-Term Care and Assisted Living have greater physical care requirements on average compared to older residents. Required equipment (e.g., motorized wheelchairs, splinting devices) and rehabilitation needs may be unfamiliar to workers in these settings. Enhanced rehabilitation programming helps younger residents be as independent as possible in everyday activities and enables participation in school, work, leisure, and meaningful life roles that are essential to their mental health and well-being. The Long-Term Care and Assisted Living setting shall implement a rehabilitation program focused on younger residents with access to rehabilitation professionals who can assess and prescribe equipment (including assistive technology) and therapeutic activities that address mobility needs (including management of spasticity, positioning, sensory dysfunction, tremors, ataxia, and positioning needs), eating, communication,	We support this standard. Ontario's *Fixing Long-Term Care Act, 2021* requires long-term care homes to have an organized interdisciplinary program with a restorative care philosophy (Section 13). However, the funding that supports this program is insufficient (as it is capped) and limits resident access, particularly for younger residents. In addition, while Annex C is informative, it should be expanded, where appropriate, to include access to counselling/talking therapies for residents who may be struggling with mental health disorders.	None

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	swallowing, and limitations in performing age-appropriate activities of daily living. This program shall ensure access to occupational therapists, physical therapists, speech therapists, as well as restorative aides, with expertise in the conditions of younger residents to help maximize independence, mobility, and quality of life through rehabilitation.		