Ontario

Addictions and Mental Health Program Standard

The approved program standard for Addictions and Mental Health programs of instruction leading to an Ontario College Graduate Certificate delivered by Ontario Colleges of Applied Arts and Technology (MTCU funding code 70902).

Ministry of Colleges and Universities
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Contents:

Introduction

This document is the Program Standard for the Addictions and Mental Health program of instruction leading to an Ontario College Graduate Certificate delivered by Ontario Colleges of Applied Arts and Technology (MTCU funding code 70902).

Development of system-wide program standards

In 1993, the Government of Ontario initiated program standards development with the objectives of bringing a greater degree of consistency to college programming offered across the province, broadening the focus of college programs to ensure graduates have the skills to be flexible and to continue to learn and adapt, and providing public accountability for the quality and relevance of college programs.

The Program Standards Unit of the Ministry of Colleges and Universities has responsibility for the development, review and approval of system-wide standards for programs of instruction at Ontario Colleges of Applied Arts and Technology.

Program standards

Program standards apply to all similar programs of instruction offered by colleges across the province. Each program standard for a postsecondary program includes the following element:

- **Vocational standard** (the vocationally specific learning outcomes which apply to the program of instruction in question).

Individual Colleges of Applied Arts and Technology offering the program of instruction determine the specific program structure, delivery methods and other curriculum matters to be used in assisting students to achieve the outcomes articulated in the standard. Individual colleges also determine whether additional local learning outcomes will be required to reflect specific local needs and/or interests.

The expression of program standards as vocational learning outcomes

Vocational learning outcomes represent culminating demonstrations of learning and achievement. They are not simply a listing of discrete skills, nor broad statements of knowledge and comprehension. In addition, vocational learning outcomes are interrelated and cannot be viewed in isolation from one another. As such, they should be viewed as a comprehensive whole. They describe performances that demonstrate that significant integrated learning by graduates of the program has been achieved and verified.

Expressing standards as vocational learning outcomes ensures consistency in the outcomes for program graduates, while leaving to the discretion of individual colleges, curriculum matters such as the specific program structure and delivery methods.

The presentation of the vocational learning outcomes

The **vocational learning outcome** statements set out the culminating demonstration of learning and achievement that the student must reliably demonstrate before graduation.

The **elements of the performance** for each outcome define and clarify the level and quality of performance necessary to meet the requirements of the vocational learning outcome. However, it is the performance of the vocational learning outcome itself on which students are evaluated. The elements of performance are indicators of the means by which the student may proceed to satisfactory performance of the vocational learning outcome. The elements of performance do not stand alone but rather in reference to the vocational learning outcome of which they form a part.

The development of a program standard

In establishing the standards development initiative, the Government determined that all postsecondary programs of instruction should include vocational skills coupled with a broader set of essential skills. This combination is considered critical to ensuring that

college graduates have the skills required to be successful both upon graduation from the college program and throughout their working and personal lives.

A program standard is developed through a broad consultation process involving a range of stakeholders with a direct interest in the program area, including employers, professional associations, universities, secondary schools and program graduates working in the field, in addition to students, faculty and administrators at the colleges themselves. It represents a consensus of participating stakeholders on the essential learning that all program graduates should have achieved.

Updating the program standard

The Ministry of Colleges and Universities will undertake regular reviews of the vocational learning outcomes for this program to ensure that the Addictions and Mental HealthProgram Standard remains appropriate and relevant to the needs of students and employers across the Province of Ontario. To confirm that this document is the most up-to-date release, please contact the Ministry of Colleges and Universities.

Vocational standard

All graduates of Addictions and Mental Health programs have achieved the nine vocational learning outcomes (VLOs) in the following pages.

Preamble

The Addictions and Mental Health program is offered at Ontario Colleges of Applied Arts and Technology. Upon successful completion of the program, students receive a post-diploma (graduate) certificate.

The Addictions and Mental Health program provides graduates with a body of knowledge and practical skills related to supporting individuals, families/natural supports and communities with **addictions** and **mental health** services and resources, usually within an existing scope of practice. Graduates expand on existing professional and personal experiences by building supportive relationships, engaging in knowledge mobilization and advocacy, and making ethical decisions in diverse **addictions** and **mental health** contexts. Historically, these two sectors have been separated by funding structures; the integration of **mental health** and **addiction** within this program reflects the growing integration in the field.

Graduates focus their practice on collaboration with individuals and their support networks, centering **intersectionality** in processes of assessing, planning and implementing resources and services to optimize **recovery** and/or mental **wellness**. Within these processes, graduates use critical **self-reflection** and community-building methods to further their professional growth, take care of self and promote **addictions** and **mental health** services that are **trauma-informed, culturally relevant** and grounded in multiple research perspectives. This includes supporting individuals and groups with accessing and navigating referral processes and organizational systems to best meet their needs, while also critiquing these systems for historical and present barriers to access and **inclusion** for different groups.

Currently, there is no standard regulation in the field, although some graduates will seek certification as an Addictions Counsellor through the Canadian Addiction Counsellors Certification Federation (CACCF) and/or various certifications with the Indigenous Certification Board of Canada (ICBOC). Graduates may wish to pursue further education and should contact individual colleges or polytechnics for further pathways information.

Graduates of the Addictions and Mental Health program are prepared to participate as members of interdisciplinary teams and can expect employment across a variety of sectors and settings. These include hospital and community-based healthcare, residential mental health and addiction facilities, professional organizations, schools (K-12, post-secondary), child and youth services, other community service agencies, social

services such as shelters and housing support, crisis intervention and support, harm reduction, government agencies, Indigenous agencies, correctional facilities, peer support groups, outreach, and advocacy and policy work.

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Note: The Ontario Council on Articulation and Transfer (ONCAT) maintains the provincial postsecondary credit transfer portal, ONTransfer.

Synopsis of the vocational learning outcomes

Addictions and Mental Health (Ontario College Graduate Certificate)

The graduate has reliably demonstrated the ability to:

1. Provide wholistic and culturally relevant assessments in collaboration with individuals experiencing addiction and mental health challenges guided by trauma-informed and anti-oppressive practices.
2. Co-create and collaboratively monitor wellness plans that meet the unique needs of the individual to determine if additional goals, interventions and supports are needed.
3. Provide services and resources to individuals, families/natural supports and communities in accordance with various frameworks and informed by multiple research perspectives.
4. Make ethical decisions aligned with professional standards that adhere to workplace policies and legislation within scope of practice.
5. Educate and advocate alongside individuals, families/natural supports, and communities to reduce stigma, navigate referral processes and challenge barriers to wholistic care.
6. Build collaborative relationships with individuals, families/natural supports, community members and networks to enhance addiction and mental health services.
7. Work safely and in accordance with trauma-informed critical incident and crisis management practices to increase safety of self and others.
8. Develop individualized self-care and critical self-reflection strategies to maintain health, growth and resilience as an addiction and/or mental health practitioner.
9. Comply with confidentiality requirements and documentation standards to respect individual rights and self-determination.

See Glossary

Note: The learning outcomes have been numbered as a point of reference; numbering does not imply prioritization, sequencing, nor weighting of significance.

The vocational learning outcomes

1. Provide wholistic and culturally relevant assessments in collaboration with individuals experiencing addiction and mental health challenges guided by trauma-informed and anti-oppressive practices.

Elements of the performance

a. Relate the **social determinants of health,** including the impacts of colonization**,** to **addictions** and **mental health** when engaging in assessment processes.
b. Consider the breadth of **addictions**, including substance use challenges and behavioural **addictions**, while listening to challenges and priorities the service user presents.
c. Examine the interactions between **mental health** challenges and **addictions** as they relate to **wellness**.
d. Apply a critical understanding of the Diagnostic and Statistical Manual of Mental Disorders terminology, including **concurrent/co-existent disorders,** when working with others.
e. Utilize **motivational interviewing** and/or **counselling** skills during assessment and other **case management** processes within scope of practice.
f. Examine the array of assessment activities and their purposes in the **addictions** and **mental health** field, including outreach and intake.
g. Collaborate within an interdisciplinary team to promote **wholistic** assessment of individual's strengths, interests and needs.
h. Affirm the service user's right to **self-determination** within the context of assessment and other processes.
i. Analyze how a **trauma-informed approach** and **anti-oppressive** practice are complementary and contribute to **inclusive** assessment activities with individuals.
j. Consider **culturally relevant** ways individuals define and perceive **addictions** and **mental health** to ensure traditional knowledge, cultural responses, and treatment are provided in an anti-colonial and anti-racist framework of care.

See Glossary

2. Co-create and collaboratively monitor **wellness plans** that meet the unique needs of the individual to determine if additional goals, interventions and supports are needed.

Elements of the performance

a. Examine and adapt the different types of planning that can be included in **addictions** and **mental health** work such as care planning, treatment planning, intervention, wellness planning, harm reduction etc.
b. Engage in referral processes during assessment, planning and related activities to best meet the **wholistic** needs of the individual.
c. Actively listen to how individuals define their own success and **recovery** and support them in setting related goals.
d. Apply a **wholistic** framework such as **Biopsychosocial Spiritual Plus (BPSS+)** when co-creating **wellness plans,** including the role of **culturally relevant** service.
e. Apply an understanding of the **stages of change** when revisiting **wellness plans** with individuals.
f. Support individually defined approaches to **harm reduction** that include both individual and environmental accountability.
g. Promote **continuity of care** for service users before, during and after programming (e.g., rehabilitation residency).
h. Examine what comfort measures might be implemented for palliative **addiction** care.

See Glossary

3. Provide services and resources to individuals, families/natural supports and communities in accordance with various frameworks and informed by multiple research perspectives.

Elements of the performance

a. Apply a basic understanding of psychopharmacology and the impacts of substance use on behaviour when working with individuals experiencing **addictions** and **mental health** challenges.
b. Participate in **trauma-informed** practices that consider the impacts of individual, collective and intergenerational **trauma** on individuals.
c. Explore the historical importance and current effectiveness of **peer support** models in **addictions** and **mental health** services.
d. Conceptualize **evidence-informed** practice widely to include peer-reviewed research, **living/lived experience** and **grey literature**.
e. Filter and apply current research aligned to the individual's needs, while examining for bias in research resources.
f. Practice evaluating different scenarios and situations in **addictions** and **mental health** care based on best available evidence.
g. Acknowledge the diversity of cultural experiences of individuals and the need for **culturally relevant addictions** and **mental health** resources and services.
h. Center **living**/**lived experience** when working with individuals affected by **mental health** challenges and **addictions**.
i. Integrate technology into **addictions** and **mental health** practices to increase service access and effectiveness.
j. Differentiate between **equity, diversity** and **inclusion** and how these apply to different local contexts within scope of practice.

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4. Make ethical decisions aligned with **professional standards** that adhere to workplace policies and legislation within scope of practice.

Elements of the performance

a. Make decisions that are person-centered when considering own scope of practice and experience and related limitations.
b. Champion professional responsibilities within scope of practice under the **Truth and Reconciliation Commission's Calls to Action.**
c. Explore potential benefits and limitations of different **certifications** that may apply upon entry to practice.
d. Respond to own biases and triggers in ways that contribute to ethical behaviour.
e. Practice general professional behaviours such as time management, focused and purposeful use of technology and collegiality in the field.
f. Critically analyze relevant legislation such as the Mental Health Act and Child and Youth Family Services Act for impacts on practice and for individuals with addiction and mental health challenges.
g. Engage in supervision/mentorship and collaboration with colleagues regarding approaches to practice, including making ethical decisions.
h. Examine how ethics and **professional standards** translate to virtual spaces.
i. Review related **professional standards** and adapt to own scope of practice.
j. Analyze relationships for conflict of interest or personal gain and respond effectively given scope of practice and context.
k. Maintain a variety of **professional boundaries** (i.e., physical, emotional, digital) to safeguard self and others.

See Glossary

5. Educate and advocate alongside individuals, families/natural supports, and communities to reduce **stigma**, navigate referral processes and challenge barriers to **wholistic** care.

Elements of the performance

a. Facilitate groups using basic group facilitation skills for psychoeducational purposes.
b. Communicate with individuals, families/natural supports and communities about the importance of a **harm reduction** approach to **addictions** and **mental health**.
c. Apply interpersonal skills that value open-mindedness and assertiveness when engaging in **knowledge mobilization** and advocacy.
d. Examine the impact of different forms of oppression on individual access to and support within **addictions** and **mental health** services.
e. Analyze how decisions made at a systems level (e.g., funding structures) impact individuals and their families/natural supports and communities.
f. Support individuals in advocating for themselves when navigating services and organizational structures.
g. Analyze how **stigma** regarding mental illness, substance use, and **addictions** affect individuals.
h. Build an ongoing knowledge base of different resources for diverse individuals in order to make **culturally relevant** referrals.
i. Analyze societal and historical influences on **addictions** and **mental health**, including the war on drugs and **harm reduction**, and connect these to systemic barriers to care.

See Glossary

6. Build collaborative relationships with individuals, families/natural supports, community members and networks to enhance **addiction** and **mental health** services.

Elements of the performance

a. Use a variety of verbal and non-verbal skills to build rapport and promote trust in relationships with individuals.
b. Examine how personal **social location**, including their own biases and experiences of privilege and oppression, impact relationship building.
c. Recognize the expertise that **living/lived experience**, **peer workers** and people with mental health and addictions bring to every level of the decision-making process.
d. Collaborate across agencies/services and disciplines to understand how different roles and organizations can contribute to **addictions** and **mental health** care.
e. Work through conflict and difference of opinion in ways that respect the dignity of all within the workplace context and convey increasing openness to engage in difficult and/or uncomfortable conversations.
f. Collaborate with caregivers where appropriate to consider their needs and make relevant referrals.
g. Recognize how **relational practice** promotes safety, lifelong learning and professional growth.
h. Examine power differentials in work-related relationships to determine impact on service provision.

See Glossary

7. Work safely and in accordance with **trauma-informed** critical incident and crisis management practices to increase safety for self and others.

Elements of the performance

a. Apply an understanding of the different types of safety (e.g., physical, emotional, spiritual, cultural) within scope of practice.
b. Evaluate the safety of situations within workplace and community spaces by gathering internal and external cues.
c. Take proactive precautions to minimize the risk of **lateral violence** with individuals, families/natural supports, communities, and colleagues.
d. Practice de-escalation techniques during crises and critical incidents to increase safety for self and others.
e. Apply a **trauma-informed** approach to safe practice by identifying how various kinds of trauma (e.g., vicarious, intergenerational, institutional, collective, medical) can present through behaviour.
f. Practice suicide prevention skills and related referrals as required.
g. Monitor own **window of stress tolerance** and respond effectively when hypo or hyper stressed based on this window.
h. Discuss strategies to effectively respond in **culturally relevant** ways to different types of critical incidents, including overdose, hallucinations, self-harm, aggression/anger, human rights issues etc.
i. **Debrief** effectively with others following a crisis or critical incident.

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8. Develop individualized self-care and critical **self-reflection** strategies to maintain **health**, growth and resilience as an **addiction** and/or **mental health** practitioner.

Elements of the performance

9. Authentically engage in self-reflection, self-care and feedback activities, applying a growth mindset or other approach where relevant.
10. Identify and implement self-care practices to enhance autonomy, **wellness** and **health**, including opportunities to process vicarious trauma, vicarious resilience**,** countertransference, grief and moral injury.
11. Analyze the impact of caring for self on caring for others.
12. Evaluate how personal and professional values intersect with different employment opportunities to work in the **addictions** and **mental health** field.
13. Utilize supervision and community models to contribute to self-care and professional growth, including engaging in constructive feedback processes with individuals, colleagues, Elders and/or mentors.
14. Self-direct their own learning to define their own knowledge and/or skill gap, connect with relevant resources and adapt these within their own professional context.
15. Recognize and respond effectively to early signs of burnout to protect empathy and compassion.
16. Examine the professional development requirements of different certification boards such as the Canadian Addiction Counsellors Certification Federation and the Indigenous Certification Board of Canada.

See Glossary

9. Comply with confidentiality requirements and documentation standards to respect individual rights and **self-determination**.

Elements of the performance

a. Respect individuals' rights within documentation processes by applying knowledge of the Personal Health and Information Protection Act, the Health Care Consent Act and the Freedom of Information and Protection of Privacy Act.
b. Apply an understanding of the First Nations Principles of **Ownership, Control, Access and Possession** when collecting data with and from Indigenous individuals, families/natural supports and communities.
c. Assist individuals with completing forms, including those related to the Mental Health Act, as needed.
d. Practice recording and filing different types of documentation required within an **addictions** and **mental health** context, including case notes, critical incident reports, plans, assessments etc.
e. Utilize an understanding of the **case management** process and related models and skills from the time an individual engages with services until they no longer use those services.
f. Take brief, observational and objective case notes as required by professional scope of practice that incorporate cultural considerations of the individual.
g. Determine the potential personal and legal consequences of case notes and other documentation for both individual and practitioner.
h. Review different **professional standards** and agency protocols for individual records as guides for recording, securing and destroying case notes and other documentation.
i. Apply an understanding of culturally sensitive ways to gather information so as not to cause more harm to individuals with **addictions** and **mental health** challenges.

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Biases: Biases can be explicit or implicit and can sometimes contradict each other. Implicit biases are attitudes or beliefs "about other people, ideas, issues, or institutions that occur outside of our conscious awareness and control" that impact our opinions and behaviours. An explicit bias is an attitude or belief "that we consciously or deliberately hold and express about a person or group." Equity By Design - Design for Equity in Schools - Book (novakeducation.com)

Co-regulation: "Co-regulation is the interactive process by which caring adults (1) provide warm supportive relationships, (2) promote self-regulation through coaching, modeling, and feedback, and (3) structure supportive environments." Co-Regulation in Human Services | The Administration for Children and Families (hhs.gov)

Critical Incident: "Critical incidents are unexpected, unusual events perceived by an individual as threatening or traumatic. They are often sudden, outside our normal frame of reference and a challenge to our ability to cope." Common Reactions After a Critical Incident (ucalgary.ca)

Debriefing: Psychological debriefing is a set of processes or procedures such as counselling, psychoeducation or community circles aimed at preventing the impacts of trauma and aiding recovery after a crisis or critical incident. The current status of psychological debriefing (ncbi.nlm.nih.gov).

De-escalation: "De-escalation is a method used to prevent potential violence. It involves purposeful actions, verbal communication, and body language to calm a potentially volatile situation." Trauma-Informed De-escalation Strategies for Behavioral Health Professionals (blog.womensconsortium.org)

Discrimination: Discrimination is "treating someone unfairly by either imposing a burden on them, or denying them a privilege, benefit or opportunity enjoyed by others, because of their race, citizenship, family status, disability, sex or other personal characteristics." Ontario Human Rights Commission (www.ohrc.on.ca)

Equity, Diversity and Inclusion: "Equity, diversity, and inclusion (EDI/DEI) is a conceptual framework that promotes the fair treatment and full participation of all people, especially populations that have historically been underrepresented or subject to discrimination because of their background, identity, disability, etc." Equity, diversity, and inclusion (apa.org)

Evidence-informed: "An evidence-informed approach to practice can be defined as the integration of research evidence alongside practitioner expertise and the people experiencing the practice." What is an evidence-informed approach to practice and why is it important? (aifs.gov.au)

Grey literature: “Grey literature is information produced outside of traditional publishing and distribution channels, and can include reports, policy literature, working papers, newsletters, government documents, speeches, white papers, urban plans, and so on.” Grey literature: What it is & how to find it (lib.sfu.ca)

Health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Health and Well-Being (who.int)

Inclusive: Inclusive describes “[t]he provision of conditions and environments where all individuals are respected and their contributions valued, and individuals who might be otherwise marginalized have equitable access to resources and opportunities.” Bandwidth Recovery: Helping Students Reclaim Cognitive Resources Lost (routledge.com)

Institutional Racism: Institutional racism refers to the systemic distribution of resources, power, and opportunities that perpetuate racial inequality within organizations and institutions. It is embedded in the policies, practices, and procedures of social and political organizations, leading to differences in professional practice and working methods that result in racialized disparities. Challenging Anti-Black Racism in Everyday Teaching, Learning, and Leading: From Theory to Practice (sagepub.com),

Interprofessional practice: Interprofessional practice is “a process of bringing together professionals of different disciplines and teams to deliver efficient and [w]holistic health and social services” Interprofessional dynamics that promote client empowerment in mental health practice: A social work perspective (journals.sagepub.com/)

Intersectional identity: Intersectional identity, as defined by Kimberlé Crenshaw, refers to the interconnected nature of social categorizations such as race, class, and gender as they apply to an individual or group. This framework acknowledges that various forms of social stratification, such as racism, sexism, and classism, overlap and intersect, leading to multiple levels of discrimination and disadvantage. Intersectional identity recognizes that individuals experience unique forms of oppression that cannot be fully understood when only considering single-axis identity categories. It emphasizes the importance of considering the complex interplay of social identities and power dynamics to address systemic inequalities and promote social justice. Intersectionality and Educational Leadership: A Critical Review - Vonzell Agosto, Ericka Roland, 2018 (sagepub.com)

Life/Lived/Living experience: Lived and living experience is the knowledge and understanding gained from firsthand involvement of, and direct experiences from, everyday events rather than from assumptions, research, or other secondary sources. Universal Design for Learning (udlontario.georgebrown.ca/)

Mental health: Mental health includes “our emotional, psychological and social well-being. It affects how we think, feel and act. It also determines how we handle stress, relate to others, and make healthy choices.” Mental health vs. mental wellness (universityhealth.com)

Mental wellness: Mental wellness is “an internal resource that helps us think, feel, connect and function; it is an active process that helps us to build resilience, grow and flourish.” Mental health vs. mental wellness (universityhealth.com)

Motivational interviewing (MI): “MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.” Understanding Motivational Interviewing (motivationalinterviewing.org)

Oppression: Oppression refers to the systematic and pervasive mistreatment, discrimination, and subjugation of individuals or groups based on their social identity, such as race, gender, sexuality, or disability. It involves the use of power and authority to marginalize and disadvantage certain groups, often leading to unequal access to resources, opportunities, and rights. Oppression can manifest in various forms, including social, economic, and political, and is perpetuated through societal structures, institutions, and cultural norms. It intersects with privilege, as one group's privilege often relies on the oppression of others, creating and perpetuating systems of inequality and injustice. (Definition by Darlene Edgar, 2025; References: Small Silences: Privilege, Power, and Advantage as Management Educators (sagepub.com)

Personhood: “Personhood is a cross-disciplinary concept that can inform health work, mental health practice, mental health ethics codes, and human development…From a philosophical perspective, personhood refers to the uniqueness of people, their individuality and sense of stability as beings that are irreplaceable. Personhood is constituted by interaction of selfhood, agency, and autonomy of the person with context (other people, even the world, as well as influence of one's own body; and…the body of others).”Personhood across disciplines: Applications to ethical theory and mental health ethics (sciencedirect.com)

Plan of care: A plan of care is “[a] written document developed [with and] for each individual by the support team using a person-centered approach that describes the supports, services, and resources provided or accessed to address the needs of the individual.” Plan of care Definition: 613 Samples (lawinsider.com) A plan of care indicates both the what and the how of the supports and each individual has the right to be fully involved with their plan of care, including when it is initially made, how it is carried out and changed. 19a. Plan of care - Community Legal Education Ontario / Éducation juridique communautaire Ontario (www.cleo.on.ca)

Privilege: Privilege is a system of power relations within societies that grants unearned access to resources and social power based on belonging to certain social groups. It encompasses various aspects such as knowledge, wealth, family background, and ethnicity. Privilege often goes unnoticed and unchallenged, perpetuating systemic inequalities. It is not just a static condition but is sustained through everyday actions, and it is deeply embedded in social structures and institutions. Privilege is intersectional and multifaceted, encompassing factors such as class, geographic identity, economic status, gender, sexual orientation, physical ability, and neurotypical learning capacity. White Privilege: Unpacking the Invisible Knapsack (nationalseedproject.org)

Reflective Practice: Reflective practice is the "[p]rocess of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self and which results in a changed conceptual perspective" Introduction - Reflective practice in health - Expert help guides at La Trobe University (latrobe.libguides.com)

Self-determination: "Self-determination theory assumes an inherently active individual, finding and following intrinsic motivations and in the process learning, growing, and thriving. Intrinsic motivations will emerge automatically, as long as environments support them (unfortunately, "controlling" environments can undermine them)." The theory proposes that all humans have three basic needs that, when met, support intrinsic motivation, growth and health: autonomy, competence and relatedness. The self-determination theory perspective on positive mental health across cultures (ncbi.nlm.nih.gov)

Self-reflection: "Self-reflection involves being present with [oneself] and intentionally focusing [one's] attention inward to examine thoughts, feelings, actions, and motivations." The Importance of Self-Reflection: How Looking Inward Can Improve Your Mental Health (www.verywellmind.com)

Self-regulation: The psychophysiological definition of self-regulation refers to how we respond to stress, whether that be in a manner that promotes or restricts growth. Self-regulation "involves more than detailed knowledge of a skill; it involves the self-awareness, self-motivation, and behavioural skill to implement that knowledge." Becoming a Self-Regulated Learner: An Overview (PDF)

Social identity: Social identity is defined as an individual's sense of self based on their group memberships, which fosters a sense of belonging to the social world. These group memberships can include race, ethnicity, sexual orientation, gender identity, ability, religion/spirituality, nationality, and socioeconomic status. The importance of social identities is highlighted, as they allow individuals to be part of groups and gain a sense of belonging. Group membership influences how individuals perceive themselves, affecting their confidence, satisfaction, and sense of respect. (Definition by Darlene Edgar, 2025; Reference: Social Identities and the Big 8 (youtube.com)

Social location: Social location refers to an individual's position within society, which is influenced by various factors such as race, ethnicity, gender, sexual orientation, socioeconomic status, religion, and nationality. It encompasses the social identities and group memberships that shape an individual's experiences, opportunities, and interactions within the social world. These group memberships can significantly impact how individuals perceive themselves, their confidence, satisfaction, and sense of respect. Social location also influences how individuals are perceived by others and the opportunities available to them. Social Identity Map: A Reflexivity Tool for Practicing Explicit Positionality in Critical Qualitative Research (sagepub.com)

Stigma: Stigma is a negative stereotype such as those associated with mental illness, accessing mental health supports etc. These stereotypes are often a barrier for people accessing the mental health resources and services they need to support their health and wellness. Stigma and Discrimination (ontario.cmha.ca)

Trauma: "[Trauma] results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being." What is Trauma? (www.traumainformedcare.chcs.org)

Trauma-informed approach: "A broadly defined and multidisciplinary term that refers to services that have been designed or modified to incorporate: a recognition of the pervasiveness of traumatic experiences in society; an awareness of specific risk factors; a basic understanding of trauma's wide-ranging effects; attention to signs of trauma exposure or impact; a sensitivity to not inadvertently retraumatize impacted individuals; and an emphasis on [individual] safety, choice, collaboration, empowerment," trust and cultural, historical and gender issues. Six Principles of Trauma-Informed Care – Post-Secondary Peer Support Training Curriculum (opentextbc.ca)

Truth and Reconciliation Commission's Calls to Action: "The 94 Calls to Action (CTAs) are actionable policy recommendations meant to aid the healing process in two ways: acknowledging the full, horrifying history of the residential schools system, and creating systems to prevent these abuses from ever happening again in the future. Prevention, according to the CTAs, will happen by:

1. Teaching all Canadians the reality of Indigenous Peoples' treatment.
2. Creating educational and economic opportunities for Indigenous Canadians so they can fully participate in society.

The Truth and Reconciliation Commission's CTAs can be broken down into two categories: Legacy (1 to 42) and Reconciliation (43 to 94). Within each are numerous subcategories meant to tackle specific facets of the reconciliation process." What Are the Truth & Reconciliation Commission's 94 Calls to Action & How Are We Working Toward Achieving Them Today? (www.reconciliationeducation.ca)

Vicarious resilience: “Vicarious resilience has been defined as the positive impact on and personal growth of [mental health practitioners] resulting from exposure to their [service user’s] resilience.” Vicarious Resilience: A Comprehensive Review (journals.openedition.org).

Vicarious trauma: Vicarious trauma is “[t]he principal term in the traumatic stress field for the emotional and health impacts of a [service-user’s] traumatic experiences and symptoms on…empathically connected helping professionals.” Vicarious Traumatization – Complex Trauma Resources (complextrauma.org)

Well-being: “Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose.” Promoting well-being (who.int)

Wholistic: Wholistic pertains to the whole person including, but not limited to, their biopsychosocial-spiritual dimensions, identity, roles and contexts.

Window of Stress Tolerance: The window of stress tolerance “[r]efers to the range of specific emotions, affective intensity or physiological arousal a given person can tolerate before becoming dysregulated and hyperaroused or hypoaroused. Expansion of window of tolerance is a common goal across many complex trauma interventions.” Window of Tolerance – Complex Trauma Resources (/www.complextrauma.org)

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