



Mental Health and Addictions Worker Program Standard

The approved program standard for the Mental Health and Addictions Worker program of instruction leading to an Ontario College Diploma delivered by Ontario Colleges of Applied Arts and Technology.

(MTCU funding code 50733)

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Introduction

This document is the Program Standard for the Mental Health and Addictions Worker program of instruction leading to an Ontario College Diploma delivered by Ontario Colleges of Applied Arts and Technology (MTCU funding code 50733).

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 of Applied Arts and Technology across the province of Ontario. Each program standard for a postsecondary program includes the following elements:

- **Vocational standard** (the vocationally specific learning outcomes which apply to the program of instruction in question),
- **Essential employability skills** (the essential employability skills learning outcomes which apply to all programs of instruction); and
- **General education requirement** (the requirement for general education in postsecondary programs of instruction).

Collectively, these elements outline the essential skills and knowledge that a student must reliably demonstrate in order to graduate from the program.

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 of Ontario 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 Mental Health and Addictions Worker Program 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 the Mental Health and Addictions Worker program have achieved the [ten vocational learning outcomes \(VLOs\)](#), in addition to achieving the essential employability outcomes and meeting the general education (GE) requirement.

Preamble

The Mental Health and Addiction Worker program is offered at Ontario Colleges of Applied Arts and Technology. Upon successful completion of the program, students receive an Ontario Diploma II certificate.

The Mental Health and Addiction Worker program provides graduates with a body of knowledge and practical skills related to supporting individuals, families/natural supports and communities with **mental health** and **addiction** services and resources. Students build a comprehensive base knowledge and related skills to provide **wholistic** needs assessment, planning, and treatment and prevention support to individuals within a community-based context. They learn about and practice ethical decision making, advocating for **mental health** and **addiction** destigmatization and connecting individual perspectives with systemic structures. 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 work on collaboration with individuals and their support networks, as well as within interdisciplinary teams and across agencies, centering relationships across their scope of practice to optimize **mental health** and **addiction** care. Within these processes, graduates use critical **self-reflection** methods to honour **self-determination**, **intersectional identity**, and advocacy alongside individuals. This includes supporting individuals and groups with accessing and navigating referral processes and organizational systems to best meet their needs, while simultaneously critiquing these systems for the historical and current barriers presented to accessible and **inclusive mental health** and **addiction** care for different groups of individuals. Graduates of the Mental Health and Addiction Worker program must be familiar with pertinent legislation, crisis and critical incident management, **trauma-informed approaches**, **harm reduction** and the importance of **culturally relevant** care.

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 through the Indigenous Certification Board of Canada (ICBOC). Graduates may wish to pursue further education such as a graduate certificate or degree bridge and should contact individual colleges for further pathways information.

Graduates of the Mental Health and Addiction Worker program can expect employment across a variety of sectors and settings. These include hospital and community-based

healthcare, residential mental health and substance use 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.

[See Glossary](#)

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

Synopsis of the vocational learning outcomes Mental Health and Addictions Worker (Ontario College Diploma)

The graduate has reliably demonstrated the ability to:

1. Collaboratively assess wholistic needs with individuals, families/natural supports and communities experiencing mental health and substance use challenges and/or addiction to recognize the capacity for self-determination, growth, and resilience.
2. Develop a wholistic, trauma-informed and iterative care plan with the individual to meet their mental health and recovery goals within scope of practice.
3. Implement research, trauma and equity-informed treatment and prevention strategies in support of individual, family/natural support and/or community recovery and wellness goals.
4. Build collaborative relationships with individuals, families/natural supports, communities, and colleagues to promote wholistic and culturally relevant mental health and addictions care.
5. Develop and implement a critical self-reflection practice to support lifelong learning, professional growth, and sustainable self-care.
6. Connect with community support networks to better assist individuals in accessing and navigating various referral processes and care services/systems.
7. Implement relational practices, including trauma-informed crisis response and critical incident management strategies, to safeguard self and others.
8. Conduct oneself in a professional and ethical manner while adhering to workplace policies and legislation relevant to scope of practice.
9. Advocate with individuals, families/natural supports, and community members to address systemic barriers that impact access to and quality of mental health and addictions care.
10. Record and file information within a case management model in compliance with privacy legislation, confidentiality requirements and other documentation standards.

[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. Collaboratively assess **wholistic** needs with individuals, families/natural supports and communities experiencing **mental health** and substance use challenges and/or **addiction** to recognize the capacity for self-determination, growth, and resilience.

Elements of the performance

- a. Utilize a variety of **evidence-informed** and **culturally relevant** assessment tools, including those specific to certain agencies/organizations, within scope of practice.
- b. Apply an understanding of the impact of various substances, including medications and their side effects, on the brain and rest of the body and how these may impact behaviour.
- c. Consider the impacts of **intersectional identity** on how **mental health** services are defined and inequitably accessed.
- d. Apply an understanding of how **mental health**, **addictions** and the **social determinants of health** interact within particular contexts.
- e. Use a **trauma-informed approach** when engaging with others in assessment processes.
- f. Prioritize building relationships with individuals in the context of assessment.
- g. Consider the **wholistic** needs and strengths of the individual and their support networks when engaging in assessment processes, including their expressed values and priorities.
- h. Gather relevant historical information such as behavior patterns and **lived experience** with participation from the individual, family/natural supports and/or community.
- i. Recognize people's resilience and growth in addition to challenges they experience.
- j. Utilize **motivational interviewing** appropriately during assessment processes and throughout work with individuals.
- k. Explore the impact of **lifespan development** when relevant in relation to **mental health** and **addictions** concerns.
- l. Approach individual and collective stories through a lens of meaning making.

[See Glossary](#)

2. Develop a **wholistic, trauma-informed** and iterative **care plan** with the individual to meet their **mental health** and **recovery** goals within scope of practice.

Elements of the performance

- a. Combine an understanding of the **mental health** and Non-Substance-Related, Substance-Related and Addictive Disorders categories of the Diagnostic and Statistical Manual of Mental Disorders, including concurrent/co-existent disorders, with other cultural and spiritual perspectives.
- b. Actively listen to how individuals define their own success and **recovery** and support them in setting related goals.
- c. Explore the role of **harm reduction** with the individual within their particular context.
- d. Center the **living/lived experience** of the individual when working together to plan care, including any ongoing stressors, strengths and preferences.
- e. Examine the types of **wholistic, trauma-informed** planning that can be included in **mental health** and **addictions** work such as care planning, treatment planning, intervention, wellness planning, **harm reduction** etc. with individuals.
- f. Understand the dynamic and iterative nature of care planning and revisit plans with individuals as needed.
- g. Consider the impact of **social location** and **intersectionality** when care planning with individuals.
- h. Creatively assess the unique strengths of various care approaches and tools and which to consider in various contexts.

[See Glossary](#)

3. Implement research, **trauma** and **equity**-informed treatment and prevention strategies in support of individual, family/natural support and/or community **recovery** and **wellness** goals.

Elements of the performance

- a. Apply an understanding of a variety of treatment modalities and approaches to best meet people's needs, including strength-based, **wholistic** and **evidence-informed** approaches and **recovery** models.
- b. Adapt treatment and prevention strategies to align with **trauma-informed**, **anti-oppressive** and **equity**-enhancing approaches.
- c. In consultation with the individual, examine relevant **stigma** and other barriers in equitable access to optimal care and/or services.
- d. Apply the basics of group facilitation when facilitating psychoeducational sessions within scope of practice.
- e. Differentiate between **equity**, **diversity** and **inclusion** and how these apply to different local contexts within scope of practice.
- f. Implement a variety of **harm reduction** strategies on a continuum that consider influencing factors such as individual perspectives, agency policies and corrections and justice involvement.
- g. Optimize individual engagement and participation within the context of treatment and prevention strategies.
- h. Consider the role of family/natural supports and community in implementing treatment and prevention strategies within scope of practice.
- i. Integrate technology where relevant to make services more accessible and effective.

[See Glossary](#)

4. Build collaborative relationships with individuals, families/natural supports, communities, and colleagues to promote **wholistic** and **culturally relevant mental health** and **addictions** care.

Elements of the performance

- a. Build rapport with individuals to establish and maintain trust while centering the individual's wants, needs and preferences.
- b. Practice empathy and compassion when engaging with individuals and their support systems (i.e. through active listening.)
- c. Evaluate where own scope of practice intersects with others' scope of practice to determine how different professions approach **mental health** and **addictions** care.
- d. Develop effective interpersonal skills to build connections, navigate conflict and find shared purpose in furthering **wholistic mental health** and **addictions** care.
- e. Examine how **social location** can impact the forming and maintenance of supportive relationships.
- f. Listen for how individuals define their own culture in order to determine **culturally relevant** resources, services and/or referrals.
- g. Learn through interprofessional engagement to further professional growth.

[See Glossary](#)

5. Develop and implement a critical **self-reflection** practice to support lifelong learning, professional growth, and sustainable self-care.

Elements of the performance

- a. Distinguish between the intent and impact of professional practice on others, including recognition of transference and/or countertransference.
- b. Understand **self-reflection**, self-care and professional learning as lifelong processes.
- c. Connect with different resources, organizations and **certification bodies** that can support ongoing professional learning.
- d. Examine potential career pathways in the field according to own interests, limits and opportunities.
- e. Explore how care for the self is interconnected with caring for others.
- f. Identify the early signs of burnout, including **compassion fatigue**, and plan potential self-care responses.
- g. Minimize the risk of **lateral violence** by reflecting on practice, including the role of own **social location**, power and privilege, in providing **mental health** and **addictions** care.
- h. Explore different tools and techniques of self-care, including those that support processing of grief and loss and the ability to embrace uncertainty and discomfort.
- i. Form connections with others (e.g., colleagues, mentors/supervisors, community) as a means of self-care and to build community with other **mental health** workers.
- j. Gather information from the mind, body and spirit to direct self-care practices.
- k. Relate trends seen in **mental health** and **addictions** practice to local, national and global events and contexts.

[See Glossary](#)

6. Connect with community support networks to better assist individuals in accessing and navigating various referral processes and care systems.

Elements of the performance

- a. Develop knowledge of community supports and their cultural protocols and/or referral processes to better support individuals in finding **culturally relevant** support and care.
- b. Understand and familiarize oneself with organizations' philosophies of approach to care to work effectively across agencies, organizations, and communities.
- c. Determine the need to refer individuals, families/natural supports and/or communities to other supports and the appropriateness of the referral to minimize harm and promote **mental health**, wellness and **recovery**.
- d. Examine how **institutional racism** and other forms of **discrimination** impact access to and engagement with **mental health** and **addictions** services for individuals, families/natural supports and communities.
- e. Examine the role of community hubs and **healing circles** in supporting individuals holistically.
- f. Integrate an understanding of **social determinants of health** when doing outreach in a community context.
- g. Analyze the impacts of collective and intergenerational **trauma** on individuals, families/natural supports and communities.
- h. Recognize the effectiveness of **peer support** models in building trust and supporting individuals experiencing **mental health** and **addiction** challenges.

[See Glossary](#)

7. Implement **relational practices**, including **trauma-informed** crisis response and critical incident management strategies, to safeguard self and others.

Elements of the performance

- a. Create a personal safety plan that includes **grounding**, **self-regulation** and **debriefing** strategies.
- b. Assess safety of situations and environments using dynamic safety domains (i.e., physical, mental, emotional, cultural and spiritual.)
- c. Exhibit crisis and critical incident processes within the scope of practice including professional consultation, and culturally appropriate engagement with Elders and/or communities of practice.
- d. Practice preventative approaches to crisis escalation in ways that are **trauma-informed** and recognize the impacts of oppression and colonization.
- e. Perform a suicide risk assessment with an individual and make an appropriate referral for continued support.
- f. Examine the continuum of crisis including threat to life; other conditions such as housing, food and economic insecurity; coping strategies that can exacerbate crisis; and the effects of substance use on all of these.
- g. Proactively minimize and plan for crisis and critical incidents by building relationships based on trust and respect.
- h. Examine how crisis and critical incident interventions can vary depending on the agency or community context.
- i. Apply a **trauma-informed approach** to crisis and critical incident intervention and management.
- j. Develop an awareness of different trainings such as Applied Suicide and Intervention Skills Training (ASIST), Mental Health First Aid, Non-Violent Crisis Intervention and Naloxone Training that are relevant to scope of practice.

[See Glossary](#)

8. Conduct oneself in a professional and ethical manner while adhering to workplace policies and legislation relevant to scope of practice.

Elements of the performance

- a. Comply with relevant legislation including the Mental Health Act, the Personal Health and Information Protection Act, Health Care Consent Act, Freedom of Information and Protection of Privacy Act and the Child and Youth Family/natural supports/natural supports Services Act within scope of practice.
- b. Examine how organizational policies and procedures impact service delivery.
- c. Explore the different **standards of practice** and possible **certification bodies** relevant to **mental health** and **addiction** worker practice.
- d. Consult with mentors, supervisors, Elders and/or colleagues for professional guidance.
- e. Exhibit general professional behaviours, including use of **inclusive** language, body language, respecting the dignity of all people, accountability, and promptness at work.
- f. Analyze the impacts of the Indian Act and the United Nations Declaration on the Rights of Indigenous Peoples on Indigenous individuals, families/natural supports and communities within the context of **mental health** and **addictions**.
- g. Apply an understanding of professional responsibilities according to the **Truth and Reconciliation Committee's Calls to Action** to **mental health** and **addictions** practice.
- h. Develop a general understanding of funding opportunities and the types of research and writing skills needed to apply for funding.
- i. Apply Jordan's Principle and any other relevant programs (e.g., Non-insured Health Benefit program) to working with Indigenous families/natural supports in **mental health** and **addictions**.
- j. Maintain **professional boundaries** that safeguard self and others.
- k. Unpack notions or norms of professionalism through an **anti-oppressive** lens.

[See Glossary](#)

9. Advocate with individuals, families/natural supports, and community members to address systemic barriers that impact access to and quality of **mental health** and **addictions** care.

Elements of the performance

- a. Understand the various ways to engage in advocacy work (e.g., letter writing, petition writing, mock delegation to council, op eds for media, agency policies such as the right to traditional medicine practice) and the different purposes these serve.
- b. Develop strategies to support own sense of personal power as an agent of change.
- c. Critically analyze the flaws of the current service systems and the barriers these present to different people accessing and using the systems.
- d. Distinguish between clinical and **peer support** models of **mental health** and **addictions** care, acknowledging the benefits of peer models historically and currently.
- e. Develop an awareness of different **stigma** associated with mental illness, substance use, **addictions** and recovery and how these impact access to and engagement with **mental health** supports and services.
- f. Connect advocacy at the relational level to advocacy at the systems level.
- g. Support individuals, families/natural supports and community members in ways that enable their advocacy efforts.
- h. In collaboration with individuals and their support networks, identify gaps in service and advocate for these to be provided in ways that respect individuals' self-determination.
- i. Consider social policy, legislation, and political, social and economic systems and their impacts on service delivery in **addiction** and **mental health** services

[See Glossary](#)

10. Record and file information within a **case management** model in compliance with privacy legislation, confidentiality requirements and other documentation standards.

Elements of the performance

- a. Examine the different data collection systems that agencies might utilize for recording and filing information.
- b. Practice data collection and filing tasks including those related to plans, case notes and forms while respecting individual confidentiality.
- c. Participate in agency-based data collection processes aimed at improving **mental health** and **addictions** care, including collecting feedback from individuals, families/natural supports and communities.
- d. Use non-judgmental, observational and professional language in case notes and other documents, while ensuring timely, relevant documentation.
- e. Develop vocabulary in order to understand psychiatric reports and other medical information to support individuals, families/natural supports and communities in navigating services and systems.
- f. Develop a general understanding of digital privacy and security and connect these to agency-based protocols.
- g. Apply an understanding of the potential personal and legal consequences of case notes and other records for both individual and practitioner.
- h. Examine the different roles of the case manager in a variety of organizational settings.

[See Glossary](#)

Glossary

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, 2024; 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 \(nationalseedproject.org\)](https://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 \(latrobe.libguides.com\)](https://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 \(ncbi.nlm.nih.gov\)](https://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 \(www.verywellmind.com\)](https://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, 2024; Reference: [Social Identities and the Big 8 \(youtube.com\)](https://www.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 \(/www.complextrauma.org\)](#)

Essential employability skills

All graduates of the Mental Health and Addictions Worker program of instruction must have reliably demonstrated the essential employability skills learning outcomes listed below, in addition to achieving the [vocational learning outcomes](#) and meeting the [general education requirement](#).

Context

Essential Employability Skills (EES) are skills that, regardless of a student's program or discipline, are critical for success in the workplace, in day-to-day living and for lifelong learning.

The teaching and attainment of these EES for students in, and graduates from, Ontario's Colleges of Applied Arts and Technology are anchored in a set of three fundamental assumptions:

- these skills are important for every adult to function successfully in society today
- our colleges are well equipped and well positioned to prepare graduates with these skills
- these skills are equally valuable for all graduates, regardless of the level of their credential, whether they pursue a career path, or they pursue further education

Skill categories

To capture these skills, the following six categories define the essential areas where graduates must demonstrate skills and knowledge.

- Communication
- Numeracy
- Critical Thinking & Problem Solving
- Information Management
- Interpersonal
- Personal

Application and implementation

In each of the six skill categories, there are a number of defining skills, or sub skills, identified to further articulate the requisite skills identified in the main skill categories. The following chart illustrates the relationship between the skill categories, the defining skills within the categories and learning outcomes to be achieved by graduates from all postsecondary programs of instruction that lead to an Ontario College credential.

EES may be embedded in General Education or vocational courses or developed through discrete courses. However, these skills are developed, all graduates with Ontario College credentials must be able to reliably demonstrate the essential skills required in each of the six categories.

Skill category: communication

Defining skills

Skill areas to be demonstrated by graduates:

- reading
- writing
- speaking
- listening
- presenting
- visual literacy

Learning outcomes

The graduate has reliably demonstrated the ability to:

1. Communicate clearly, concisely and correctly in the written, spoken and visual form that fulfills the purpose and meets the needs of the audience.
2. Respond to written, spoken or visual messages in a manner that ensures effective communication.

Skill category: numeracy

Defining skills

Skill areas to be demonstrated by graduates:

- understanding and applying mathematical concepts and reasoning
- analyzing and using numerical data
- conceptualizing

Learning outcomes

The graduate has reliably demonstrated the ability to:

1. Execute mathematical operations accurately

Skill category: critical thinking and problem solving

Defining skills

Skill areas to be demonstrated by graduates:

- analyzing
- synthesizing
- evaluating
- decision making
- creative and innovative thinking

Learning outcomes

The graduate has reliably demonstrated the ability to:

1. Apply a systematic approach to solve problems.
2. Use a variety of thinking skills to anticipate and solve problems.

Skill category: information management

Defining skills

Skill areas to be demonstrated by graduates:

- Gathering and managing information
- Selecting and using appropriate tools and technology for a task or a project
- Computer literacy
- Internet skills

Learning outcomes

The graduate has reliably demonstrated the ability to:

1. Locate, select, organize and document information using appropriate technology and information systems.
2. Analyze, evaluate and apply relevant information from a variety of sources.

Skill category: interpersonal

Defining skills

Skill areas to be demonstrated by graduates:

- Teamwork
- Relationship management
- Conflict resolution
- Leadership
- Networking

Learning outcomes

The graduate has reliably demonstrated the ability to:

1. Show respect for the diverse opinions, values, belief systems and contributions of others.
2. Interact with others in groups or teams in ways that contribute to effective working relationships and the achievement of goals.

Skill category: personal

Defining skills

Skill areas to be demonstrated by graduates:

- Managing self
- Managing change and being flexible and adaptable
- Engaging in reflective practices
- Demonstrating personal responsibility

Learning outcomes

The graduate has reliably demonstrated the ability to:

1. Manage the use of time and other resources to complete projects.
2. Take responsibility for one's own actions, decisions and their consequences.

General education requirement

All graduates of the Mental Health and Addictions Worker program must have met the [general education requirement](#) described below, in addition to achieving the [vocational](#) and [essential employability skills](#) learning outcomes.

Requirement

The [General Education Requirement](#) for programs of instruction is stipulated in the [Credentials Framework](#) in the Minister's Binding Policy Directive Framework for Programs of Instruction.

In programs of instruction leading to either an Ontario College Diploma or an Ontario College Advanced Diploma, it is required that graduates have been engaged in learning that exposes them to at least one discipline outside their main field of study and increases their awareness of the society and culture in which they live and work. This will typically be accomplished by students taking 3 to 5 courses (or the equivalent) designed discretely and separately from vocational learning opportunities.

This general education learning would normally be delivered using a combination of required and elective processes.

Purpose

The purpose of General Education in the Ontario college system is to contribute to the development of citizens who are conscious of the diversity, complexity and richness of the human experience; who are able to establish meaning through this consciousness; and who, as a result, are able to contribute thoughtfully, creatively and positively to the society in which they live and work.

General Education strengthens students' essential employability skills, such as critical analysis, problem solving and communication, in the context of an exploration of topics with broad-based personal and/or societal importance.

Themes

The themes listed below will be used to provide direction to Ontario Colleges in the development and identification of courses that are designed to fulfil the General Education Requirement for programs of instructions.

Each theme provides a statement of Rationale and offers suggestions related to more specific topic areas that could be explored within each area. These suggestions are neither prescriptive nor exhaustive. They are included to provide guidance regarding the nature and scope of content that would be judged as meeting the intent and overall

goals of General Education.

Arts in society:

Rationale:

The capacity of a person to recognize and evaluate artistic and creative achievements is useful in many aspects of his/her life. Since artistic expression is a fundamentally human activity, which both reflects and anticipates developments in the larger culture, its study will enhance the student's cultural and self-awareness.

Content:

Courses in this area should provide students with an understanding of the importance of visual and creative arts in human affairs, of the artist's and writer's perceptions of the world and the means by which those perceptions are translated into the language of literature and artistic expression. They will also provide an appreciation of the aesthetic values used in examining works of art and possibly, a direct experience in expressing perceptions in an artistic medium.

Civic Life:

Rationale:

In order for individuals to live responsibly and to reach their potential as individuals and as citizens of society, they need to understand the patterns of human relationships that underlie the orderly interactions of a society's various structural units. Informed people will have knowledge of the meaning of civic life in relation to diverse communities at the local, national and global level and an awareness of international issues and the effects of these on Canada, as well as Canada's place in the international community.

Content:

Courses in this area should provide students with an understanding of the meaning of freedoms, rights and participation in community and public life, in addition to a working knowledge of the structure and function of various levels of government (municipal, provincial, national) in a Canadian and/or in an international context. They may also provide an historical understanding of major political issues affecting relations between the various levels of government in Canada and their constituents.

Social and cultural understanding:

Rationale:

Knowledge of the patterns and precedents of the past provide the means for a person

to gain an awareness of his or her place in contemporary culture and society. In addition to this awareness, students will acquire a sense of the main currents of their culture and that of other cultures over an extended period of time in order to link personal history to the broader study of culture.

Content:

Courses in this area are those that deal broadly with major social and cultural themes. These courses may also stress the nature and validity of historical evidence and the variety of historical interpretation of events. Courses will provide the students with a view and understanding of the impact of cultural, social, ethnic or linguistic characteristics.

Personal understanding:

Rationale:

Educated people are equipped for life-long understanding and development of themselves as integrated physiological and psychological entities. They are aware of the ideal need to be fully functioning persons: mentally, physically, emotionally, socially, spiritually and vocationally.

Content:

Courses in this area will focus on understanding the individual: his or her evolution; situation; relationship with others; place in the environment and universe; achievements and problems; and his or her meaning and purpose. They will also allow students the opportunity to study institutionalized human social behaviour in a systematic way. Courses fulfilling this requirement may be oriented to the study of the individual within a variety of contexts.

Science and technology:

Rationale:

Matter and energy are universal concepts in science, forming a basis for understanding the interactions that occur in living and non-living systems in our universe. Study in this area provides an understanding of the behaviour of matter that provides a foundation for further scientific study and the creation of broader understanding about natural phenomena.

Similarly, the various applications and developments in the area of technology have an increasing impact on all aspects of human endeavour and have numerous social, economic and philosophical implications. For example, the operation of computers to process data at high speed has invoked an interaction between machines and the

human mind that is unique in human history. This and other technological developments have a powerful impact on how we deal with many of the complex questions in our society.

Content:

Courses in this area should stress scientific inquiry and deal with basic or fundamental questions of science rather than applied ones. They may be formulated from traditional basic courses in such areas of study as biology, chemistry, physics, astronomy, geology or agriculture. As well, courses related to understanding the role and functions of computers (e.g., data management and information processing) and assorted computer-related technologies should be offered in a non-applied manner to provide students with an opportunity to explore the impact of these concepts and practices on their lives.

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Or by email: psu@ontario.ca

Inquiries regarding specific Mental Health and Addictions Worker programs offered by Colleges of Applied Arts and Technology in Ontario should be directed to the relevant college.

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