Reflection Tool

A tool for continuous learning and improvement in mental health and well-being at school

Who is this reflection tool for?

This is a self-reflection tool that can be used by principals, vice-principals, superintendents and school leadership teams.

Who created this reflection tool?

This mentally healthy school tool was co-developed by school leaders, mental health leaders, superintendents, and a principal workgroup (ADFO, CPCO, and OPC) working alongside School Mental Health Ontario.

What is this reflection tool about?

The items that comprise this tool are based on the Aligned and Integrated Model (AIM). In this model, at Tier 1, when educators **WELCOME**, **INCLUDE**, **UNDERSTAND**, **PROMOTE** and **PARTNER**, students have a better sense of belonging at school and can feel confident that there are caring adults in the building who they can turn to if they are having difficulties academically, socially, behaviourally or emotionally. These five aspects of Tier 1, described in Foundations for a Healthy School (2014), are fundamental to creating a mentally healthy school.

Why should I use this reflection tool?

This reflection tool is intended to help principals, vice-principals, superintendents and school leadership teams reflect on core elements of mentally healthy schools to support overall school improvement planning.
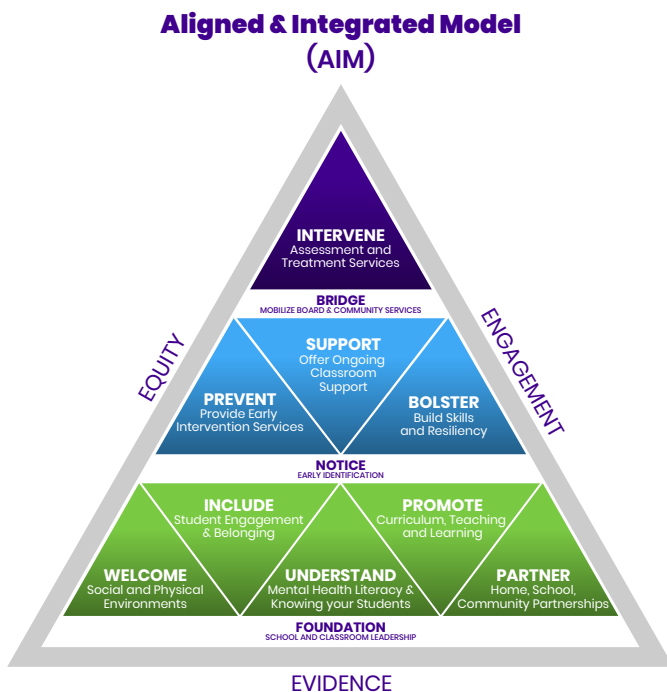
How should I use this reflection tool?

This tool can be used individually or as a leadership team to reflect on your school's conditions for learning. Items can help you to consider your school's strengths and needs in relation to universal (Tier 1) mental health practices. Information and insights revealed can help to inform the school improvement planning process. Consider your findings alongside multiple data sources.

How do I know if a school is mentally healthy?

In each section of the tool, some examples are listed that highlight features of a mentally healthy school. This list is not exhaustive but provides a sampling of "look fors" that may be helpful for your reflection about your own school.

Who should I contact if I have questions about the reflection tool?

You can either connect with your mental health leader or an individual on your board's mental health leadership team.

Aligned & Integrated Model (AIM)

Sources used to develop this tool:

School Mental Health Ontario (2017). *Leading Mentally Healthy Schools:* Principal resource materials.

School Mental Health Ontario (2013). *Leading Mentally Healthy Schools:* A resource for school administrators.

Carney, P. (2015). *Well Aware, Developing Resilient, Active and Flourishing Students.* Pearson

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Leading Mentally Healthy Schools

Please reflect on your school's current stage of implementation within each of the items listed, using the scale from 1 to 4 to guide you, where 1 = not at all in place to 4 = fully in place.

Welcome (social and physical environments)

In our school:	1 **Not at all in place** Component is not at all in place (i.e., no work or activity in this area has taken place).	2 **Partially in place** Component is partially in place (i.e., starting to put ideas into effect).	3 **Mostly in place** Component is mostly in place (i.e., the area is well underway).	4 **Fully in place** Component is fully in place (i.e., this practice is integrated into regular work).
School staff meet and greet students on arrival.				
The learning environment is comfortable for students and staff (e.g., areas to talk, relax, move).				
Inclusive and respectful language is used.				
Educators/other school staff take time to check-in with all students.				
Diversity is recognized and honoured, respected and valued (e.g., all students see themselves reflected in the curriculum and environment).				

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Include (student engagement)

In our school:	1 **Not at all in place** Component is not at all in place (i.e., no work or activity in this area has taken place).	2 **Partially in place** Component is partially in place (i.e., starting to put ideas into effect).	3 **Mostly in place** Component is mostly in place (i.e., the area is well underway).	4 **Fully in place** Component is fully in place (i.e., this practice is integrated into regular work).
There is an opportunity for student voice and student leadership at the classroom and school levels (including the well-being leadership team, healthy school committee, etc.).				
There is opportunity for student leadership to promote kindness and inclusion through true/meaningful child and youth engagement and life promotion* initiatives.				
Students are provided with opportunities to learn about and to apply positive mental health and resiliency skills.				
Educators/other school staff take steps to ensure safety and inclusivity for all students.				
Instruction and assessment are designed in an inclusive, universal and differentiated way.				

*Life promotion: initiatives that promote daily practices, which enhance well-being and resilience. The purpose is not only to prevent suicide, but to bolster lifelong skills and practices that result in flourishing students.

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Understand (well-being literacy and knowing your students)

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Educators recognize the important connections between positive mental health, resiliency, self-care (e.g., sleep, nutrition, daily exercise) and readiness to learn.				
All students are learning to recognize emotional and physical triggers for their stress, and strategies for dealing with their stressors.				
Mistakes are viewed by all (students and educators) as opportunities for learning (growth mindset approach).				
Educators recognize their students' strengths and notice when they are struggling with a mental health problem.				
Educators can articulate the school's processes for initiating further support for students who are struggling with a mental health problem.				

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Promote (curriculum, teaching and learning)

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Educators provide explicit and culturally responsive teaching of social-emotional skills including self-awareness, self-management, problem solving, responsible decision making, positive self-talk, etc.				
Educators make connections to mental health and well-being in different areas of the curriculum.				
Educators promote positive habits and attitudes as part of the daily routine of the school day (e.g., mindfulness/contemplation, optimism, gratitude).				
Educators use language that is strength-based and non-stigmatizing and model this in their interactions with all students.				
Educators model social-emotional learning skills, positive coping, and self-care in their interactions with students as a way to reinforce these skills.				

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Partner (home school, community partnerships)

In our school:	1 **Not at all in place** Component is not at all in place (i.e., no work or activity in this area has taken place).	2 **Partially in place** Component is partially in place (i.e., starting to put ideas into effect).	3 **Mostly in place** Component is mostly in place (i.e., the area is well underway).	4 **Fully in place** Component is fully in place (i.e., this practice is integrated into regular work).
Positive mental health promotion in the classroom is part of an integrated, whole-school approach involving all staff and all students.				
Whole school mental health promotion is complemented by partnerships with parents, families, and the wider community.				
Educators work together with families to support learning and well-being, not just connecting with parents when there is a concern or problem.				
The school works collaboratively with community partners when protocols need to be enacted.				
Educators invite approved board and/or community partners into the school/classroom to support mental health and well-being instruction (e.g., school mental health professionals, public health, etc.).				

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Thinking about next steps

Priority areas/ strategic themes				
Key activities (what?)				
Responsibility (who?)				
Timeline (when?)				
Anticipated outcomes (why?)				
Indicators (how?)				

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