

# Making the right connections



Promoting positive mental health among BC youth



# Making the right connections

Promoting positive mental health among BC youth

The McCreary Centre Society is a non-government not-for-profit committed to improving the health of BC youth through research, education and community based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

Copyright: McCreary Centre Society, 2011  
ISBN: 978-1-926675-12-1

McCreary Centre Society  
3552 Hastings Street East  
Vancouver, BC, V5K 2A7

[www.mcs.bc.ca](http://www.mcs.bc.ca)

For enquiries or to order copies of this report,  
please e-mail: [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).



Funding for this report was provided by the BC Ministry of Health.

Funding for the Adolescent Health Survey was provided by the Province of British Columbia, Ministry of Children and Family Development; Child Health BC; Northern Health Authority; and Centre for Addictions Research BC, University of Victoria.

Funding for the youth focus groups and workshops was provided by the Vancouver Foundation; Office of the Representative for Children and Youth; Province of British Columbia, Ministry of Children and Family Development; Province of British Columbia, and Ministry of Public Safety and Solicitor General, Gaming Policy and Enforcement Branch.

Special thanks are due to the youth who completed the surveys and who participated in focus groups and workshops which are referenced in this report. Their contributions are greatly appreciated. Quotes from some of these youth are included throughout this report.

## Project team

Annie Smith  
Executive Director

Elizabeth Saewyc  
Research Director

Colleen Poon  
Research Associate

Duncan Stewart  
Research Associate

Carly Hoogeveen  
Research Assistant

Maya Peled  
Research Associate

Stephanie Martin  
Youth Participation Coordinator/  
Report design and layout

## Suggested citation

Smith, A., Poon, C., Stewart, D., Hoogeveen, C., Saewyc, E., and the McCreary Centre Society (2011). *Making the right connections: Promoting positive mental health among BC youth*. Vancouver, BC: McCreary Centre Society.

# Table of contents

KEY FINDINGS	5
INTRODUCTION	6
The survey	6
The analysis	6
Youth input	7
Limitations	7
MENTAL HEALTH OF BC YOUTH	9
Self-esteem	9
Stress and despair	9
Self-harm	10
Suicide	11
Limiting mental or emotional condition	11
ADDITIONAL MEASURES OF POSITIVE MENTAL HEALTH	13
General health	13
Positive body image	13
School safety	14
Aspirations for the future	15
Spirituality/Religion	16
ACCESSING MENTAL HEALTH SERVICES	17
YOUTH AT RISK FOR EXPERIENCING MENTAL HEALTH CHALLENGES	18
Sexually abused youth	18
Physically abused youth	20
Immigrant youth	21
Teased or harassed youth	22
Youth with an unstable home life	24

# Table of contents

## continued

Youth living in poverty	25
Lesbian, gay and bisexual youth	26
Youth with a health condition or disability	27
Multiple risks	28
MENTAL HEALTH AND OTHER HEALTH AND RISK BEHAVIOURS	29
Risky sexual behaviour	29
Nutrition	29
Injury prevention	29
Sport and exercise	29
Substance use	30
PROMOTING POSITIVE MENTAL HEALTH	31
Support networks	31
Extracurricular activities	36
Youth engagement	38
Skills and competencies	39
A FURTHER LOOK AT PROTECTIVE FACTORS	45
Family connectedness	45
School connectedness	46
Cultural connectedness	47
Peer attitudes	48
Having an adult to talk to about a serious problem	48
Involvement in extracurricular activities	49
Youth engagement	50
FINAL WORD	51
ADDITIONAL McCREARY RESOURCES	52

# Key findings

- Most youth in British Columbia report positive mental health and low rates of mental health challenges. They not only have high self-esteem, educational aspirations for the future, and rate their health as good or excellent, but also have not self-harmed or had suicidal thoughts or attempts in the past year.
- Youth reported lower rates of considering and attempting suicide compared to their peers five years previously. However, mental health challenges continue to have an effect on youth health and health risk behaviours in BC. For example, youth who self-harmed were less likely to engage in injury prevention behaviour such as seat belt use and wearing a helmet when cycling.
- Some youth face obstacles to achieving positive mental health. These youth include those who identify as lesbian, gay or bisexual, youth who live in poverty or have an unstable home life, those who have been physically or sexually abused and youth who are living with a chronic illness or disability.
- In the past year, over half (56%) of youth who reported that they experienced a mental or emotional health condition had not accessed the mental health services that they felt they needed.
- Having an adult they can confide in about their problems is linked to better mental health outcomes for even the most vulnerable youth. Furthermore, youth who felt supported by professionals such as teachers, doctors, nurses and youth workers reported better mental health than those who had unsuccessfully approached these adults for help.
- Youth who could identify having skills or competencies were more likely than other youth to report good or excellent health, higher self-esteem, post-secondary educational aspirations, feeling safe at school, and feeling positive about their body image.
- Different skills and competencies played a role for different groups of youth. For example, art and music were all associated with higher self-esteem for immigrant youth in a way not seen in the overall sample of students.
- Of all the skills and competencies that youth identified, the strongest links to positive mental health were seen among those who reported being good at a sport or having school-based skills such as being good at math or reading.
- When other protective factors were taken into account, family connectedness and school connectedness were the most consistently associated with positive mental health. For example, the more connected youth felt to family or school, the more likely they were to report excellent general health and higher self-esteem, and the less likely they were to have considered suicide.
- Feeling engaged and valued within their extracurricular activities was another important protective factor associated with good or excellent health. Having input into their activities also emerged as being protective against suicidal ideation for several vulnerable groups, including females who had been abused, and males who had a health condition or disability.
- When youth were asked to comment on the data, they consistently reported that to achieve positive mental health they needed access to supportive adults and peer mentors, as well as opportunities to engage in activities that promoted their physical health.

# Introduction

This report is focused on the mental health of youth aged 12-19. It uses data from the 2008 BC Adolescent Health Survey (AHS) and information provided by youth who participated in discussions of the results.

The report provides an overview of the mental health of BC youth, considers some groups of youth who are at risk for mental health challenges, and looks at the effects these mental health challenges may have on other aspects of health.

The report also considers what promotes positive mental health in even the most vulnerable populations of young people. It looks specifically at the role of support networks, engagement in activities and feeling skilled and competent, and also considers which of these and other protective factors are most strongly associated with positive mental health.

## The survey

The AHS is the largest survey of its kind in Canada. It provides a comprehensive picture of the mental and emotional health of BC youth, including risk and protective factors that can influence health. Previous surveys were conducted in 1992, 1998 and 2003. The 2008 AHS is the fourth BC Adolescent Health Survey conducted by the McCreary Centre Society. Over 29,000 BC public school students in Grades 7-12 completed the survey between February and June 2008. Fifty of the 59 BC school districts participated in the survey.

The pencil and paper survey was administered in 1,760 randomly chosen classrooms and provided a representative sample of youth across the province. Participation was voluntary and parental consent procedures were determined at the school district level.

A methodology fact sheet for the survey is available at [www.mcs.bc.ca](http://www.mcs.bc.ca), as is a detailed fact sheet discussing the sources and rationale for the questions used in the survey.

## The analysis

Statistics Canada weighted the data to ensure it was representative of all BC youth in Grades 7-12. Fewer than 1% of surveys were eliminated before the analysis began because they contained contradictory, incomplete or joking responses.

All comparisons and associations reported in this study have been tested and are statistically significant (at least  $p < .05$ ). This means that there is a 5% (or less) likelihood that the results occurred by chance. The only exception is that some graphs and charts show frequencies that are not necessarily statistically significant for every comparison. It is noted in the report where this is the case.

Multivariate analyses were conducted to determine which protective factors were most effective for different populations of youth and in relation to various aspects of mental health. The details of these analyses are not included in the report but can be obtained by email from [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).



## Youth input

McCreary has shared results from the survey in 35 focus groups and 11 interactive workshops with 617 young people in communities across the province. These consultations have offered young people the opportunity to respond to the AHS data and provide their ideas for improving youth health in their communities.

Youth's feedback and suggestions which relate specifically to improving the mental health of BC youth are included in break-out boxes throughout this report.

## Limitations

As with all studies, this one has limitations. The AHS only provides information about youth who were in mainstream schools and who had sufficient English language and comprehension skills to complete the survey. Those suffering from severe mental health challenges may not have been present on the day the survey was administered or may not have been in school at all.

McCreary will be publishing reports about the health of Aboriginal youth and youth living in the care of the BC government in late 2011. The mental health picture of these two groups of youth is therefore not considered specifically in this report. Furthermore, although this report focuses on several vulnerable groups of youth, not all different sub-populations of youth could be included.



*“The questions about depression don't fit me. I am not suicidal, however I am unhappy often because I hate a lot of things about my life. I have many friends, am popular and all but I am still depressed sometimes. I think it's because I am very stressed, do not get along with my parents, but my reasons didn't seem to be in here.”*

Finally, this report discusses a number of protective factors which are associated with positive mental health. These are not intended to be an exhaustive list and we acknowledge that there are many other factors which can influence mental health but were beyond the scope of this report.

Sincere thanks are due to individual youth and the following organizations who hosted focus groups and workshops to discuss the AHS data:

Britannia Centre Latin American Youth Project, Vancouver  
Burnaby Youth Custody Centre, Burnaby  
Chatelech Secondary School, Sechelt  
Crawford Bay Community School, Crawford Bay  
Elphinstone Secondary School, Gibsons  
Fraser Valley Youth Society, Abbotsford  
Grandview Elementary School, Vancouver  
Harwin Elementary School, Prince George  
Interior Community Services, Kamloops  
Kitimat Child Development Centre, Kitimat  
Langley Family and Youth Services Society, Langley  
McCreary Centre Society Aboriginal Next Steps Youth Advisory Council, Vancouver  
McCreary Centre Society Youth Advisory Council, Vancouver  
Nanaimo Youth Services Association, Nanaimo

North Shore Multicultural Society, North Vancouver  
Pender Harbour Elementary-Secondary School, Pender Harbour  
PLEA Community Services Society of BC, Surrey  
Power to Be Adventure Therapy Society, Victoria  
Prince George Youth Custody Centre, Prince George  
Quinson Elementary School, Prince George  
School District 8, Creston  
School District 41, Burnaby  
School District 51, Grand Forks  
School District 69, Parksville and Qualicum  
Summerland Asset Development Initiative, Summerland  
Tamanawis Secondary School, Surrey  
W. E. Graham Community Services Society, Slocan

A series of fact sheets to accompany this report are also available. These profile the positive mental health of different populations of youth (such as lesbian, gay or bisexual youth and youth with a disability or chronic health condition). A youth friendly fact sheet will be released shortly.

# Mental health of BC youth

*“I am comfortable and proud of who I am and I certainly don't want to change anything or anyone.”*

Adolescence is a critical time for developing and sustaining positive mental health. Youth who completed the AHS were asked several questions specifically about their mental health (self-esteem, stress, despair, self-harm, suicide and having a mental or emotional condition).

## Self-esteem

Self-esteem can be one sign of positive mental health and the majority of youth who completed the AHS reported high self-esteem. They felt good about themselves (87%) and their abilities (92%), they had much to be proud of (78%) and felt that their life was useful (86%).

There were seven questions about self-esteem on the survey and more than half of youth (58%) answered positively to all seven questions. Younger youth generally reported higher self-esteem than older ones, as did male youth in comparison to females.

*“I like the way I am.”*

## Stress, anxiety and despair

Stress is a normal part of most young people's lives, and most youth in BC indicated feeling some stress or pressure in the past 30 days (84%). However, 14% reported that the stress they experienced was so extreme that they could not work or function properly.

Students were also asked if they had felt sad, discouraged or hopeless in the past month. Feeling such a sense of despair was not as common as stress, and the majority (53%) had not experienced this in the past month. However, 6% indicated feeling so sad, discouraged or hopeless that they wondered if anything was worthwhile and had difficulty functioning properly.

Females were more likely than males to report the most extreme levels of stress (18% vs. 10%) and despair (8% vs. 4%) in the past month, as were older youth when compared to younger ones.

Despite taking the survey at different times in the academic year, levels of stress or despair were consistent across each month the survey was administered.

*“Everyone wants to go to university and that puts pressure on us and there isn't always an outlet.”*

### Youth's response to the data

Young people recognized that when they felt stressed and anxious, this affected both their mental and physical health.

#### Youth's suggestions:

- *Give youth opportunities to release stress, for example, through exercise and art. (Free or low cost sports, exercise and other extracurricular activities were also suggested as promoting mental health among vulnerable groups of youth such as those who lived in poverty, were bullied or who had an unstable home life.)*
- *Teach younger youth to handle stress before they reach an age where stress increases.*
- *Ensure teachers, parents and other adults talk about mental health with children and youth so that young people feel comfortable talking about their own mental health.*

### Self harm

Some young people who deliberately hurt themselves are doing so without the intention of wanting to kill themselves. For these youth, self-harm can be an attempt to deal with overwhelming emotions or to express distress.

Twenty-two percent of females and 12% of males reported that they had cut or injured themselves on purpose without trying to kill themselves at some point in their lifetime, with 11% doing so once or twice and 6% doing so three or more times. Among males, rates of self-harm were comparable from ages 12 to 18. For females, those aged 13 to 18 were more likely to self-harm than those 12 or younger.

*“I have a bad tendency to cut myself really bad. It is very addictive but relieves the pain.”*

*“I used to feel angry and I would take it out on myself and feel alive. Now that I'm older I regret doing it. I was a little out of control about my emotions.”*

### Youth's response to the data

Youth who self-harm said they are often ridiculed by their peers. This can lead to increased feelings of isolation and further incidents of self-harm.

Those who admitted to previously harming themselves reported that at the time they had few other ways to express their emotions. As they developed more positive coping mechanisms, they stopped hurting themselves.

#### Youth's suggestions:

- *Educate people to understand that self-harm is an attempt to escape from emotional pain.*
- *Allow young people to discuss their self-harm confidentially and do not assume they are suicidal.*
- *Offer peer support programs that provide young people with a safe place to connect with others that can relate to their experiences. Peer support and mentorship programs were also suggested as helpful for youth who were currently or had previously experienced being suicidal, abused, bullied, had an unstable home life or identified as LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning).*

## Suicide

Suicide is one of the leading causes of death among youth in BC. Twelve percent of students seriously thought about killing themselves, and 5% actually attempted suicide in the past year.

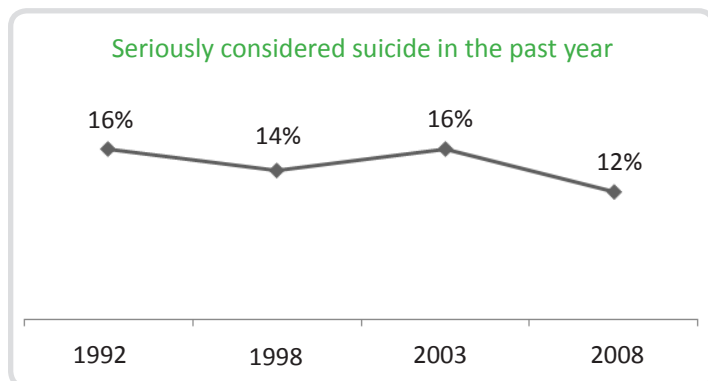
Youth of all ages reported similar rates of considering or attempting suicide, except youth who were 14-16 years old were slightly more likely to have either considered or attempted suicide than their older or younger peers.

Males were less likely to report thinking about committing suicide in the past year (9% vs. 14% females) or actually attempting suicide in the past year (3% vs. 7%). They were also less likely to have made multiple attempts (1% of males vs. 2% of females had made two or three attempts in the past year). However, males were more likely than females to have made an attempt serious enough to require medical attention (33% vs. 24%). It should also be noted that males generally have higher suicide completion rates than females.

## Limiting mental or emotional condition

The AHS asked youth whether they had an emotional or mental health condition (such as depression or an eating disorder) that limited their activities. Four percent of females and 2% of males reported that they suffered from a mental or emotional health condition. Older students were generally more likely to report a condition than younger students.

Among youth with a mental or emotional health condition, 13% missed a lot of school and 28% sometimes missed school because of their condition. More than one in three (34%) took daily medication, and another 25% took medications on an as-needed basis. Two out of three youth with a mental or emotional health condition (67%) reported that they felt their condition was severe enough that other people would be able to identify their condition when they met them.



“I get thoughts of suicide and never do it though. I’m uncomfortable with myself. Very, very insecure.”

## Youth's response to the data

Most youth were able to identify resources that could assist them if they felt suicidal, including family, the Internet and school counsellors. However, youth also reported that adults sometimes do not take a suicidal young person seriously, and that they lacked knowledge about how to access services for themselves or a peer in an emergency.

### Youth's suggestions:

- *Provide more discussion and information in schools about where to access help.*
- *Target intervention at the most high-risk groups (e.g., youth aged 13 to 15, youth who are bullies or bullied, youth who have lost a family member or friend to suicide).*
- *Teach youth to recognize warning signs that might indicate that someone they know is suicidal.*
- *Reduce the barriers to accessing mental health support and ensure counsellors are easily accessible when youth feel suicidal (including outside of school hours and scheduled appointments).*
- *Provide suicide support services at youth centres, so that youth can access these services easily and without others knowing why they are at the centre.*
- *Ensure youth have an adult support in their lives.*
- *Take it seriously when young people talk about feeling suicidal "They think it is just a teenage thing but they don't realize it is actually serious."*

*"If your relatives talk about suicide, or cut their wrists, it affects the person and their perspective on things."*



# Additional measures of positive mental health

In addition to being asked specific questions about their mental health, youth were asked about other areas of their lives which have been linked to positive mental health and well-being. These included general physical health, feelings of safety at school, plans for the future and spirituality.

## General health

Most youth reported that they were in good or excellent health (84%). As youth got older, they were less likely to report excellent health. More males than females rated their health as excellent (39% vs. 23%).

In addition to being more likely to report good mental and physical health, males were also less likely than females to report experiencing regular physical ailments in the past six months such as headaches (11% vs. 22%), backaches (13% vs. 20%), stomach-aches (7% vs. 16%) or dizziness (8% vs. 12%). Older youth were more likely to report suffering from headaches or backaches, but reports of stomach-aches or dizziness were consistent across all age groups.

Physical ailments are a normal part of growing up, but experiencing many problems or problems on a regular basis can be linked to mental health issues such as stress and depression. Almost half of youth living with a mental or emotional health condition (49%) experienced a lot of headaches, compared to 16% of youth without this condition. They were also more likely to experience a lot of stomach-aches (40% vs. 11%), backaches (44% vs. 16%) and dizziness (42% vs. 9%).

*“If you aren't mentally healthy you can't encourage yourself physically.”*

Overall, 2% of youth experienced all four ailments a lot. This rate was higher among youth experiencing mental health challenges. For example, those who felt that the stress in their lives was almost more than they could take reported high levels of all four health ailments, compared to those who had not experienced stress in the past month (8% vs. 1%). A similar pattern was seen among youth who had seriously considered suicide in the past year. In contrast, youth who reported positive mental health and higher self-esteem were more likely to be free of ailments.

## Positive body image

A healthy body image can be seen as a sign of positive mental health. Conversely, a poor body image has been linked in other studies to emotional distress, low self-esteem, unhealthy dieting habits, depression and eating disorders.

One in five females and one in ten males who completed the AHS reported that they were dissatisfied with their body image; and body dissatisfaction was associated with binge eating, purging and dieting. Males' levels of body satisfaction remained constant as they got older but for females dissatisfaction was highest among 15- and 16-year-olds.

*“As mental health decreases so does physical and vice versa.”*

“Mental health is happiness and self-esteem. So having good mental health you’ll choose things that are healthy.”

### Youth’s response to the data

Youth felt that mental health and physical health were strongly linked. They felt that youth generally had a good understanding of the role that exercise, nutrition and mental health play in overall health, and were aware of what they needed to do to stay healthy.

#### Youth’s suggestions:

- *More resources to help people who are pregnant or have an eating disorder.*

### School safety

Feeling safe at school can be an important influence on the mental health of students. Overall, 43% of males and 40% of females reported that they always felt safe at school. Two percent of students reported never feeling safe at school, and this was also a more common experience for males.

Feelings of safety were highest among students in Grade 12 (50% always felt safe) and Grade 7 (47%), and lowest among students in Grades 8 through 10 (36%-37%). These figures were consistent whether youth were in a school district which used the middle school system or one that had a transition from elementary to high school.

### Youth’s response to the data

Young people thought feelings of safety were lowest among Grades 8 and 9 students because this is the time when social groups become more pronounced, peers become more influential and when they have to make choices about whether to engage in risky behaviours with their friends (such as using alcohol and other substances).

By Grades 11 and 12, students reported feeling more tolerant of each other’s differences as well as finding a place or group that they fit into, and feeling safer as a result. Older students also reported that they trusted teachers more and felt safer around them than they had in the younger grades.

Youth suggested that the AHS might be measuring different things for males and females because females think about school safety in terms of emotional safety and males in terms of physical safety.

#### Youth’s suggestions:

- *Provide more supports to youth in middle schools, because they are equally at risk for feeling unsafe as those transitioning from elementary to high school.*
- *Have more structured activities that promote youth interacting with students they wouldn’t normally socialize with.*
- *Have smaller schools so everyone gets to know each other.*
- *Make it easier to anonymously report bullying.*
- *Have teachers take bullying more seriously.*
- *Address Internet bullying as this is often linked to incidents at school and can decrease feelings of safety.*



“I feel extremely safe in my environment and with those around me.”

### Aspirations for the future

Having hope and setting goals for the future are linked to positive mental health in adolescence. Students were asked about their educational plans for the future.

Almost all expected to graduate from high school and most had plans beyond their compulsory education. Sixty percent expected to graduate from university, medical school, or law school; 18% planned to graduate from community college or a technical institute; and 14% were unsure about when they would complete their education.



### Youth's response to the data

Young people recognized the need to complete their education in order to increase their employment prospects. However, young people living out of the family home do not have an adult to encourage them, assist with homework or who will attend their graduation, and as a result they lower their expectations and aspirations.

Similarly, youth who did have a parent who would get them up in the morning and helped them get to school reported that this support increased their motivation to do well in school.

The higher rates of females expecting to go to university in comparison to males were seen as reflecting a sexist barrier which prevented their entry into the trades or an apprenticeship.

#### Youth's suggestions:

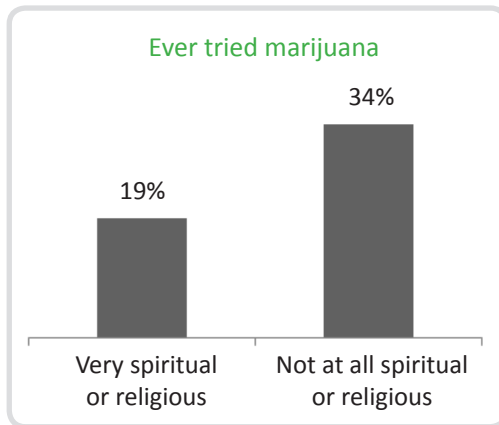
- Offer additional financial and other support to youth who face barriers to post-secondary education (such as those living in government care, living in poverty, or who are homeless).
- Provide more programs which facilitate females entering the trades.
- Ensure all students get equal opportunities in the class room.
- Have after school clubs where youth with unstable home lives can do their homework.
- Have high school teachers encourage their students to pursue higher education and other post-secondary options. "When teachers believe in their students, students believe in themselves."

“People mock my religion around me all the time.”

## Spirituality/Religion

Overall, 12% of BC students reported that they were very religious or spiritual, 37% classified themselves as somewhat and 51% reported that they were not at all religious or spiritual.

Youth with challenges in their lives may seek comfort in spirituality. For example, male victims of sexual abuse were more likely than their non-abused peers to identify as very religious or spiritual (16% vs. 11% who were not spiritual).



Spirituality appeared to be linked to improved mental health for some youth, but was a risk factor for others. Among youth who were born abroad, those who indicated being spiritual or religious reported lower rates of some health risk behaviours, such as alcohol and marijuana use.

For youth who identified as lesbian, gay or bisexual (LGB), there were less positive associations. For example, 33% of LGB students who identified as very spiritual or religious had tried cocaine compared to 19% of sexual minority youth who identified as not spiritual or religious.

Spirituality was generally not linked to reduced rates of self-harm or suicidality, but youth who were very spiritual or religious reported slightly higher rates of post-secondary aspirations.

The relationship between spirituality and mental health is clearly complex and requires further study. For this reason it was not included as an indicator of positive mental health for the analyses which follow in the remainder of this report.

## Youth's response to the data

Some religions and faiths might feel very welcoming for some youth but not for others. Some LGB youth reported that they had felt judged or condemned within their religion. For other youth it was a strong sort of cultural support.

“Music and God keep me sane and grounded in this crazy busy life.”

# Accessing mental health services

“ [There are] counsellors, but you can't really get a hold of them, they're too busy. ”

Youth were not asked specifically about accessing mental health support, but were asked if they felt that they had needed services in the past year but had not received them. Eighteen percent of females and 7% of males reported that they had not accessed mental health services when they felt they needed them. There were no significant regional or urban/rural differences.

As youth got older, they were less likely to access needed mental health services. Only 7% of youth who were 12 years old or younger had not accessed needed mental health services, compared to 11% of 14-year-olds and 16% of 16-year-olds.

Over half (56%) of youth who reported that they experienced a mental or emotional health condition had not accessed the mental health services that they needed in the past year.

## Youth's response to the data

Many youth talked about not accessing needed services because they were afraid that their information would not be kept confidential. They also talked about the barriers that exist to accessing school counsellors, such as long wait lists, having to miss class time for appointments and having to go through the school secretary to make an appointment.

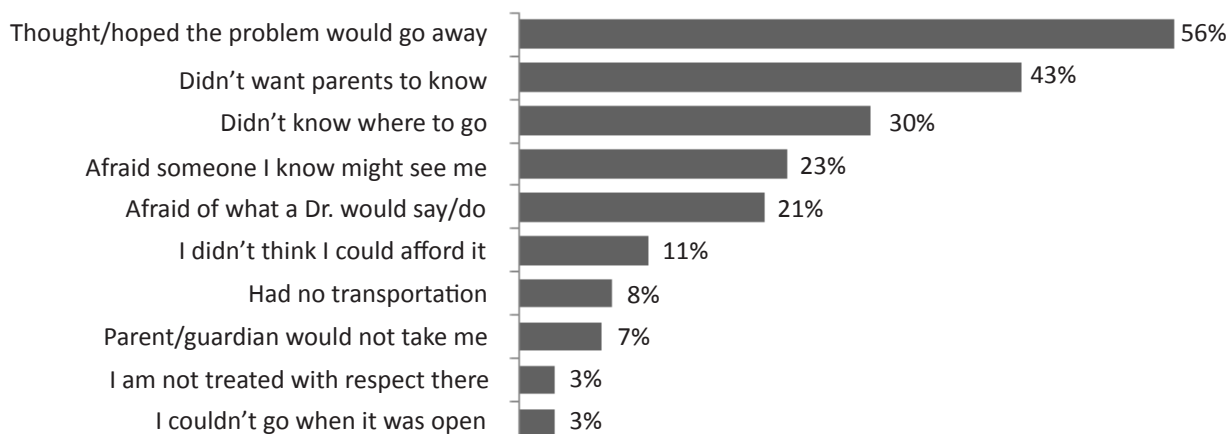
### Youth's suggestions:

- *Ensure services are open at times when youth can attend.*
- *Ensure youth know where to access help for mental health issues.*

“ The other kids DO find out. ”

“ To get an appointment you have to go to the main office and all the teachers are there. ”

## Reasons for not accessing mental health services (among youth who needed them)



# Youth at risk of experiencing mental health challenges

The overall picture of mental health in BC shows many positives (such as the relatively high self-esteem rates and low levels of despair reported by most young people). However, there are some youth who might be considered at greater risk for experiencing challenges to their mental health.

For the purpose of this report we have focused on eight of these groups: youth who were sexually or physically abused, immigrant youth, youth who were the victims of school-based teasing or harassment, youth with unstable home lives (meaning youth who had run away from home or moved from one home to another at least three times in the past year), youth who lived in poverty, those who identified as lesbian, gay or bisexual, and young people with a chronic health condition or disability.

## Sexually abused youth

For the purpose of this report, youth who specifically reported that they had been sexually abused were combined with those who reported being forced to have sex against their will or who reported that they had made their sexual debut before age 12. This led to a total of 6% of male and 16% of female students being categorized as sexually abused.

Male and female youth who experienced any form of sexual abuse reported poorer mental health than those who had not been



abused, including higher rates of stress, despair, self-harm and suicidality. For example, when compared to students who had never been abused, suicide attempts in the past year were seven times more likely among students who had been sexually abused (21% vs. 3%).

Sexually abused youth were also less likely to report positive indicators of health, including excellent general health, feeling safe at school, and planning to continue their education beyond high school.

## Youth's response to the data

Sexual abuse was hard to talk about because youth felt that there was a high level of shame and stigma attached to being a victim.

Youth who had been abused reported that they often binge drank as a way to cope with traumatic memories, which could in turn sometimes lead them into more negative and abusive situations. They also reported a difficulty developing positive trusting relationships and feeling unsupported by the system or by individuals within it, when they had reached out for help.



## Youth's suggestions:

- *Increase monitoring of suspected and known sex offenders. Also have a mechanism in place so that youth can warn others about people who have abused or sexually exploited them.*
- *Ensure all sexually abused youth have a supportive adult or peer in their lives.*
- *Provide youth with more individual time with their social worker or counsellor to work through issues and build a relationship of trust, without potentially abusive caregivers present.*
- *Ensure youth know how to support an abused peer and how to report abuse (as youth will often tell their friends they are being abused before they tell anyone else).*
- *Ensure youth know how to recognize when they are being abused or sexually exploited.*
- *Provide information about services for abused youth at youth shelters, safe houses and other safe spaces.*
- *Target interventions that improve self-esteem and teach assertiveness to younger youth and those who are particularly vulnerable to abuse.*
- *Do not remove a child from their home if they are being abused - instead target an intervention at the abuser.*
- *If a youth has to leave home, make sure they can go somewhere safe and have the choice to stay in their community.*

“Even though I have been physically abused, I have gotten help from the police.”

### Physically abused youth

Nineteen percent of females and 14% of males had been physically abused or mistreated. Two percent of males and 8% of females had experienced some type of sexual abuse as well as physical abuse. Older youth were generally more likely to report that they had been physically abused.

Physical abuse had all the same negative associations as sexual abuse, such as lower self-esteem and higher rates of attempted suicide (15% vs. 3% with no physical abuse history). This sort of abuse was also associated with negative body image for males, which was not the case with sexual abuse, where only females reported lower rates of body satisfaction.

### Youth's response to the data

#### Youth's suggestions:

- *Ensure schools create a supportive abuse-free atmosphere, and that teachers know how to support and work with students who have been abused.*
- *Provide youth with information about how to report abuse and what steps will be taken.*
- *Allow a youth reporting abuse to have a voice in how the issue is resolved.*
- *Provide support to children growing up in abusive and neglectful households. Also target their families for early interventions and teach them the skills to avoid resorting to abuse.*
- *Encourage youth to stay in school and create positive connections so that they do not drift into settings such as gangs, where they might get abused.*
- *Offer different services for males and females as their response to being abused is different. For example, females find discussion-based programs more valuable than males, and males prefer more physically active options.*
- *Have more 'one stop shop' resources so that youth can access a range of services and resources without anyone knowing the reason why.*
- *Increase the age range for youth services so that vulnerable youth have a place of safety to go to once they are out of the school system.*

## Immigrant youth

British Columbia is home to youth who originate from many different parts of the world. Eighteen percent of students were born outside of Canada, 6% had lived in Canada between 2 and 5 years, and 3% had lived here for less than 2 years.

Being an immigrant to Canada appeared to be both a risk and protective factor in relation to mental health. Youth born outside Canada reported comparable rates of stress, despair and suicide as youth born in Canada. However, females born in Canada were more likely to report self-harm than their foreign-born peers (22% vs. 18%) and were also more likely to report having a mental or emotional health condition (4% vs. 2%).

Female youth born inside and outside of Canada reported comparable rates of school safety and positive body image, but male immigrants were less likely than Canadian-born males to always feel safe at school (39% vs. 44%) or to be very satisfied with how they looked (16% vs. 20%).

In terms of educational aspirations, 84% of foreign-born students planned to graduate college or university compared to 76% of those born in Canada. Among Canadian-born youth, more females than males intended to continue their education (80% vs. 72%) but there was no such gender difference among immigrant students.

## Youth's response to the data

Immigrant youth with English as a second language suggested that the Canadian education system is geared towards passing exams rather than the pleasure of learning. They felt that immigrant youth may be more likely to have post-secondary aspirations, because they arrive in Canada with a love of learning.

Immigrant youth felt that the more connected they were to their culture of origin, the more likely they were to be victimized and discriminated against, and also the less accepting they themselves were of other cultures.

It was felt that immigrant females were at greater risk of being bullied at school because in some cultures they are socialized to be subservient, which can make them an easy target.

### Youth's suggestions:

- *Schools should organize activities and events that encourage different ethnic groups to mix.*
- *Teach immigrant youth about Canadian culture (especially First Nations and LGBTQ youth) to help them integrate at school.*
- *Teach all youth about different cultures to reduce discrimination.*
- *Encourage all youth to read and develop lifelong learning habits.*

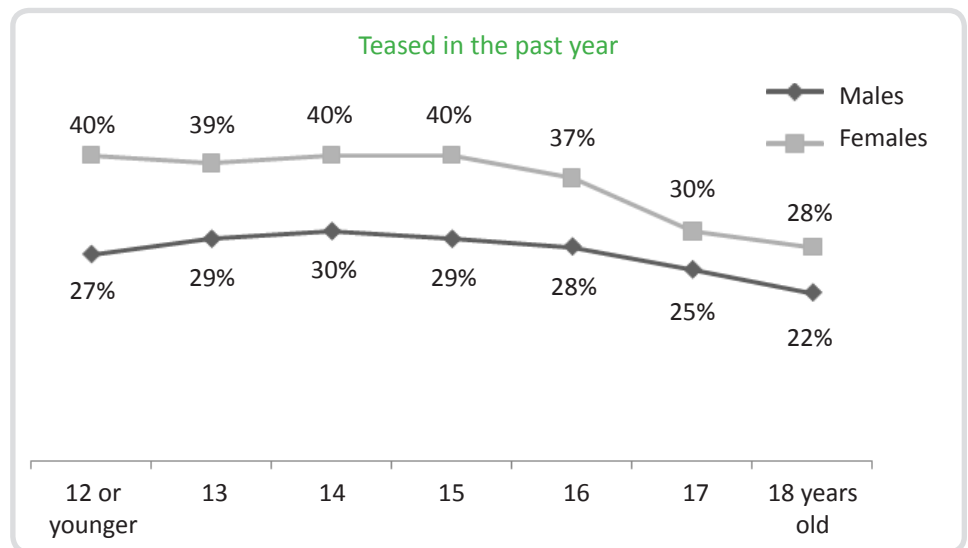
### Teased or harassed youth

In the AHS, 37% of females and 28% of males reported that they had been teased or verbally harassed at school or on the way to or from school in the past year.

Being teased is often dismissed as a part of growing up, yet other studies have shown that victims of teasing can exhibit a wide range of health problems. In this study, victims of teasing reported many of the same negative associations as other vulnerable groups, such as lower rates of good or excellent health (79% vs. 87% among

youth not teased in the past year) and higher rates of self-harm (27% vs. 12%), suicidal ideation (20% vs. 8%) and suicide attempts (10% vs. 3%).

Not surprisingly, teased youth were less likely than their peers who had not been teased to report feeling safe at school (28% vs. 48%), and for females (but not males) it was associated with whether they planned to continue their education beyond high school (79% of teased females planned to graduate college or university vs. 82% who had not been teased).





## Youth's response to the data

Youth who were teased, and their peers who witnessed it, often did not report the experience for fear of being targeted. This led to further decreases in feelings of safety and increased stress.

Teasing was identified as a bigger issue in elementary school because there was greater pressure to conform and less diversity. As youth got older they also identified more sophisticated ways to bully their peers, such as social exclusion.

### Youth's suggestions:

- *Teachers should respond to incidents of teasing before they escalate.*
- *Teasing within the elementary school setting should be targeted because it can lead to other forms of victimization at high school.*
- *Raise awareness of the effects of teasing and bullying as this can be effective in reducing it.*
- *Have adults patrolling the school grounds at lunch time.*
- *Improve the anti-bullying curriculum to be more effective.*
- *Provide more opportunities for communication between youth and teachers so that youth will feel more comfortable approaching them about bullying.*
- *Have programs that improve self-esteem so that youth feel less inclined to tease others.*
- *Have youth be held accountable to their peers when they bully someone.*



## Youth with an unstable home life

Changing address can mean that youth also have to change schools, communities and peer groups. In BC, 17% of students moved once in the past year, 5% moved twice and 6% moved three or more times. Additionally, 10% of females and 8% of males ran away from home in the past year.

For the purpose of this report, youth who had run away from home or had moved on three or more occasions in the past year were considered to have an unstable home life. When compared to youth without these experiences, youth with an unstable home life were more likely to report extreme stress (24% vs. 13%), despair (14% vs. 5%), a mental or emotional health condition (7% vs. 3%), self-harm (30% vs. 16%), to consider suicide (23% vs. 11%) or attempt suicide (17% vs. 4%).

Having an unstable home life did not affect body image but did lower the likelihood that youth would report good or excellent health (74% vs. 85% of youth with a more stable background) or have post-secondary aspirations (64% vs. 79%). For females it also reduced the likelihood that they would feel safe at school. Only one in three reported that they always felt safe at school compared to 41% of females from more stable backgrounds.

## Youth's response to the data

Youth reported that the more stable their home, the better their mental and physical health, and the easier it was to focus at school. Those living outside the family home reported using alcohol as a way to cope with their problems, but this compounded any mental health issues they were having.

### Youth's suggestions:

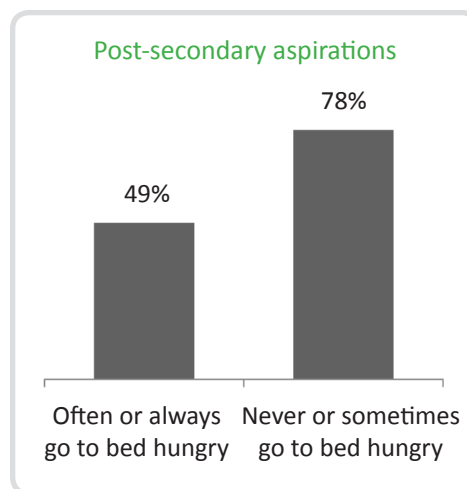
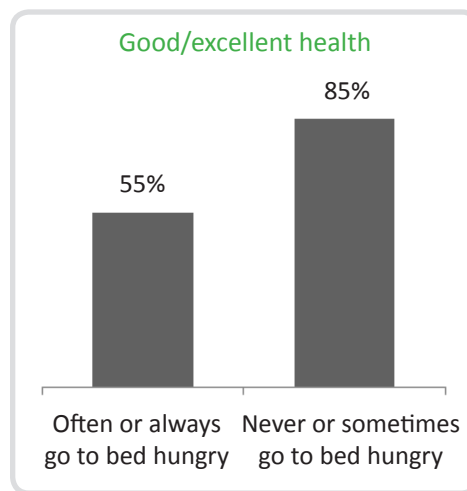
- *Target youth and their families for support before they leave home or go into government care.*
- *Offer a quiet and calm place at school where youth can go when they are too distracted by problems at home to be in a classroom setting.*
- *Offer homework clubs and other after school services to help youth stay connected to school and reduce the time they spend in unsafe or unstable settings.*
- *Provide safe, affordable housing to all families.*
- *Improve the conditions of group homes and foster placements so they feel more like a stable home where young people can get social and emotional support, engage in positive leisure pursuits, and have positive relationships with staff.*
- *Provide youth with information about warning signs for relationship violence so they are less likely to end up in a dangerous living situation.*

### Youth living in poverty

The AHS did not capture child poverty well and likely underestimated the extent to which young people were living in households where poverty is a major concern. One question that may have been effective in establishing the percentage of youth living in extreme poverty asked students if they went to bed hungry because there was not enough money for food at home. This was a reality for 2% often or all the time. For the purpose of this report, these youth are considered to be living in poverty.

Of all the vulnerable groups considered in this report, youth who went to bed hungry and those who identified as lesbian, gay or bisexual were among the least likely to report good or excellent health.

Youth who went to bed hungry were also less likely to feel safe at school, and over four times more likely to report a mental or emotional health condition (14% vs. 3% not living in this sort of poverty). They were also three times more likely to have considered suicide (34% vs. 11%) and over five times more likely to have attempted suicide (28% vs. 5%) in the past year.



“I don't want to *have to be responsible.*”

### Youth's response to the data

The cost of extracurricular activities reduced options for improving mental and physical health for youth living in poverty. Good nutrition was also difficult to achieve, and youth noted that eating poorly affected their concentration, mood and other aspects of health.

Some youth reported experiencing added stress and pressure as a result of having to be the primary income-earner in their household. They also reported that this responsibility made it difficult for them to focus on goals such as school and to just 'have fun and be young.'

#### Youth's suggestions:

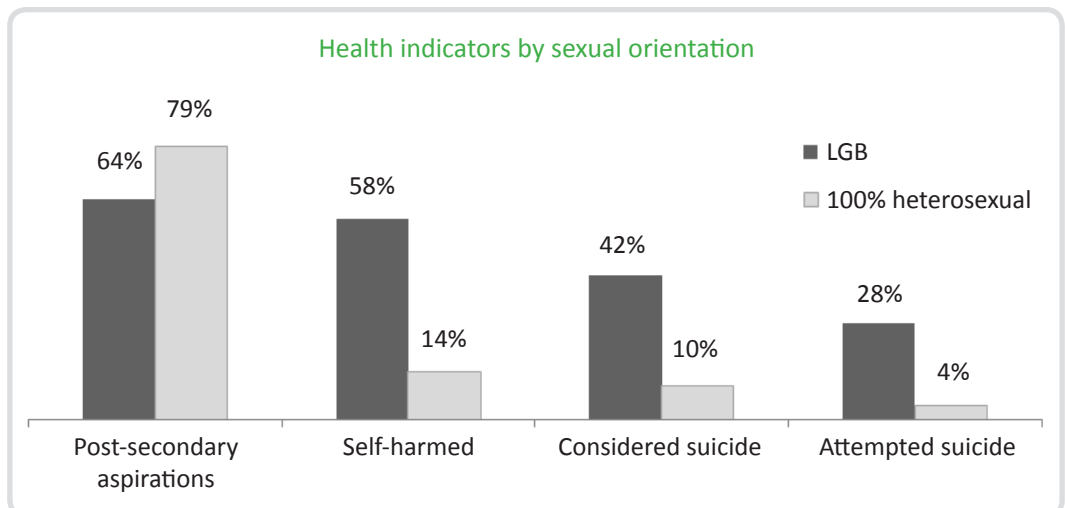
- Provide additional support for youth who are living on their own or supporting family.

### Lesbian, gay and bisexual youth

Only 1% of youth identified as lesbian or gay and 2% as bisexual. Lesbian, gay or bisexual youth (LGB) experienced every challenge to their mental health that the other at-risk groups experienced. Further, they were among the least likely of all the groups to have post-secondary educational aspirations and among the most likely to self-harm, or to have considered suicide in the past year.

LGB youth were also seven times more likely to attempt suicide in the past 12 months compared to heterosexual youth (28% vs. 4%), and lesbian and bisexual females reported much lower rates of good or excellent health (58% vs. 84% of heterosexual females).

“There's nothing that helps people who aren't gay understand what it's like being gay.”



“The schools don’t support us and churches don’t as well.”

### Youth’s response to the data

#### Youth’s suggestions:

- *Have more programs with non-heterosexual content and an active Gay Straight Alliance at every school, and have identified adult allies in the school system.*
- *Encourage teachers to use neutral language (e.g., partner rather than boyfriend/girlfriend), address homophobia in the classroom and encourage diversity.*
- *Ensure there are no repercussions from school boards, parents and administrators against teachers who are allies.*
- *Provide more LGBTQ drop-in centres where youth can feel safe and build supportive relationships.*
- *Provide adequate training for doctors to be supportive and sensitive to LGBTQ youth.*

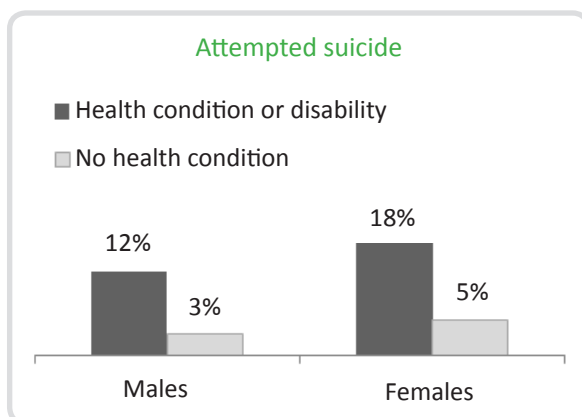
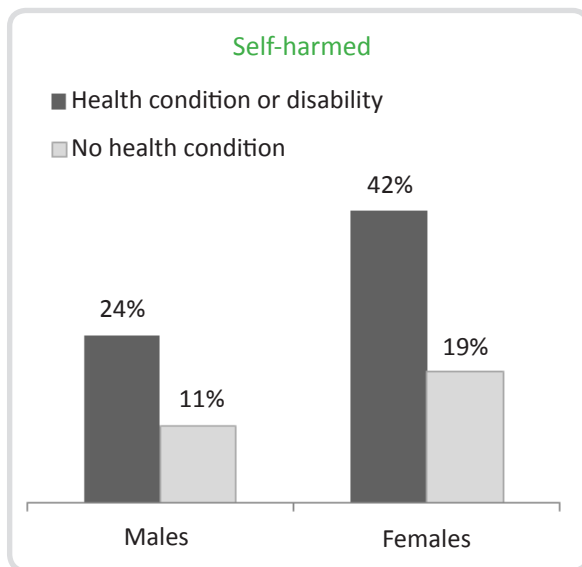
### Youth with a health condition or disability

Ten percent of females and 7% of males reported that they had some kind of debilitating health condition or disability, and 7% missed a lot of school as a result. The most commonly reported conditions were long-term illnesses such as diabetes or asthma (5% of youth). As mentioned earlier, 3% reported having a mental or emotional health condition.

Having any sort of health condition or disability was associated with mental health challenges. Disabled youth were at least twice as likely as their non-disabled peers to report extreme stress or despair, self-harm, or considering or attempting suicide. They were also less likely to feel safe at school, feel good about their body image or have post-secondary educational aspirations. Among those whose disability was a mental or emotional health condition, these rates were even higher.

#### Health of youth with a disability or chronic health condition

	Good/excellent health	Ever self-harmed	Considered suicide in the past year	Attempted suicide in the past year
No health condition/disability	86%	15%	10%	4%
Any health condition/disability	67%	35%	27%	16%
Specific mental or emotional condition (e.g., depression, eating disorder)	54%	58%	52%	33%



## Youth's response to the data

Youth's suggestions:

- *Increase awareness about different types of illnesses and disabilities and what it is like to live with these.*

## Multiple risks

Fifty-eight percent of youth (53% of males and 63% of females) were in at least one of the groups considered to be at-risk with respect to positive mental health. The majority (62% of males and 54% of females) were in only one of the groups. Another 27% were in two groups, with the most common combination being that they were both physically abused and teased. Less than 1% fell into six or more of the groups.

Belonging to any one of the vulnerable groups decreased the likelihood that youth would report positive mental health, and the effect was greater if youth belonged to more than one group. For example, among youth who identified as LGB, 58% reported that they had self-harmed. This rate rose to 81% among LGB youth who also reported being teased in the past year and living in unstable housing.

# Mental health and other health and risk behaviours

If youth are mentally healthy they are more resilient and better equipped to cope when things go wrong or become stressful in their lives. We have identified several groups who are considered potentially vulnerable and have looked at the increased challenges they face in developing positive mental health. In this section we look at a few examples of the effect that mental health can have on some other areas of young people's health and well being.

## Risky sexual behaviour

Among youth who had sex, low self-esteem was associated with an earlier sexual debut. For example, youth who did not usually feel good about themselves were more likely to have first had sex at 12 years old or younger (14%), compared to those who reported higher self-esteem (7%). Similarly, sexually active youth who did not usually feel good about themselves were more likely to have had sex with many different partners in the past year (13% had sex with 6 or more people vs. 8% who felt better about themselves).

## Nutrition

Experiencing challenges to positive mental health appears to be associated with poorer nutritional behaviours. For example, youth who considered or attempted suicide in the past year were less likely to have eaten fruit or vegetables on the day before they took the survey (86% of those who considered suicide had eaten fruit or vegetables compared to 93% of their non-suicidal peers).

The same pattern was seen among youth who were not planning to continue past high school when compared to those with post-secondary aspirations (83% vs. 93%).

## Injury prevention

Mental health challenges may be linked to reduced injury prevention behaviour. Youth who self-harmed were less likely than those who did not self-harm to always wear a seat belt when riding in a motor vehicle (55% vs. 68%), and less likely to always wear a helmet while bicycling (14% vs. 26%).

Self-esteem also affected injury prevention behaviours. For example, 11% of youth who felt that their life was not useful rarely or never wore a seatbelt when riding in a vehicle, compared to 4% of those who felt their life was useful.

## Sport and exercise

Exercise is good for both mental and physical health. Students who reported challenges to achieving and maintaining positive mental health were less likely to be physically active. For example, 13% of youth who had experienced severe stress in the past month had not exercised in the past week, compared to 7% who did not report being stressed.

Students who reported lower self-esteem scores and higher rates of extreme despair, self-harm, suicidal thoughts and suicide attempts were less likely than their peers without these challenges to play organized or informal sports.

Substance Use		
	Youth who self-harmed	Youth who did not self-harm
Alcohol	74%	51%
Marijuana	48%	27%
Cigarettes	46%	22%

### Substance use

Many youth use substances as a way to cope with the mental health challenges that they face. For example, youth who self-harmed were more likely than those who did not self-harm to have used alcohol, to have done so in the past month and to have binge drank. They were also more likely to have smoked cigarettes, used marijuana and used other illicit substances compared to youth who did not self-harm. These results were consistent across all ages.

Similar patterns were seen among youth who had attempted suicide in the past year. For example, 54% of youth who had attempted suicide had used marijuana, compared to 29% of those who had not attempted suicide; and 76% had tried alcohol (vs. 53% who had not attempted suicide).



### Youth's response to the data

Youth suggested that young people with low self-esteem will often get themselves into unsafe sexual situations because it is hard for them to say no to any sort of attention, especially if they are abused or neglected at home.

It is common for young people to use substances as a way to cope with stress in their lives.

Many young people were unable to recognize that marijuana use may have associated harms.



# Promoting positive mental health

“I wanted to drop out of school but my friends helped me out.”

Other studies have shown that strengthening protective factors, such as experiencing positive interactions inside and outside the family setting, and taking part in activities that encourage healthy peer relationships and help to build skills and community connections, are all associated with positive mental health.

In this section we look in detail at three areas: support networks, engagement in extracurricular activities, and feeling skilled or competent. By looking at these we can consider their association with positive mental health for both the general population of youth and also for groups considered to be at risk of experiencing mental health challenges.

“[What’s important is] knowing you have a place to go if you need help – parents, friends or counsellors.”

## Support networks

Having supportive and caring relationships are important factors in positive mental health. Although family relationships remain important, adolescence is often a time when young people also start to develop relationships beyond their immediate family, and peers take on an increasingly significant role.

## Friends

Peers are a vital source of support for youth, and a large proportion of students (81%) reported that they asked their friends for assistance in the past 12 months. Almost all youth who approached their friends found them to be helpful (94%). Overall, females were more likely to ask a friend for help (88% vs. 73% of males) and also more likely to find this experience helpful. The same was true for older students when compared to younger ones.

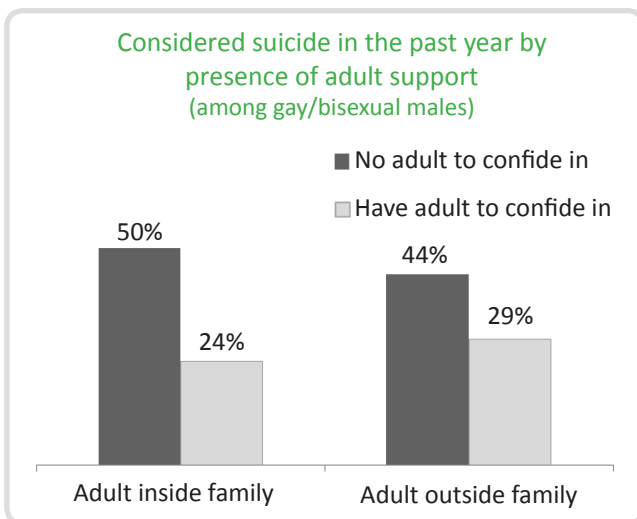
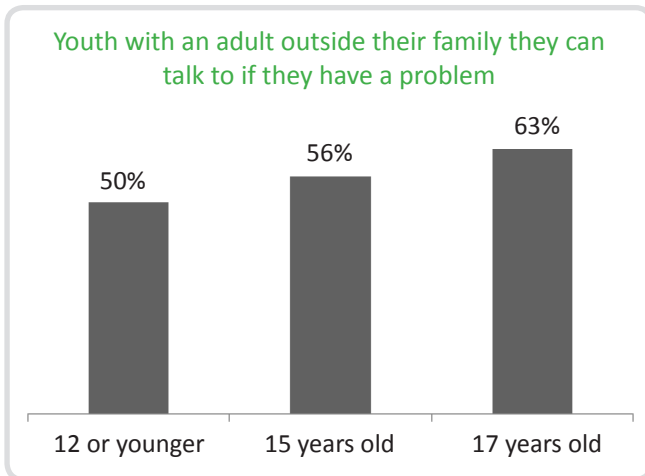
Youth who were classified as more vulnerable (such as LGB youth and abused youth) were also most likely to ask their friends for support and more likely to find them helpful than anyone else they approached. For example, 81% of youth who went to bed hungry because there was not enough money at home for food had found their friends to be supportive and helpful when they approached them with a problem. This rate is slightly lower than for youth overall but is by far the most helpful source of support they received.

Having supportive friends was associated with positive mental and physical health. For example, 87% of youth with helpful friends reported feeling good about themselves, compared to 66% of youth who felt their friends had not been helpful.

Youth who had been sexually abused were less likely to have ever self-harmed if they had found a friend helpful (39% vs. 53%)

and more likely to have post-secondary aspirations (73% vs. 62%) than youth who had unsuccessfully asked their friends for help.

Among youth who had self-harmed, those who turned to their friends for support in the past year and found this support helpful were less likely to attempt suicide than those who did not find their friends helpful (20% vs. 37%).



*“There should be more adults you can openly trust and be able to talk to.”*

### Adult to talk to

In addition to turning to friends for help, the majority of students felt they could seek support from adults in their family (75%) or adults outside their family (56%) if faced with a serious problem. Younger youth were more likely than older youth to report having an adult in their family that they could talk to. The reverse pattern was seen in relation to having a supportive adult outside the family, with older youth more likely to report having someone available.

Males were more likely to report having a supportive family member than females (77% vs. 74%). Conversely, 60% of females had an adult outside the family they could turn to, compared to 52% of males.

Youth who had an adult family member to talk to when they have a problem were more likely to report excellent health than those who did not (34% vs. 21%). Similarly, youth with a supportive adult outside of their family were more likely to always feel safe at school (44% vs. 38%).

The benefit of supportive adults was also seen among more vulnerable youth. Among youth who had experienced physical abuse, having an adult in their family that they could talk to was associated with a greater likelihood of feeling good about themselves (83% vs. 58%) and their abilities (90% vs. 75%). Additionally, 77% of abused youth who had an adult outside of their family that they could talk to felt that their life was useful, compared to 63% of those who did not have a similar supportive adult.

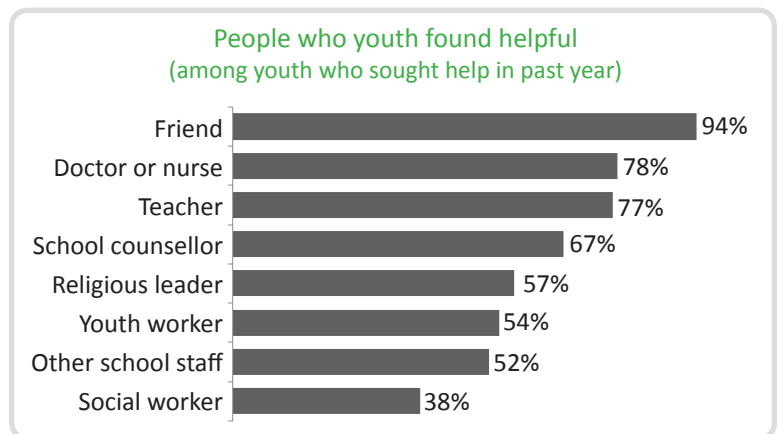
Gay or bisexual males and immigrant males who had an adult inside or outside the family to talk to were less likely to report suicidal ideation in the past year. The same was true for females in these vulnerable groups, but only with respect to having an adult inside the family to confide in. In addition, youth with a disability who had an adult to confide in were more likely than those who did not have this support to plan to attend college or university.

### Professional support

Students were also asked specifically if they had approached a variety of professionals for help in the past year. Young people had accessed a range of such adults, including teachers (44%), doctors or nurses (29%), school counsellors (28%), other school staff (20%), religious leaders (17%), youth workers (16%) and social workers (13%). Students who sought support in the past year generally reported finding the assistance helpful.

As with youth overall, youth in the vulnerable groups were most likely to have approached teachers when they needed help (with the exception of LGB youth who were equally likely to have approached school counsellors and teachers).

After teachers, school counsellors and doctors or nurses were the most sought after source of support. The most helpful support received by all the different groups of youth came from teachers and doctors or nurses. Social workers were consistently



the least likely to be rated as having been helpful, although over half (51%) of youth who had lived in Canada for less than two years, who had asked social workers for help, reported that they found them helpful (compared to 36% of Canadian-born youth).

Youth who were experiencing challenges in their lives were often more likely to seek out support from a variety of sources, yet were less likely to feel that the support they received was helpful. For example, youth with a health condition or disability, youth with an unstable home life, immigrant youth, LGB youth, youth experiencing harassment at school, sexually or physically abused youth and youth living in poverty all reported higher rates of asking a school counsellor for help when compared to their peers without these challenges. However, LGB youth, youth with an unstable home life, abused youth and youth living in poverty were all less likely to find the support helpful.

Immigrant youth who had lived in Canada less than 2 years reached out to professional support to a greater degree than Canadian-born youth. For example, 56% asked teachers for help compared to 43% of those born in Canada. Recently emigrated youth were equally likely as their Canadian-born peers to find the support they received to be helpful.

As reported earlier, over half of youth with a debilitating mental or emotional health condition did not access mental health support services when they needed them. They were, however, equally as likely as their peers to seek support from friends and teachers, and more likely to seek help from school counsellors, other school staff, youth workers, doctors, religious leaders and social workers. They were less likely than their peers to find teachers, other school staff and doctors or nurses helpful.

### *The value of support*

When youth found professionals' support helpful, it was linked to more positive mental health outcomes. For example, youth who asked teachers for help and found this experience helpful were more likely than peers who had asked for support but did not find it helpful to report feeling good about themselves (92% vs. 77%), good or excellent health (88% vs. 78%) and post-secondary educational aspirations (81% vs. 70%). They were also less likely to report negative mental health associations such as self-harm (13% vs. 24%).

### Who youth asked for help (among youth with a mental or emotional health condition)

	Asked for help	Was helpful (among those who asked for help)
Friend	84%	81%
Teacher	45%	59%
School counsellor	47%	63%
Other school staff	28%	36%
Youth worker	31%	51%
Doctor or nurse	44%	60%
Religious leader	23%	45%
Social worker	24%	40%

Vulnerable youth were generally more likely to ask a range of professionals for help, and less likely to find them helpful. However, when they did find the support helpful, there were similar links to positive mental health as were present for the overall population. For example, youth who reported that they had been sexually abused and who found a doctor or nurse to be helpful were more likely to report feeling good about themselves, good or excellent health, post-secondary aspirations and never having self-harmed than abused youth who had not found the help they sought useful.

**Rates of positive mental health**  
(among youth living in poverty and who asked for help)

	Teacher		Youth worker		Doctor or nurse	
	Helpful	Not helpful	Helpful	Not helpful	Helpful	Not helpful
Usually feel good about myself	71%	56%	71%	50%	68%	48%
Good/excellent health	64%	49%	54%	46%	62%	43%
Post-secondary aspirations	61%	43%	60%	33%	61%	41%
Never self-harmed	65%	47%	59%	40%	67%	37%

Note: The difference between helpful and not helpful for youth who approached youth workers in relation to good/excellent health was not statistically significant.

### Youth's response to the data

Youth reported that they speak to a range of people if they have an issue or problem. Friends were considered the most reliable source of support because they are often going through similar experiences.

It was very important to young people that every child and youth in BC have an adult that they could turn to for support. They reported that younger youth are more likely to turn to their family for support because they spend more time with them compared to older youth. However, as they get older, it becomes harder to talk to parents about issues such as drinking alcohol and sexual behaviour.

Youth who did not have an adult in their family they could talk to reported that they were most likely to turn to one of their friend's parents for support but also to talk to youth workers, teachers and counsellors (if they were available).

“We need programs that give youth a positive caring adult in their lives, while also allowing them to express their talents and thoughts about their communities.”

#### Youth's suggestions:

- *Train adults to be as supportive and non-judgmental as friends are. They should also not be afraid to offer their experience and knowledge, which youth can benefit from.*
- *Train doctors to be more supportive of youth patients.*
- *Teach parents and other adults how to be supportive to children and youth.*

## Extracurricular activities

The majority of youth took part in some form of extracurricular activities on a weekly basis, and the most popular were organized or informal sports activities.

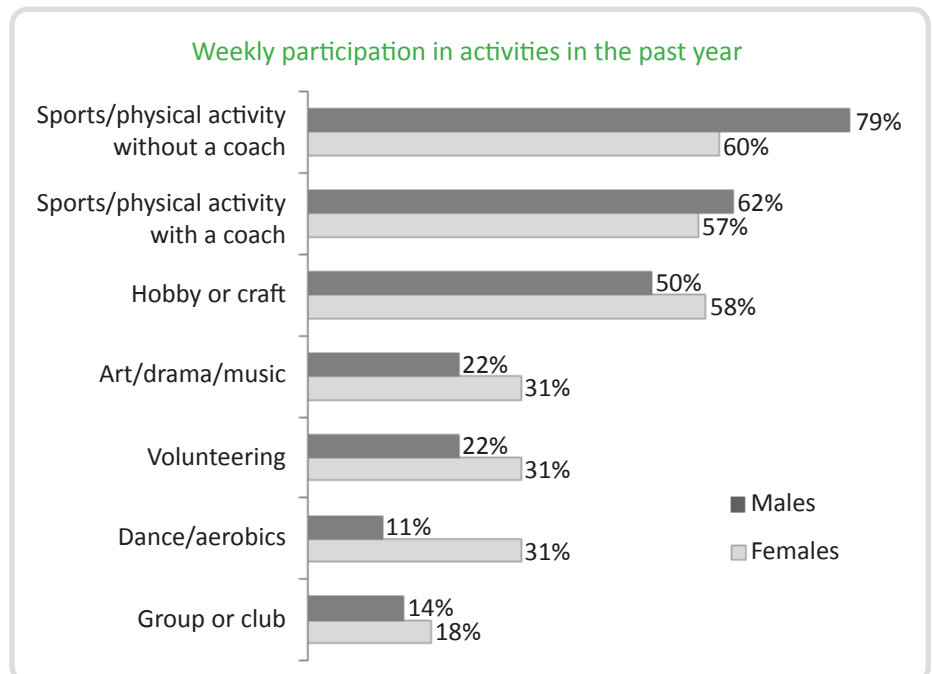
Youth who were more vulnerable were less likely to be involved in some extracurricular activities, and showed different levels of engagement in the activities they were involved in when compared to their peers who were not facing challenges in their lives.

Having any kind of health condition or disability limited youth's participation in some extracurricular activities such as weekly organized sports, as did living in poverty or having an unstable home life. Only 43% who went to bed hungry played organized sports, compared to 60% who were not affected by poverty to this level.

Despite these challenges they were just as likely to be engaged in volunteer work as their peers.

Male and female students who were sexually or physically abused were also less likely to engage in weekly sports. However, males who were sexually abused were more likely to be doing dance or aerobics classes (20% vs. 11% not abused), art, drama or music classes (27% vs. 22%) or to be involved in clubs or groups such as Scouts or church groups (19% vs. 13%).

Less than half of immigrant youth played weekly organized sports (49%) compared to 62% of those born in Canada. They were also less likely than Canadian-born youth to play informal sports (59% vs. 71%) but more likely to take part in arts, drama and dance or aerobics classes and more likely to be involved in a club.



“I am healthy and I love volunteering because I feel proud to give back anything towards the community.”

LGB students were less likely than other youth to play sports, but gay or bisexual males were more likely than heterosexual males to do art, music, drama and dance classes, and lesbian or bisexual females were more likely than their straight peers to have a hobby (68% vs. 56%).

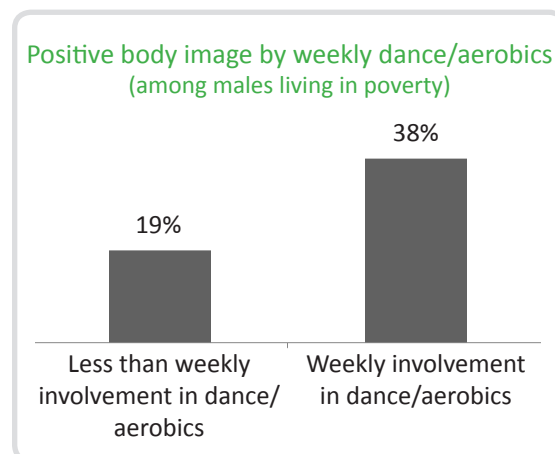
Being a victim of teasing did not appear to be linked to sports involvement but was more common among youth who were engaged in art, dance/aerobics, a hobby or a club, or volunteer work.

There were many mental health benefits to being involved in extracurricular activities. Regular involvement was associated with reports of good or excellent health, although this relationship was seen more consistently for females. For example, while both males and females involved in weekly organized sports or dance/aerobic activities were more likely to report good or excellent health, the same was true only of females who participated regularly in art, music or drama activities.

Positive links to good or excellent health were also seen among vulnerable youth who regularly engaged in activities. For example, while 90% of immigrant males who took part in organized sports on a weekly basis reported good or excellent health, 79% of their peers who participated less frequently did so. In addition, among females who were living in poverty, those who took part in weekly clubs or groups were more likely than those who did not to rate their health as good or excellent (61% vs. 43%).

Youth who were engaged in weekly art, drama or music activities or weekly clubs or groups were also more likely than those who were less frequently involved in these activities to have plans to attend college or university. This was true for youth in the province generally and for females from several of the vulnerable groups (including abused females and those living in unstable housing). Furthermore, females who were involved in weekly clubs or groups were more likely than those who were not to report higher self-esteem (53% vs. 48%).

In addition, involvement in dance or aerobic activities was associated with a positive body image, particularly for males. For example, gay or bisexual males who engaged in these activities on a weekly basis were three times more likely than their peers who participated less frequently to report being very satisfied with how their body looked.



Weekly involvement in dance/aerobics was also associated with higher self-esteem among female youth generally, as well as for female immigrants, those who had been abused, those who had been harassed at school, and those who were living in unstable housing or with a chronic health condition or disability.

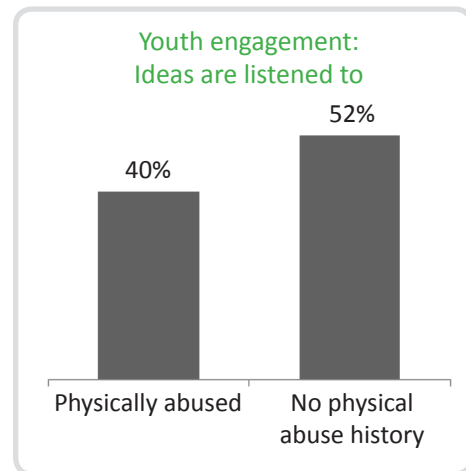
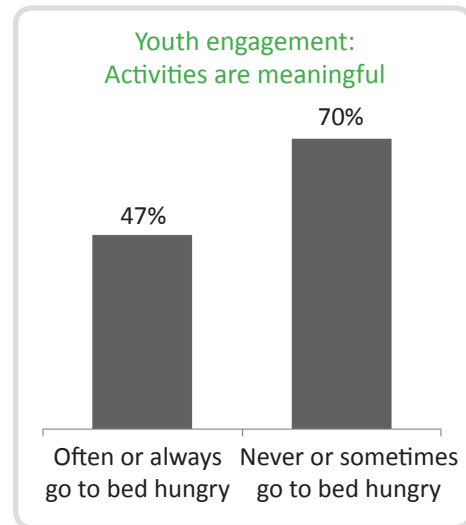
### Youth engagement

The survey asked youth some questions about youth engagement. Sixty-nine percent of youth felt that the activities they were involved in were meaningful to them, and half felt that their ideas were listened to and acted upon ‘quite a bit’ or ‘a lot’ within the activities.

Physically and sexually abused youth, teased youth, those with an unstable home life or living in poverty, LGB youth, and youth with a limiting health condition or disability all reported lower levels of engagement in their activities than other youth.

Students who reported higher levels of youth engagement were more likely to report good or excellent health, compared to students who reported lower levels of youth engagement. Among students who felt their ideas were listened to and acted upon very much, 91% reported good or excellent health and only 9% reported poor/fair health, whereas among those who did not feel at all listened to, 36% reported poor/fair health.

Youth engagement was linked to greater post-secondary educational aspirations and to lower levels of stress, despair and



suicidal ideation. Youth who felt their ideas were listened to and acted upon a lot were three times less likely to experience extreme stress in the past month (8% vs. 25%), four times less likely to experience extreme despair in the past month (4% vs. 16%), and almost three times less likely to report suicidal ideation in the past year (7% vs. 20%), when compared to youth who did not feel that they were heard in their activities.



“The only thing you want out of life is a sense of belonging. Whether through interactions with peers, involvement in sports, or volunteering in the community, the key to healthy, happy youth is giving them opportunities to feel engaged and useful, and helping them feel that what they are doing is important.”

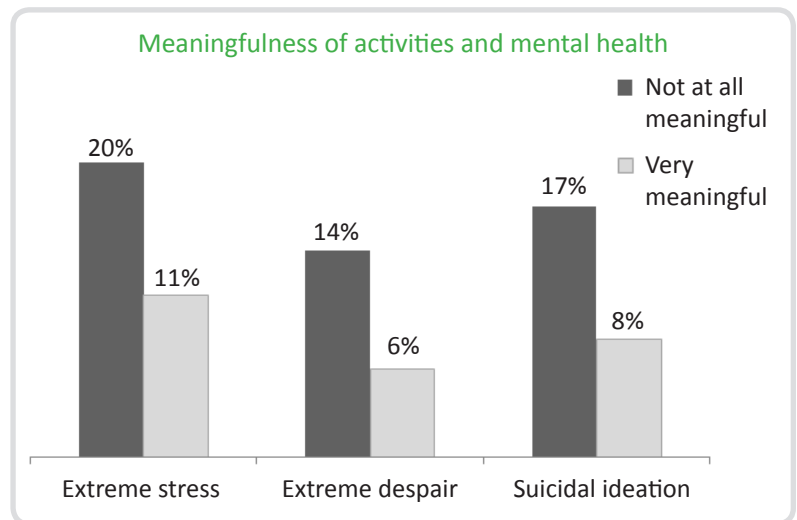
“School counsellors help you get involved. You have to put yourself into what you want to do.”

### Youth’s response to the data

Youth reported that they generally got involved in extracurricular activities because an adult in their lives had encouraged them to do so. They confirmed that they might get teased for engaging in some activities, but these activities also provided access to adult and peer support.

#### Youth’s suggestions:

- *Advertise free and low cost activities and opportunities more widely.*
- *Encourage youth one-on-one to get involved in activities in their community.*



### Skills and competencies

Having a sense of competence can promote self-esteem and general mental health, and can help to build resilience among vulnerable youth. The AHS asked students if they could think of something that they were really good at, and if so, what it was. Eighty-five percent reported that they were skilled in at least one area, and almost all provided details of what they felt they were good at. Students’ qualitative responses were categorized into eleven categories (see table below).

All skills and competencies except the trades, leisure activities and risky behaviours were linked to more positive mental health outcomes. Youth who reported that they had skills in antisocial or risky behaviours

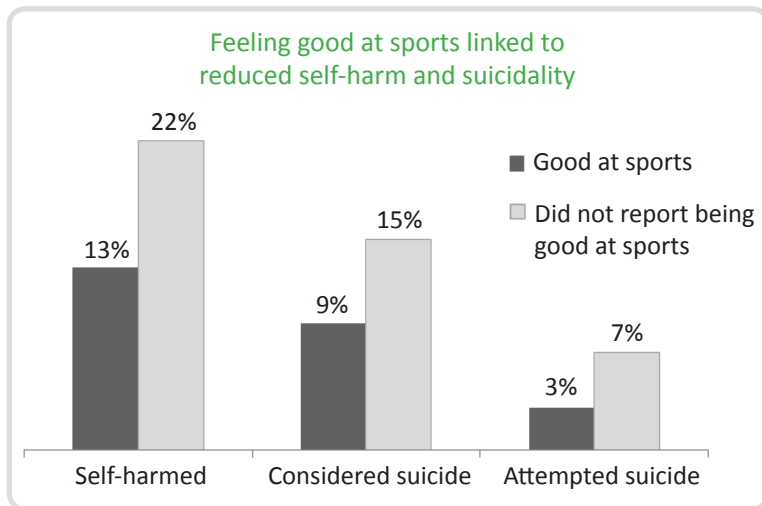
were less likely to exhibit positive mental health than youth who reported more positive skills, and also less likely than youth who reported that they did not have any special skills or talents.

Youth who indicated excelling in antisocial behaviours were less likely to report good or excellent health compared to their peers who did not report excelling in this area (78% vs. 84%). They were also less likely to report post-secondary educational aspirations (61% vs. 78%). These youth were also more likely to have a limiting mental or emotional health condition (7% vs. 3%), to report extreme stress (22% vs. 14%)

or extreme despair (11% vs. 6%), to have deliberately harmed themselves (27% vs. 17%), considered suicide in the past year (20% vs. 12%) and attempted suicide in the past year (14% vs. 5%).

The only areas where there was not a negative link between perceived skills in risky behaviours and indicators of mental health were in relation to school safety and body image. Students who felt they excelled in fighting, bullying, and other such behaviours were equally as likely as other students to report always feeling safe at school, and were more likely to report positive body image (25% vs. 15%).

Youth who reported they were really good at something (Youth could write anything and could have skills in several different areas)	
Skill area	Percentage reporting skills in each area (Among youth who reported a skill)
Sports (e.g., individual, team, competitive and informal)	61%
School related skills (e.g., math, reading, science)	27%
Arts (e.g., drawing, painting, poetry)	21%
Music (e.g., singing, playing an instrument)	18%
Relationship skills (e.g., good friend, good listener)	16%
Computer/video games	12%
Acting and dancing	11%
Life skills (e.g., cooking, cleaning)	11%
Leisure (e.g., relating to animals, pool, lego)	7%
Trades (e.g., working on cars, woodwork)	3%
Risky behaviours (e.g., fighting, bullying, smoking)	2%



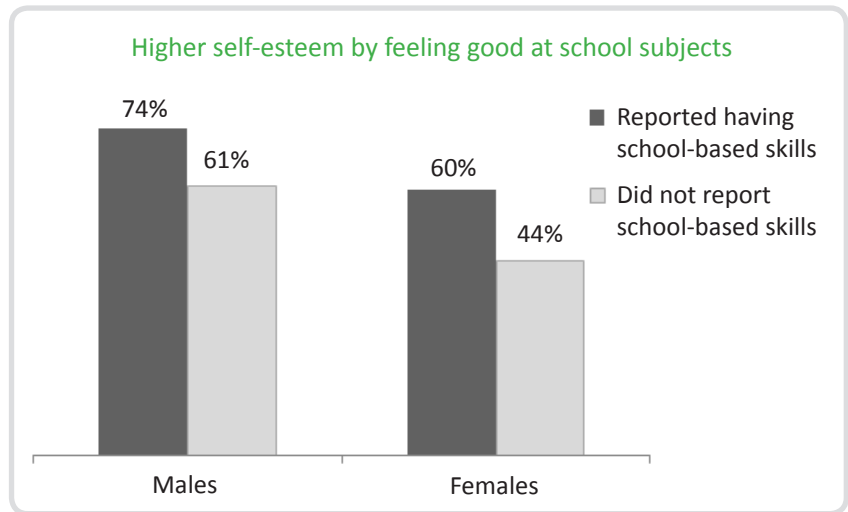
Students who felt they were good at sports reported the most associations with positive mental health outcomes. Being good at sports was the only one of the skills and competency categories that showed positive associations in each of the eleven mental health outcome areas (including self-esteem, self-harm, suicidality, health, safety and future aspirations) for both males and females. For example, 92% of those who reported being good at sports indicated that they were in good or excellent health compared to 76% of those who did not identify excelling at sports.

School-based skills, such as mastery of certain subjects, had the second most frequent associations with positive mental health, especially for females, where there was a positive link with each of the eleven mental health indicators. School-based skills were not quite as strongly protective for males as sporting prowess, but did show a positive link with higher self-esteem, good/excellent health, post-secondary aspirations, school safety, and lower rates of self-harm, attempting suicide and extreme despair.

Reporting skills in art, dance, acting or music all showed a link to higher rates of self-harm, suicide attempts and extreme stress. However, dancing, acting and music skills were associated with higher rates of having post-secondary aspirations, and art skills were linked to post-secondary aspirations for males (79% vs. 74% who did not identify being good at art).

Males who excelled in computer or video games were less likely than their peers to report good or excellent health (84% vs. 88%) and positive body image (16% vs. 20%). However, youth who were skilled at these activities reported lower rates of self-harm (14% vs. 17% of those who did not state that they were good at these games), suicide attempts (3% vs. 5%), extreme stress (11% vs. 14%) and extreme despair (4% vs. 6%).

Youth who reported good relationship skills such as listening and being a good friend reported higher levels of extreme stress than their peers who were less skilled in this area (18% vs. 13%) However, relationship skills were also linked to increased



post-secondary aspirations (82% vs. 77%). Life skills such as cooking and managing money were also linked to increased likelihood that students would continue their education beyond high school (84% vs. 77%).

### Skills and competencies among groups at risk for mental health challenges

Having a skill or feeling competent was protective for even the most vulnerable groups of youth, although different skills seemed to be protective for different groups.

Physically or sexually abused youth who indicated skills in sports reported better outcomes on all the indicators of mental health. For example, among physically abused males, those who indicated being good at sports were less likely to attempt suicide than those who did not report competence in this domain (7% vs. 17%). Similarly, abused youth with skills in school-based subjects reported better outcomes across all the mental health indicators, except extreme stress.

As with the overall population, gay and bisexual males who felt that they were skilled at school-based subjects were more likely than sexual minority males without these skills to report good or excellent health and to always feel safe at school. There was no such positive association for lesbian and bisexual females.

Being skilled in school-based subjects was linked to post-secondary educational aspirations for lesbian and bisexual females, and to fewer reports of extreme despair for all sexual minority youth. For gay and bisexual males there was also an association with fewer reports of extreme stress or despair, considering or attempting suicide and having a mental or emotional health condition.

Gay and bisexual males who felt they were good at sports reported better physical health, less debilitating mental health problems and greater body satisfaction than other sexual minority males. Gay and bisexual males who reported skills in dancing or acting were also less likely to have suicidal ideation than if they did not indicate feeling skilled at these activities.

As with gay and bisexual males, sports skills showed fewer links to positive mental health for lesbian and bisexual females than for the overall population. However, sexual minority females with these skills reported higher rates of good or excellent health and post-secondary educational aspirations than their peers who did not report being competent in sports.

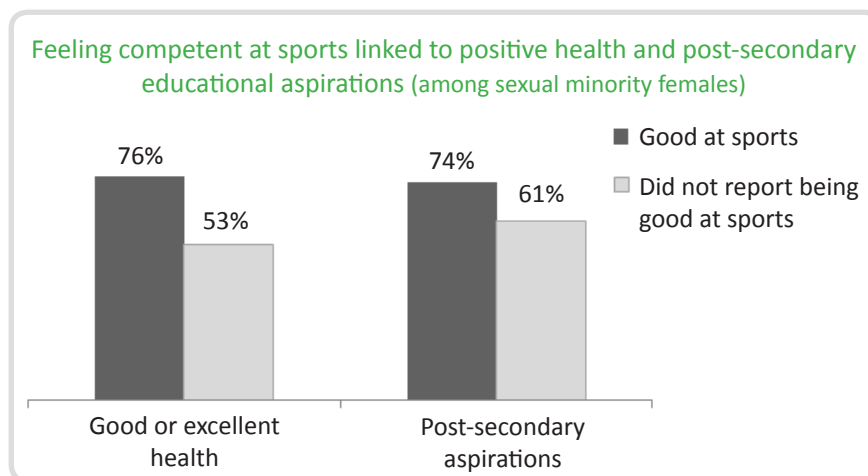
Feeling skilled in a usable trade such as car mechanics or woodwork was not associated with positive mental health in the general population, but was linked to lower reports of suicidal ideation, suicide attempts and extreme despair among LGB youth, and to higher self-esteem and body satisfaction among sexual minority males.

When compared to lesbian and bisexual females without these competencies, those with a musical talent had a higher rate of post-secondary aspirations (76% vs. 60%), and those with skills in the trades had greater body satisfaction, reduced suicidal ideation and attempts and decreased reports of extreme despair.

Immigrant youth tended to reflect the picture of youth overall except that being skilled at sports or in school-based subjects did not improve immigrant females' feelings of safety, nor did it lower stress for either males or females, or despair for females. Also, unlike the overall population, sports skills were not linked to lower rates of suicidal ideation for immigrant females.

However, being good at art or music were both associated with higher self-esteem for immigrant youth in a way not seen in the general population, and artistic skills also corresponded to greater school safety for females (41% vs. 36% of immigrant females not skilled in this area), which was also not seen in the overall population.

For youth who were teased or harassed at school, sports skills were protective in all eleven of the positive mental health areas considered in this study. However, school-based skills were not associated with greater school safety for males in the way that they were for youth in general.



Having a musical talent was associated with feelings of school safety for harassed males and higher self-esteem for females in a way not seen in the general population. Feeling skilled in listening and other positive relationship skills was also linked to reduced reports of self-harm or suicidal ideation, and greater school safety among teased females.

Youth with a chronic health condition or disability reported better general health if they felt skilled in school subjects, sports, dancing and acting. They also reported more positive mental health if they felt they had talents in school subjects, sports and computer or video games. For example, 9% of youth with a disability who excelled at computer or video games reported attempting suicide, compared to 17% who did not report feeling skilled in this area.

Youth living in poverty have less access to sports activities, yet those who said they were good at sports reported higher self-esteem (37% vs. 22%), reduced rates of mental health conditions (7% vs. 16%), greater post-secondary aspirations and lower rates of any of the negative mental health indicators, compared to peers who did not report these skills.

Feeling competent at school-related subjects was not linked to more positive mental health for youth living in poverty in the way that it was for most other groups of youth, although it did show a link to post-secondary educational aspirations for males. Eighty-three percent of those who went to bed hungry but excelled in school-based skills planned to continue their education through university or community college, compared to 45% of males who did not feel skilled in this area.

Finally, among youth who came from an unstable home life, feeling competent at sports, school subjects, arts, music, dance or interpersonal relationships were all linked to at least one positive mental health indicator for both males and females. However, youth from an unstable home life who reported good relationships skills were less likely to report higher self-esteem than youth from similar circumstances who did not report these as a strength (34% vs. 42%). Perhaps this reflects the idea, shared by youth in the focus groups, that taking on too much responsibility at a young age has a negative impact on young people's mental health.

“[Outdoor activity] programs provide opportunities to build friendship, get exercise and have fun where no one will be judged for what they can do.”

### Youth's response to the data

#### Youth's suggestions:

- *There should be fun non-competitive ways for young people to get exercise if they are not good at sports.*
- *Provide opportunities for youth to engage in a wide variety of activities through affordable community programs.*

# A further look at protective factors

As we have seen by our in-depth look at support networks, extracurricular activities, and skills and competencies, protective factors can help improve health, reduce health risk behaviour and reduce the potential harms associated with being in vulnerable situations.

We found that having someone youth could confide in, feeling skilled and competent, and being involved in extracurricular activities were generally associated with positive mental health. Additional analyses showed that students who felt connected to family, school and community were also more likely to indicate positive mental health than less connected peers.

Improvements in any one of these protective factors is likely to be beneficial to mental health. However, we also did some analysis to look at which of the protective factors were most strongly linked to positive mental health. As part of this analysis we took into account that some of the mental health indicators and protective factors are not the same for all youth. For example, we know that reports of physical abuse increase with age, as does the role of adults outside the family, so we adjusted our analysis to take this into account.

We could not consider all potential protective factors, but have focused on several which appear to be strongly associated with mental health. The positive mental health indicators chosen for this discussion were good or excellent health, higher self-esteem, (absence of) suicidal ideation and post-secondary educational aspirations. We

also looked at how these protective factors might be linked to feeling skilled and competent. For this, we considered the role of protective factors in relation to youth feeling that they were good at sports.

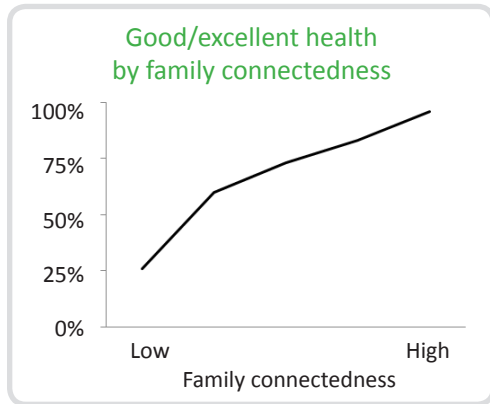
*“If I have support from my family, I feel like I can achieve anything.”*

## Family connectedness

Family connectedness refers to youth's relationships with their parents and family. It is a measure that includes feelings about how much their parents care about them, are warm and loving toward them, how close they feel to their parents, how satisfied they are with their relationships with their parents, as well as how much their family understands them, pays attention to them and have fun together.

Of all the protective factors we considered, family connectedness was one of the two most consistently associated with positive mental health (along with school connectedness). For example, it emerged as one of the most important protective factors for good or excellent health and for self-esteem. This was the case for the population of male and female students as a whole, as well as for vulnerable groups of youth (such as abused youth or youth who had been teased).

*“I think a family that [is] there for you helps a lot.”*



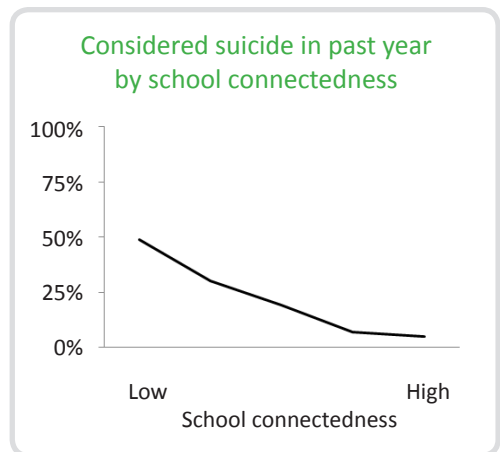
Family connectedness was also strongly associated with a lower likelihood of considering suicide in the past year. Even when all protective factors were considered together, family connectedness tended to contribute additional protection against suicidal ideation, for nearly all groups. The two exceptions were lesbian and bisexual females, and male youth living in poverty; in these cases, other protective factors, such as school connectedness, contributed more to reducing the odds of attempting suicide.

Being connected to family was associated with plans to attend college or university for students generally, and for most vulnerable youth including those who were physically abused and those who were teased or harassed at school. Family connectedness was strongly associated with having post-secondary aspirations for females with a chronic health condition or disability or living in poverty, and for males who had unstable housing.

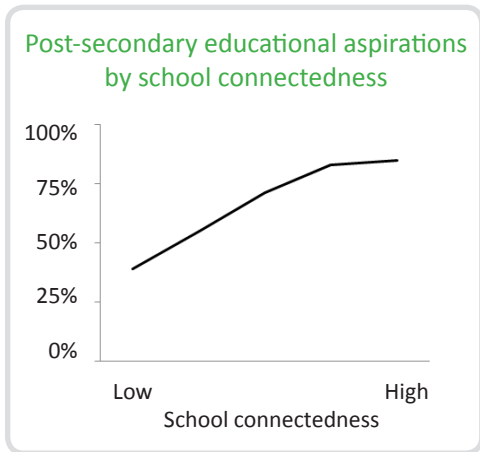
## School connectedness

School connectedness refers to youth's relationships with teachers and their feelings about school. It includes how much youth feel their teachers care about them, how well they get along with teachers, and how much they feel they are a part of their school.

Like family connectedness, school connectedness was a prominent and consistent protective factor for positive mental health for most youth. Specifically, the more connected youth felt to school, the more likely they were to report good or excellent health as well as higher self-esteem, and the less likely they were to have considered suicide. For females in nearly every vulnerable group, school connectedness was an even stronger protective factor than family connectedness for good or excellent health.







Being connected to school was strongly associated with aspirations to attend college or university. For example, the chances of gay/bisexual males, sexually abused males or males with a chronic health condition or disability having post-secondary aspirations were over ten times more likely if they were highly connected to school than if they were less connected to school (even after controlling for other protective factors in their lives).

School connectedness emerged as one of the more important factors with respect to feeling skilled at sports for physically abused youth. Among female youth in the province as a whole and for female immigrants or those living in unstable housing or in poverty, being connected to school was also associated with a sense of having a sporting talent.

## Cultural connectedness

Being connected to an ethnic or cultural group includes making efforts to learn about the group, taking part in practices or traditions, and feeling a sense of belonging or attachment to the group. Cultural connectedness was associated with several positive mental health indicators. However, when considered along with other protective factors in youth's lives, cultural connectedness did not emerge as an independent protective factor, except in a few instances.

Being culturally connected was associated with a greater likelihood of having post-secondary educational aspirations for both males and females in the province as a whole, as well as for females with a health condition or disability. In addition, for sexual minority males, being connected to their cultural or ethnic group was associated with reports of good or excellent health.



However, cultural connectedness was not always associated with better mental health, and in a few instances may actually have reduced the likelihood of some youth reporting positive mental health. Further investigation is therefore required to better understand the link between cultural connectedness and mental health, which is beyond the scope of this report.

*“Friends are helpful because they have gone through similar things.”*

### Peer attitudes

Youth were asked if their friends would be upset if they engaged in a number of behaviours including getting drunk, using marijuana, getting arrested or beating someone up. Having friends who disapproved of a greater number of these types of behaviours was associated with positive mental health. After family and school connectedness, this was one of the top protective factors associated with post-secondary educational aspirations for youth generally and for all vulnerable groups except sexual minority youth (other factors were found to be more important for these youth).

Having friends who disapproved of potentially risky behaviours was one of the more important protective factors associated with a lower likelihood of suicidal ideation in the past year, particularly for females.

*“Friends are what helps me get through things.”*

### Having an adult to talk to about a serious problem

As discussed previously, youth who identified having an adult inside or outside the family they could talk to if they had a serious problem reported better mental health with respect to many of our positive mental health indicators.

After family or school connectedness, having an adult inside the family to talk to was one of the most important factors associated with a lower likelihood of suicidal ideation in the past year. This was true for youth generally, as well as for sexual minority youth, youth who had been physically or sexually abused, youth who had been teased, immigrants, and for females living in unstable housing conditions or with a limiting health condition or disability.

Having an adult outside the family to talk to about problems was also protective, although less consistently. It was protective against suicidal ideation for gay and bisexual males, for physically abused youth, for sexually abused females, for teased students, for youth with a limiting health condition or disability, as well as for immigrant males. For physically abused and teased students having an adult outside the family to talk to about a serious problem was associated with higher self-esteem. Having an adult outside the family was strongly associated with a greater likelihood of feeling skilled at sports for youth generally as well as for females who had been physically abused and males who had been teased at school.

### Involvement in extracurricular activities

As mentioned previously, youth were asked how frequently they took part in a number of extracurricular activities. After controlling for other protective factors, involvement in sports provided additional protection for positive mental health. In addition, for male immigrant youth, weekly involvement in clubs or groups was the only extracurricular activity associated with a greater likelihood of having plans to attend college or university.

Perhaps not surprisingly, weekly involvement in informal and organized sports were among the more important factors associated with feeling competent in sports for all youth. Weekly involvement in sports was also predictive of good or excellent health for nearly all groups of youth. Involvement in sports was also protective for self-esteem for males living in poverty.

With respect to reducing the likelihood of suicidal ideation, weekly involvement in informal sports was important for physically or sexually abused male youth while weekly involvement in organized sports was important for males living in poverty. Organized sports involvement was also an important protective factor for females living in poverty with respect to post-secondary educational aspirations.

“I really like playing sports, sports keep kids out of trouble.”



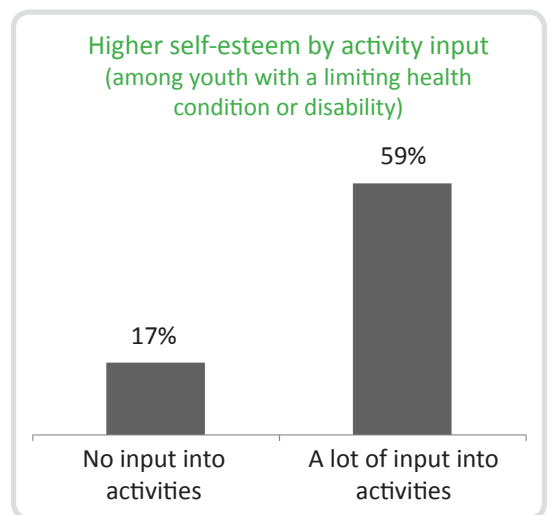
## Youth engagement

Being involved in meaningful activities was among the more important protective factors for good/excellent general health for most youth. For example, males who lived in poverty who had input into their activities were five times more likely to report good or excellent health, and immigrant males were six times more likely to report good or excellent health than their peers who were not involved in meaningful activities.

Having input into their activities also emerged as being protective against suicidal ideation for several vulnerable groups, including females who had been physically or sexually abused and males who had a health condition or disability.

Involvement in activities which were meaningful to them also came out as an important protective factor for post-secondary educational aspirations for a number of vulnerable groups including those who had been sexually abused or who lived in unstable housing situations. For female sexual minority youth particularly, the likelihood of having plans to attend college or university were greater if they were involved in very meaningful activities than if they were involved in activities that they felt were not meaningful (73% vs. 36%).

Finally, while activity meaningfulness was one of the most important factors associated with feeling skilled and competent in sports, having input into activities was one of the most important factors associated with higher self-esteem.



## Final word

This report aimed to look at factors that promote positive mental health for school age youth in BC. In doing so it highlighted that some young people face incredible challenges to achieving and maintaining good mental and physical health. It clearly shows that more needs to be done to level the playing field for young people such as those who have a chronic illness or disability, identify as lesbian, gay or bisexual, live in poverty or have an unstable home life.

This may seem like a daunting prospect but simple, inexpensive interventions and strategies could make a world of difference. Encouraging young people to develop their talents, and engage in activities that have meaning to them and where they feel valued, can significantly enhance the likelihood that they will report higher self-esteem, and have post-secondary educational aspirations. It can also reduce the chances that they will report negative mental health such as considering suicide.

Adults may feel ill-equipped, overwhelmed or powerless to help youth who approach them looking for guidance, but the report shows what a difference adults inside and outside the family can make. Whether that adult is a family member, health professional, teacher or youth worker, even the most vulnerable youth report better mental health if they have received support from an adult.

Having a supportive adult in their lives is one of several protective factors which helped to promote positive mental health. The presence of any protective factor can

“In closing, I would like to say that I am a healthy, fit person and I am happy with who I am!”

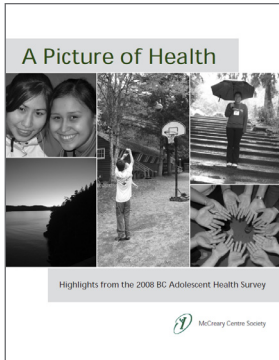
be a vital part of growing up healthy. Yet the report also showed us that different protective factors are more effective with different youth. For example, while regular participation in sports was the most protective extracurricular activity for most youth, involvement in clubs or groups (such as church groups, Scouts or community groups) was the activity most positively linked to having plans to attend college or university for male immigrants.

Including young people's feedback on the AHS data as part of this report has shown that they have many thoughtful and helpful suggestions as to how the positive mental health of BC youth can be improved. Through their comments, youth as young as Grade 7 have clearly demonstrated that they should be included in any dialogue about their health, and in the design of policies and programs that affect them.

Finally, the AHS data and youth's response to it have shown that when students know they are valued and feel like they are contributing, they are able to overcome negative aspects of their lives and exhibit more positive mental health.

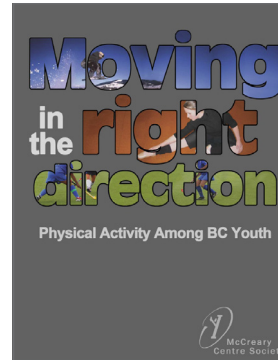
# Additional McCreary resources

For any of these, or other materials by McCreary Centre Society, visit our website at [www.mcs.bc.ca](http://www.mcs.bc.ca).



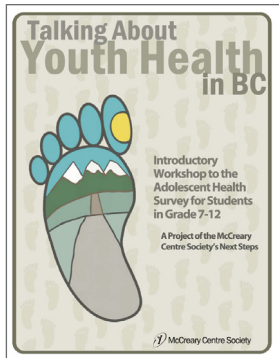
## *A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey (2009)*

This report summarizes findings from the fourth BC Adolescent Health Survey. Conducted in 2008 the survey asked over 29,000 youth about their physical and emotional health and about factors that can influence health. The report highlights trends in youth health, and identifies risk and protective factors for positive health.



## *Moving in the Right Direction: Physical activity among BC youth (2011)*

This report shares the results of a study of physical activity among youth who completed the 2008 BC Adolescent Health Survey. The report highlights the many benefits of physical activity for young people but also identifies barriers to participation as well as risk and protective factors.



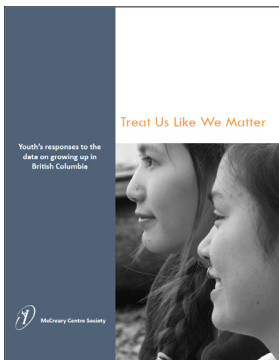
## *Talking About Youth Health in BC: Introductory workshop to the AHS for students in Grade 7-12 (2010)*

The *Next Steps* youth health workshop toolkit is designed to assist those interested in running their own *Next Steps* workshop introducing young people to the results of the 2008 BC Adolescent Health Survey. This condensed version of the *Next Steps* is designed to be conducted during one class period. It contains everything needed to organize a workshop and can be tailored to reflect the needs of diverse groups.



## *Measuring Our Health: Domains and indicators of youth health and well-being in British Columbia (2010)*

McCreary released two reports as part of the larger 'Growing up in BC' project of the Representative for Children and Youth and Provincial Health Officer. The first, *Measuring Our Health*, records BC youth's feedback on the initial indicators proposed for measuring child and youth health and their suggestions for additional indicators.



## *Treat Us Like We Matter: Youth's responses to the data on growing up in British Columbia (2010)*

This report is the second part of the 'Growing up in BC' project of the Representative for Children and Youth and Provincial Health Officer. *Treat us like we matter* offers youth's feedback on the data collected to measure child and youth health and their ideas to improve youth health in the province.



## *A Picture of Health: 2008 BC AHS youth fact sheets (2010)*

Youth fact sheets offer research results on a variety of topics using the most recent Adolescent Health Survey data. Fact Sheets designed for a youth audience are available on each section of the 2008 BC AHS Report.



