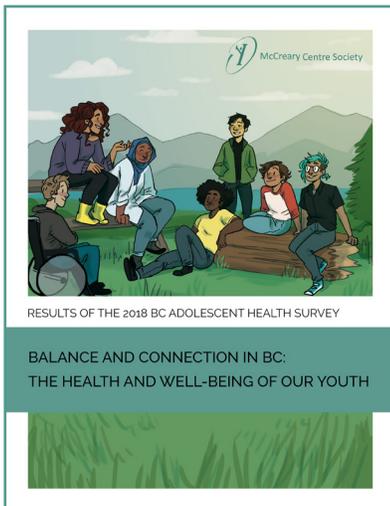


ACCESS TO HEALTH CARE AMONG YOUTH IN BC

A 2018 BC ADOLESCENT HEALTH SURVEY FACT SHEET



This fact sheet uses data from McCreary Centre Society’s 2018 BC Adolescent Health Survey (BC AHS). The 2018 BC AHS was completed by over 38,000 youth aged 12–19. For more information about the survey, please visit mcs.bc.ca/.

In Canada, there has been a rise in the utilization of emergency health services, and concern that some groups of young people (including recent immigrants, refugees, homeless, LGBTQ+, and Indigenous youth) are experiencing barriers to accessing health care that meets their needs (Centre for Addiction and Mental Health, 2016; Chelvakumar et al., 2017; Public Health Agency of Canada, 2014; Saunders et al., 2018). This fact sheet considers where BC youth access health care, and which youth are at greater risk of missing out on needed care.

ACCESS TO HEALTH CARE

In the past year, 74% of BC youth accessed health care. The remainder had not needed health care (22%) or had not accessed care when they needed it (4%).

Youth who received health care most commonly visited a family doctor. About 1 in 6 received treatment at an emergency room (ER), although few exclusively accessed the ER (2%). Over a third (39%) had accessed multiple sources of health care in the past year.

WHERE YOUTH GOT HEALTH CARE IN THE PAST YEAR

Family doctor	61%
Walk-in-clinic	35%
Emergency room (ER)	16%
Counsellor/psychologist	11%
Nurse	9%
Youth clinic	4%
School wellness centre	2%
Traditional healer	1%

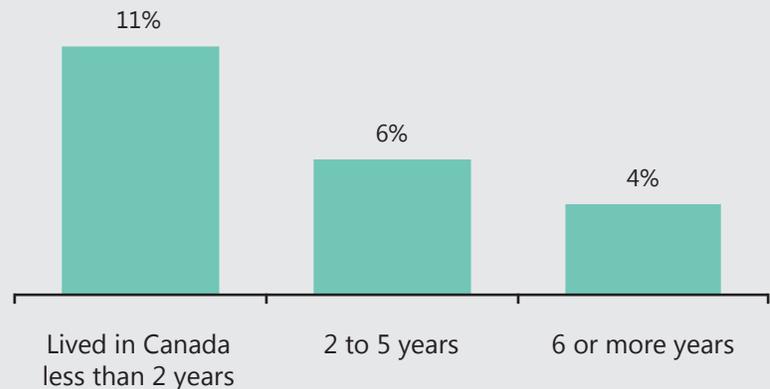
Note: Youth could choose more than one response.

YOUTH WHO MISSED OUT ON HEALTH CARE IN THE PAST YEAR

Some youth were more likely to report they had missed out on needed health care. These included youth who:

- Identified as non-binary (10% vs. 4% of males and females) or as a sexual minority such as lesbian, gay, or bisexual (6% vs. 3% of straight youth).
- Identified as Indigenous (5% vs. 4% of non-Indigenous youth).
- Had government care experience (9% vs. 3% of youth never in care).
- Went to bed hungry at least sometimes because of a lack of money for food (11% vs. 3% who never went to bed hungry).
- Had a mental health condition (7% vs. 3% without such a condition), including depression (8% vs. 3%) and anxiety (6% vs. 3%).
- Currently experienced poor or fair mental health (7% vs. 3% who reported good or excellent mental health) or overall health (8% vs. 3% who reported good or excellent overall health).
- Needed help for their alcohol, marijuana, or other substance use in the past year (9% vs. 3% of those who did not need help for their substance use).
- Experienced discrimination in the past year (5% vs. 3% who did not experience this).
- Were born outside of Canada (6% vs. 3% of youth born in Canada), and particularly if they emigrated to Canada recently, or came as international students or refugees.

IMMIGRANT YOUTH WHO DID NOT GET NEEDED HEALTH CARE IN THE PAST YEAR



DIFFERENCES IN ACCESS TO CARE IN THE PAST YEAR

When the groups of youth who were identified as less likely to access health care did access care, they were more likely to visit certain types of care, and less likely to visit some others.

Gender and sexual minority youth

Non-binary youth were more likely to have visited a counsellor/psychologist (26% vs. 16% of females vs. 7% of males) and were more likely than males to have visited a youth clinic (7% vs. 2%). They were less likely to have visited a family doctor (52% vs. 58% of males vs. 65% of females) and walk-in-clinic (32% vs. 38% of females).

Compared to straight youth, sexual minority youth were less likely to visit a family doctor (58% vs. 62% of straight youth) but were more likely to visit a school wellness centre (3% vs. 2%), a youth clinic (7% vs. 3%), and a counsellor/psychologist (24% vs. 9%).

Immigrant youth

Youth born abroad were less likely than those born in Canada to visit a family doctor (49% vs. 64%), walk-in-clinic (32% vs. 36%), ER (9% vs. 18%), counsellor/psychologist (7% vs. 13%), and nurse (7% vs. 9%).

Among youth born outside of Canada, recent immigrants who had lived in Canada for less than 2 years were less likely to have visited a family doctor (31% vs. 46% who had lived here between 2 and 5 years vs. 62% of those who had lived in Canada for 6 or more years), a walk-in-clinic (25% vs. 37% who had lived here at least 6 years), ER (6% vs. 13%), and counsellor/psychologist (6% vs. 8%). Recent immigrants were more likely to have visited a school wellness centre (4% of those who lived in Canada for less than 2 years vs. 1% of those who lived in Canada for 6 or more years).

Indigenous youth

Indigenous youth were less likely than non-Indigenous youth to visit a family doctor (56% vs. 62%) but were more likely to visit an ER (21% vs. 16%), counsellor/psychologist (16% vs. 11%), and nurse (11% vs. 9%).

Youth who went to bed hungry

Youth who went to bed hungry at least sometimes because there was not enough money for food at home were less likely than youth who had not experienced this to visit a family doctor (53% vs. 62%) and were more likely to visit an ER (20% vs. 16%), counsellor/psychologist (20% vs. 10%), nurse (11% vs. 9%), youth clinic (7% vs. 3%), and school wellness centre (3% vs. 2%).

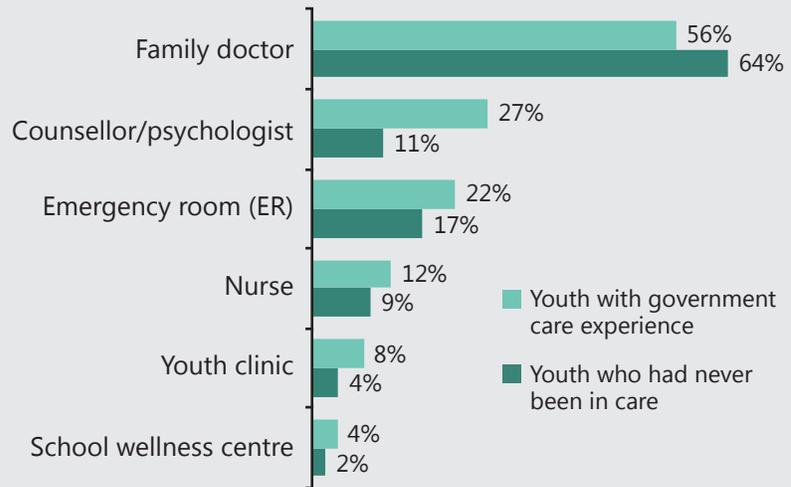
Youth experiencing poorer overall health

Youth with poorer overall health were less likely than those who reported good or excellent health to visit a family doctor (59% vs. 62%) but were more likely to visit all other sources of health care including a walk-in-clinic (39% vs. 34%), counsellor/psychologist (25% vs. 8%), ER (20% vs. 15%), nurse (11% vs. 8%), youth clinic (8% vs. 3%), school wellness centre (3% vs. 2%), and traditional healer (2% vs. 1%).

Youth with government care experience

Youth who had been in government care were less likely than youth who had never been in care to visit a family doctor. However, they were more likely to visit a counsellor/psychologist, ER, nurse, youth clinic, and school wellness centre.

GOVERNMENT CARE EXPERIENCE AND ACCESS TO HEALTH CARE IN THE PAST YEAR



Youth who experienced substance use addiction

Although there were no differences in seeing a family doctor, youth who needed help for their substance use were more likely than those who did not need help to access other care including a walk-in-clinic (41% vs. 35%), ER (27% vs. 16%), counsellor/psychologist (27% vs. 11%), nurse (13% vs. 9%), youth clinic (10% vs. 3%), school wellness centre (5% vs. 2%), and traditional healer (3% vs. 1%).

Youth who experienced discrimination in the past year

Youth who experienced some form of discrimination in the past year were more likely than those who did not experience discrimination to access all the different types of care including a family doctor (64% vs. 60%), walk-in-clinic (40% vs. 32%), ER (20% vs. 13%), counsellor/psychologist (18% vs. 8%), nurse (11% vs. 7%), youth clinic (5% vs. 3%), school wellness centre (3% vs. 1%), and traditional healer (2% vs. 1%).

Urban and rural youth

Overall, urban- and rural-based youth accessed health care at similar rates. However, urban youth were more likely than rural youth to visit a family doctor (62% vs. 58%) and a walk-in-clinic (36% vs. 30%). Whereas, rural youth were more likely than urban youth to visit an ER (21% vs. 15%), counsellor/psychologist (13% vs. 11%), and nurse (12% vs. 8%).

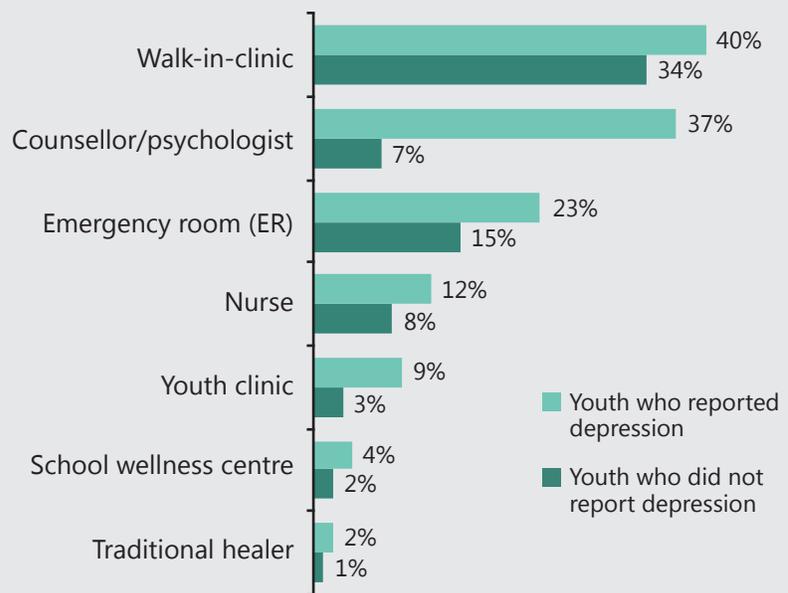
Youth with mental health challenges

Youth who currently rated their mental health as fair or poor were more likely than those who rated it as good or excellent to visit a walk-in-clinic (39% vs. 34%), counsellor/psychologist (27% vs. 5%), ER (20% vs. 14%), nurse (11% vs. 8%), youth clinic (7% vs. 2%), school wellness centre (3% vs. 1%), and traditional healer (2% vs. 1%).

Similarly, youth with any mental health condition (such as post-traumatic stress disorder, attention-deficit/hyperactivity disorder, depression, or anxiety) were more likely than those without a mental health condition to access these types of health care — a walk-in-clinic (42% vs. 34%), counsellor/psychologist (41% vs. 6%), ER (24% vs. 15%), nurse (13% vs. 8%), youth clinic (10% vs. 3%), school wellness centre (4% vs. 1%), and traditional healer (2% vs. 1%)— but they were also more likely to visit a family doctor (66% vs. 60%).

Youth who specifically reported they had an anxiety disorder were more likely than those without this condition to visit a family doctor (67% vs. 60%), walk-in-clinic (42% vs. 34%), counsellor/psychologist (36% vs. 6%), ER (24% vs. 14%), nurse (13% vs. 8%), youth clinic (9% vs. 3%), school wellness centre (4% vs. 1%), and traditional healer (2% vs. 1%). The pattern was similar for youth with depression, although there was no difference in accessing a family doctor (61%).

DEPRESSION AND ACCESS TO HEALTH CARE IN THE PAST YEAR



SUMMARY AND CONCLUSION

Health care in Canada is intended to be accessible to all Canadians who need it. However, some groups of BC youth are at increased risk of missing out on the care they need. Among youth who did access health care in the past year, youth who identified as Indigenous, having government care experience, going to bed hungry, experiencing poor/fair health, or being in a rural community were all less likely to have accessed a family doctor and more likely to have sought care at an ER.

School wellness centres can provide an easily accessible and non-judgemental environment for youth to access health care, and appear to be particularly appealing to young people who are dealing with other challenges in their life such as recently arriving in Canada, discrimination, government care experience, hunger, and mental health or substance use challenges.

RESOURCES

HealthlinkBC provides a searchable directory of B.C. health services and resources. It contains information about health, mental health, and substance use treatment services in B.C. <https://www.healthlinkbc.ca/services-and-resources>

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