



Métis youth health in BC

Who are the Métis?

This brief report explores the health picture of Métis youth in British Columbia. It is based on data from the 2008 BC Adolescent Health Survey (AHS).

The data presented here is about Métis youth in the mainstream public school system, and includes youth who were present on the day the survey was administered. It therefore may not be representative of all Métis youth in the province.

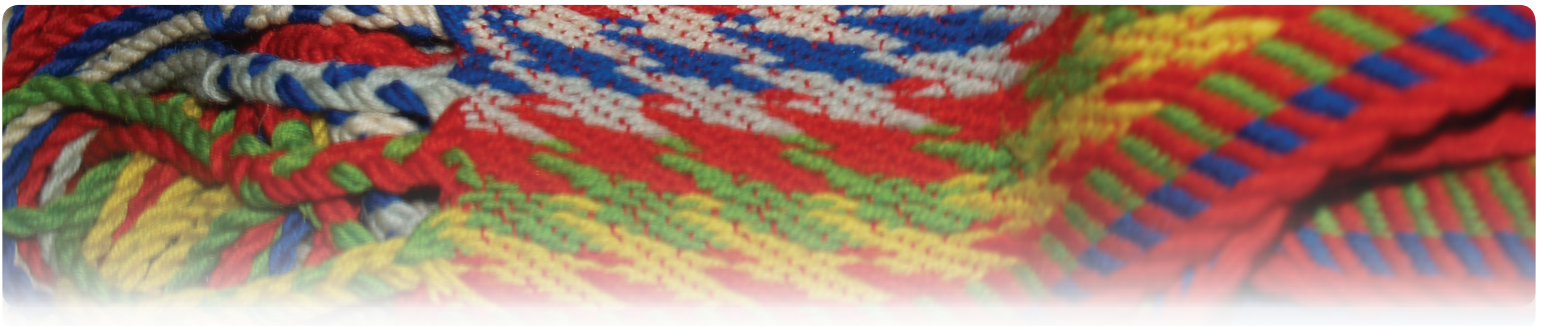
This report shows that the majority of Métis youth aged 12 to 19 years are doing well, and also highlights the protective factors which are associated with reduced risk behaviours and improved health outcomes.

This report is based on the AHS responses of youth who self-identified as Métis. The National Aboriginal Health Organization¹ defines “Métis” as a French word meaning “mixed blood.” The term is used to describe people with mixed First Nations and European ancestry. The Métis are recognized as one of the three Aboriginal Peoples in Canada, alongside the First Nations and Inuit (NAHO, 2012)¹.

In 2002, the Métis National Council adopted the following definition: “*Métis*” means a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation.

The AHS is a comprehensive pencil and paper survey which asks youth questions about their health promotion and health risk behaviours. It has been administered every five years since 1992. In 2008, the 146-item survey was completed by nearly 30,000 youth in Grades 7 to 12 in mainstream public schools across the province. In total, 50 of the 59 BC school districts took part in the 2008 AHS.

¹National Aboriginal Health Organization (2012). *Terminology*. Retrieved June 2, 2012, from <http://www.naho.ca/publications/topics/terminology/>



Background

In 2008, 2% of all BC students identified as Métis on the AHS. Among Métis students, most lived in the Interior (28%) and Fraser (26%) regions.

Overall, three quarters of Métis youth (77%) took the survey in an urban area (compared to 23% in rural areas).

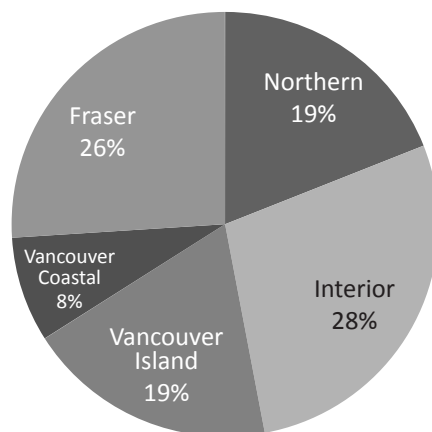
Fifty-six percent of youth who identified as Métis were female and 44% were male. Eighty-one percent identified as completely heterosexual; 12% as mostly heterosexual; 5% as lesbian, gay or bisexual; and 3% were unsure.

The majority of Métis youth lived with their mother and/or father most of the time, although a small percentage lived without any adults present in their home.

Almost all Métis youth (98%) were born in Canada. Although it is not known what language they were speaking, 26% spoke a language other than English at home some of the time, and 3% did so most of the time.

Youth were asked if they ever went to bed hungry because of a lack of food at home. This was a regular occurrence for a small percentage of Métis youth (4%) who reported going to bed hungry often or always.

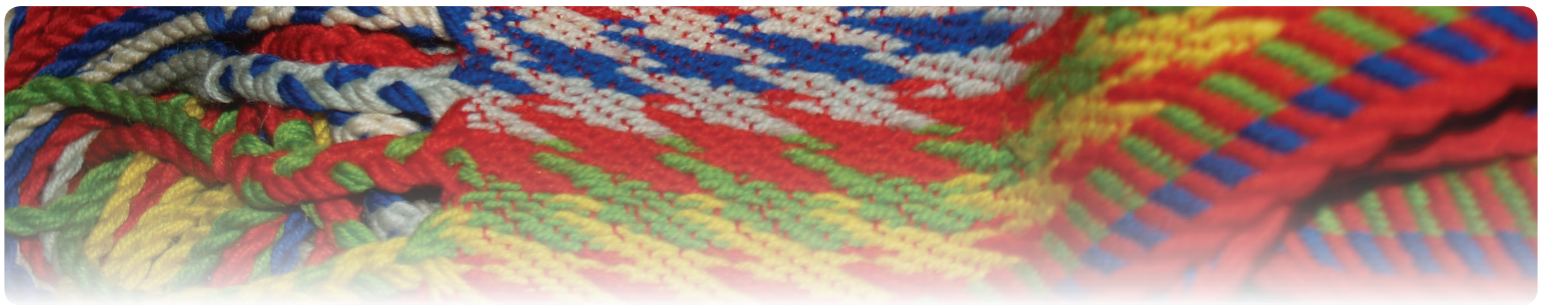
Among Métis youth, the percentage living in each region of BC



All comparisons and associations in the report are statistically significant at $p < .05$. This means there is a 5% likelihood that results occurred by chance.

Graphs and charts are not necessarily statistically significant at every point.

* indicates that the percentage should be interpreted with caution as the margin of error is higher than expected, but is still within an acceptable range.



Physical health

Eight percent of Métis youth had ever been in government care (foster home, group home or on a youth agreement), and 4% had been in care within the past year.

Fifty-six percent of Métis youth reported that they were not at all spiritual, 33% were somewhat spiritual, and 11% were very spiritual. Females were more likely than males to report being very spiritual (14% vs. 8%).

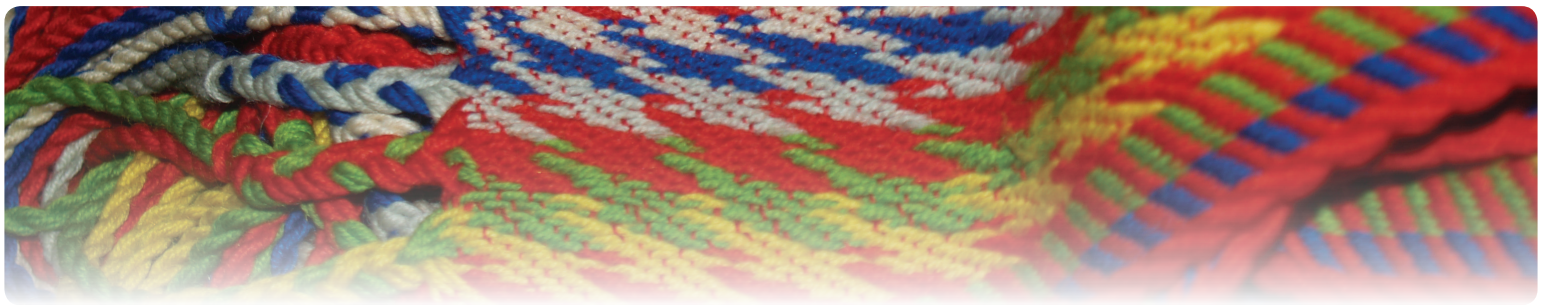
The majority of Métis youth (82%) rated their health as good or excellent. Males were more likely than females to rate their health as excellent (32% vs. 20%). A small percentage reported that they had a health condition or disability severe enough to prevent them from doing things their peers could do: 4% had a physical disability, 7% had a long-term illness (such as asthma or diabetes), 7% had a mental or emotional health condition, and 5% had a limiting weight condition.

Who Métis youth lived with most of the time (youth could choose more than one option)

Mother	85%
Father	54%
Stepfather	10%
Other related adults	7%
Stepmother	4%
Other non-related adults	4%
Do not live with any adults	2%

According to self-reports of height and weight, calculations of students' body mass index indicated that almost three-quarters (74%) of Métis youth were a healthy weight, 16% were overweight, 7% were obese and 3% were underweight. Métis males were twice as likely to be obese as females (10% vs. 5%).





“It would be more helpful to my eating habits if the school offered food that is healthy but not as expensive as it is.”

—Grade 12 female student

Eating behaviours

Among Métis youth, 39% of females and 23% of males reported eating so much food in a short period of time that they felt out of control (binging). Females were more likely than males to have binged on a weekly basis (10% vs. 5%). Eight percent of Métis youth reported purging or vomiting on purpose after eating (10% of females vs. 5% of males).

Among Métis youth, 43% always ate breakfast (49% of males vs. 38% of females) and 19% never ate breakfast.

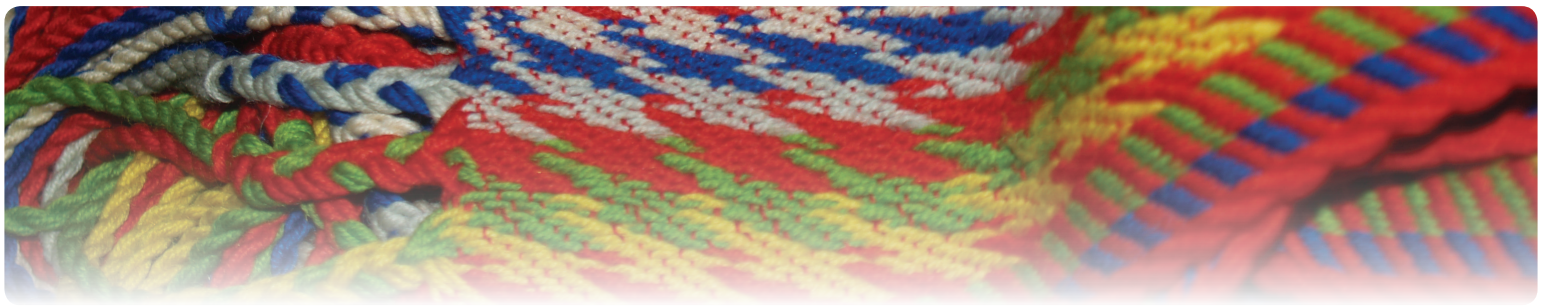
At least half of Métis youth (52%) were not getting their recommended servings of

daily fruits and vegetables. There were also differences in what males and females ate on the day before they took the survey. For example:

- 7% of females and 21% of males had pop/soda twice or more.
- 33% of females and 24% of males had green salad or vegetables twice or more.
- 3% of females and 9% of males had energy drinks twice or more.
- 8% of females and 15% of males had fast food such as pizza or hot dogs twice or more.

What Métis youth ate and drank yesterday

	No	Yes, once	Yes, twice or more
Water	8%	21%	71%
Fruit	21%	42%	37%
Green salad or vegetables	27%	44%	29%
Milk, cheese, yogurt	10%	38%	52%
Cookies, cake, donuts, chocolate bars	40%	47%	13%
Pizza, hot dogs, potato chips, French fries	51%	39%	11%
Pop/soda	52%	36%	13%
Energy drinks	85%	10%	5%
Hot or cold coffee or coffee-based drinks	68%	21%	11%



Injuries and injury prevention

In the past year, 37% of Métis youth had experienced at least one injury serious enough to require medical attention (46% of males vs. 30% of females). Among those who were seriously injured, 47% were injured playing or training for sports. The most common locations for getting injured were at a sports facility or field (34%), and at home or in the yard (19%).

Sixty-six percent of Métis youth always wore a seatbelt when riding in a vehicle and 3% never wore one. Among youth who rode a bicycle, 21% always wore a helmet when doing so, and 38% never wore one.

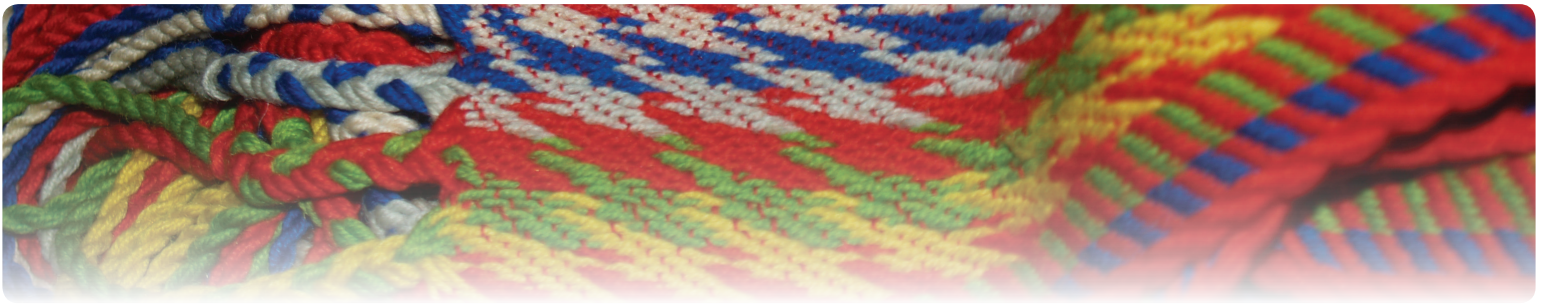
Accessing services

In the past year, 19% of Métis youth felt they needed medical help but did not get it, and 19% did not access needed emotional or mental health services. The most common reason youth did not access needed care was because they thought or hoped the problem would go away.

There was no gender difference for forgone medical care, but females were twice as likely as males to have missed out on emotional or mental health services that they felt they needed (24% vs. 12%). Specifically, females were more likely than males to have forgone mental health care because they were afraid someone they knew might see them, they did not want their parents to know, and they were afraid of what the doctor would say or do.

Common reasons Métis youth did not access medical care or mental health services (among youth who felt they needed it in the past year)

	Medical care	Mental health services
Thought or hoped the problem would go away	58%	61%
Afraid of what the doctor would say or do	27%	27%
Parent or guardian would not take me	20%	10%
Didn't want parents to know	18%	40%
Had no transportation	18%	9%
Didn't know where to go	13%	36%
Afraid someone I know might see me	13%	22%
Didn't think I could afford it	8%	15%



Education

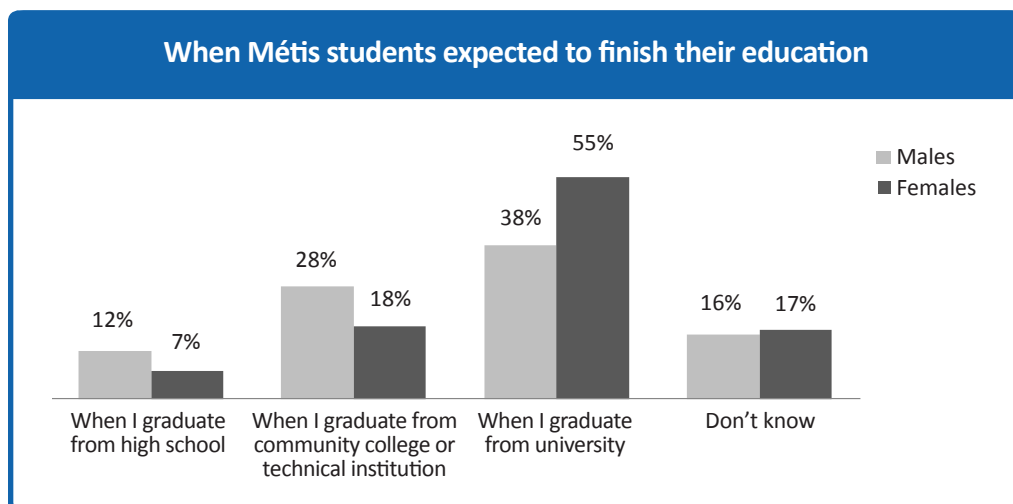
In 2008, the majority of Métis youth liked school (82%) and 61% had not skipped any days of school in the month before taking the survey.

Most Métis students (79%) expected to graduate from high school or continue on to a post-secondary institution. However, 3% of Métis students did not expect to graduate from high school. Males were more likely than females to anticipate attending a community college or technical institution, and females were more likely to plan to attend a university.

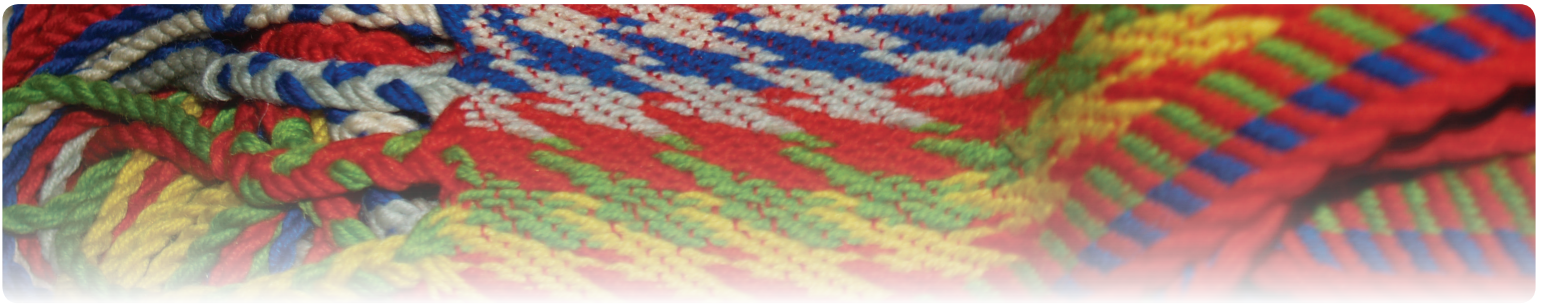
Safety at school

Male and female Métis youth had similar feelings of school safety; 38% always felt safe at school, 40% often did, and 3% never did.

Many Métis youth had experienced at least one form of bullying in the past year while at school or on the way to or from school. Females were more likely to have been teased or socially excluded, while males were more likely to have been physically attacked or assaulted. Seven percent of Métis youth reported experiencing all three types of bullying.



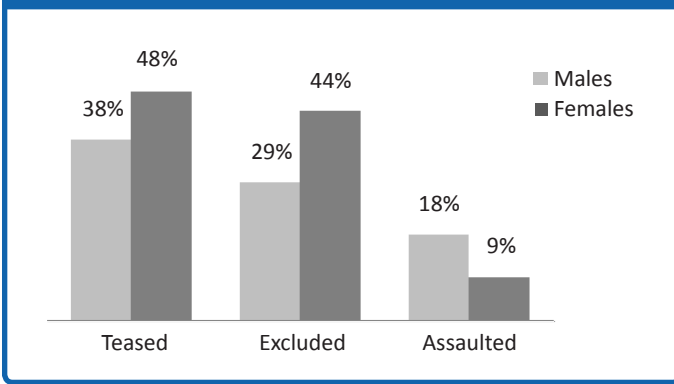
Note: The gender differences for “When I graduate from high school” and “Don’t know” were not statistically significant.



"I know that I am overweight. I feel really bad when people make fun of me."

— Grade 7 female student

Métis youth who were bullied at school or on the way to or from school in the past year



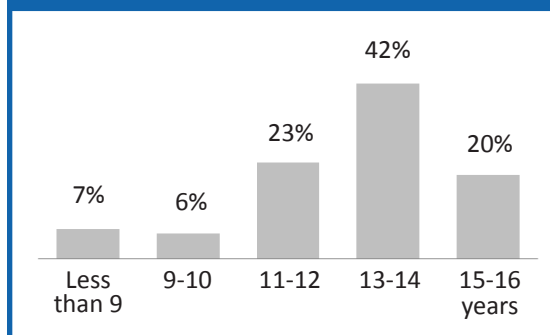
Substance use

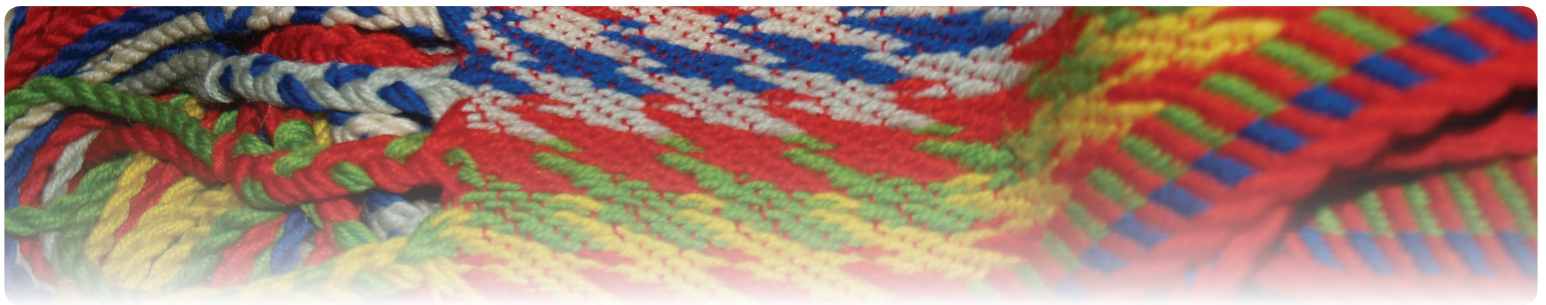
Almost a third (30%) of Métis youth had never tried alcohol; rates were similar between males and females. Among youth who had tried alcohol, 10% binge drank on six or more days in the past month. Binge drinking was defined on the AHS as having five or more drinks in a couple of hours.

The AHS asked youth about their alcohol use on the Saturday before completing the survey. Among Métis youth who had tried alcohol, almost half (47%) did not drink alcohol last Saturday. Seventy-nine percent of those who consumed alcohol last Saturday drank liquor, 59% had beer, 50% had coolers and 19% had wine. Two thirds (67%) of youth who drank last Saturday mixed two or more types of alcohol that day.

Nine percent of Métis youth had ever driven a vehicle after drinking alcohol (12% of males vs. 7% of females). In the past month, 25% had been a passenger in a vehicle when the driver had been drinking, with 12% doing this on two or more occasions.

Age when Métis youth first tried alcohol (among those who ever drank)





Around half (48%) of Métis youth had ever tried marijuana. Among those who had tried it, 23% had used marijuana on six or more days in the past month (30% of males vs. 18% of females).

Thirty-four percent of Métis youth had tried substances other than alcohol or marijuana. Two percent had injected as a method of illegal drug use.

Among Métis youth who had ever tried alcohol or other drugs, 5% felt they needed help for their alcohol use, and 5% felt they needed help for their drug use in the past year.

Tobacco

Forty-two percent of Métis youth had ever tried cigarette smoking. Among those who had ever tried, almost half (49%) had smoked in the past month.

Protective factors for substance use

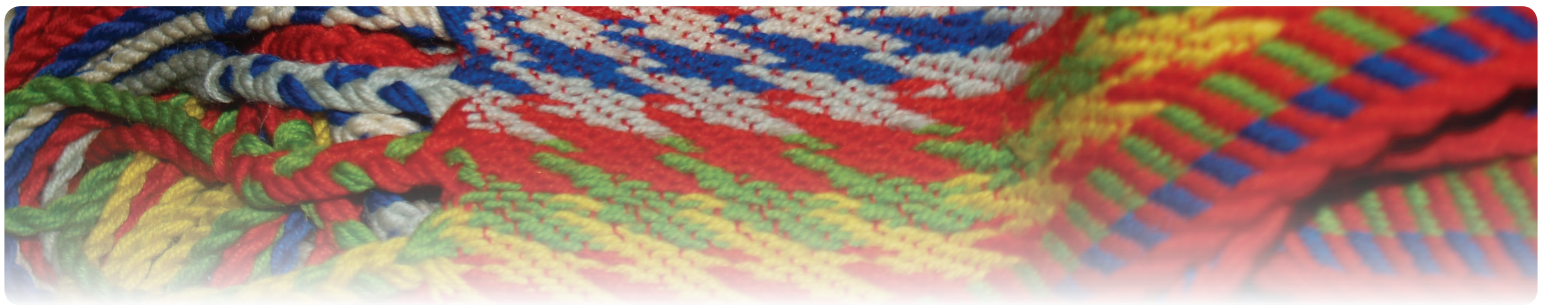
Peers play an important role when it comes to substance use. For example, youth who had a friend who would be upset if they got drunk were less likely to have ever tried alcohol (30% vs. 84% of youth whose friends did not mind them getting drunk). Similarly, youth with friends who would be upset if they used marijuana were less likely to have tried marijuana themselves (23% vs. 72% of youth whose friends did not have these attitudes).

Family relationships are also important. For example, if youth felt that their family understood them “a lot”, they were less likely to have ever tried alcohol (65% vs. 82% of youth who felt their family did not understand them at all) and to have ever tried marijuana (41% vs. 60%).

Métis youth who had ever tried substances other than alcohol or marijuana

Prescription pills (without a prescription)	23%
Hallucinogens (including ecstasy)	18%
Mushrooms	15%
Inhalants	8%
Cocaine	7%
Amphetamines (including crystal meth)	6%
Steroids (without a prescription)	3%
Heroin	2%



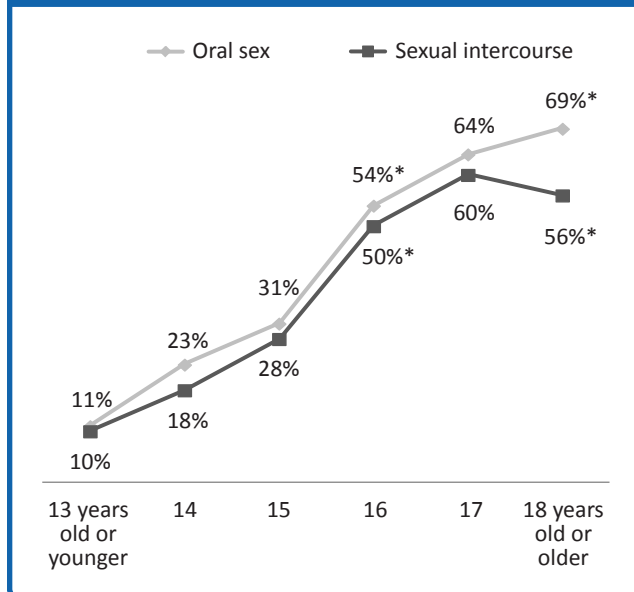


Sexual health

Thirty-five percent of Métis youth had ever had sexual intercourse, and 39% had ever had oral sex. Among youth who had sexual intercourse, 7% indicated having been told by a doctor or nurse that they had a sexually transmitted infection.

Many youth had used some form of contraception the last time they had sexual intercourse: the most common methods were condoms (65%) and birth control pills (43%). However, 12% had unprotected sex (6% used only withdrawal, an ineffective method of contraception, and 6% did not use any method to prevent pregnancy). Nine percent of Métis youth had ever been pregnant or caused a pregnancy.

Métis youth who had oral sex or sexual intercourse



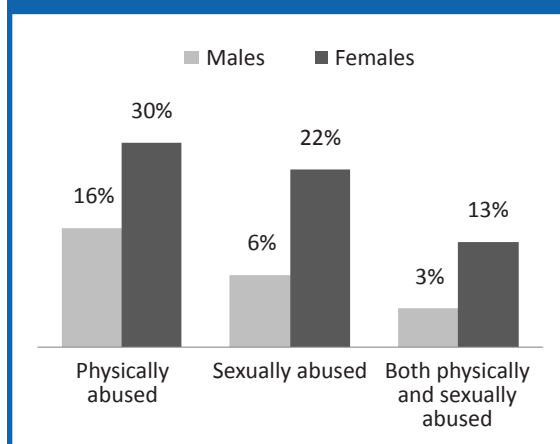
Abuse & violence

Almost a quarter (24%) of Métis youth had been physically abused, 15% had experienced some form of sexual abuse, and 9% had experienced both physical and sexual abuse.

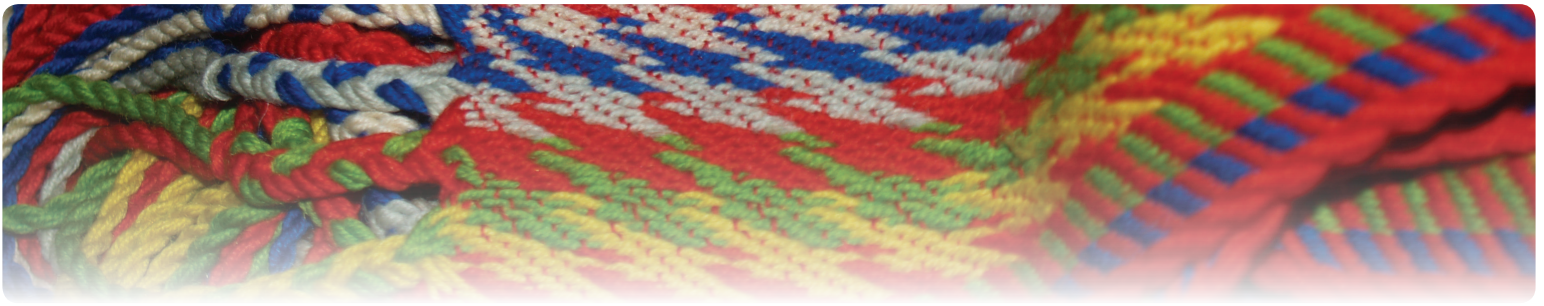
Eighteen percent of youth (26% of females and 7% of males) had been in contact with someone on the Internet who made them feel unsafe. Additionally, 26% had been bullied through the Internet in the past year (33% of females vs. 17% of males).

In the past year, 23% of Métis youth had been discriminated against because of their physical appearance, 11% had experienced racial discrimination, and 9% had been discriminated against because of their sexual

Métis youth who had been abused



orientation. There were no gender differences for physical discrimination, but more males than females had experienced racial discrimination (15% vs. 8%) and sexual orientation discrimination (12% vs. 7%).



Mental health

The majority of Métis youth reported positive mental health. For example, most youth usually felt good about themselves (81%) and their abilities (88%), and felt that their life was useful (82%). However, in the month before taking the survey, 19% felt so stressed that they could not function properly (26% of females vs. 11% of males), and 9% reported extreme levels of despair (12% of females vs. 6% of males).

Almost a quarter (24%) of Métis youth had ever deliberately cut or injured themselves without trying to kill themselves.

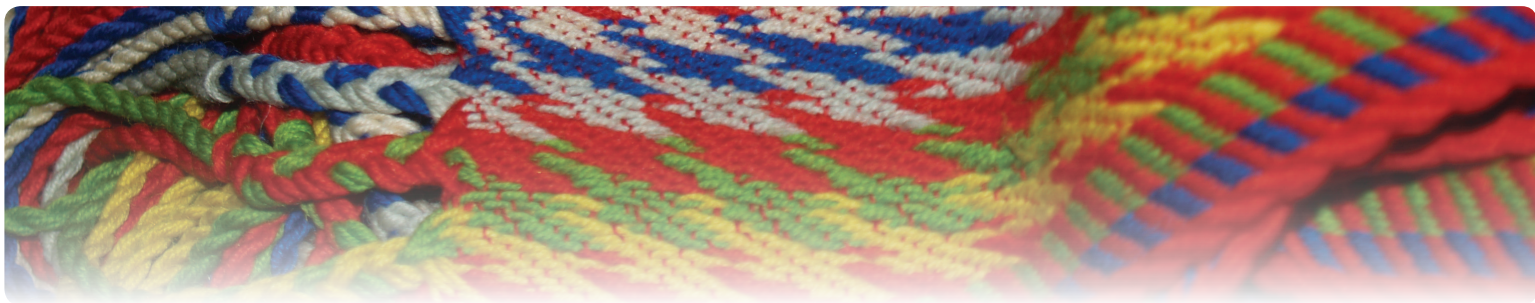
In the past year, 16% had seriously considered killing themselves (19% of females vs. 13% of males), and 7% attempted suicide at least once (9% of females vs. 5% of males). Among Métis youth who attempted suicide in the past year, 33% made an attempt serious enough to need medical attention.

Risk and protective factors for suicide ideation

There are a variety of reasons young people may consider committing suicide. We looked at some of the most significant factors that would either increase or decrease the chance that a Métis youth would have considered suicide in the past year. For

males, we found that the strongest risk factors associated with suicide ideation were experiencing despair and having had a friend attempt suicide. However, the strongest protective factors against suicide ideation were family connectedness and having a supportive adult outside their family to confide in. If males had experienced both despair and a friend attempting suicide, yet they had both protective factors in their lives, the chance that they would seriously consider suicide was reduced by more than a third, compared to those without these protective factors.

For females, there were three factors that most significantly increased the odds of suicide ideation. These were experiencing despair, physical abuse, and having been discriminated against (based on their race, physical appearance or sexual orientation). However, the factors that most strongly protected against suicidal thoughts were feeling safe at school and having a supportive adult in their family. Even if Métis females experienced all three risk factors, the odds that they would consider suicide were reduced by more than a quarter if they felt safe at school and had a supportive adult family member, compared to those without these protective factors.



“When I was younger (11-13) I was depressed and tried to commit suicide. Also wanted to drop out of school but my friends helped me out.”

— Grade 12 female student

Protective factors

Cultural connectedness

The AHS did not ask students specifically about their connection to Métis culture but about cultural connectedness in general. Although this is a limitation of the survey, one quarter of Métis youth (25%) indicated that they engaged in cultural practices, 30% reported feelings of belonging, and 24% felt strongly attached to their cultural group.

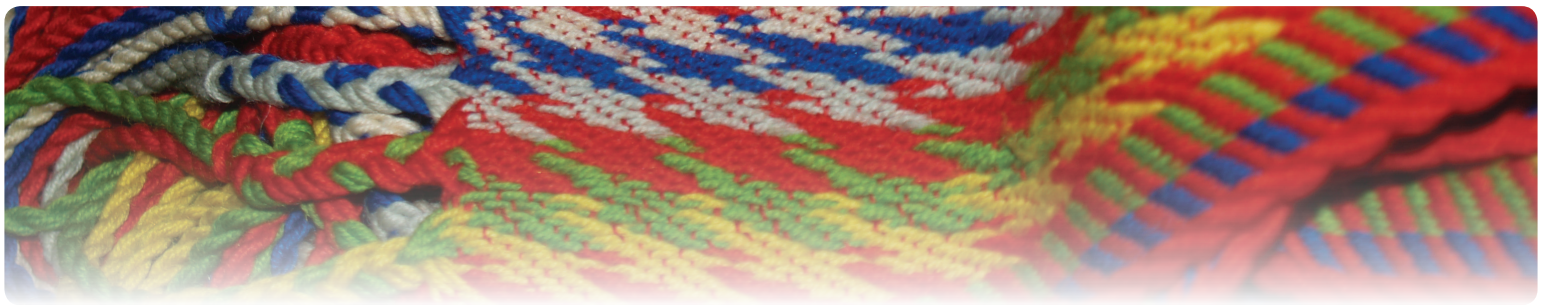
The AHS also did not ask about specific languages. However, Métis youth who reported speaking a language other than English at home at least sometimes were more likely

than youth who spoke only English at home to participate in cultural practices (33% vs. 22%) and to have a strong sense of cultural belonging (39% vs. 26%).

Supportive relationships

The majority of Métis youth had asked a friend for help in the past year (82%), and most of them found their friends to be helpful (94%). Females were more likely to have asked a friend for help (90% vs. 71% of males).





In addition to supportive friends, the majority of Métis youth had an adult in their family (71%) or an adult outside their family (61%) they felt they could turn to. This was associated with positive health outcomes. For example, youth who had access to a supportive adult outside their family were less likely to have attempted suicide in the past year (6% vs. 10% who did not have an adult outside their family to turn to). The difference was even greater

for youth who had a supportive adult inside their family (3% of those youth attempted suicide in the past year compared to 18% of youth who did not have adult support).

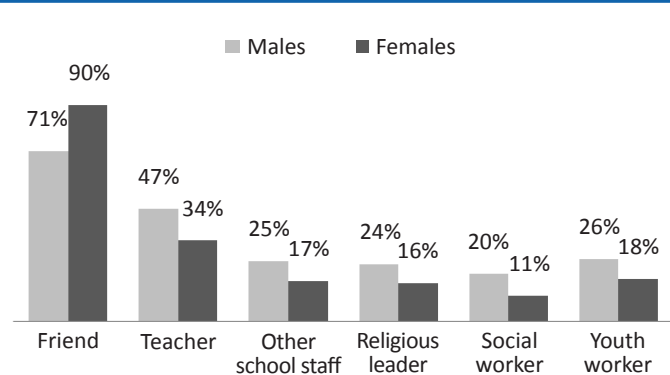
Youth also sought help from a number of professionals in the past year. Males were more likely to have approached a professional for help when they needed it, while females were more likely to seek help from friends.

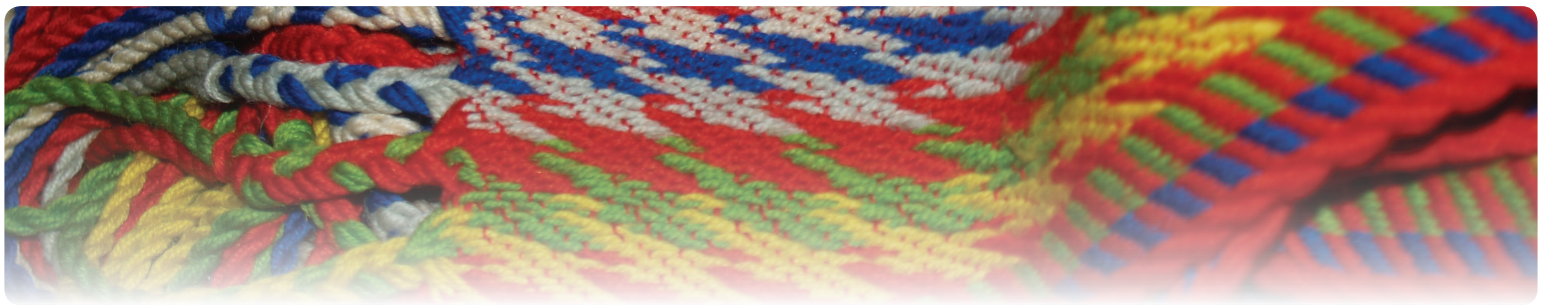
Sources of professional support in the past year

	% who asked for help	% who found them helpful (among those who asked)
Teacher	40%	72%
School counselor	30%	62%
Doctor or nurse	29%	73%
Youth worker	22%	57%
Other school staff	21%	48%
Religious leader	19%	52%
Social worker	15%	35%*



Differences in help-seeking behaviour between Métis males and females





Family connectedness

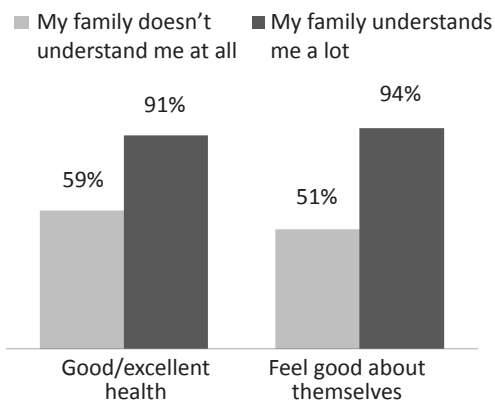
Most Métis youth in BC were strongly connected to their families, and reported that their parents were warm and loving toward them, were present in the home at key times such as when they got up and went to bed, and paid attention to them. Youth who felt that their family paid a lot of attention to them were more likely to expect to graduate from high school or continue on to post-secondary education (84% vs. 60%* of youth who felt their family paid no attention to them).

School connectedness

Feeling connected to school is another important protective factor. Métis youth who felt that they were a part of their school were more likely to rate their health as good or excellent (89% vs. 54%* of those who did not feel like a part of their school) and were less likely to have skipped full days of school in the past month (22% vs. 66%*).

In addition, youth who felt their teachers cared about them “quite a bit” or “very much” were less likely to have considered suicide in the past year than youth who felt their teachers cared about them to a lesser degree (11% vs. 18%). Also, Métis youth who felt their teachers treated them fairly were more likely to feel good about themselves than youth who felt their teachers did not treat them fairly (88% vs. 57%*).

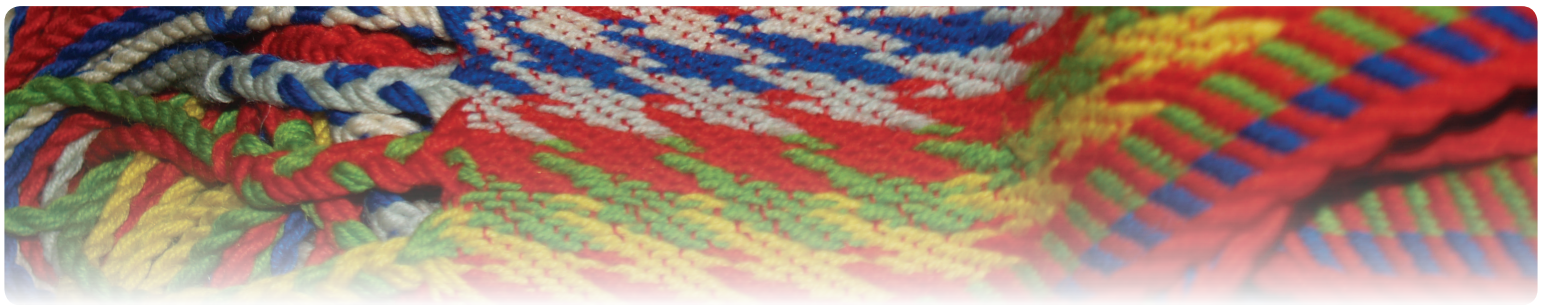
Métis youth’s health and feeling understood by family



Engagement in extracurricular activities

Participating in activities such as informal sports, organized sports, or dance or aerobics classes was associated with other positive health outcomes. For example, youth who participated in these types of activities on a weekly basis were more likely to rate their health as good or excellent, compared to youth who did not participate on a weekly basis.

Métis youth were asked not only about their involvement in activities but also how meaningful these activities were to them and how much they felt a part of them. Thirty-two percent felt their activities were very meaningful and 35% felt that they were quite meaningful.



Fourteen percent felt their ideas were listened to and acted upon “a lot” in the activities they were involved in and 32% felt that their ideas were included “quite a bit”.

Youth were less likely to have self-harmed if they were meaningfully engaged in their activities (17% vs. 39%* of youth who were not at all engaged) and if they felt their ideas were listened to “a lot” (11% vs. 40%*).

Feeling skilled

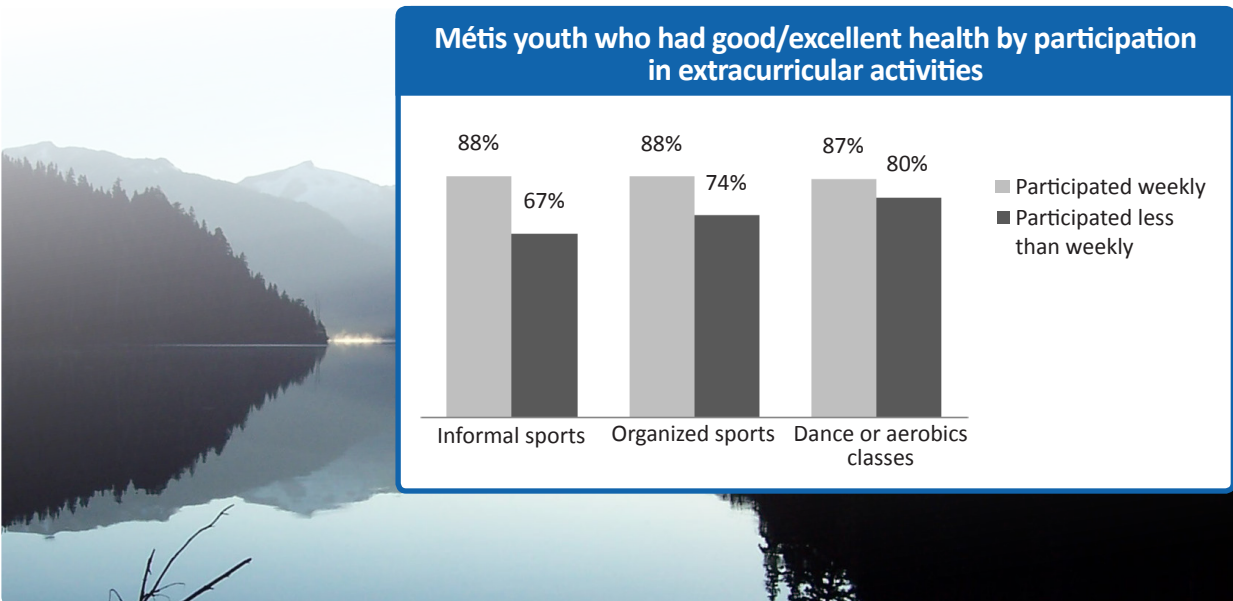
Eighty-four percent of Métis youth felt they had skills, talents, or were good at something (such as sports, art, school or trades). Youth who felt they were good at something were more likely than those who did not list anything they were good at to rate their health as good or excellent (85% vs. 62%*). Also, Métis youth who thought they were good at sports were more likely than

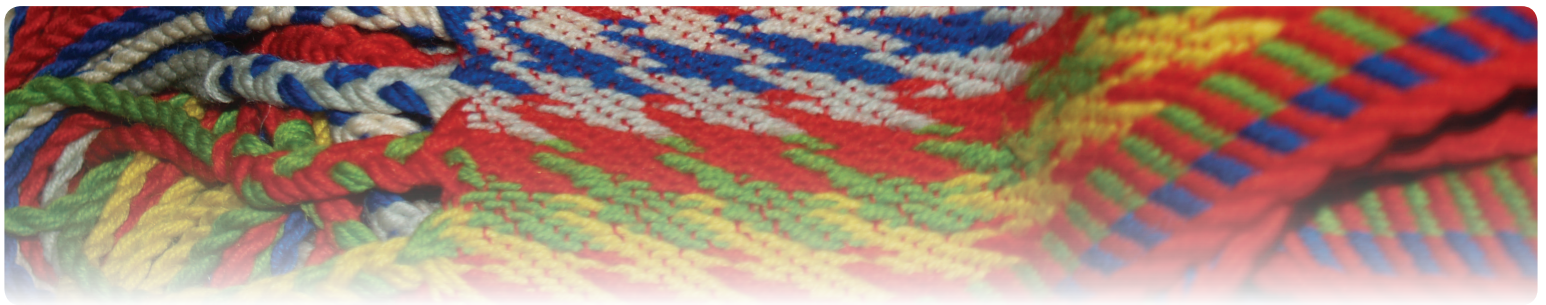
those who did not feel good at sports to rate their health as good or excellent (90% vs. 73%) and to feel good about themselves (88% vs. 75%), and were less likely to experience extreme despair (5% vs. 13%).

The importance of protective factors for vulnerable youth

Supporting youth who have experienced a family member or friend attempting suicide

Almost half of Métis youth (48%) had experienced a family member or friend attempt suicide, which is a risk factor for suicidal ideation and suicide attempts. However, if these youth had an adult in their family to talk to, they were less likely to have attempted suicide in the past year (7% vs. 29% who did not have a supportive adult in their family). Similarly, among youth with a family





member or friend who attempted suicide, those with a helpful teacher were less likely to have experienced suicidal ideation in the past year (15% vs. 45%* of youth whose teacher was not helpful when they asked for help).

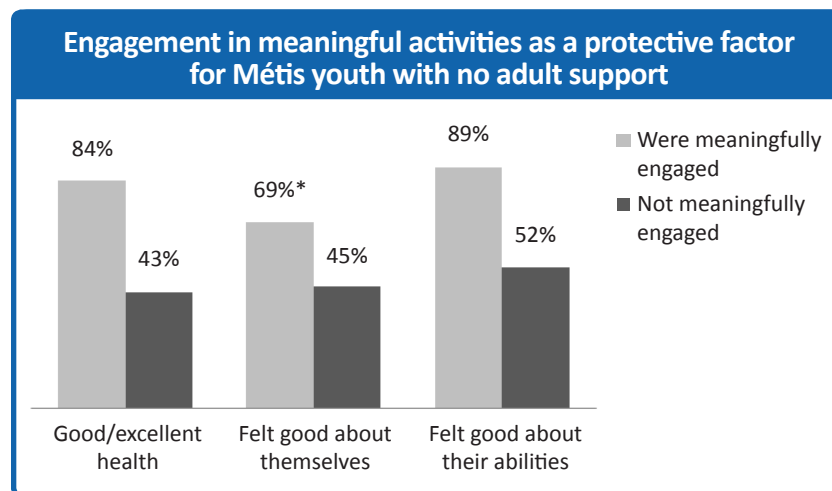
Improving outcomes for youth with a history of violence victimization

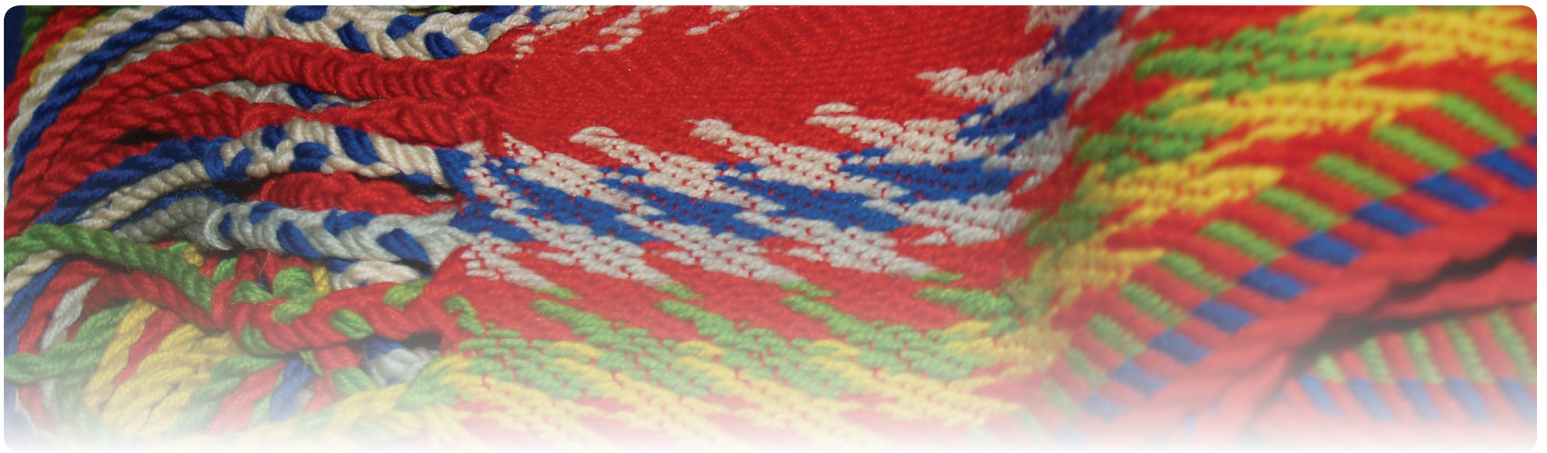
Some Métis youth in the province have experienced multiple forms of violence victimization. For example, 20% reported they had been physically or sexually abused and had also been victims of bullying (12% of males vs. 26% of females). Yet if these youth played organized sports weekly, they were more likely to rate their health as good or excellent (87% vs. 73%); and if they felt that the activities they were engaged in were meaningful to them, they were more likely to feel good about themselves (79% vs. 56%) and plan to graduate from high school or a post-secondary institution (80% vs. 69%).

Supportive adults can have a positive impact on these youth as well. If abused and bullied youth had an adult in their family to turn to for help, they were less likely to have considered suicide in the past year than youth who did not have an adult in their family they could turn to (19% vs. 46%*). Similarly, youth who had a supportive adult outside of their family were less likely than youth without this adult support to have seriously thought about suicide in the past year (22% vs. 40%).

Improving the health of youth with no adult support in their lives

Having a supportive adult in their lives has been shown to be protective for youth, yet 16% of Métis youth reported not having an adult inside or outside their family whom they could turn to if faced with a problem. However, if these youth were engaged in meaningful activities they reported better physical and mental well-being.





Final thoughts

This short report demonstrates that the majority of Métis youth in the province are doing well. They report positive physical and mental health, have supportive families and caring adults in their lives, and have plans to graduate from high school and have other academic aspirations.

However, some youth are facing tremendous challenges such as a history of abuse, suicidality among family members or friends, and experiences of bullying and other victimization. Despite the challenges they may have endured or continue to face, there are many protective factors that can work to improve their health and well-being. It is our hope that policies and programs can help build resilience, offer access for all youth to activities such as organized sports, and improve the health of even the most vulnerable Métis youth in the years to come.

Suggested citation

Tsuruda, S., Smith, A., Poon, C., Hoogeveen, C., Saewyc, E., & McCreary Centre Society (2012). *Métis youth health in BC*. Vancouver, BC: McCreary Centre Society.

McCreary would like to give thanks to the Métis Advisory Committee who oversaw this project and guided the analyses:

- Tanya Davoren, Métis Nation BC
- Clara Dal Col, Métis Elder
- Dana Brunanski, Vancouver Coastal Health
- Brodie Douglas, Métis Nation BC
- Kylee Swift, Reciprocal Consulting
- Natalie Clark, Thompson Rivers University

Special thanks are also due to the Métis youth in the province who completed the AHS and took part in focus groups to discuss their health.

This report was produced as part of a larger project funded by the BC Ministry of Children and Family Development, which looked in detail at the health of Aboriginal youth in BC (including Métis youth). The project is also supporting local youth-led initiatives to improve Aboriginal youth health. A comprehensive report entitled *Raven's Children III* is available free to download at www.mcs.bc.ca. To learn more visit this website or email mccreary@mcs.bc.ca.



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