



UNSPOKEN THOUGHTS & HIDDEN FACTS:

A SNAPSHOT OF BC YOUTH'S MENTAL HEALTH

CREATED BY:

Youth Researchers

TO PROMOTE POSITIVE MENTAL HEALTH



McCreary
Centre Society

Youth health • Youth research • Youth engagement



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Founded in 1977, McCreary Centre Society is a non-governmental not-for-profit organization committed to improving the health of BC youth through research, evaluation, and youth engagement projects.

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Copies of this report are available at: www.mcs.bc.ca

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“QUOTES” used in this report are from youth who took the 2013 BC Adolescent Health Survey.





FOREWORD

This report is the result of the work of 28 young people aged 15-24. These youth shared a common interest in promoting positive mental health among BC youth by increasing awareness and understanding of youth mental health.

With the support of McCreary staff, the 28 youth researchers worked together to create this report and some additional resources including infographic posters, workshops and presentations. The report was completed in the winter of 2015. The sharing of workshops, presentations, posters and blogs about the findings from the project will continue in 2016.

This report and the accompanying resources highlight the prevalence of mental health challenges faced by youth in BC, and show that fostering protective factors (including youth engagement and connectedness to school, peers and community) can reduce risk behaviours and negative health outcomes for even the most vulnerable youth.

The 28 young people who created this report all got involved in this project because of their own experiences, interests and desire to raise awareness about the need to promote positive mental health among BC youth. They worked together to develop the research questions they wanted to answer using data from the 2013 BC Adolescent Health Survey. They then divided into groups to conduct the required quantitative and qualitative analyses, report writing, dissemination and facilitation activities. Once these activities were complete, the whole group came back together and selected the key findings for the report.

This report is the result of their work. It has been checked for accuracy and to ensure all reported statistics are correct and reported differences are statistically significant (at $p < .01$). Otherwise it is entirely youth designed, researched and written.

It has been an honour to work with these talented and passionate young people, and I hope they are as proud as they should be of what they have achieved.

ANNIE SMITH
EXECUTIVE DIRECTOR
McCREARY CENTRE SOCIETY



KEY FINDINGS

Female youth reported poorer mental health than males. For example, males were more likely than females to feel good about themselves, to feel happy most of the time, and to feel calm and at peace. Females were more likely than males to report extreme stress, extreme despair, self-harm, and to consider or attempt suicide.

Youth born abroad reported better mental health than youth born in Canada. Also, the longer that immigrant youth lived in Canada, the less likely they were to report positive mental health.

Youth with a physical disability were another group of youth who were at risk for mental health challenges. For example, 17% of youth with a physical disability reported extreme stress compared to 9% without a physical disability.

Youth who had not used alcohol, marijuana or other substances reported better mental health than those who had used these substances.

Some youth used substances to self-medicate. For example, youth who had depression or anxiety were more likely to use marijuana than those without these conditions. Also, 21% of youth reported that the last time they used substances was because they were stressed.

Youth who were bullied in person or online were more likely to report negative mental health, and the more different types of bullying they experienced the more likely they were to self-harm. Also, around half of females who were cyberbullied in the past year also self-harmed in that time (vs. 22% of males).

Youth with a cellphone were more likely than those without one to feel safe in their neighbourhood, to have close friends in their school or neighbourhood and to have a local adult in their neighbourhood or community who cared about them. However, those with a phone were more likely to have met someone on the Internet who made them feel unsafe and to have been cyberbullied.

In general, the more hours that youth worked, the less likely they were to report positive mental health. However, having a job for a few hours a week was positive. For example, those aged 16 and above who worked a few hours a week reported higher levels of school connectedness than those who did not work.

Eleven percent of youth (17% of females vs. 5% of males) felt they needed mental health services in the past 12 months but did not access them. The top 3 reasons for missing out on care were not wanting their parents to know, thinking or hoping the problem would go away, and being afraid of what the doctor would say or do.

Families can be a source of support for youth dealing with mental health challenges. For example, youth who ate dinner with their family most evenings reported more positive mental health than those who ate with their family less often. Also, youth who had an adult they could turn to in their family reported more positive mental health.

Males were more likely than females to feel there was a supportive adult inside their family (76% vs. 70%), while females were more likely than males to feel there was a supportive adult outside their family (34% vs. 30%).

Youth who reported having an adult in or outside of their family whom they would feel comfortable asking for help reported more positive mental health. Youth who did not have someone in their family but had an adult outside the family to turn to had a lower risk of feeling extreme despair and a greater likelihood of reporting good/excellent mental health, feeling happy, and feeling calm and at peace in the past month.

Youth who felt connected to their community were more likely to report positive mental health than those who did not feel connected. They were also less likely to miss out on needed mental health services.

Cultural connectedness was important to mental health. For example, youth who spoke a language other than English at home were more likely to report good or excellent mental health than those who spoke only English.

Youth who felt like a part of their school did not struggle with accessing needed mental health services as much as youth who did not feel like a part of school. As levels of feeling safe at school increased, the likelihood of youth reporting good or excellent mental health also increased.

Exercise and sports involvement were linked to positive mental health. Male and female students who felt they were good at sports were more likely than their peers to report feeling self-confident, happy, and calm.

The more close friends youth had the less likely they were to experience extreme despair and the more likely they were to report good or excellent mental health. Also if youth reported that they had friends with healthy attitudes towards risk behaviours they were more likely to report positive mental health and less likely to report extreme stress.



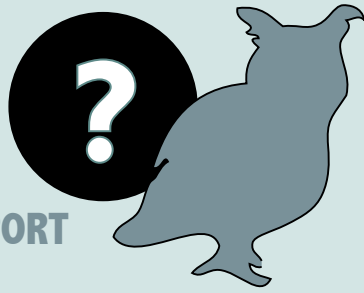
INTRODUCTION

McCreary's vision is that all youth are supported to be healthy and connected. The vision of this project is to promote positive mental health through up-to-date and accurate data. Our aim, as youth researchers, is to acknowledge and not ignore mental illness, encourage youth to speak up about mental health, know they are not alone, and know they can get help. We want this report to be used to repaint the picture of mental health for youth in BC.

WE HOPE THAT THE **RESULTS** OF THIS REPORT WILL:

- 1** Encourage policy makers and service providers to make sure adequate mental health care is provided to youth across BC.
- 2** Help address the gaps in services and supports that exist for youth.
- 3** Promote communication between youth and adults.
- 4** Teach adults, including teachers and counsellors, more about youth mental health and more about what is working well for youth.
- 5** Get shared widely and with a variety of audiences in lots of different ways, including being read by youth and adults in both public and private schools.
- 6** Spark conversations that help to decrease the stigma around mental health.

HOW WE CREATED THIS REPORT



QUANTITATIVE ANALYSTS

Quantitative analysis was completed using SPSS for Windows to collect and compile data from 30,000 surveys taken across BC. Our research questions were developed during a meeting where youth brainstormed ideas and concerns regarding youth mental health. Main topics were selected through a voting process. After data was compiled, youth researchers were trained in SPSS to analyze it. We were taught to run general statistical analyses (e.g., frequencies, crosstabs, recodes, etc.). Our data was further analyzed based on categories such as gender, ethnicity, sexual orientation, age/grade, and lifestyle. Throughout this process, we found that mental health is a sea of knowledge needing to be dived into and explored. One main challenge was differentiating between statistical significance and ‘real-life’ significance. Many results were statistically insignificant, but they were necessary to create a bigger picture.

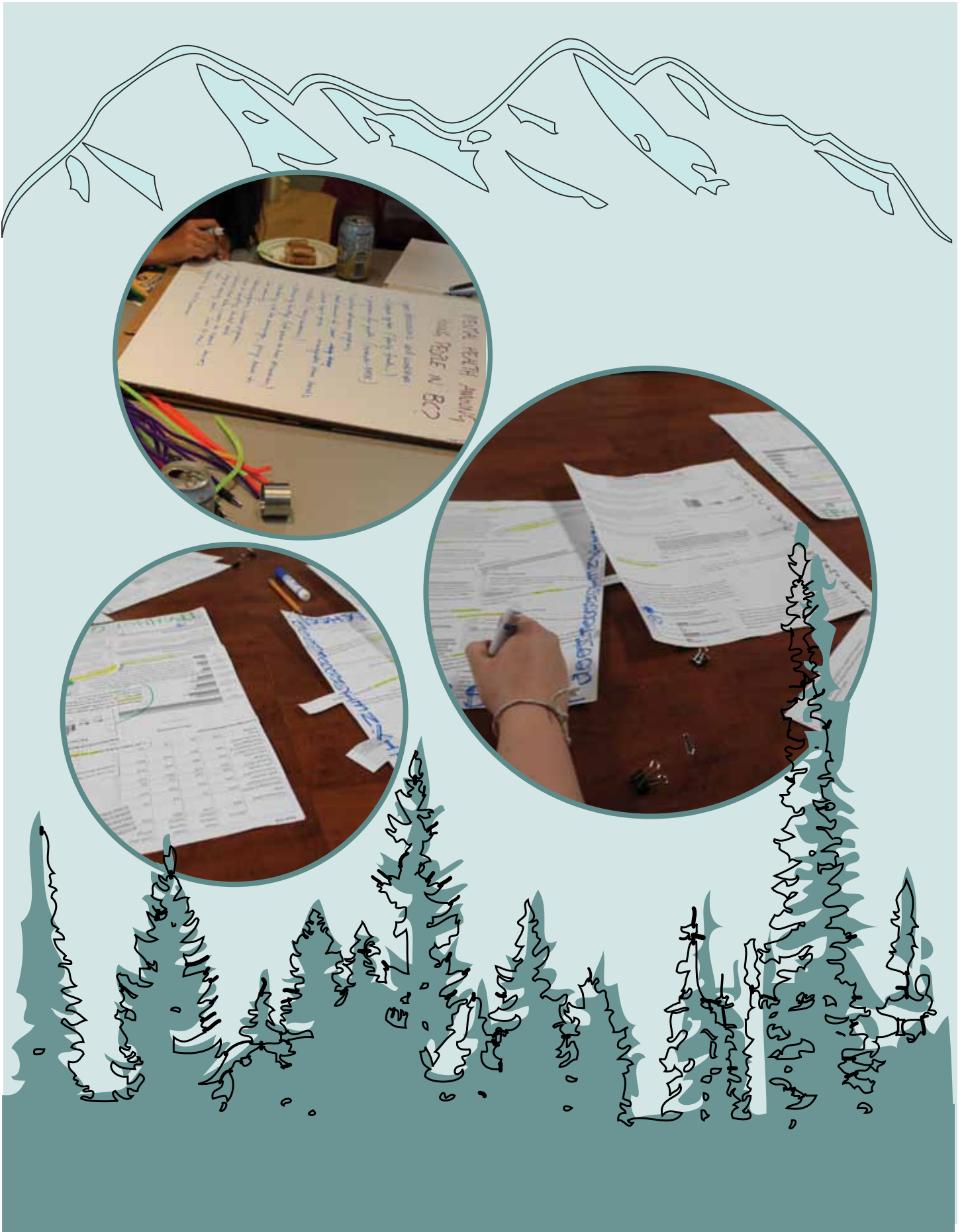
QUALITATIVE ANALYSTS

Upon receiving our set of data to analyze, we decided we would place each personal comment from the survey into separate categories to better understand them. Firstly, we observed that the majority of comments fit three descriptions: a statement about mental health, a personal experience, or a personal experience in regards to mental health. Our second step after sorting them into said categories was to identify the tone of the statement. We found that comments were often neutral; but could also be sad, angry, happy, or uncertain. Sorting each statement into these categories helped us to really comprehend the different experiences youth are facing today.

REPORT WRITERS

As Report Writers, we condensed qualitative and quantitative data into a readable format, compressed analyses into topics that we as a group found the most intriguing, created graphs for more visual effects and added relevant comments from students. After writing a literature review on youth mental health, we then worked together to write a snapshot on youth mental health among students in BC based on the survey findings. Afterwards, we worked individually on sections of the analyses of the survey.

Throughout the process, we learned how important it is to word the report in a way which would avoid confusion. We also learned that many factors contribute to either positive or negative mental health, and that we have to phrase the statistics in a precise manner. Some



things that we found especially interesting were the quotes written by youth. We enjoyed integrating the real life voices of the youth into the report. Another aspect we found fascinating was how we were able to incorporate our own experiences and thoughts into the report. It was eye-opening to see the factors affecting youth mental health on a more specific and in-depth level.

Some challenges we faced involved overcoming writer's block, and distinguishing which information to keep and which to leave out. Incorporating numbers was also challenging, as we wanted to keep the statistics interesting and engaging.

As Report Writers, we enjoyed compiling the results from the survey and transforming the statistics and language into a more accessible and engaging form. Working together every Friday afternoon gave us a nice routine, which contributed to our own positive mental health. Seeing the final product of our work was extremely satisfying and exciting. We hope you enjoy the report too! 😊

DISSEMINATION DESIGNERS

The journey began with a group of strangers committed to taking on the challenge of bringing positive change to our peers regarding mental health awareness. Our dissemination design group was focused on creating a platform in which youth and adults in the community could access information about youth mental health in a clear and engaging way. Our hope is that with conversation generated by our project, we can enable and encourage change for better support. The dissemination design group came together to define the key areas and pull out associated significant points and quotes from the report and incorporate them into an infographic format. During the process, we were exposed to the wide range of our fellow peers' realities and experiences while also reflecting on our own. This provided context to interpret and share the results. We are excited about getting this info out to youth and others and are inspired to promote positive mental health among our peers and in our community.

FACILITATORS

Our group, "the facilitators", goal was to create a workshop that will engage youth with the key findings from the report. Over two sessions, we read and pulled out important and interesting statistics, then turned these statistics into an accessible and more understandable presentation for youth. We wanted it to be interactive and informative and so included a trivia game, a creative 'sketch your stress' activity, picture deconstruction and most importantly, lots of time for discussion. Throughout the process, we learned different strategies of promoting positive mental health that are more creatively engaging. The report itself was interesting and brainstorming ideas of different ways of interacting with youth was something we enjoyed. We also enjoyed the chance to improve our leadership skills, share ideas, and learn about different perspectives. Presenting the data in the most appropriate way while using correct evidence has been a challenge. Also talking publicly and adjusting to different situations is challenging.

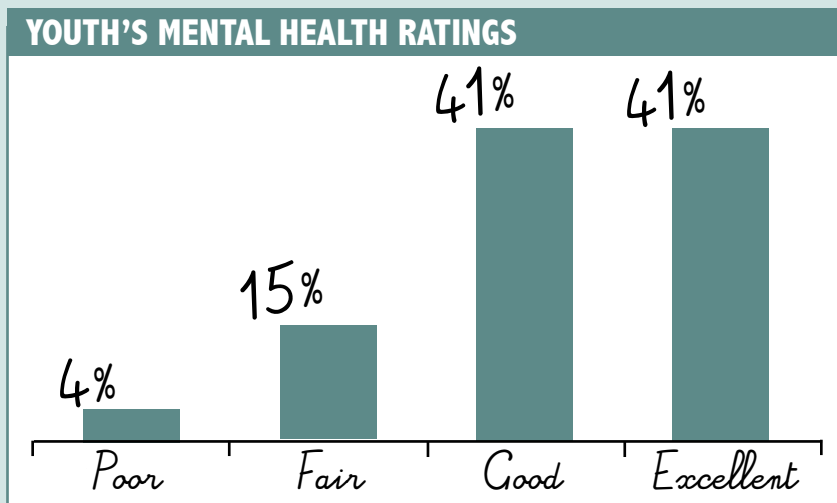


youth's statements were often linked with stress, anxiety, and feeling overworked. Other significant categories were relationships: 'friends,' 'people,' 'someone,' & qualifiers like 'sometimes,' 'never,' and 'always.' We read this as a reflection of the day-to-day experiences of youth navigating relationships & school, which might not normally be recognized as contributing to or even constituting mental health struggles. We found that things we expected to come up more often, like references to drinking or self-medicating, didn't show up nearly as much as basic words used to express people's experiences.



MENTAL HEALTH RATINGS

Most youth described their mental health as good or excellent. Males were more likely than females to report good or excellent mental health. Males may be less likely than females to voice their mental health concerns (Smith et al., 2011).



SELF-CONFIDENCE AND SENSE OF COMPETENCE

Overall, most youth (80%) reported feeling good about themselves. Most youth (86%) also felt capable of doing things as well as their peers.

Male youth were more likely than their female counterparts to feel good about themselves (89% vs. 71%), and they were also more likely than females to feel they could do things as well as their peers (91% vs. 82%).

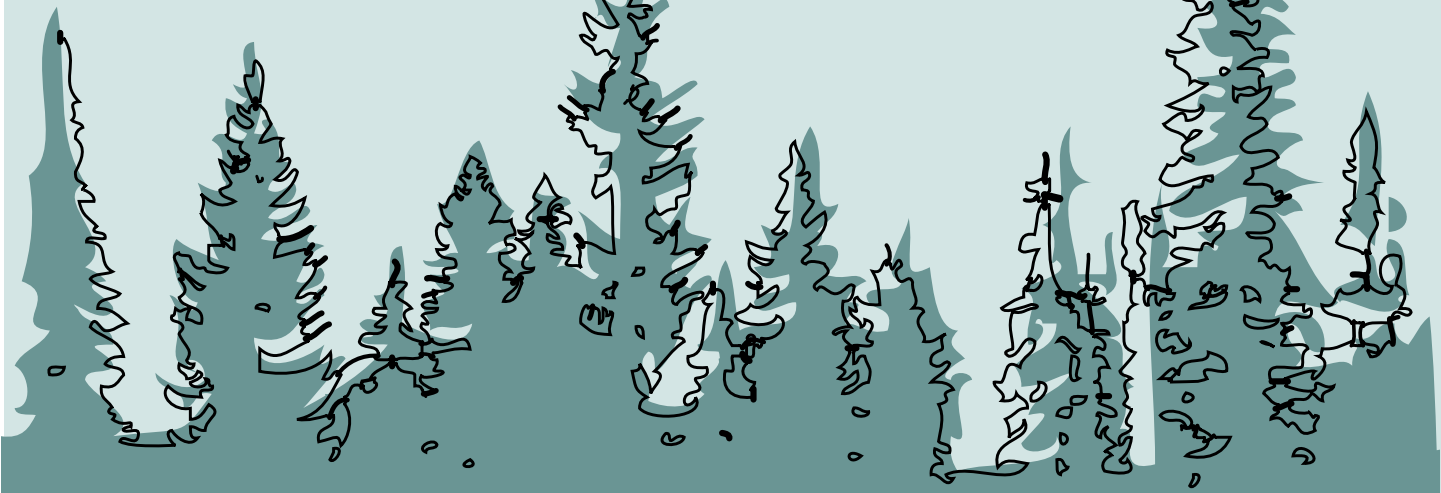
“ I’VE HAD ANXIETY SINCE I WAS A KID. IT WAS VERY SEVERE, BUT I’VE OVERCOME IT. I FEEL GOOD AND CONFIDENT EVERY DAY. ”

HAPPY AND CALM

The results showed that the majority of youth (68%) felt happy most, if not all, of the time in the past month. In addition, 75% of males reported feeling happy most or all of the time, as opposed to 62% of females.

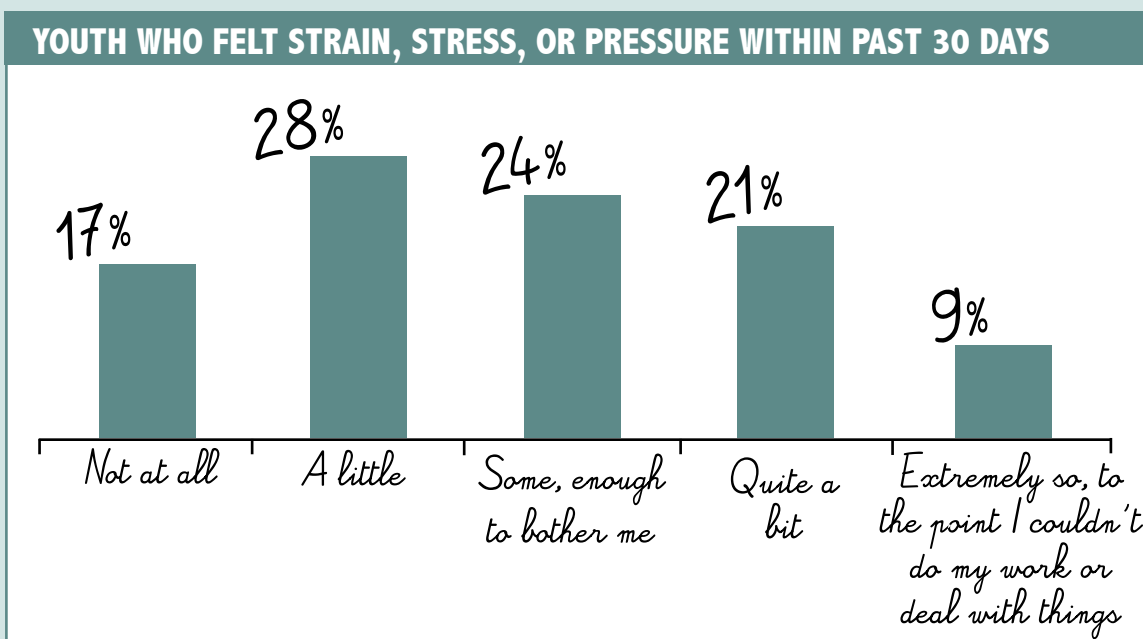
Around half of all youth felt calm or at peace most or all the time within the past month, and males were more likely than females to report this sense of calm and peacefulness (61% vs 42%).

“ I AM A HAPPY, HEALTHY 15
YEAR OLD GIRL, BUT I KNOW
I AM A MINORITY WHICH IS A
SAD THING. I HAVE TWO LOVING
PARENTS AND I LAUGH WITH MY
FRIENDS EVERY DAY. ”



STRESS AND DESPAIR

In our competitive and fast-paced society, stress is a common battle faced by many youth. The majority of young people in BC reported feeling stress within a 30-day range (83%), and a small portion (9%) felt extreme stress which interfered with their ability to work or function properly.



Just over half of BC youth felt sad, discouraged, or hopeless within the past month, while 48% reported feeling no despair at all. Seven percent of youth reported feeling despair on a level so extreme that it was difficult for them to move on.

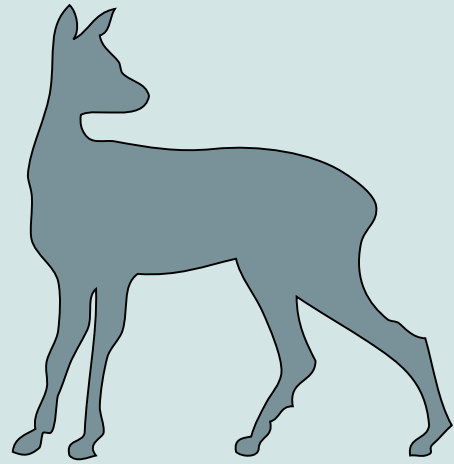
According to the survey results, females were more vulnerable than males to feeling extreme stress (13% vs. 5%) as well as extreme despair (10% vs. 4%).

STRESS, DESPAIR, AND HAPPINESS

One of our research questions was about the relations among different mental health experiences. For example, we wanted to see if there was a link between feeling stressed and feeling happy, and if so what it was.

Findings showed that as students' stress levels decreased, they were more likely to report feeling happy. For example, 22% of youth who reported being extremely stressed felt happy most of the time, while 92% of youth who reported not being stressed at all reported feeling happy most of the time. In addition, as stress levels decreased, feelings of extreme despair among youth also decreased.

“ I FEEL VERY LOST. I
DON'T KNOW WHAT I
WANT TO DO OR AM
DOING WITH MY LIFE;
I AM SCARED I WILL
AMOUNT TO NOTHING.
I STILL THINK I WILL
EVENTUALLY MAKE
IT, JUST AT THE
CURRENT TIME I AM
NOT SURE HOW. I
FEEL LIKE A PARADOX
WHEN I SAY, I WILL
NOT FIND HAPPINESS
BUT I WILL FIND
HAPPINESS, 'LIFE
GOES ON', I CANNOT
BE THE ONLY ONE. ”



SUICIDE IDEATION, ATTEMPTS, AND SELF-HARM

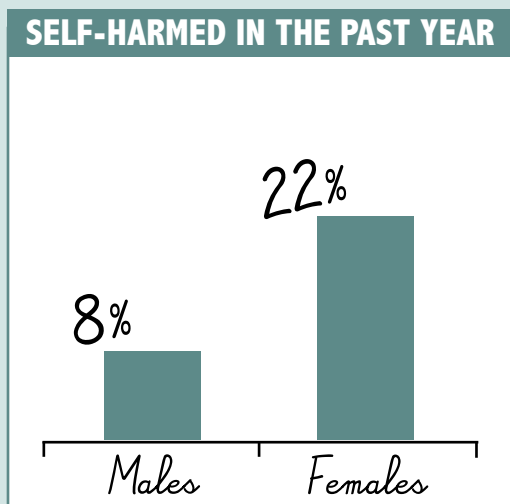
Suicide is the second leading cause of death amongst youth in BC and Canada, according to the Canadian Mental Health Association (2013). Eight percent of young males reported considering suicide in the past year, as opposed to 17% of females.

Six percent of youth attempted suicide one or more times in the past year. Females were three times more likely to attempt suicide than males (9% vs. 3%). However, other research has shown that males are generally more likely to die by suicide than females (Smith, et al., 2011).

*“I HAVE NEVER HURT MYSELF BEFORE,
BUT I AM EXTREMELY SUICIDAL,
AND TEACHERS SHOULD TALK TO
STUDENTS ABOUT DEPRESSION/
SUICIDE WITHIN THEIR CLASSES.”*

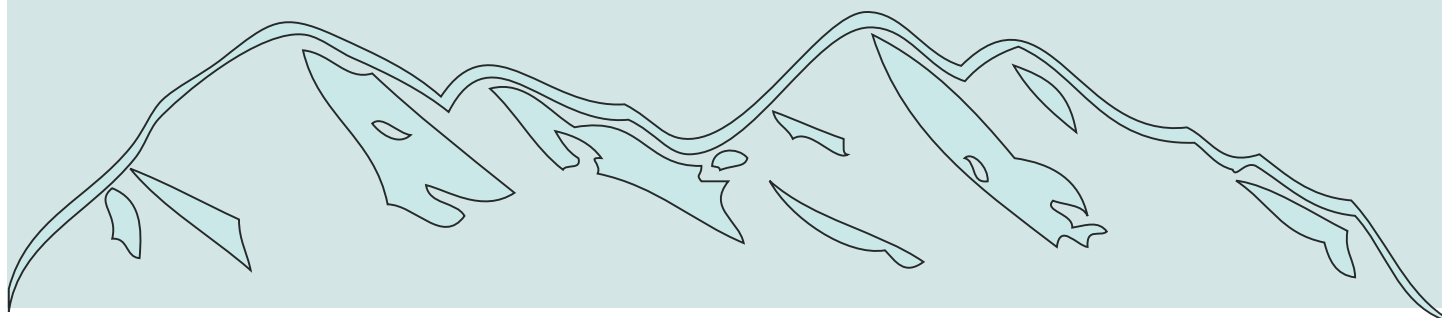
*“I HAVE CONTEMPLATED SUICIDE MANY
TIMES BEFORE, BUT LATELY LIFE IS
GETTING BETTER.”*

Some youth deliberately injure themselves without wanting to commit suicide. For these youth, harming themselves may be a way to deal with overwhelming emotions or distress. Males were less likely than females to report self-harming.



“I HAVE ISSUES WITH CUTTING, AS I HAVE BEEN DEPRESSED. I CAN'T FIND A COUNSELLOR THAT I LIKE, BUT MY MENTAL HEALTH IS IMPROVING.”

“I USED TO SELF-HARM (CUTTING) BUT I HAVE STOPPED BECAUSE PEOPLE FOUND OUT ABOUT MY CUTS AND WERE QUITE OPEN/ ACCEPTING ABOUT IT. I GOT THE HELP I NEEDED FROM FRIENDS/FAMILY.”



MENTAL HEALTH CONDITIONS

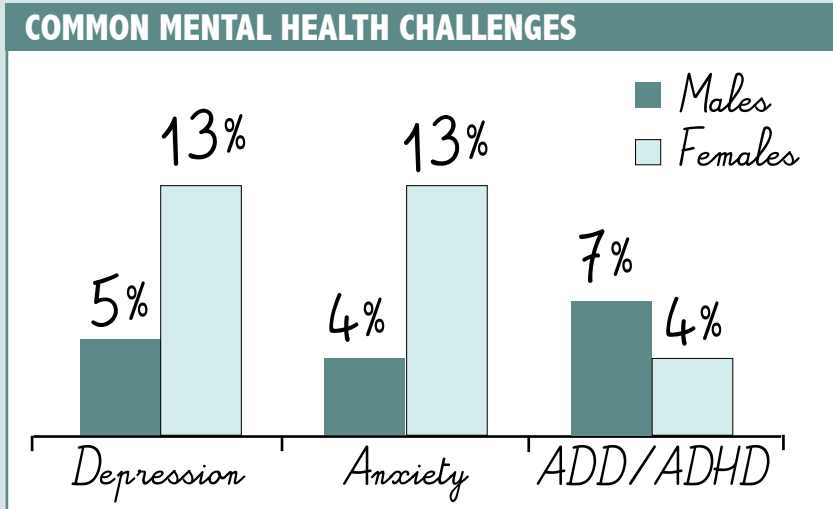


Qualitative Analysis

A common theme included students feeling that mental health was so general that they were unsure of what fell into the category of having a mental illness. They were also unsure if they had a mental illness. Their comments suggested that there is not enough mental health information distributed and reaching students, and that students are reluctant to access support to get a mental health assessment. One respondent wrote, "I may have light depression and/or anxiety problems, but I am not sure." Another provided a list of several mental health disorders they thought they might have, such as anxiety, dysthymia, or cyclothymia. Other students provided symptoms of clinical depression without medical diagnosis.

Ten percent of youth reported having a mental health or emotional condition (this includes depression, eating disorders, etc.). Females were 3 times more likely than males to report having a mental health or emotional condition (15% vs. 5%).

While females were more likely than males to report having issues with Depression and Anxiety, males were more likely to report having issues with ADD/ADHD.



As for other disabilities or conditions, less than 1% of youth reported being diagnosed with FASD/ FAS/FAE (Fetal Alcohol Spectrum Disorder). In males, Autism or Asperger's was more prevalent than in females (1% vs. less than 1%). Alcohol or drug addiction was experienced by 2% of the population of youth surveyed, and again, more male youth experienced this condition than their female counterparts (2% vs. less than 2%). On the other hand, PTSD (Post-Traumatic Stress Disorder) had more female youth sufferers (1%) than male (less than 1 %).



*“ I HAVE NEVER BEEN
DIAGNOSED FOR ANY MENTAL
HEALTH ISSUES, BUT I WORRY
ABOUT BEING DEPRESSED.
I'M NOT SURE; I NEVER, EVER
SPEAK OF IT. ”*

*“ I HAD AN EATING
DISORDER THAT AFFECTED
MY WHOLE LIFE GREATLY.
I WOULD REALLY LIKE TO
SEE MORE AWARENESS
ON THE SUBJECT
THROUGHOUT SCHOOLS
AND COMMUNITY GROUPS. ”*

MENTAL HEALTH AND GENDER

In summary, results of this survey found a clear difference between male and female youth. Females were less likely than males to report positive mental health such as feeling happy and self-confident, and were more likely to report feeling extreme stress and despair.

*“ I THINK THERE SHOULD BE MORE EVENTS/SESSIONS/ASSEMBLIES
ETC. IN SCHOOL ABOUT BODY IMAGE AND EATING DISORDERS
AS THEY ARE THINGS THAT A LARGE PART OF OUR COMMUNITIES
STRUGGLE WITH TODAY, ESPECIALLY GIRLS. MANY GIRLS SEE
THEMSELVES NEGATIVELY, SUCH AS MYSELF. I DON'T THINK THERE
IS ENOUGH AWARENESS OF THESE THINGS IN SCHOOLS! ”*



YOUTH REQUIRING MORE SUPPORT

YOUTH BORN IN CANADA VS. ABROAD

Nineteen percent of youth surveyed reported being immigrants, while the other 81% were born in Canada. Canadian-born youth were more likely than immigrant youth to report having poor or fair mental health (19% vs. 16%). Additionally, 11% of youth born in Canada reported having a mental health or emotional condition, compared to 7% of youth born outside Canada. Canadian-born youth were also more likely to have missed out on needed help for these conditions (12% missed out vs. 9% among youth born outside Canada).

The longer that immigrant youth had lived in Canada, the less likely they were to report positive mental health. For example, among youth born outside Canada, 14% of those who lived in Canada for less than two years reported poor or fair mental health, compared to 18% of youth who lived in Canada for six or more years.

Students' comments on the survey also suggested that international students tended to struggle with various challenges, including mental health.

LANGUAGES SPOKEN AT HOME

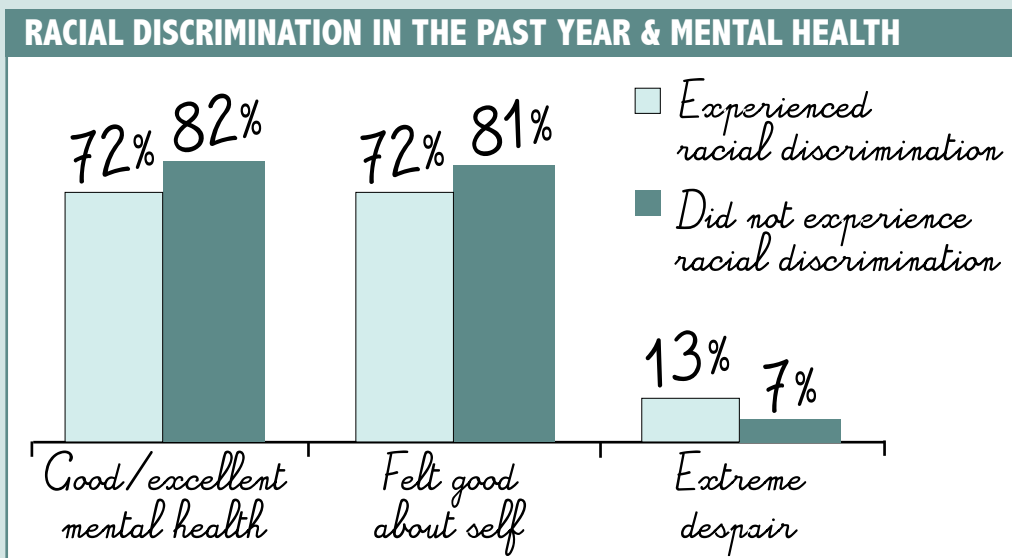
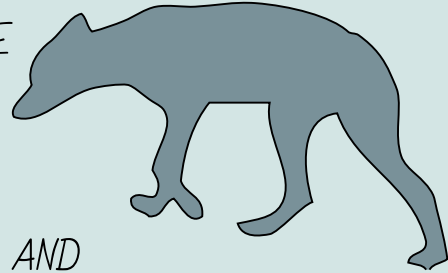
Youth who spoke a language other than English at home most of the time were the most likely to report good or excellent mental health (85%), while those who spoke only English at home were the least likely to report good or excellent mental health (79%).

DISCRIMINATION

Youth who had been discriminated against were over twice as likely to report poor or fair mental health as youth who had not experienced discrimination (32% vs. 12%).

We then focused on youth who had experienced racial discrimination. These youth were less likely than those who had not experienced racial discrimination to rate their mental health as good or excellent and to feel good about themselves. They were more likely to have experienced extreme despair in the past month.

“AS AN INTERNATIONAL STUDENT WHO LIVED IN CANADA FOR 4 YEARS, I TRULY BELIEVE THAT INTERNATIONAL STUDENTS ARE HIGHLY VULNERABLE TO [MENTAL HEALTH CHALLENGES]. WE ALL MISS HOME, SPEND MOST OF OUR TIME ON STUDYING, AND FIND OURSELVES HARD TO ADAPT TO CANADIAN CULTURE OR SOCIETY. UNLIKE CANADIAN STUDENTS, INTERNATIONAL STUDENTS HAVE NO PERSON TO TALK [TO] ABOUT THEIR ADVERSITY. THEREFORE, IF THE SCHOOLS COULD PROVIDE REGULAR SURVEYS FOR US AND CONDUCT DIVERSE ACTIVITIES TO IMPROVE OUR HEALTH THAT ARE REGULAR AND EASILY ACCESSIBLE, WE WOULD FIND OURSELVES INVOLVED IN THIS SOCIETY AND FEEL HAPPY ABOUT OUR LIVES.”



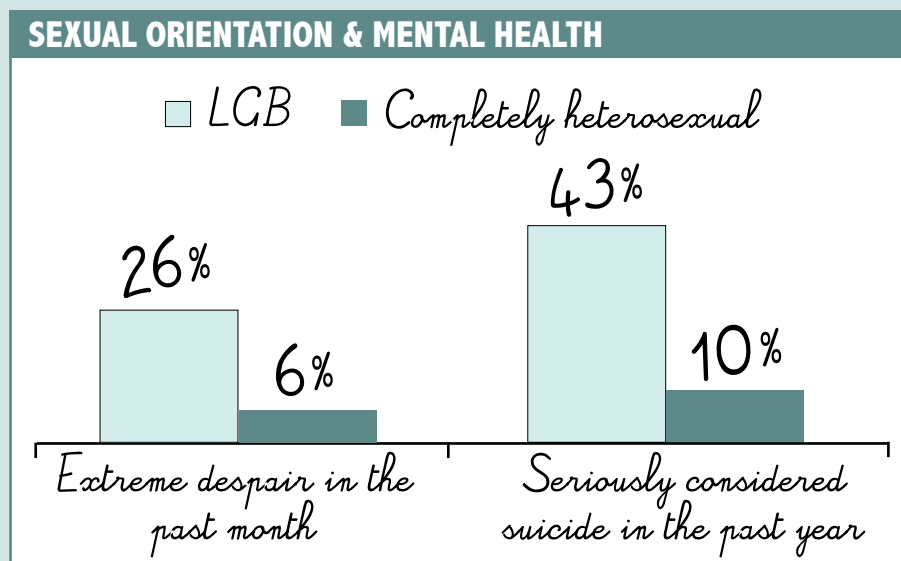
YOUTH WITH A PHYSICAL DISABILITY

Youth who had a physical disability were more likely to report mental health challenges than their peers without a physical disability. For example, 17% of youth with a physical disability reported extreme stress, compared to 9% of youth without a physical disability.

SEXUAL ORIENTATION

Most youth identified as completely heterosexual (81%), while 6% were mostly heterosexual, 4% were lesbian, gay, or bisexual (LGB), 7% had no attractions, and 2% were questioning who they were attracted to.

Youth who identified as LGB were less likely than those who identified as completely heterosexual to report good or excellent mental health (48% vs. 84%), and were more likely to report feelings of extreme despair and to have seriously considered suicide in the past year.



Among LGB youth, there were no differences in feelings of despair, seriously considering suicide, or actually attempting suicide when comparing those living in urban and rural areas. However, LGB youth in rural areas were more likely than LGB youth in urban areas to have self-harmed without trying to kill themselves in the past year (71% vs. 51%).

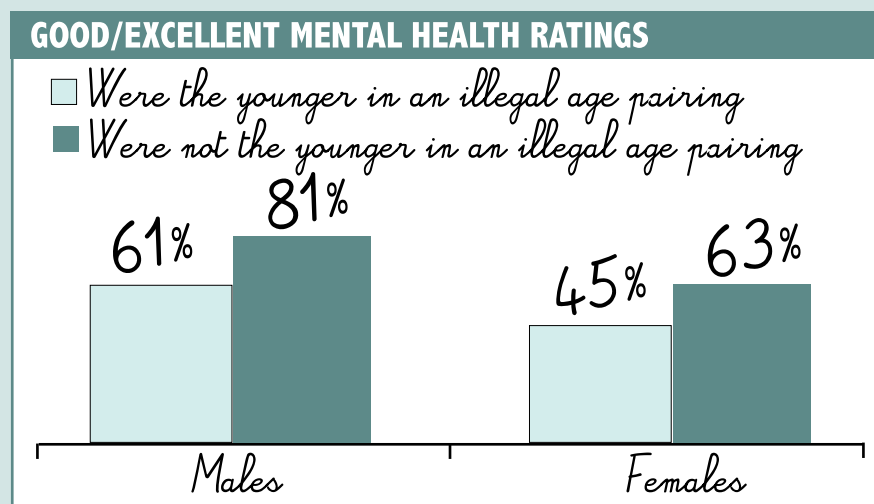
“HOW DO YOU COME OUT AS PANSEXUAL? HOW DO YOU LET PEOPLE UNDERSTAND THAT YOU'RE ATTRACTED TO ALL GENDERS, IDENTITIES AND SEXES?”

YOUTH WHO EXPERIENCED ABUSE

Thirteen percent of youth reported having been physically abused, and 6% reported having been sexually abused. Overall, females were more likely than males to have been physically abused (15% vs. 10%) and sexually abused (10% vs. 2%) but the relation between abuse and mental health was the same for males and females. In other words, abuse was linked to poor mental health for both males and females.

For example, youth who had ever been physically abused were more likely than youth who had not been physically abused to report having poor/fair mental health (43% vs. 15%). Patterns were similar for those who had been sexually abused. Also, youth who had been sexually abused were more likely to have seriously contemplated suicide than youth who had not been sexually abused (43% vs. 10%). Patterns were similar for those who had been physically abused.

Being the younger of an illegal age pairing is considered sexual abuse. Youth who were the younger of an illegal age pairing the first time they had sex were less likely to report good or excellent mental health than youth who were not in this type of illegal age pairing. These findings were similar for both males and females.

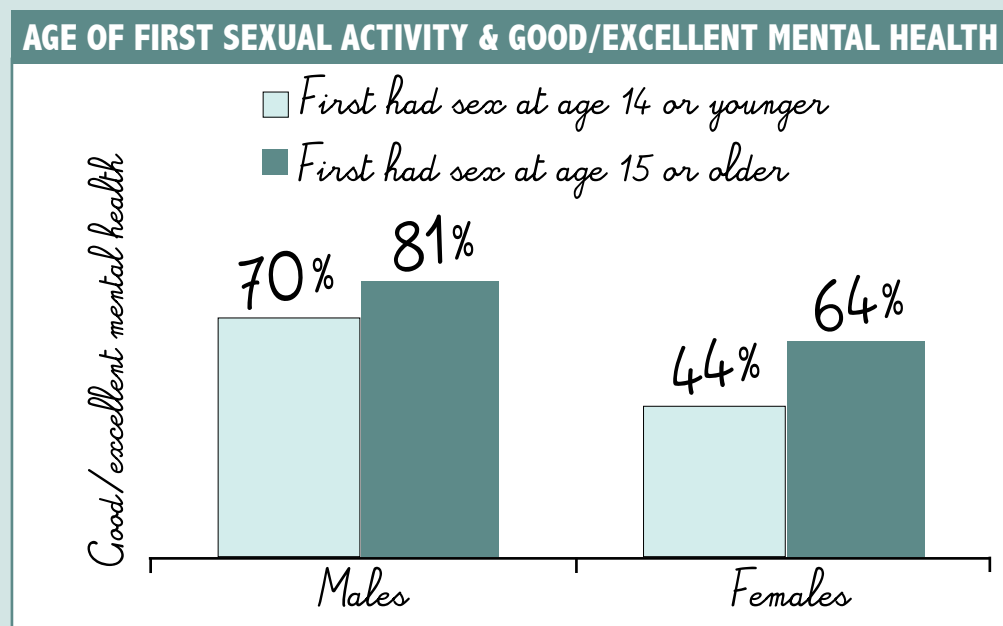


NOTE: AMONG YOUTH WHO HAD EVER HAD SEX.

“I WAS FORCED INTO HAVING UNWANTED SEX WITH MY BOYFRIEND, 17 AT THE TIME AND HE USED NO BIRTH CONTROL. HE WAS DRUNK AND I GOT PREGNANT AND GOT AN IMMEDIATE ABORTION. I FELT HORRIBLE ABOUT IT AFTERWARDS AND ATTEMPTED SUICIDE, BUT I AM MUCH MORE CONFIDENT WITH HOW MY LIFE IS GOING NOW.”

AGE WHEN YOUTH FIRST HAD SEX

Youth who waited until they were 14 or older to have sex for the first time were more likely to report good or excellent mental health than those who first had sex at 13 or younger. These findings were similar for both males and females.



NOTE: AMONG YOUTH WHO HAD EVER HAD SEX.



SUBSTANCE USE

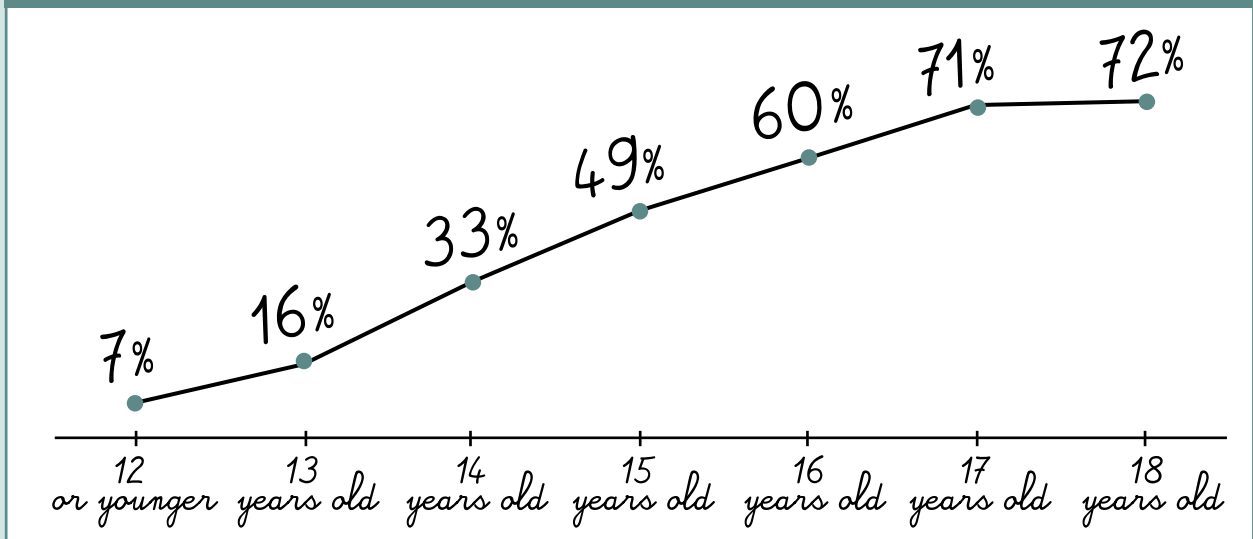
Of all youth who responded to the survey, almost half reported ever having alcohol (45%). Youth were more likely to report trying alcohol as they got older.

Twenty-six percent of youth surveyed reported having used marijuana at least once. Among these youth, 58% reported marijuana usage in the past month, with 7% using on all 30 days in the past month.

Youth were also asked about their use of other substances, and the most commonly used group of drugs were prescription pills (such as OxyContin or Ritalin) without a doctor's consent (11%). Other substances that youth more commonly reported using included mushrooms (5%), hallucinogens (4%), ecstasy/MDMA (4%), cocaine (3%), and inhalants (2%; glue, gas, whippits, etc.). Amphetamines (such as speed), crystal meth, heroin, ketamine/GHB, and steroids (without a doctor's knowledge) were each used by 1% of youth surveyed.

“ I DRINK WITH MY FAMILY AND ‘SOCIALLY’ WITH CLOSE FRIENDS. I DO NOT PARTY... IF I DRINK I DO SO RESPONSIBLY. ”

YOUTH WHO HAD TRIED ALCOHOL



NOTE: THERE WAS NO SIGNIFICANT DIFFERENCE BETWEEN 17 YEAR OLD AND 18 YEAR OLD.

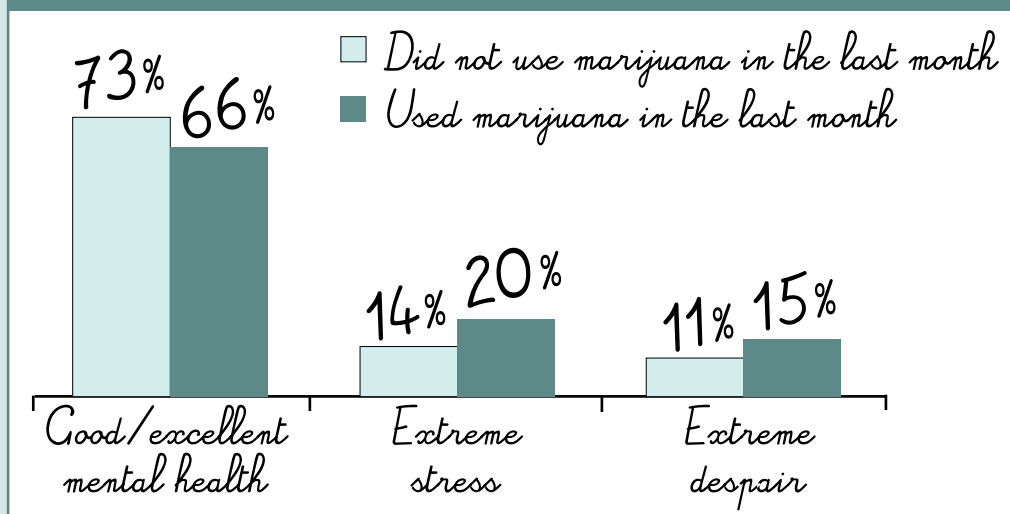
SUBSTANCE USE AND MENTAL HEALTH

Youth who never drank were more likely to report positive mental health than those who drank. For example, they were more likely to rate their mental health as good or excellent (87% vs. 74% of youth who drank) and to report feeling happy most or all of the time (74% vs. 61%). They were also less likely to report extreme stress (5% vs. 14%) or despair (4% vs. 11%). Results were similar when comparing youth who had ever used marijuana and those who had never used it.

Youth who had ever used marijuana were also more likely to report having a mental health or emotional condition compared to youth who had not used it (20% vs. 7%). They were also more likely to report having specific mental health conditions compared to youth who had not used marijuana, such as depression (20% vs. 6%), anxiety or panic attacks (16% vs. 6%), and ADD/ADHD (10% vs. 4%).

Among youth who had used marijuana, those who had not used it in the past month reported better mental health than those who did. Also, those who did not use marijuana in the past month were more likely to expect to graduate from high school and to go to a post-secondary institution (85% vs. 79% who used marijuana in the past month).

MARIJUANA USE IN THE PAST MONTH & MENTAL HEALTH



NOTE: AMONG YOUTH WHO HAD EVER USED MARIJUANA.

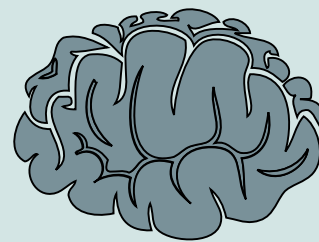
Youth who never used substances other than alcohol or marijuana were also more likely to report positive mental health than youth who had used these substances. For example, 84% of youth who never used prescription pills without a doctor's consent reported good or excellent mental health, compared to 65% of youth who used them once or twice, and 59% who used them three or more times.

AGE OF INTRODUCTION TO SUBSTANCES

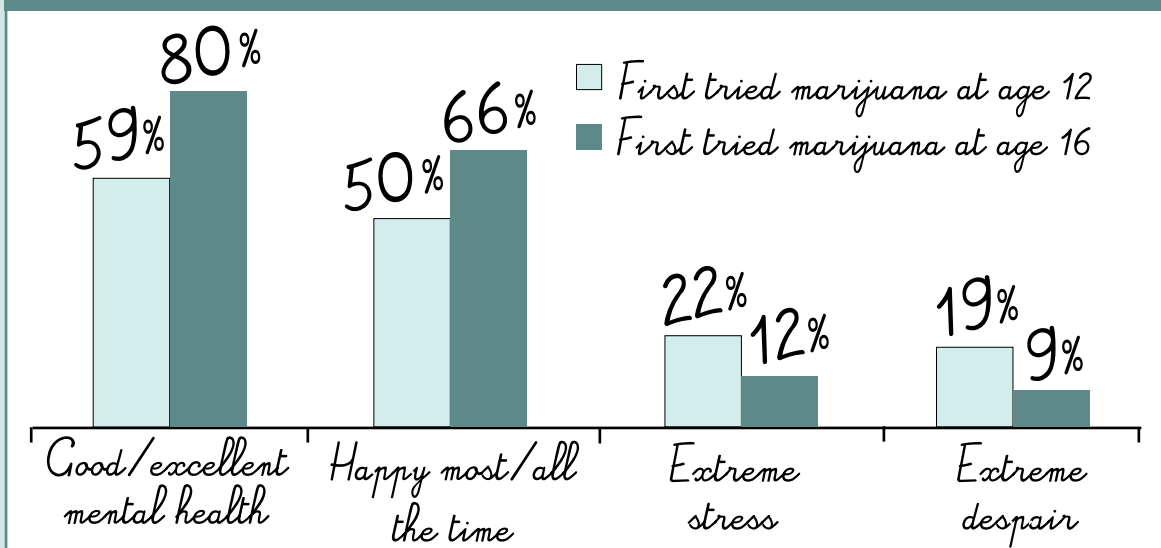
There was a correlation between how youth rated their mental health and how old they were when they first experimented with alcohol or other substances. Overall, among youth who had had more than a few sips of alcohol, youth who waited longer to first use alcohol reported better mental health.



For example, 64% of youth who first tried alcohol at age 12 reported good or excellent mental health, compared to 82% of youth who first tried alcohol at age 16. This was also the case for marijuana use where youth who waited longer to first try it were generally more likely to report better mental health.



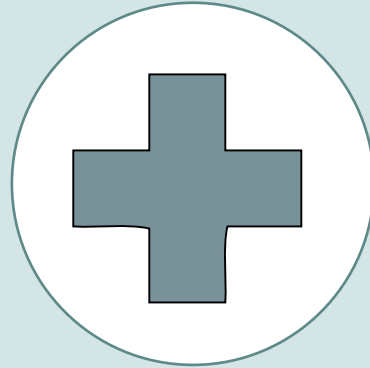
AGE OF INTRODUCTION TO MARIJUANA & MENTAL HEALTH



NOTE: AMONG YOUTH WHO HAD EVER USED MARIJUANA.

SELF-MEDICATING WITH SUBSTANCES

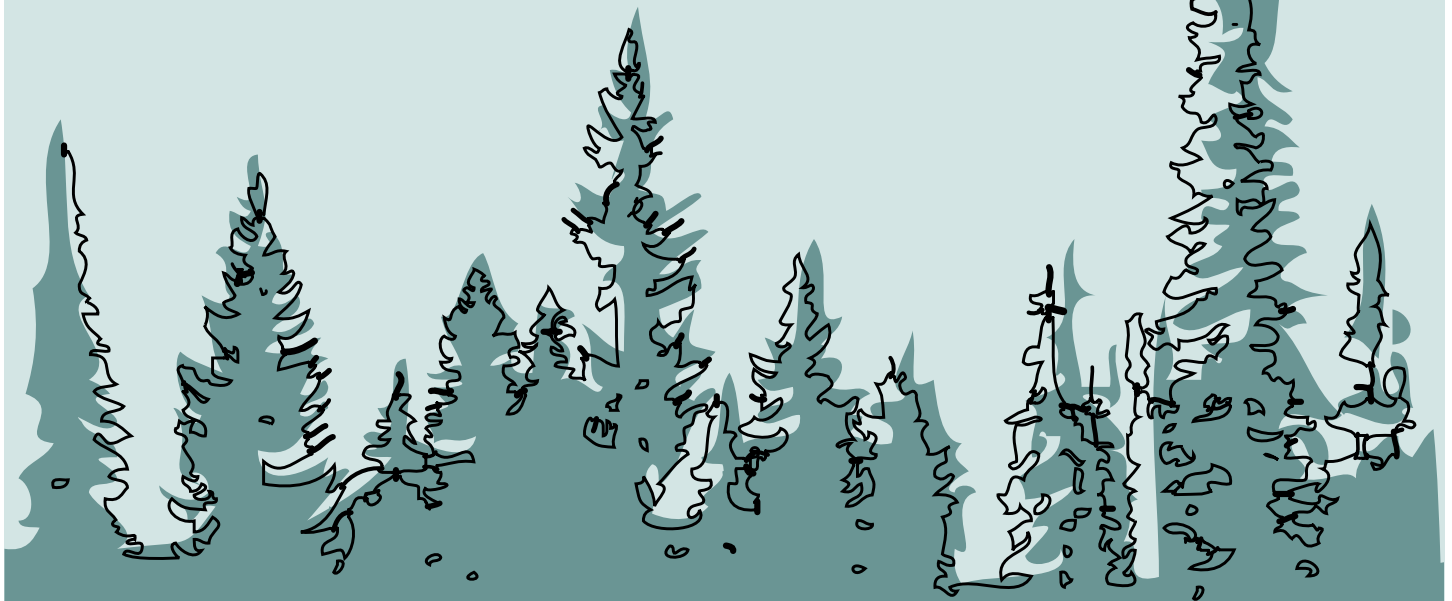
We described earlier that youth who had ever used marijuana were more likely to report having mental health conditions than youth who had never used it. However, it is important to note that there is also a reverse relationship between having mental health conditions and using marijuana.



For example, youth who had depression were more likely to have used marijuana than youth who did not have depression (52% vs. 23%), and those who had anxiety were more likely to have used marijuana than those who did not have anxiety (49% vs. 23%). This suggests that some youth who have mental health challenges might be self-medicating with marijuana or other substances in order to cope.

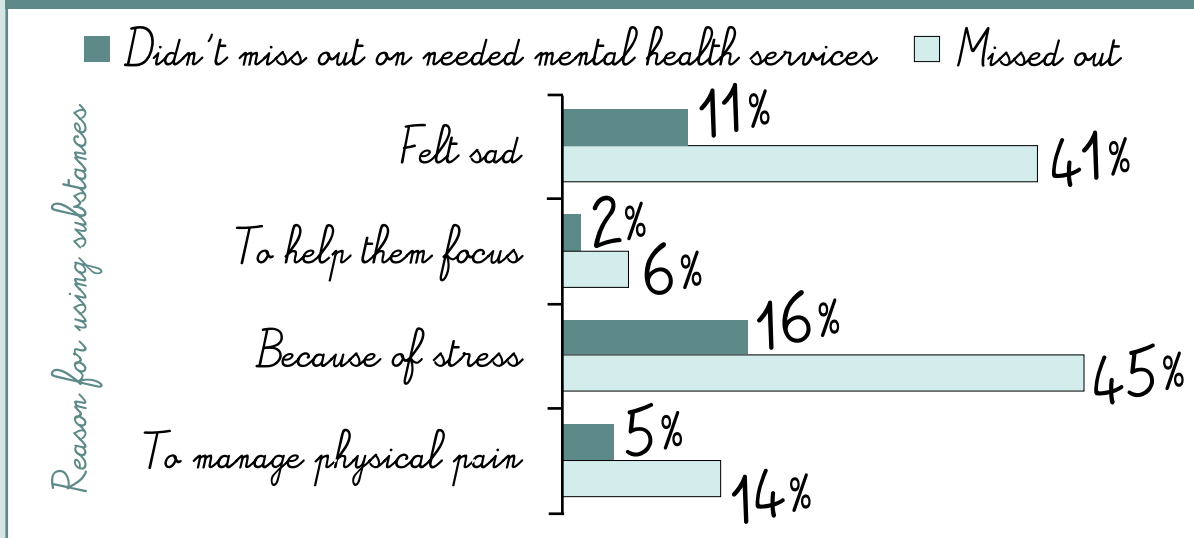
Although medicinal marijuana might help people cope with many ailments including mental illness, medicinal marijuana cards are not available to anyone younger than 25 (source: www.medicalmarijuana.ca).

Among youth who used substances, 21% reported that the last time they used a substance was because they were stressed. Likewise, 16% reported using substances because they felt sad, while 6% used a substance to manage physical pain, and 3% used a substance because they felt it would help them focus.



Furthermore, youth who missed out on needed mental health services were more likely to self-medicate with substances compared to youth who did not miss out on these services. For example, 41% who missed out on needed services reported using substances the last time because they felt sad, compared to 11% who did not miss out on needed mental health services.

MISSING OUT ON NEEDED MENTAL HEALTH SERVICES & SELF-MEDICATING WITH SUBSTANCES



NOTE: AMONG YOUTH WHO HAD USED SUBSTANCES.



Qualitative Analysis

Many youth commented that they used substances, in particular marijuana, as a means to self-medicate and to stabilize their mental health. Also, a number of youth wrote about how their marijuana use did not impact them negatively.

“[MARIJUANA] ACTS AS MY ANTI-DEPRESSANT AND ANXIETY RELIEVER.”

“IT'S EASY TO GET ADDICTED.”

“ I HEAVILY USE MARIJUANA. IT HELPS ME FIND NEW WAYS OF COPING IN LIFE AND IT HAS HELPED ME REALIZE THAT I DO NOT NEED TO COMMIT SUICIDE. ”

“ I HAVE THOUGHT ABOUT CUTTING BUT I COULDN'T DO THAT SO AM CONSIDERING MARIJUANA. ”



“ I HAVE SMOKED WEED 76 TIMES IN THE PAST 30 DAYS...IT HELPS RELIEVE STRESS, [AND] MANAGE ANGER. ”

“ I USED MARIJUANA FOR 2 YEARS AFTER I WAS SEXUALLY ASSAULTED. ”



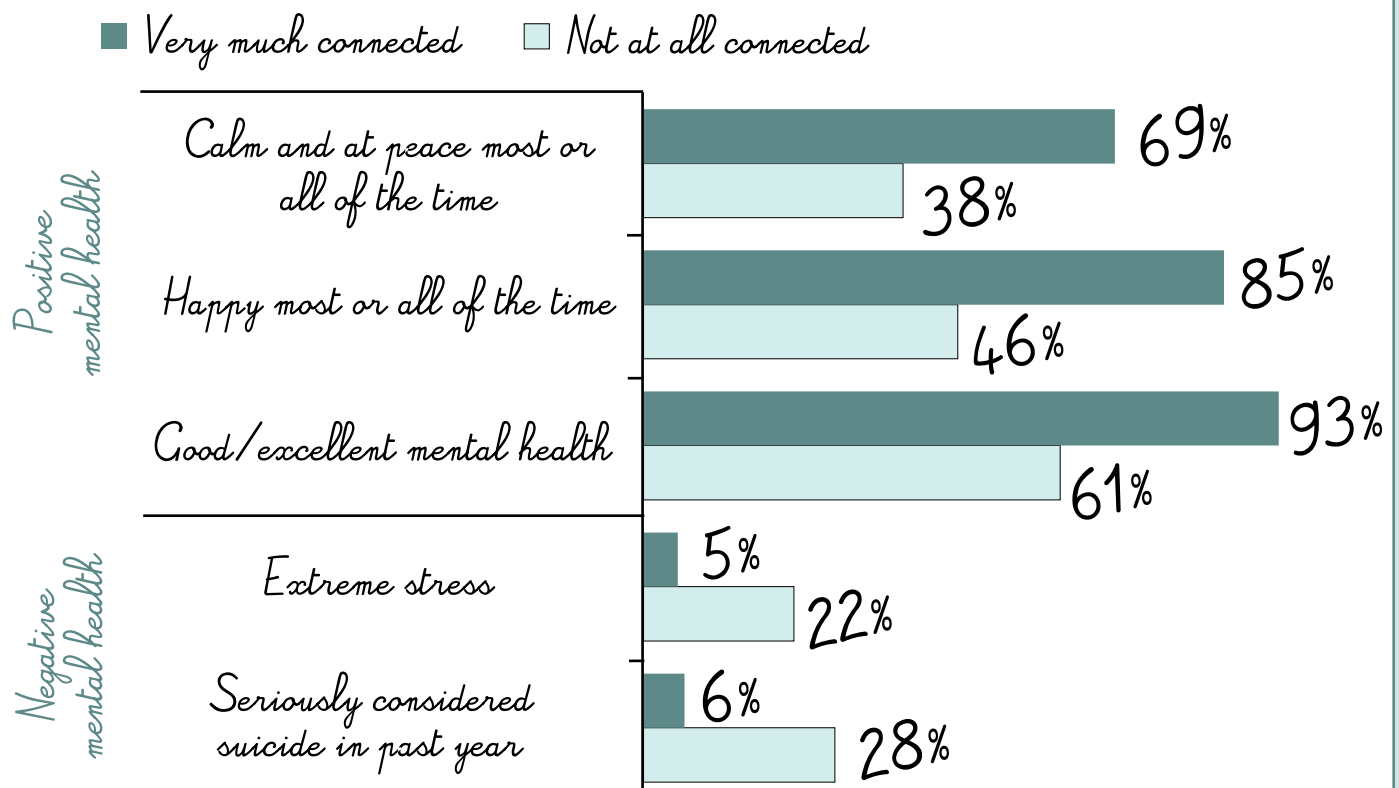
COMMUNITY & NEIGHBOURHOOD

Connectedness to the community is a relevant factor in bettering mental health. Many young people strive to become an important part of their community and environment. Youth make the effort to feel engaged by participating in sports teams, volunteering at neighbourhood houses, taking on important roles in school committees, and more.

Forty percent of youth felt “very much” or “quite a bit” connected to their community, while 1 in 5 students felt “very little” or “not at all” connected to their community.

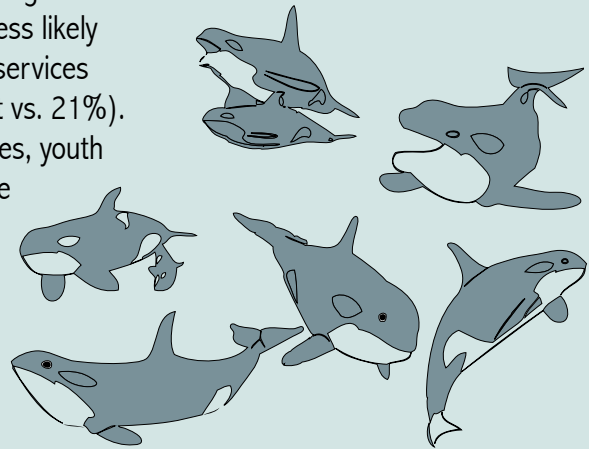
Survey results showed that there was a significant association between community connectedness and mental health. Youth who felt more connected to their community were more likely to report positive mental health than those who felt less connected. Those who did not feel connected to their community had a higher chance of feeling extremely stressed or even suicidal.

COMMUNITY CONNECTEDNESS & MENTAL HEALTH



COMMUNITY CONNECTEDNESS & ACCESSING SUPPORT

The confidence of youth in seeking support when needed was influenced by how comfortable they felt in their surroundings. Youth who felt very much connected to their community were less likely to have missed out on accessing needed mental health services than those who didn't feel as connected (5% missed out vs. 21%). When asking for their reasons behind not seeking services, youth who did not feel connected to their community at all were more likely to answer that they had a negative previous experience (21% vs. 8% who felt very connected), that they were afraid of what they would be told (44% vs. 30%), and that they were afraid that someone they knew might see them (39% vs. 23%).



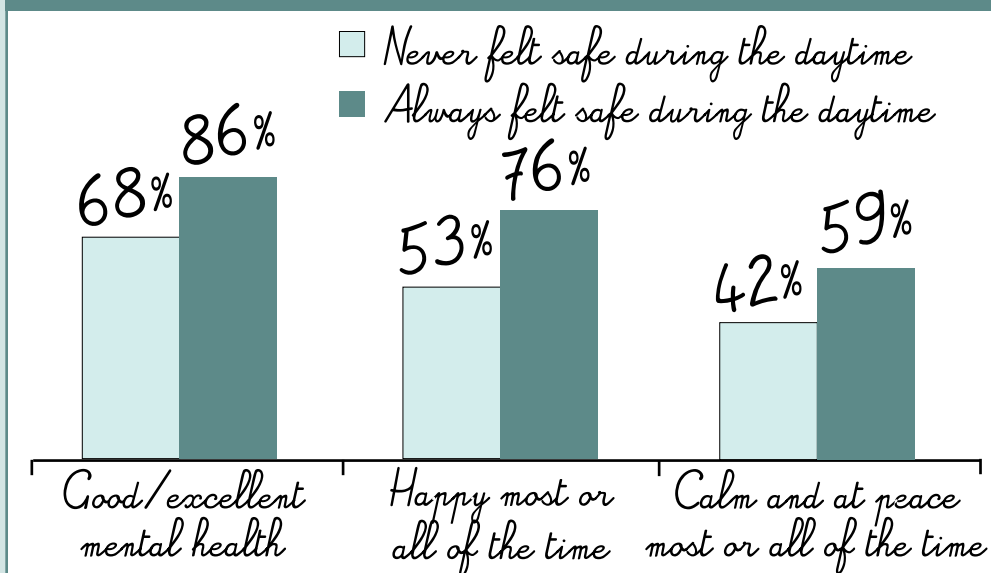
FEELING SAFE IN THE NEIGHBOURHOOD

Based on survey responses, students who always felt safe in their neighbourhood during the daytime were more likely to report positive mental health than those who never felt safe, and were less likely to report extreme stress (7% vs. 24%) and extreme despair (5% vs. 20%) in the past month.

The link between sense of safety and mental health levels might be explained by previous experiences with safety issues predicting mental health, or mental illnesses predicting lower perceptions of safety including fear of being targeted as somebody who is mentally unstable.

In general, males were more likely than females to always feel safe in their neighbourhood during the day (68% vs. 59%) and at night (35% vs. 22%).

NEIGHBOURHOOD SAFETY & MENTAL HEALTH





SCHOOL

FEELING LIKE A PART OF SCHOOL

The majority of students (61%) felt like they were a part of their school community. Youth who felt this way did not struggle with accessing needed mental health services as much as youth who did not feel like a part of school (5% missed out on need services vs. 29% of students who reported feeling strongly disconnected from their school).

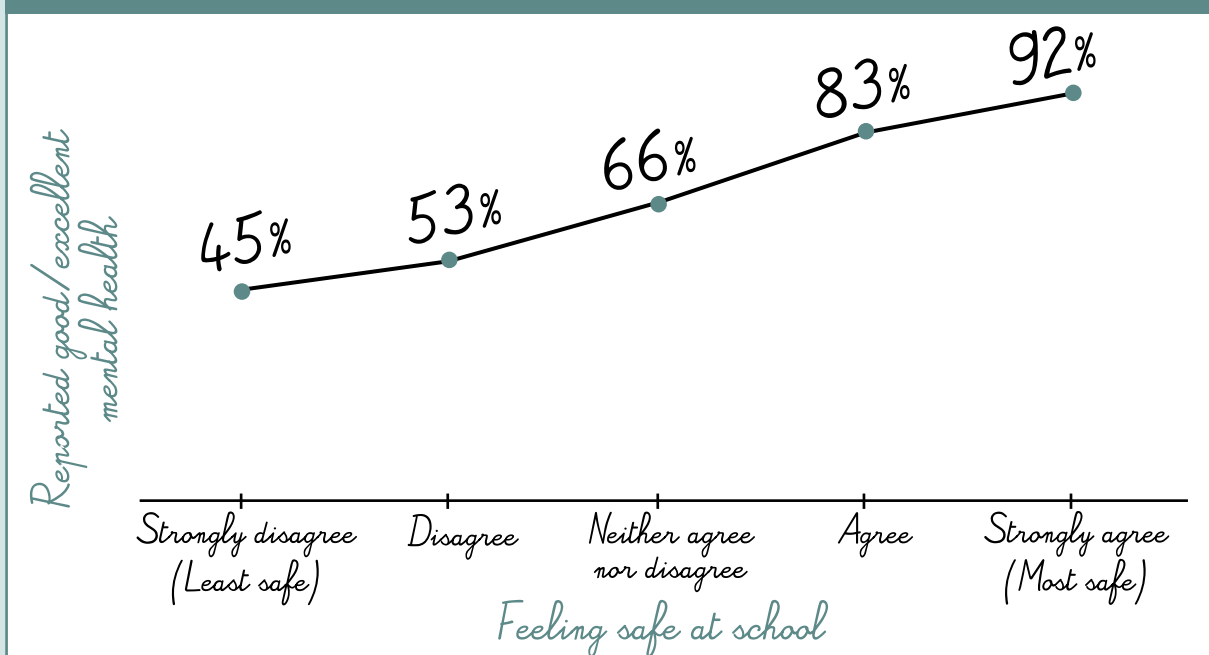
Students who felt disconnected from school were more likely to ask a mental health counsellor for help than those who felt like a part of their school (16% vs. 4%).

“[I THINK] THAT EVERYONE FEELS UNCOMFORTABLE AT SCHOOL. WE SHOULD ALL HAVE SOMEONE TO TALK TO. LIKE A COUNSELLING CLASS FOR EVERYONE AT SCHOOL.”

FEELING SAFE AT SCHOOL

The majority of students “agreed” or “strongly agreed” that they felt safe at school (79%). As their level of feeling safe at school increased, their likeliness of reporting good/excellent mental health also increased. Also, students who felt the safest at school were less likely to have attempted suicide in the past year than those who felt the least safe (2% vs. 32%).

FEELING SAFE AT SCHOOL & MENTAL HEALTH



The level of safety that students felt at school also played a big role in their confidence to seek mental health services when they needed to. Youth who strongly agreed to feeling safe at school had less trouble seeking help during rough times than students who did not feel safe at all (6% who felt the most safe missed out on needed services vs. 35% who felt the least safe).

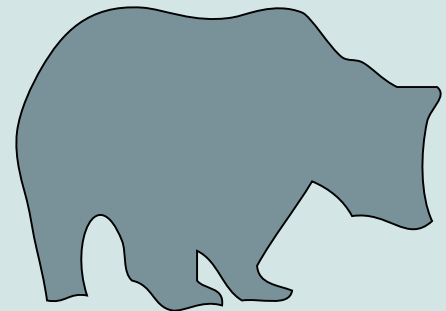
Students who felt unsafe at school were more likely to seek out help from a mental health counsellor than those who felt safe at school (18% vs. 4%).

REASONS FOR MISSING SCHOOL

Analyzing survey responses showed a relation between students with mental health conditions and their likeliness to miss classes. Youth who had at least one mental health condition were more likely than those who did not have a mental health condition to miss school in the past month due to illness (60% vs. 40%), bullying (14% vs. 2%) or skipping class (42% vs. 21%).

There was also a link between the levels of despair felt by students and their school attendance. Survey results showed that as the level of despair increased, students' likelihood of missing school increased as well. Overall, students who felt extremely hopeless, discouraged, or sad within the past month were more likely than those who did not experience this at all to miss school because of illness (55% vs. 38%), bullying (16% vs. 1%), and skipping class (43% vs. 15%).

“*I'M VERY AFRAID OF SCHOOL,
I DON'T FEEL SAFE, I GET
BULLIED, I FEEL LIKE NO ONE
LIKES ME.***”**



HOMEWORK AND STRESS

Males and females who reported doing their homework after bedtime had a higher level of stress than youth who did not do their homework then. Eleven percent of youth who did their homework after bedtime reported extreme stress, compared to 8% of students who didn't do their homework after bedtime.



Qualitative Analysis

The school environment can cause students to feel extreme stress and despair from the workload as well as the social environment, and their pressure to succeed has a strong impact on their mental health. Many youth wrote that school was a main source of stress in their lives. Students penned thoughts such as *"I CONSTANTLY FEEL THAT I HAVE TO CHOOSE BETWEEN MY MENTAL HEALTH AND MY EDUCATION."* Such comments are emblematic of the difficulties that students face in maintaining high academic performance and good mental health.

Others noted that their poor mental health was taking a toll on their grades. One youth wrote, *"MY... DEPRESSION WILL SOMETIMES HINDER MY ABILITY TO FOCUS AND LEARN IN SCHOOL... I AM A STRAIGHT 'A' STUDENTS AND DOING POORLY IS NOT WHAT I AIM FOR."* Another student wrote, *"I AM EXTREMELY MENTALLY HURT. I AM VERY OVERWHELMED AND MY MARKS IN SCHOOL HAVE DRASTICALLY DROPPED."* What this illustrates is the hardships of dealing with mental health and the stress it causes on students, which can lead to lower grades.

***"I HAVE GOTTEN OVERSTRESSED AND
FALLEN ILL FROM LACK OF SLEEP... THIS IS
MOSTLY DUE TO PRESSURE IN SCHOOL."***





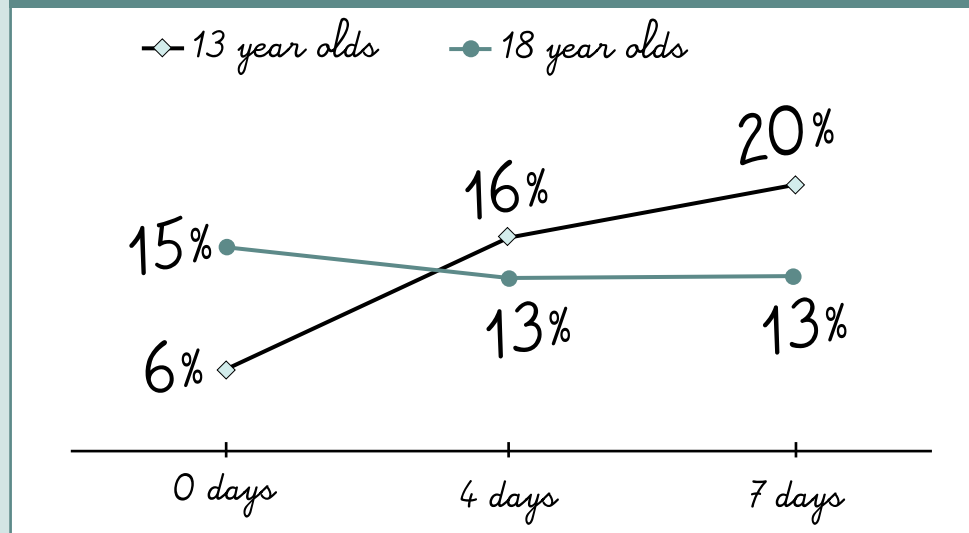
EXERCISE & EXTRACURRICULAR ACTIVITIES

EXERCISE

N

ine percent of youth did not exercise at all in the past week, while 16% of youth exercised every day. As age went up, the numbers of days youth exercised went down.

NUMBER OF DAYS YOUTH EXERCISED



Exercising on more days was better than exercising on fewer days, in terms of mental health outcomes. For example, youth who exercised on seven days in the past week were the most likely to feel happy, and those who did not exercise at all were the least likely to feel happy.

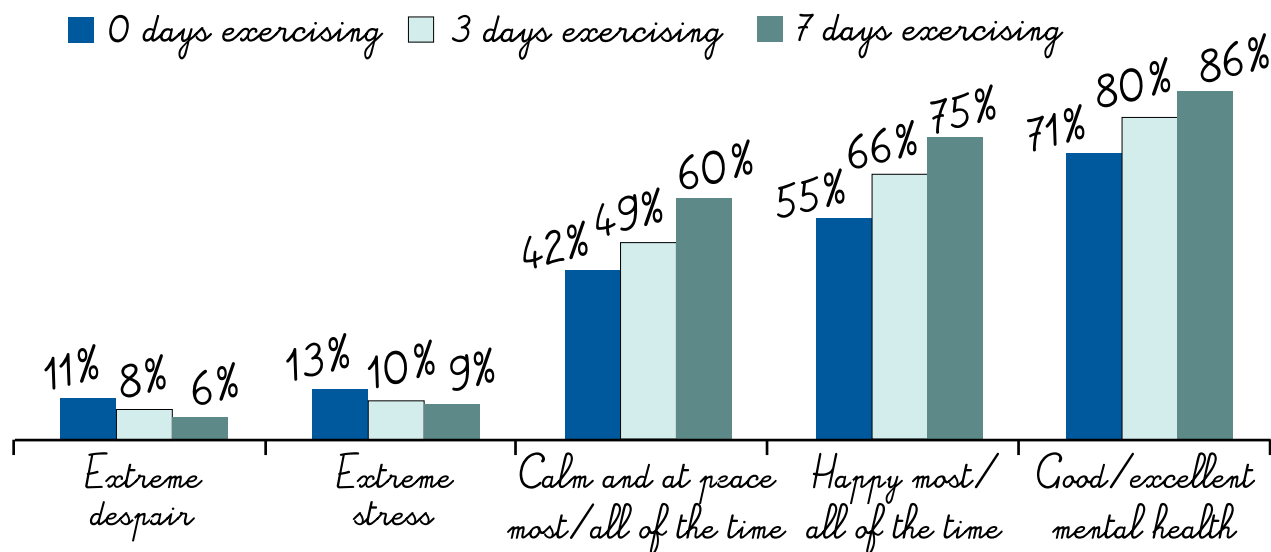
We also looked at optimal levels of exercise. Exercising on 4 to 7 days, as opposed to fewer days, was associated with the lowest levels of extreme stress and despair.

Exercising on 5 to 7 days, as opposed to exercising on fewer days, was optimal for good/excellent mental health ratings and for feeling happy most or all of the time.

Exercising on 6 or 7 days was optimal for feeling calm and at peace most or all of the time.



DAYS EXERCISED & MENTAL HEALTH

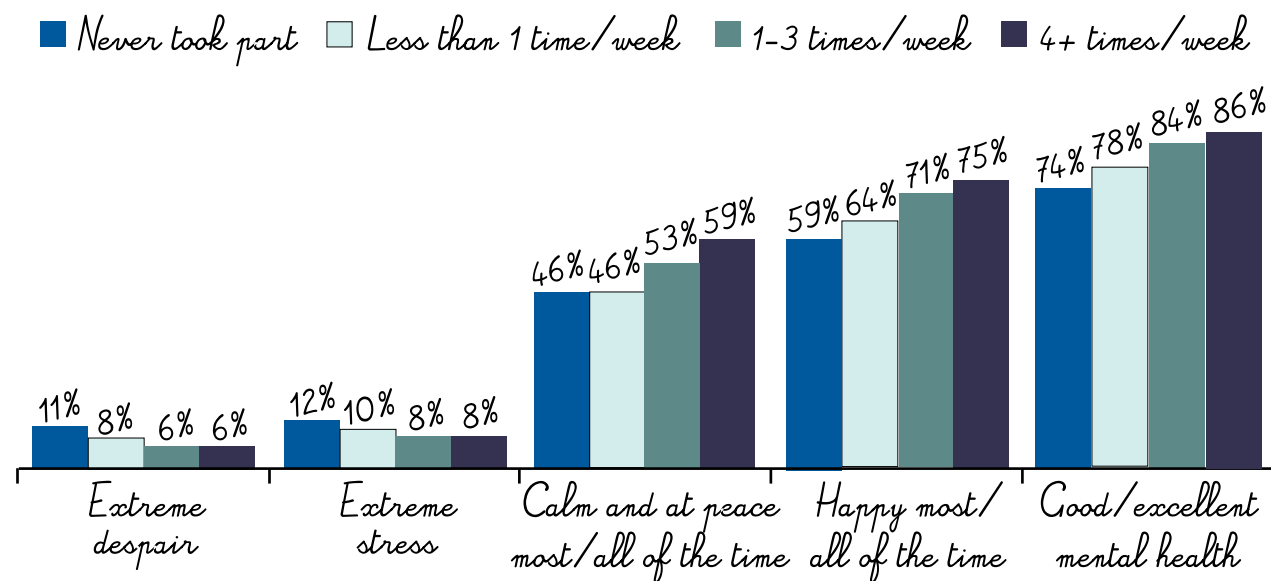


EXTRACURRICULAR ACTIVITIES

Informal sports (sports without a coach)

In general, the more often youth participated in sports or physical activities without a coach (e.g., biking, skateboarding, hiking), the more likely they were to report positive mental health. For example, 86% of students who took part in these activities four or more times a week reported good/excellent mental health, which was higher than the percentage who took part 1 to 3 times a week, which was higher than the percentage who took part less often.

SPORTS WITHOUT A COACH & MENTAL HEALTH

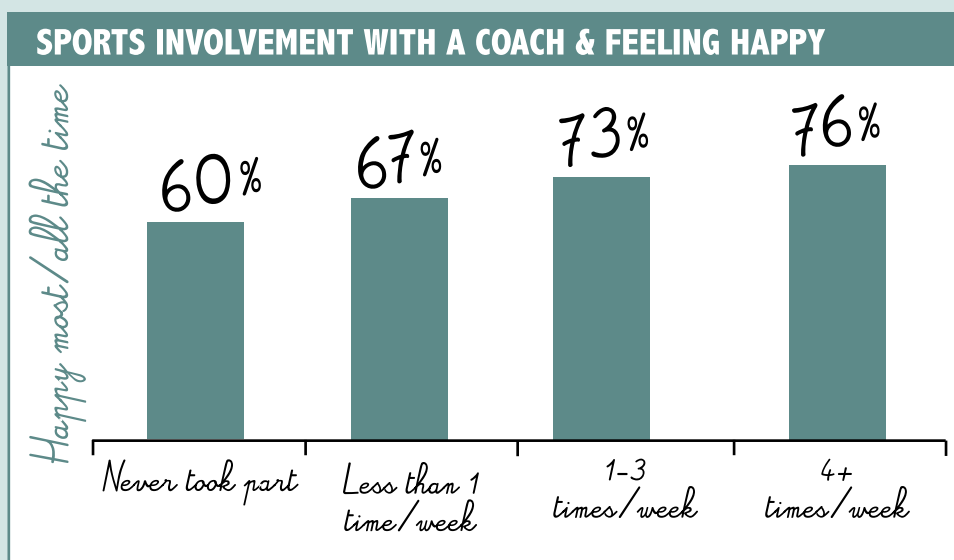


Sports with a coach

For sports with a coach, doing these activities at least once a week was optimal for good/excellent mental health and for feeling calm and at peace. For example, 86% of students who took part in sports with a coach 1 to 3 times a week reported good/excellent mental health, which was similar to the percentage who did these sports 4 or more times a week, but was higher than the percentage among students who took part less than once a week (83%) or never (74% reported good/excellent mental health).

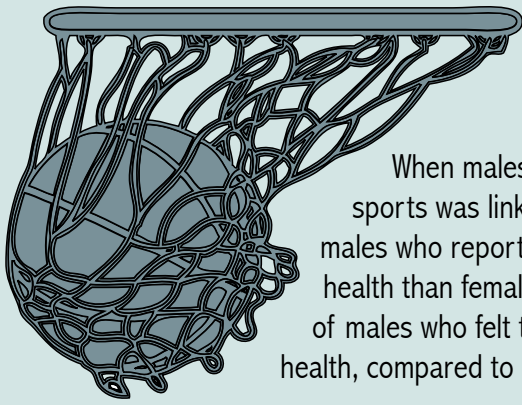
When it came to feeling happy, the more often youth took part in sports with a coach, the more likely they were to feel happy most or all of the time.

Youth who took part in any amount of sports with a coach, even less than once a week, reported lower rates of extreme stress and despair than youth who never took part.



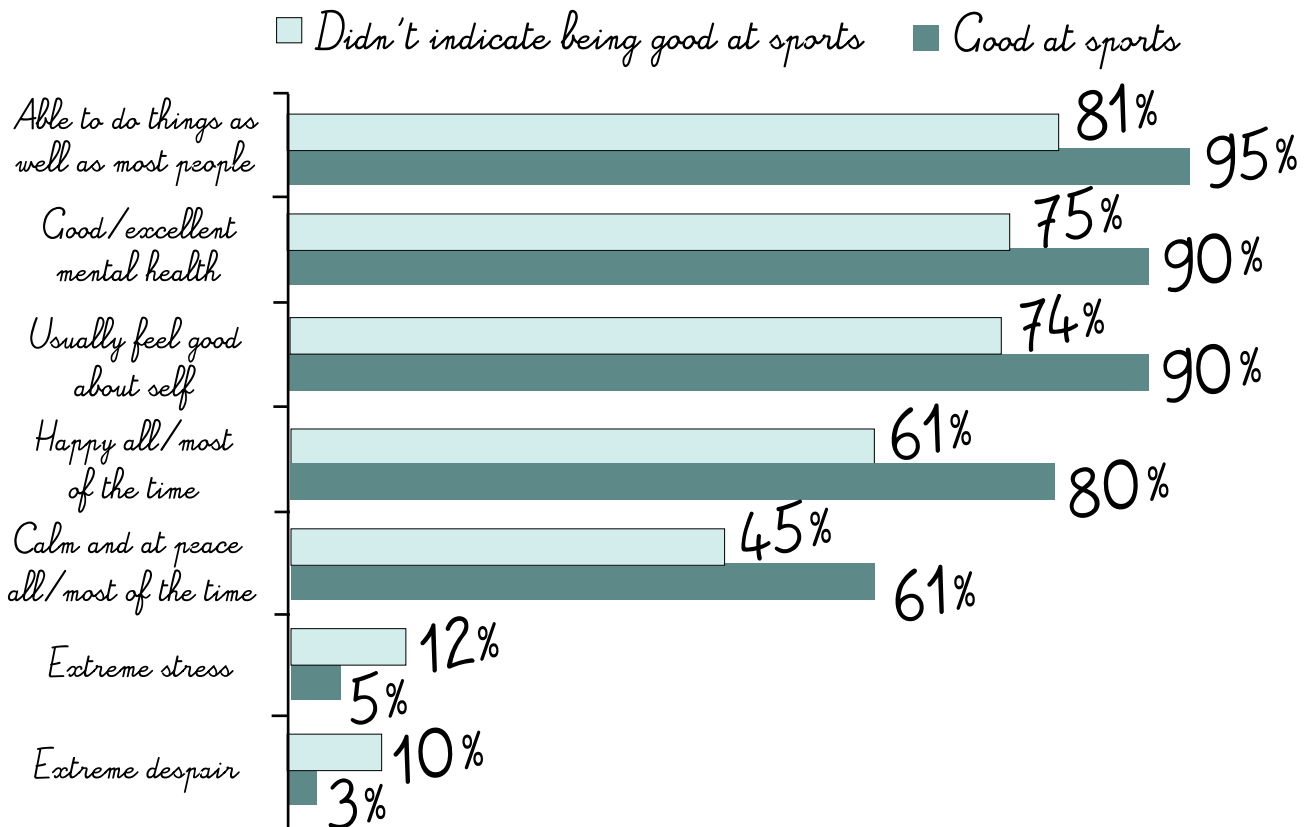
Good at sports

The survey asked students if they could think of something they were really good at, and if so what it was. Overall, more than 1 in 3 youth wrote that they were really good at sports, with males more likely than females to feel this way (45% vs. 32%). Students who felt they were good at sports were more likely than other students to report positive mental health, including feeling self-confident, happy, and calm and at peace most or all of the time in the past month.

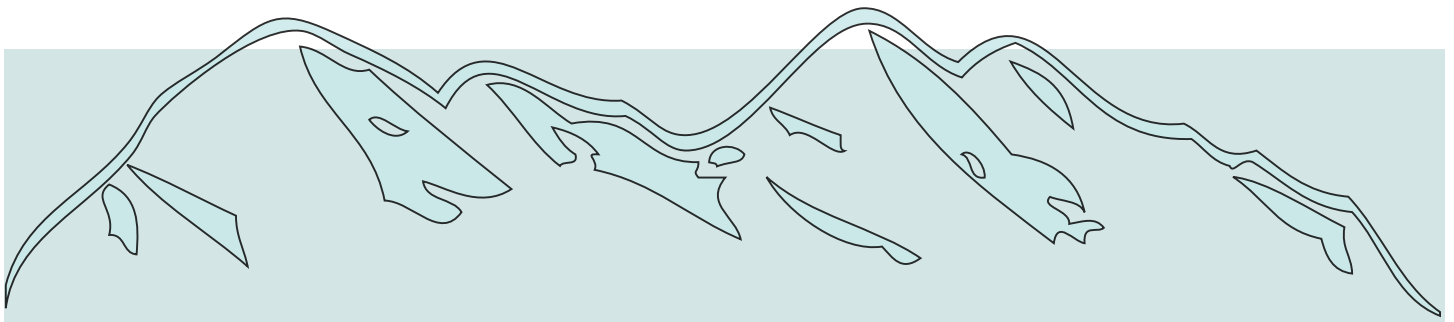


When males and females were looked at separately, feeling good at sports was linked to positive mental health for both genders. However, males who reported being good at sports had higher rates of positive mental health than females who reported being good at sports. For example, 93% of males who felt they were good at sports reported good/excellent mental health, compared to 87% of females.

SPORTS & MENTAL HEALTH



“SPORTS HAVE LITERALLY SAVED MY LIFE... I WAS CAUGHT SMOKING AND OUT @ 4AM. I GOT A LOT OF HECK FOR IT. AFTER TALKING TO MY PRINCIPAL AND MY COACH I FOUND THAT SPORTS MADE A BETTER ME.”



“ I THINK I AM QUITE HAPPY AND FORTUNATE. I HAVE A GOOD LIFE AND I REFUSE TO GIVE UP ON IT OR SUCCUMB TO ANY ACTIVITIES THAT MIGHT RUIN IT. MY ONLY PROBLEMS ARE HOW BUSY I AM, WITH ALL THE EXTRACURRICULAR ACTIVITIES I PARTAKE IN. **”**

Art/music/drama/singing

Youth who took part in the arts 4 or more times a week tended to report the poorest mental health. For example, 64% who took part 4 or more times a week in arts reported feeling happy most or all of the time, compared to 69% who never took part. Also, 13% who took part in the arts 4 or more times a week reported extreme stress, compared to 9% who never took part.

Based on the research, this is simply an association. It is important to note that we do not know the cause of these findings. The arts may be an outlet (for example, youth with mental health challenges might use the arts to express their feelings).

“ I DANCE FOR 25 HOURS A WEEK SO I AM USUALLY STRESSED, BUT I ENJOY IT, SO THE EFFECT IT HAS ON MY MENTAL HEALTH IS MINIMAL TO NONE. **”**

BARRIERS TO EXTRACURRICULAR ACTIVITIES

Youth who were unable to participate in extracurricular activities due to barriers were less likely to report feeling happy most or all of the time in the past 30 days.

Social class and bullying greatly impacted youths' participation in extracurricular activities, which in turn greatly impacted their mental health. For example, students who reported not being able to participate in activities because they were unable to afford it were less likely to be happy than those who could afford those activities (29% vs. 50%). Also, youth who did not attend extracurricular activities out of fear of being bullied were less likely to report feeling happy the majority of the time, compared to those who did not miss out for this reason (30% vs. 68%).

“MY COMMUNITY IS VERY BORING. KIDS LOSE INTEREST IN ACTIVITY AND CONTINUE TO USE DRUGS AND ALCOHOL. IF THERE WERE TO BE MORE FOCUS ON YOUTH ACTIVITY, THE DEPRESSION, INACTIVITY AND DRUG USE WOULD GO DOWN SIGNIFICANTLY.”

“SCHOOL/HOMEWORK TAKES UP A VERY LARGE PORTION OF MY LIFE. THE AMOUNT OF HOMEWORK ASSIGNED OFTEN RESULTS IN SLEEPLESS NIGHTS, MISSING CLASSES (UNFINISHED WORK) AND WITHDRAWAL FROM PHYSICAL ACTIVITIES.”





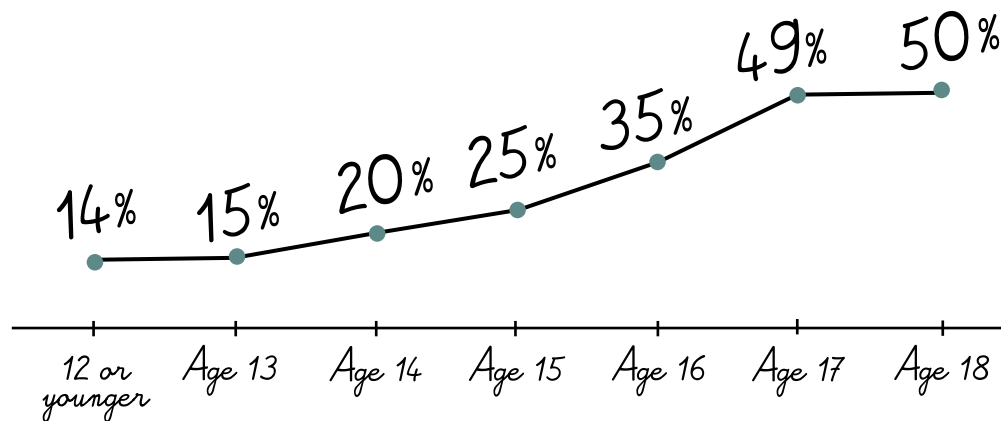
EMPLOYMENT

A

According to the provincial government of BC, any child 12 years old or older can work with parent or guardian permission, and must follow certain rules and guidelines so as to not interfere with school or get injured (children ages 12-14 only). After 15 years old, youth can work in any environment.

Of all youth surveyed, 29% reported being currently employed at a paid job. It was found that with increasing age, youth were more likely to join the workforce.

YOUTH CURRENTLY EMPLOYED



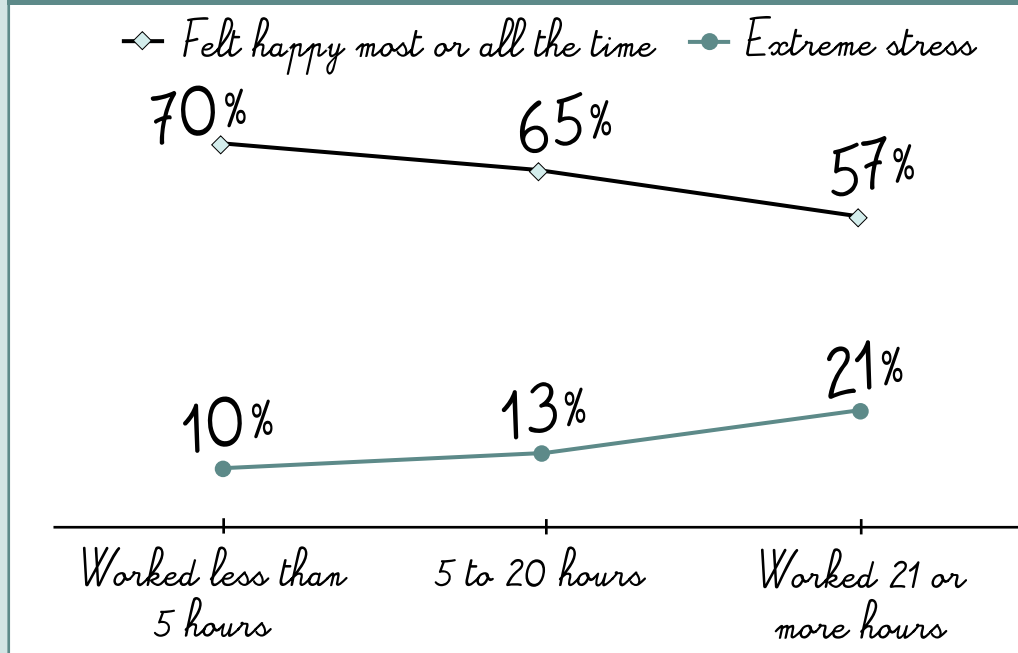
Youth who went to bed hungry sometimes or more often were more likely to have worked 21 or more hours a week than those who never went to bed hungry.

HOURS WORKED AND MENTAL HEALTH

In general, the more hours that youth worked, the less likely they were to report positive mental health. Working less than 5 hours was found to be best for mental health. There was a marked decrease in positive mental health among youth who worked 21 hours or more.

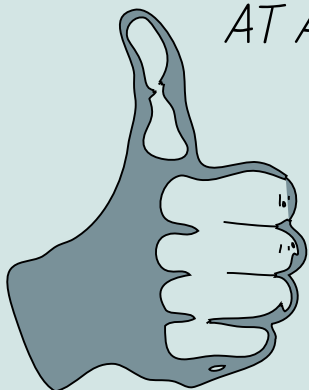
For example, 72% of youth who worked 21 or more hours each week reported good or excellent mental health, which was lower than the 78% among youth who worked 5 to 12 hours each week. Also, the more hours that youth worked, the more likely they were to experience extreme stress and the less likely they were to feel happy.

HOURS WORKED EACH WEEK & MENTAL HEALTH (AMONG YOUTH WHO WORKED)



However, it is important to note that working is not detrimental to youth in all cases. Among youth aged 16 and older, those who worked less than 5 hours a week were more likely to feel highly connected to their school than their peers who did not work at all (24% vs. 18%). On the other hand, youth who worked 21 or more hours per week were less likely to report feeling highly connected to their school (15% felt this level of connection). This finding suggests that older youth might require a balance between work and school in order to experience good mental health.

“ I HAVE 2 JOBS, CURRENTLY NOT WORKING AS MUCH AS USUAL. I REFEREE HOCKEY. AND I WORK AT A GROCERY STORE. ”



<5 HRS/WEEK



FAMILY RELATIONSHIPS



Qualitative Analysis

W

hat is the correlation between family and mental health? Students' open-ended responses showed that family can be a source of support and aid for youth dealing with mental illness, but it can also contribute to poor mental health. Lack of family support can very well contribute to a sense of loss, isolation, and not being cared for. A respondent shared their feelings pertaining to this, writing *"MY PARENTS TAKE THINGS TO THE POINT THAT I DON'T FEEL IMPORTANT"* leading to suicidal tendencies. Another youth wrote *"MY FAMILY DOESN'T REALLY CARE... NO ONE CARES,"* and another youth shared their struggle with making their parents understand but concluded that their parents think *"IT'S A JOKE."*

On the other hand, some students wrote that telling their family about their mental health concerns impacted them positively and encouraged them to seek further help.

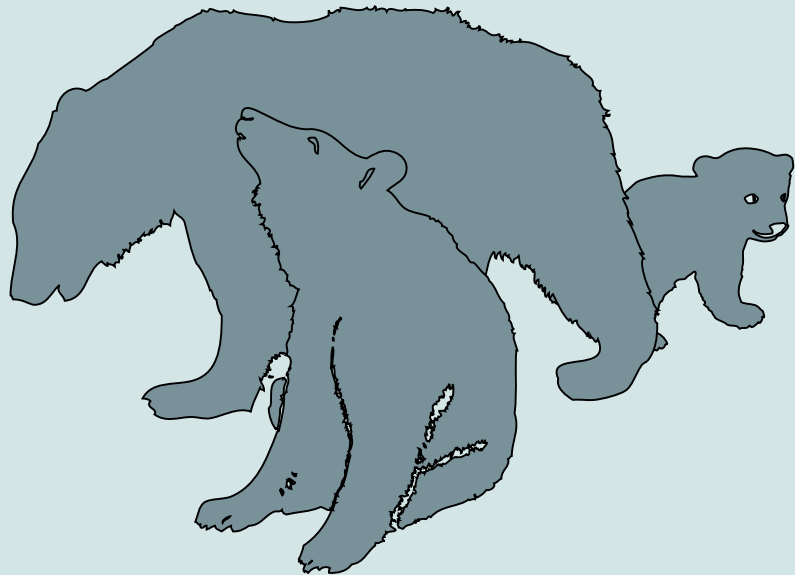
FAMILY CONNECTEDNESS AND MENTAL HEALTH

Most students felt their family paid attention to them "quite a bit" or "very much" (75%), that people in their family understood them (60%), and that they had fun with their family (69%). Students who felt this way about their family reported better mental health than their peers who didn't feel as connected to their family.

For example, 93% of youth who felt their families understood them quite a bit or very much reported good/excellent mental health, while 64% of youth who felt that their families understood them less reported good/excellent mental health.

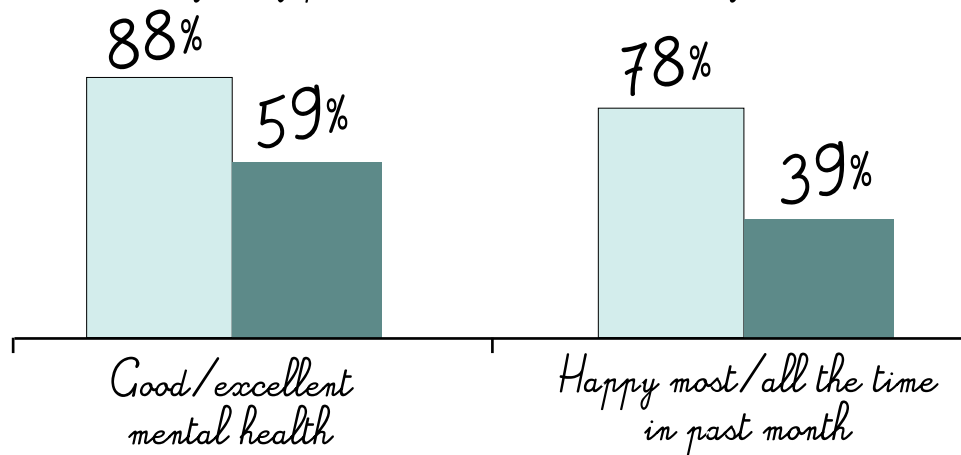
Also, students who felt their families understood them and paid attention to them were more likely to have asked a family member for help in the past year than students who didn't feel this way about their family.

“ I GUESS I’M REALLY NEGATIVE...BUT I’D NEVER WANT TO KILL MYSELF. I LOVE MY FAMILY AND CLOSE FRIENDS, AND I DON’T WANT TO LOSE THEM. ”



FELT THAT FAMILY MEMBERS PAID ATTENTION TO THEM & YOUTH’S MENTAL HEALTH

- Felt their family paid attention to them quite a bit/very much
- Felt their family paid attention to them less often

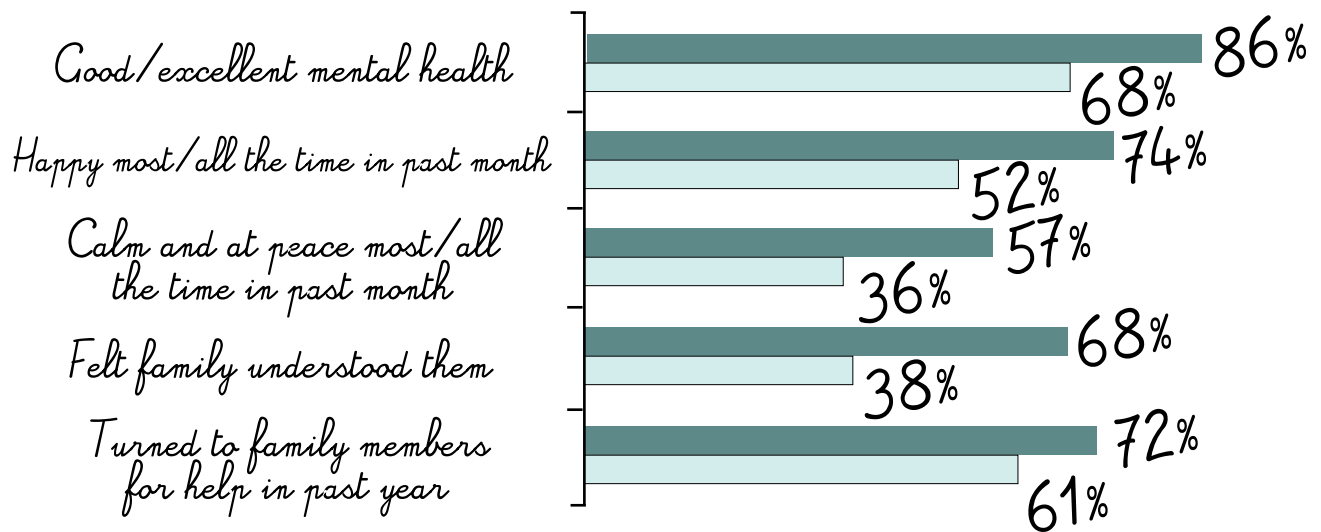


EATING AN EVENING MEAL WITH FAMILY

Seventy-five percent of students reported eating an evening meal with their parents or guardians “most of the time” or “always,” while 4% never did. Those who ate an evening meal with their family this often were more likely to report positive mental health than their peers who ate with their family less often. They were also more likely to feel that their family understood them and to have turned to a family member for help in the past year.

YOUTH WHO ATE AN EVENING MEAL WITH FAMILY & MENTAL HEALTH

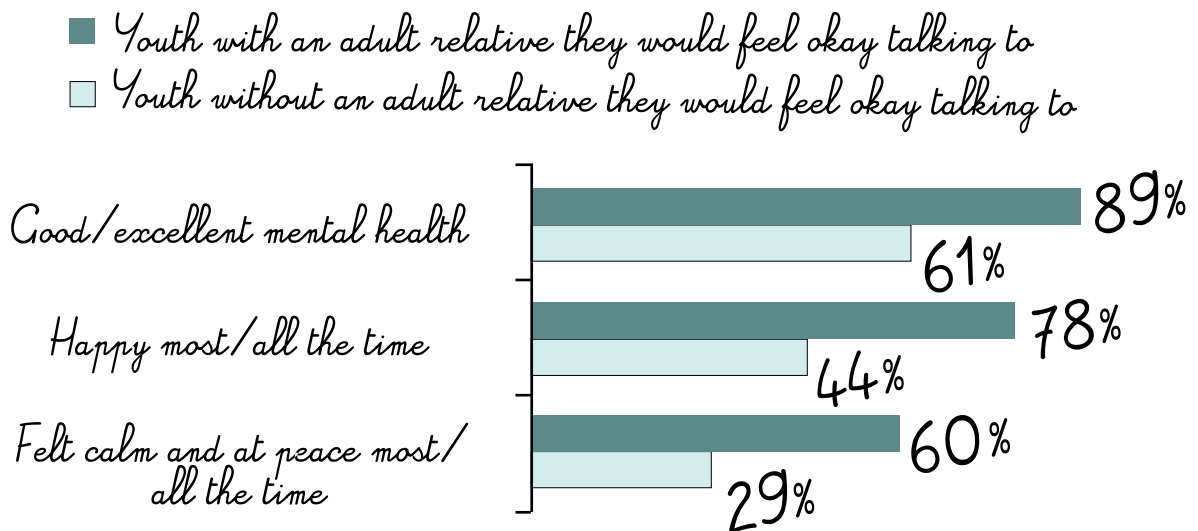
- Ate an evening meal with family most or all of the time
- Ate an evening meal with family less



FEELING OKAY TURNING TO ADULT RELATIVES FOR SUPPORT

Seventy-three percent of youth reported having an adult relative they could turn to for support. These youth tended to have better mental health than youth who did not have this type of adult in their family. They were also more likely to have actually asked a family member for help in the past year (79% vs. 45% of those who did not feel okay turning to an adult relative for support).

HAVING AN ADULT IN THE FAMILY TO TURN TO FOR SUPPORT & MENTAL HEALTH



LIVING WITH SIBLINGS AND MENTAL HEALTH

More than half of youth (58%) lived with a sibling. Youth who lived with a sibling were more likely to report positive mental health than youth who did not live with a sibling. This included a higher likeliness of good or excellent mental health ratings (83% vs. 79%) and feeling happy all or most of the time in the past month (70% vs. 66%). Also, youth who lived with a sibling were less likely to experience extreme despair (7% vs. 8%) and extreme stress (8% vs. 11% of youth who did not live with a sibling).

However, living with siblings did not have a significant effect on whether or not youth felt calm and at peace.



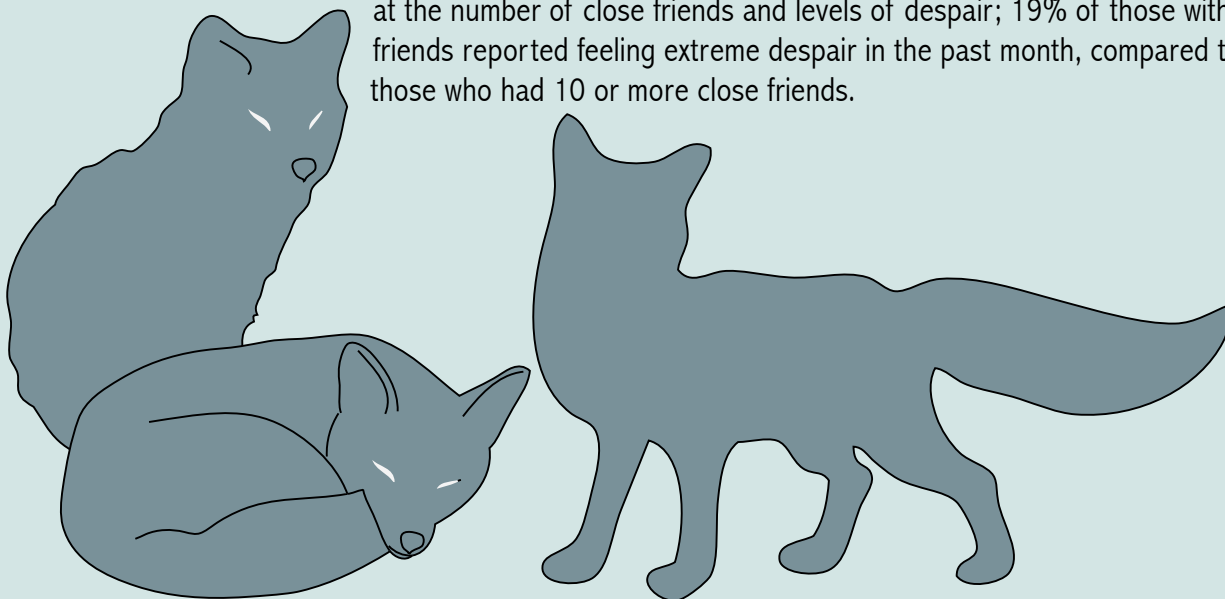
PEER RELATIONSHIPS

Peer relationships can be a strong influence in the lives of youth for the development of certain behaviours, opinions, sense of security, and peer pressure. Most youth strive to make and keep close friends who can support them throughout their journey. Unfortunately, not everybody can succeed in creating lasting bonds amongst their peers and many may end up feeling lonely or unwanted. We studied the association between peer relationships and mental health.

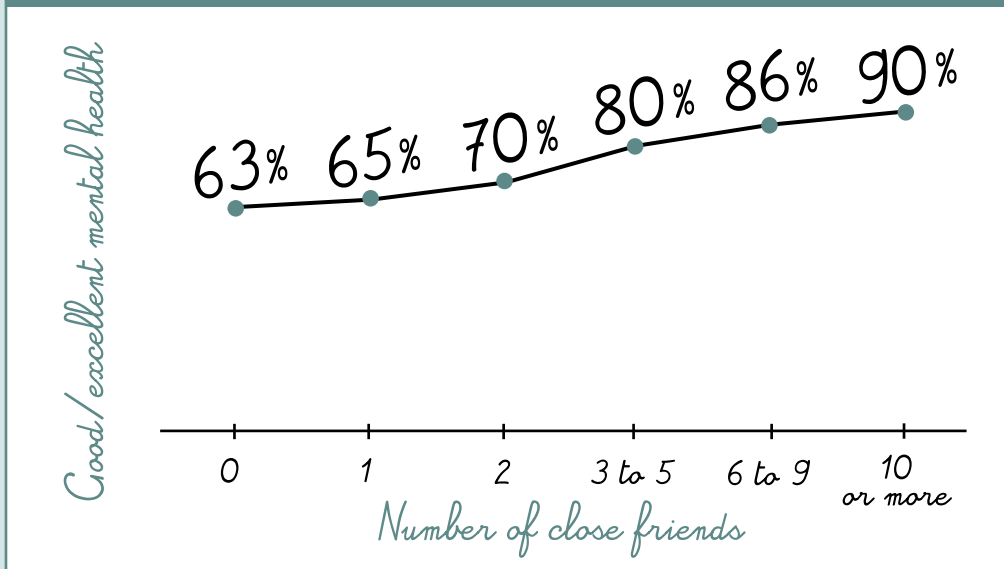
NUMBER OF FRIENDS

Students were asked how many close friends they had in their school or neighbourhood. Having 3 to 5 close friends was the most common among both males and females. However, females were more likely than males to report having 3 to 5 close friends (41% vs. 34%), and males were more likely than females to report having 10 or more close friends (30% vs. 19%). We should be aware that males' and females' interpretations of "close friends" may have varied.

Survey results showed that the number of close friends was linked to positive mental health amongst adolescents. Those who had no close friends were more likely to rate their mental health as poor/fair than those who had 10 or more close friends. In general, as the number of friends increased, the likeliness of reporting good/excellent mental health increased as well, for both males and females. A similar relation was found when looking at the number of close friends and levels of despair; 19% of those with no close friends reported feeling extreme despair in the past month, compared to 4% of those who had 10 or more close friends.

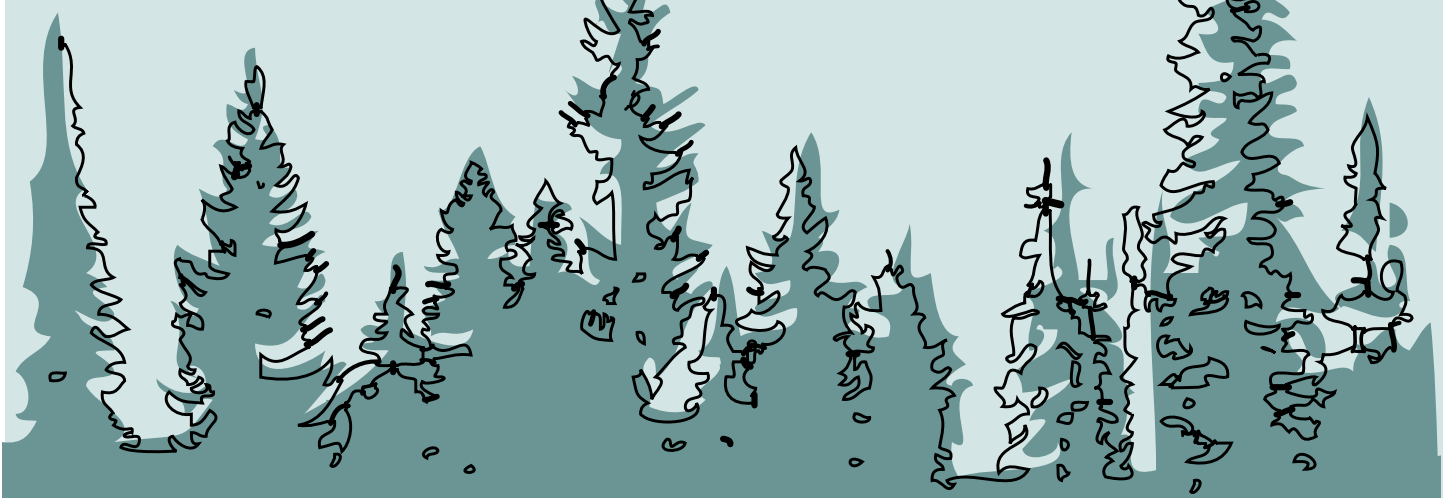


YOUTH WHO REPORTED GOOD/EXCELLENT MENTAL HEALTH & THE NUMBER OF CLOSE FRIENDS THEY HAD



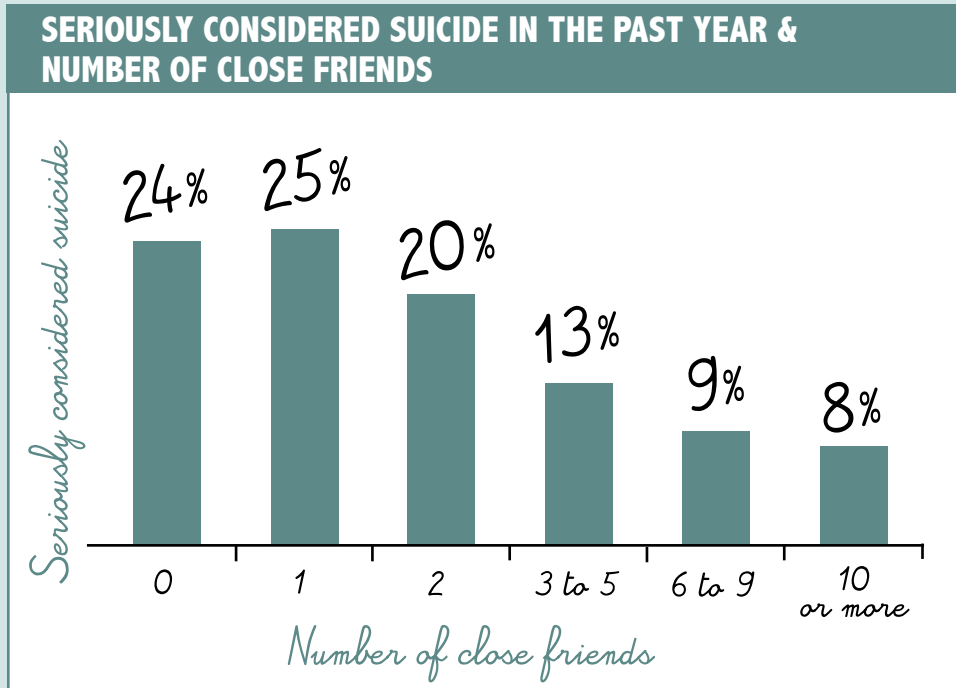
NOTE: THE DIFFERENCE BETWEEN HAVING 0 CLOSE FRIENDS AND 1 CLOSE FRIEND WAS NOT SIGNIFICANT.

“ I OVERCAME MY DEPRESSION WITH THE HELP OF MY PARENTS AND FRIENDS AND WHEN I FOUND MY PASSION FOR MUSIC. ”



Consistent with the findings for mental health ratings, the likelihood of youth self-harming on purpose without trying to commit suicide started to significantly decrease as the number of close friends reached 2 or more. This pattern was similar for both males and females.

The findings for suicide thoughts were similar. However, youth who had 10 or more friends were just as likely to have seriously thought about suicide as those who had 6 to 9 friends.



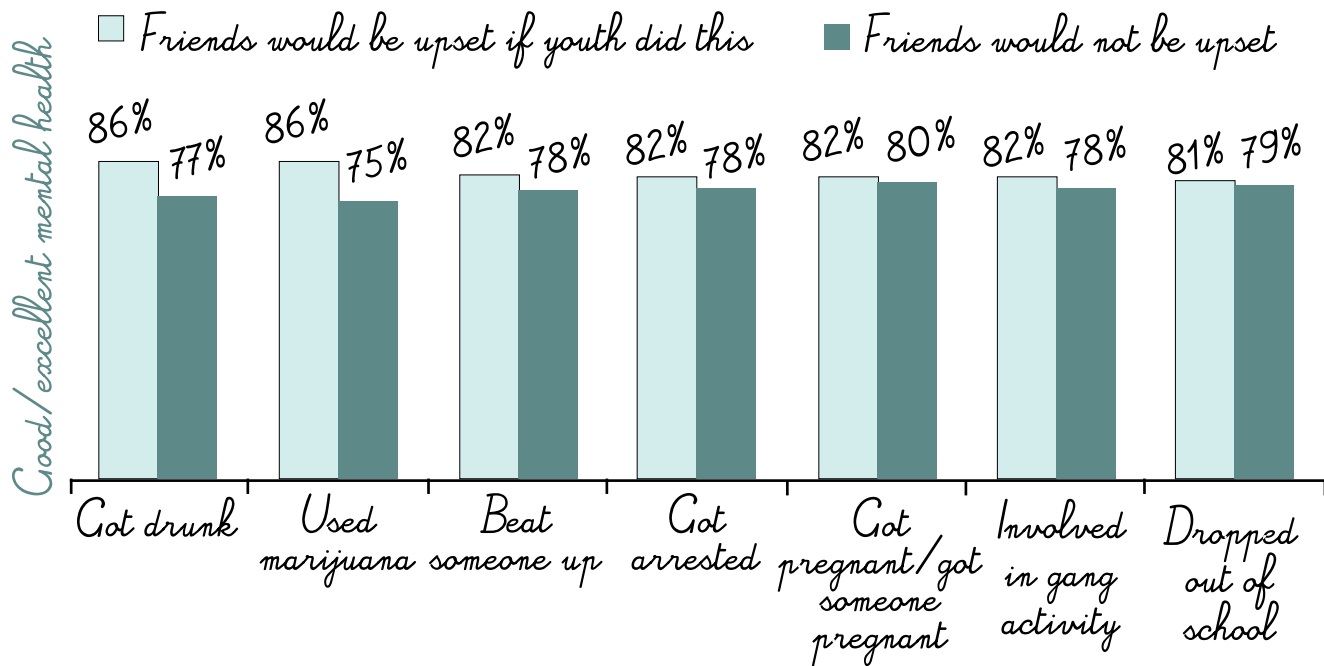
NOTE: THE DIFFERENCE BETWEEN HAVING 0 AND 1 CLOSE FRIEND WAS NOT SIGNIFICANT, AND THE DIFFERENCE BETWEEN HAVING 6 TO 9 CLOSE FRIENDS AND 10 OR MORE FRIENDS WAS NOT SIGNIFICANT.

PEERS WITH HEALTHY ATTITUDES ABOUT RISKY ACTIVITIES

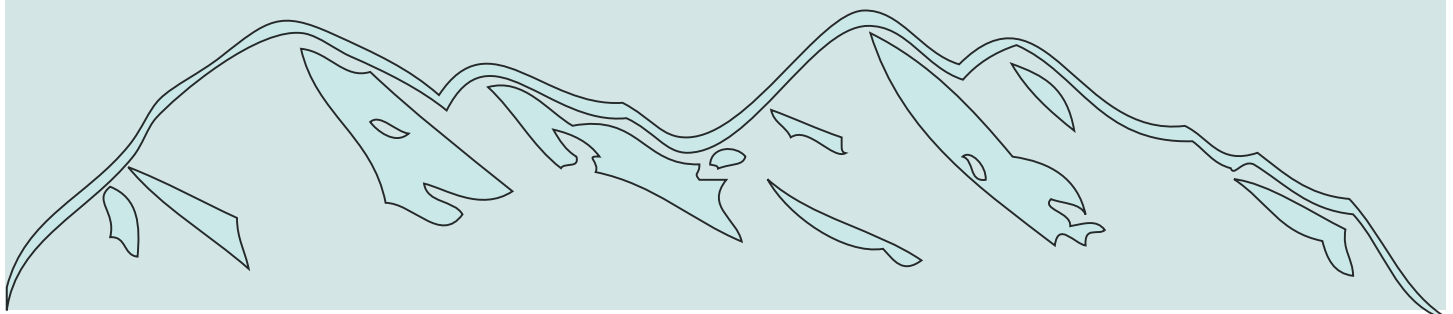
Students were asked if their friends would be upset with them if they engaged in certain risky activities. Most students reported that their friends would be upset if they dropped out of school (87%), were involved in gang activity (85%), were involved in a pregnancy (81%), got arrested (78%), beat someone up (71%), or used marijuana (58%). Under half of students (44%) thought their friends would be upset with them if they got drunk. Females were more likely than males to have friends who would be upset with them for each of these reasons.

Students who had friends who would disapprove of these activities were more likely to report positive mental health, including a higher likelihood of good/excellent mental health ratings and a lower likelihood of extreme stress.

FRIENDS' ATTITUDES & GOOD/EXCELLENT MENTAL HEALTH RATINGS



We aggregated the number of activities that friends disapproved of on a scale of 0 to 7 (0 being friends approved of all the activities and 7 being friends disapproved of all the activities). We found that students who had friends who disapproved of all the activities reported the highest rates of good/excellent mental health (87% vs. 81% among youth whose friends would not disapprove of any of the activities).



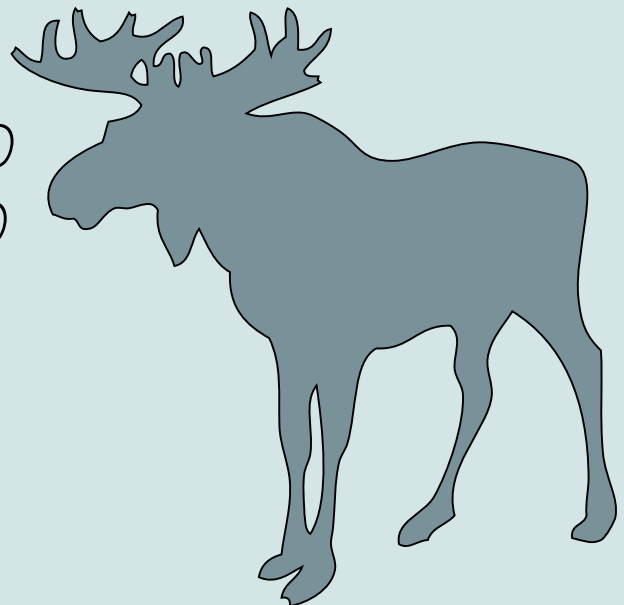
IN-PERSON BULLYING

In the lives of many youth, bullying is a factor which decreases self-esteem and increases the likeliness of poor mental health. Survey results showed that females were more likely than males to have been teased (43% vs. 31%) and socially excluded (43% vs. 26%), whereas males were more likely to have been bullied physically (10% vs. 5% of females) in the past year.

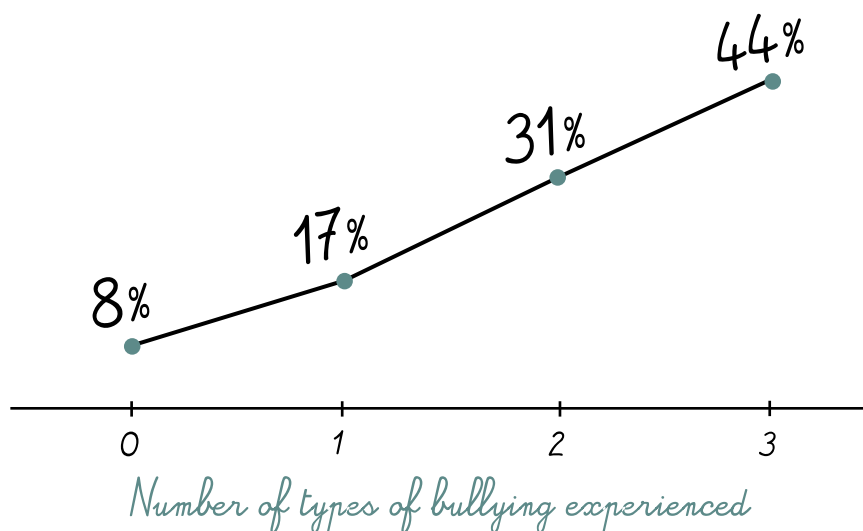
Youth who experienced bullying at least once in the past year had a higher chance of self-harming compared to those who had not experienced bullying. For example, 34% of youth who had been physically assaulted had self-harmed, compared to 15% of those who had not been assaulted. Also, 28% of youth who had been teased had self-harmed, compared to 10% of youth who had not been teased.

The likelihood of self-harm increased as the number of types of bullying experiences increased (teasing, social exclusion, and physical assaults were the three types of bullying). For example, students who experienced two types of bullying were more likely to self-harm than those who experienced one type, and youth who experienced all three types were the most likely to self-harm.

“ I WAS BULLIED AS A CHILD SO I
HAVE VERY LOW SELF-ESTEEM. I
WAS BULLIED BY OTHER STUDENTS
FROM GRADE 1-6 AND AGAIN IN
GRADE 8... IT STOPPED
AFTER GRADE 8 BECAUSE
THE PRINCIPAL AT MY THIRD
SCHOOL FINALLY LISTENED
TO MY STORY. ”

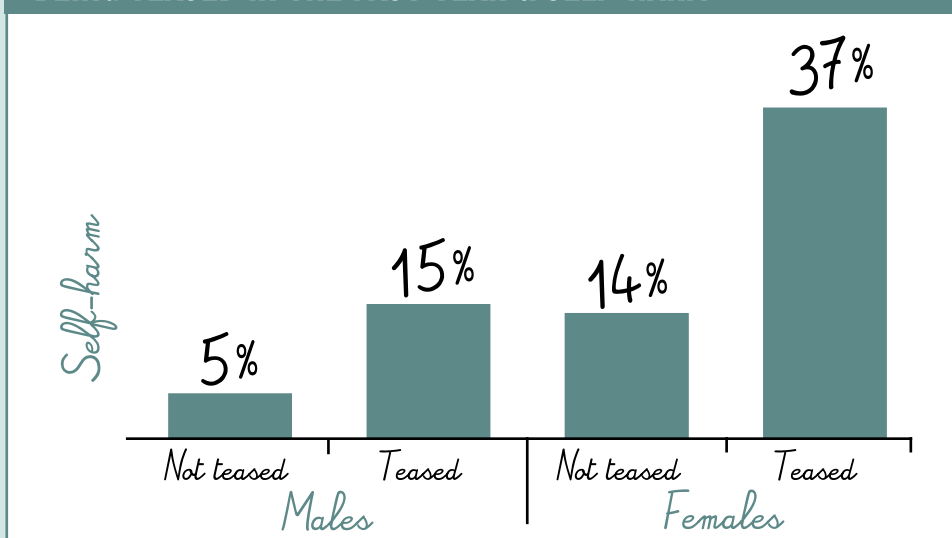


YOUTH WHO SELF-HARMED



Although the effect of bullying was significant for both males and females, females had higher rates of self-harm in relation to bullying than males did. We also found that females who had not been bullied were equally likely to have self-harmed as males who had been bullied.

BEING TEASED IN THE PAST YEAR & SELF-HARM

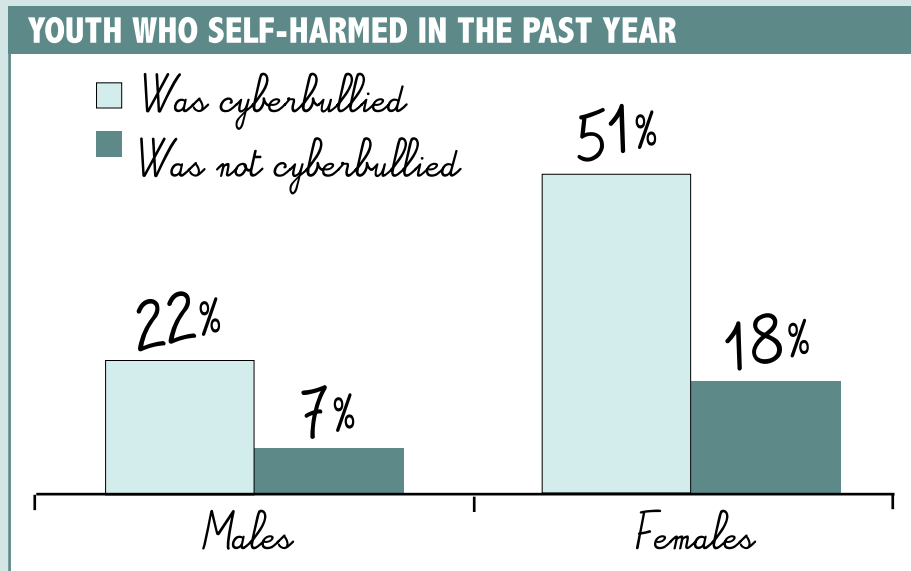


NOTE: THERE WAS NO SIGNIFICANT DIFFERENCE BETWEEN MALES WHO WERE TEASED AND FEMALES WHO WERE NOT TEASED.

We also looked at students who had bullied other students, and at their likelihood of having self-harmed. Fourteen percent of youth who did not bully others (didn't tease, exclude or assault others) reported self-harming. These youth were less likely to self-harm than those who engaged in one form of bullying (24% self-harmed), two forms (27% self-harmed), or all three forms of bullying (30% self-harmed).

CYBERBULLYING

The survey also asked about Internet bullying (cyberbullying). Results showed that 10% of males and 19% of females had been victims of cyberbullying in the past year. There was a higher chance of self-harm for youth who had experienced Internet bullying compared to those who had not (42% vs. 12%). Females had higher rates of self-harm in relation to cyberbullying than males.



ROMANTIC RELATIONSHIPS

Relationships among young people can come with risk because they may not be mature enough to manage their feelings or control their actions, which could result in relationship violence.

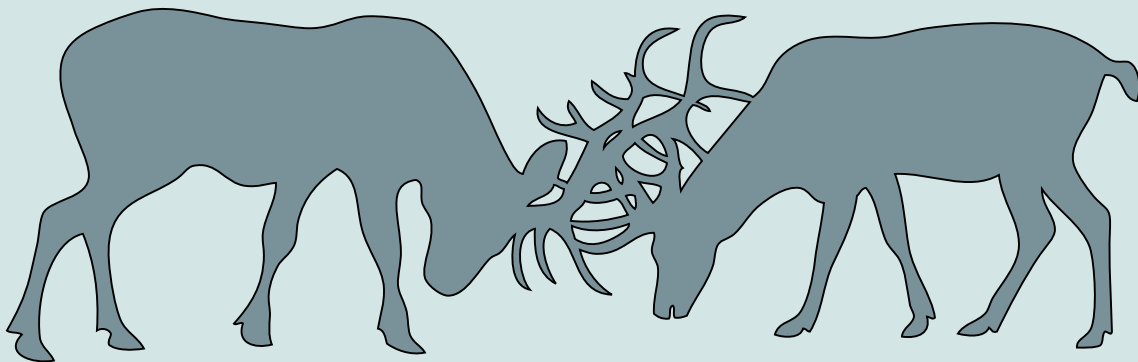
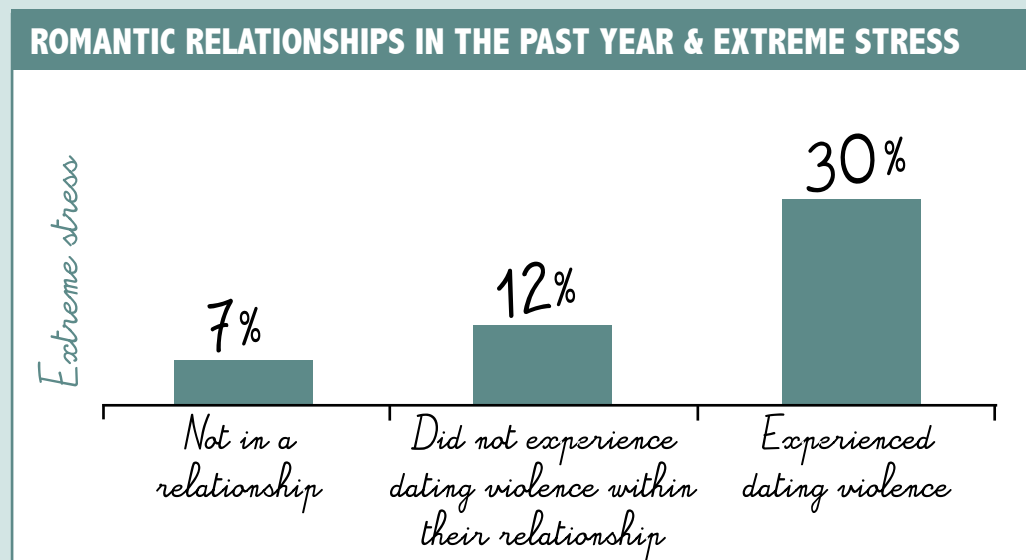
Survey results indicated that 62% of youth were not in a relationship in the past year, while 36% were in a relationship that did not involve physical abuse, and 2% did experience relationship violence, with males and females equally likely to have been physically abused in a relationship.

Among youth who were in a relationship, those who had a mental health condition were more likely to experience relationship violence than those who did not have a mental health condition (13% vs. 5%).

Overall, there was a steady (although small) increase in the likelihood of relationship violence as youth got older. For example, 3% of 13-year-olds experienced relationship violence compared to 8% of 18-year-olds (among those in a relationship).

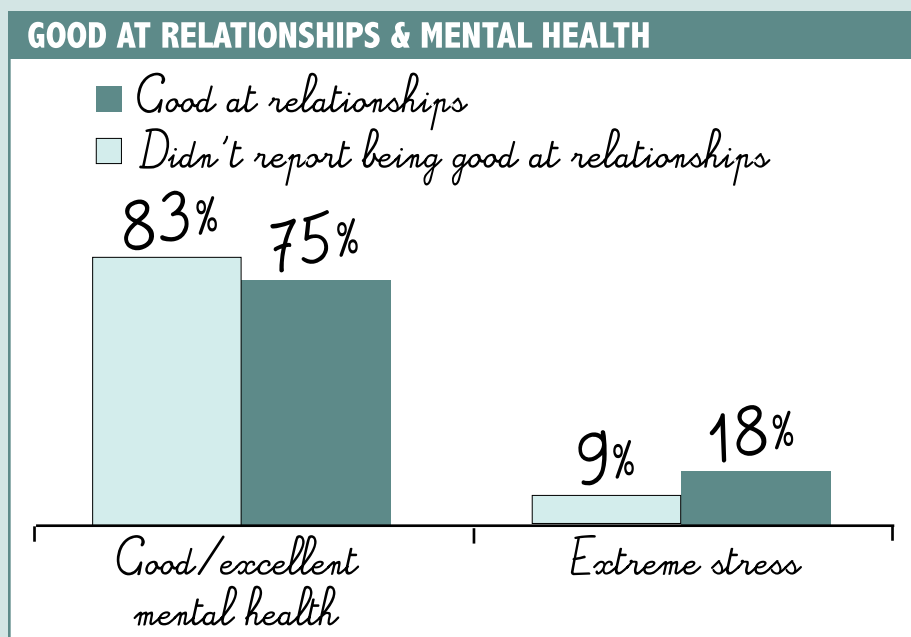
Youth who were in a relationship were less likely to rate their mental health as good/excellent compared to those who were not in a relationship (77% vs. 84%). Youth who were in a physically abusive relationship had the worst mental health. For example, among those in a relationship, youth who experienced dating violence were less likely to rate their mental health as good/excellent compared to those who did not experience dating violence (59% vs. 78%). These outcomes were similar for both genders.

Similarly, youth in physically abusive relationships were the most likely to experience extreme stress in the past month.



GOOD AT RELATIONSHIPS

Males and females who reported being good at relationships (e.g., being a good listener or a good friend) were less likely to rate their mental health as good or excellent and were more likely to report extreme stress compared to youth who did not identify being good at relationships. These findings were the opposite of what was seen for being good at sports, where youth who felt they were good at sports reported better mental health than those who did not identify being good at sports.



“ I BELIEVE THAT ANOTHER FACTOR THAT IS AFFECTING MY LIFE / EMOTIONAL WELLBEING (AND OFTEN TIME PHYSICAL) IS MY LONG-DISTANCE RELATIONSHIP WITH MY GIRLFRIEND. THE FACT THAT WE BARELY SEE EACH OTHER (SKYPING OR VISITING) MEANS THAT TALKING AND COMMUNICATION IS VERY IMPORTANT. HOWEVER, AT TIMES WE GET EXTREMELY BUSY WHICH RESULTS IN SOME NEGATIVITY BECAUSE OF TIME ZONES AND WHATNOT. ”



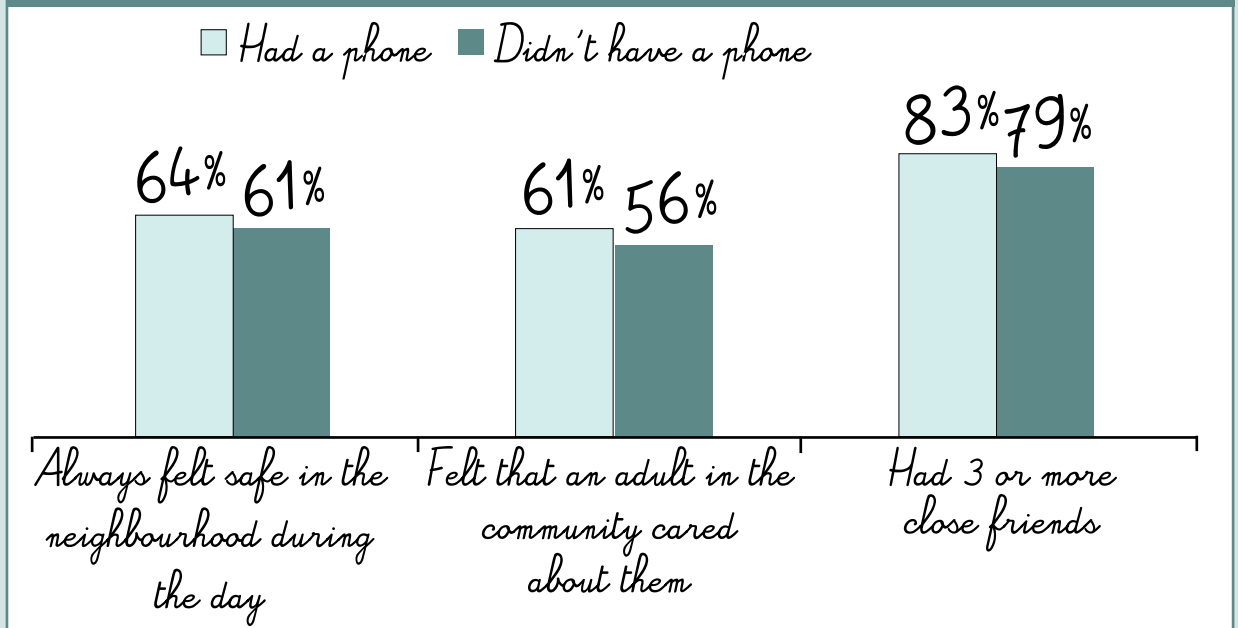
TECHNOLOGY USE

HAVING A CELLPHONE

Ninety percent of youth had a cellphone. Students with a cellphone were more likely than those without a cellphone to have close friends in their school or neighbourhood and to feel they had an adult in their neighbourhood or community who cared about them. Also, youth who had a cellphone were more likely than those without a phone to feel safe in their neighbourhood during the daytime, at night, and while using transit. They were also less likely to have hitchhiked in the past month (3% vs. 5% of youth without a phone).

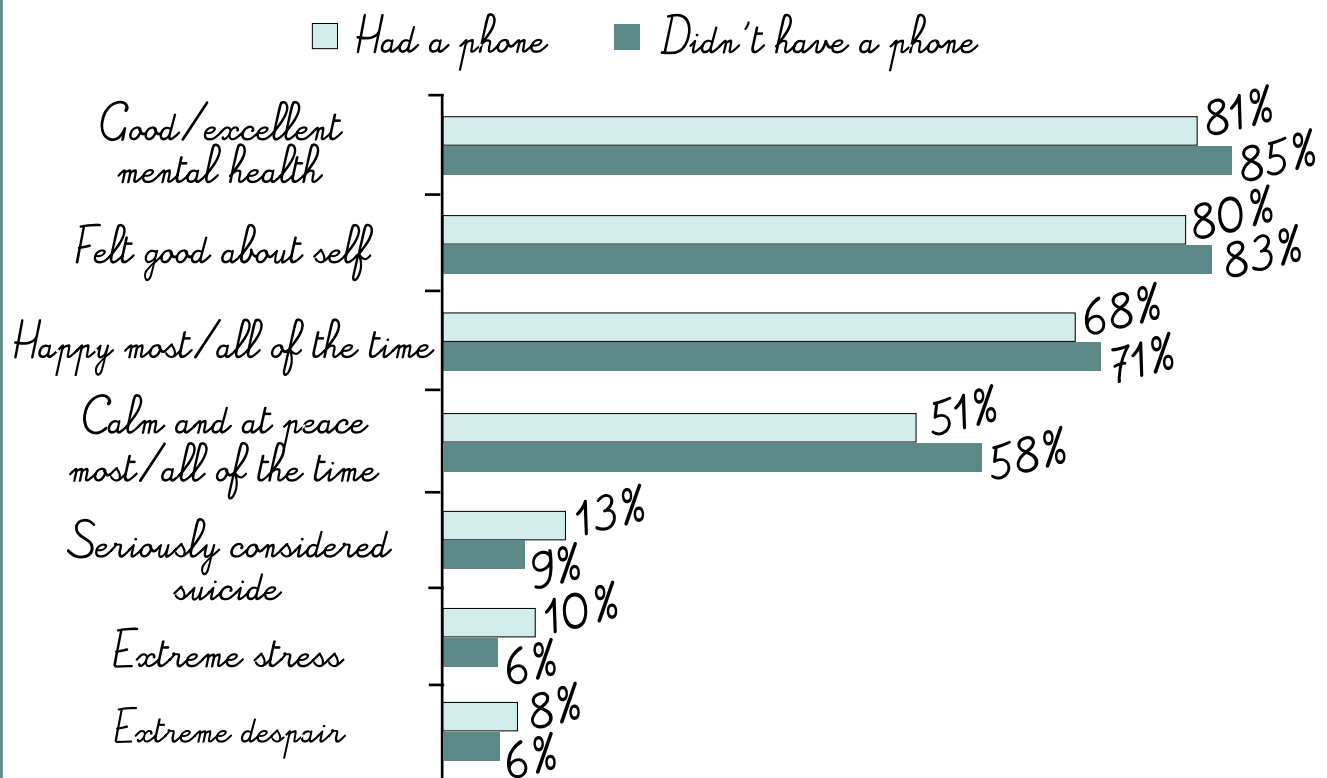
“*MEDIA IS THE BIGGEST THING THAT HAS CHANGED MY OVERALL PERSPECTIVE ON THINGS. WEIGHT WISE I LOST 40 LBS BECAUSE I FELT SO UNCOMFORTABLE LOOKING AT MEDIA, AND LOST THE WEIGHT THE MOST UNHEALTHY WAY (BY STARVING MYSELF). SO IN THE FUTURE WE SHOULD BE FOCUSING ON DISTORTIONS OF THE MEDIA AND DEVELOP HEALTHIER WAY FOR KIDS AND TEENS TO LOSE WEIGHT. SCHOOLS SHOULD ALSO BE MORE INVOLVED IN THE WELL-BEING OF KIDS.*”

HAVING A PHONE & POSITIVE OUTCOMES



There were also risks associated with having a cellphone. For example, youth with a phone were more likely than their peers without a phone to have met someone through the Internet who made them feel unsafe (14% vs. 12%) and to have been cyberbullied in the past year (15% vs. 10%). They were also less likely to feel like a part of their school. Further, youth with a cellphone were less likely to report positive mental health than youth without a cellphone.

PHONES & MENTAL HEALTH



In addition, having a cellphone was linked to binge eating (gorging on food) and purging (forcing oneself to throw up after eating). Youth who had a phone were more likely than those without a phone to report binge eating (28% vs. 21%) and purging (8% vs. 6%) at least once in the past year. While the data cannot explain these relations, technology use in general might lead to binge eating. A lot of people tend to snack while doing sedentary things, such as watching TV or using a computer or cellphone. When it comes to purging, a recent “boom” on the internet has been “Pro-Ana” or “Pro-Mia” sites, where youth can access tips on how to unhealthily manage weight or even attempt weight loss. Because cellphones nowadays can access the Internet, these websites are more accessible to youth, in a way that isn’t as controlled by parents or guardians.

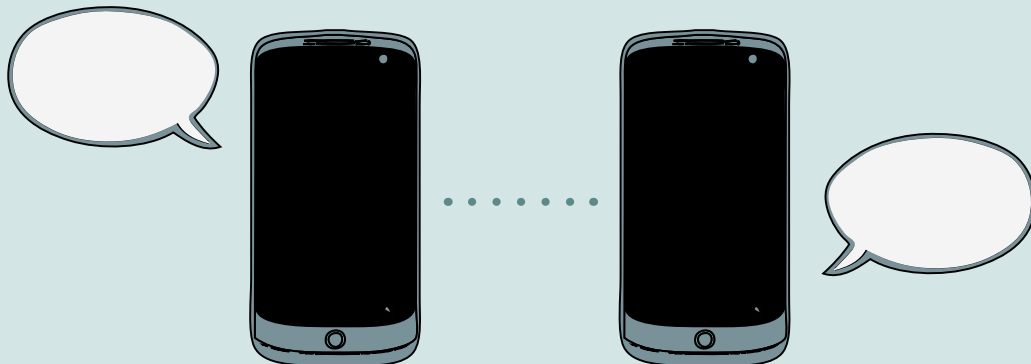
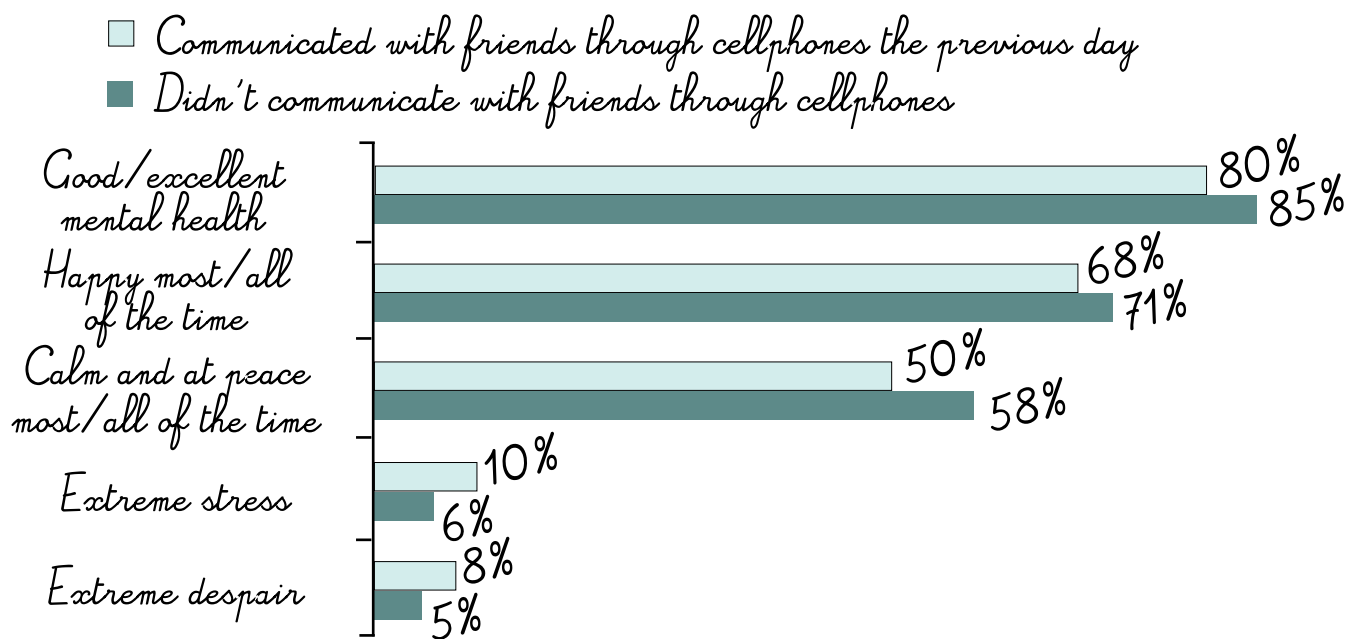
PHONE USE AND MENTAL HEALTH

Youth most commonly reported using a cellphone for communicating with friends (89%), playing games/entertainment/music (83%), and communicating with parents or guardians (80%) during their last school day.

Youth who used a cellphone to communicate with their parents were more likely to feel they had an adult in their family who they could talk to if they had a problem, and to report that their parents knew what they were doing in their free time.

However, youth who didn't communicate with their friends through their phones at any point on the last school day were more likely to report positive mental health than youth who did communicate with their friends this way.

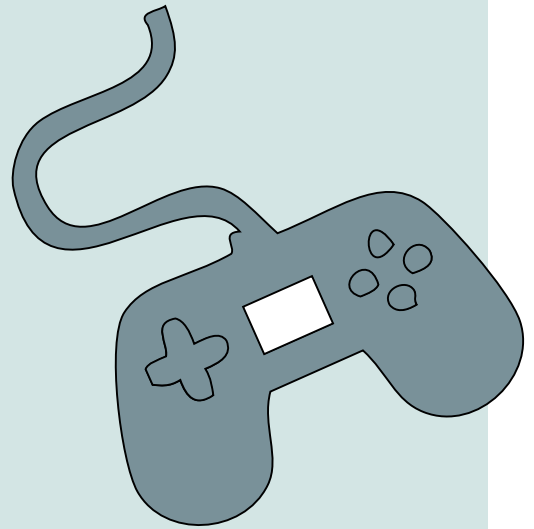
YOUTH COMMUNICATING WITH FRIENDS THROUGH CELLPHONES & MENTAL HEALTH



Similar results were found for youth who chatted online and used social networks, and those who played games/entertainment/music through their phones. For example, youth who used their phones to play games/entertainment/music were more likely than those who did not to report extreme stress (10% vs. 8%) and were less likely to rate their mental health as good or excellent (81% vs. 83%).

It is important to note that while these findings may be read as cellphone use contributing to poorer mental health, students who already experience poor mental health may use their cellphones as a coping mechanism. Reaching out to friends when youth are in situations of distress, playing games in order to distract oneself, looking for resources online using a cellphone, etc. might be ways in which youth try to manage their mental health.

*“THE ONLY TIME I FEEL HAPPY
IS WHEN I PLAY ONLINE GAMES
OR WHEN I MAKE SOMEONE
ELSE HAPPY.”*



*“I FREQUENTLY KEEP MYSELF AWAKE
FOR PERIODS OF 72 HOURS IN ORDER TO
PLAY VIDEO GAMES... I DO NOT ENJOY MY
EXISTENCE DURING THE TIME I AM NOT
PLAYING VIDEO GAMES, AND THIS DOES NOT
BOTHER ME, BUT IS PROBABLY MORE OF A
SERIOUS PROBLEM THAN YOU THINK.”*



ACCESSING SUPPORT

ADULT SUPPORTS INSIDE AND OUTSIDE THE FAMILY

M

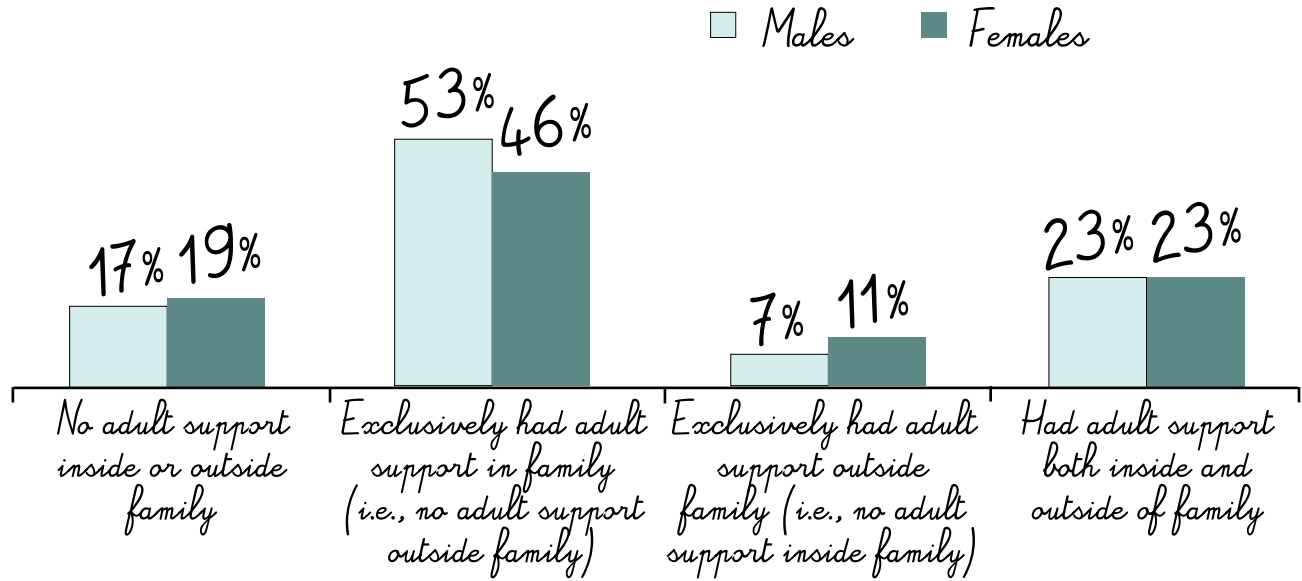
ales were more likely than females to feel there was a supportive adult inside their family (76% vs. 70%), while females were more likely than males to feel there was a supportive adult outside their family (34% vs. 30%).

“ I DON'T WANT MY FAMILY TO
BE DISAPPOINTED IN ME OR
BE EMBARRASSED OF ME IF
I DID GO TO THEM FOR HELP.
I'M AFRAID TO, EVEN THOUGH I
LOVE AND TRUST THEM. I NEED
THIS HELP THOUGH. ”

Youth who reported having no adult in or outside of their family whom they would feel comfortable asking for help were the least likely to report positive mental health. For example, they were less likely to rate their mental health as good/excellent, to feel happy, and to feel calm compared to youth who had an adult inside or outside their family to turn to. They were also more likely to have seriously thought about suicide in the past year.

Having an adult exclusively outside the family to turn to, as opposed to no adults at all, was linked to better mental health. This included a lower risk of feeling extreme despair and a greater likelihood of reporting good/excellent mental health, feeling happy, and feeling calm and at peace in the past month. Also, youth with exclusively non-familial adult supports were more likely to feel good about themselves and their abilities than youth who had no adult supports inside or outside the family.

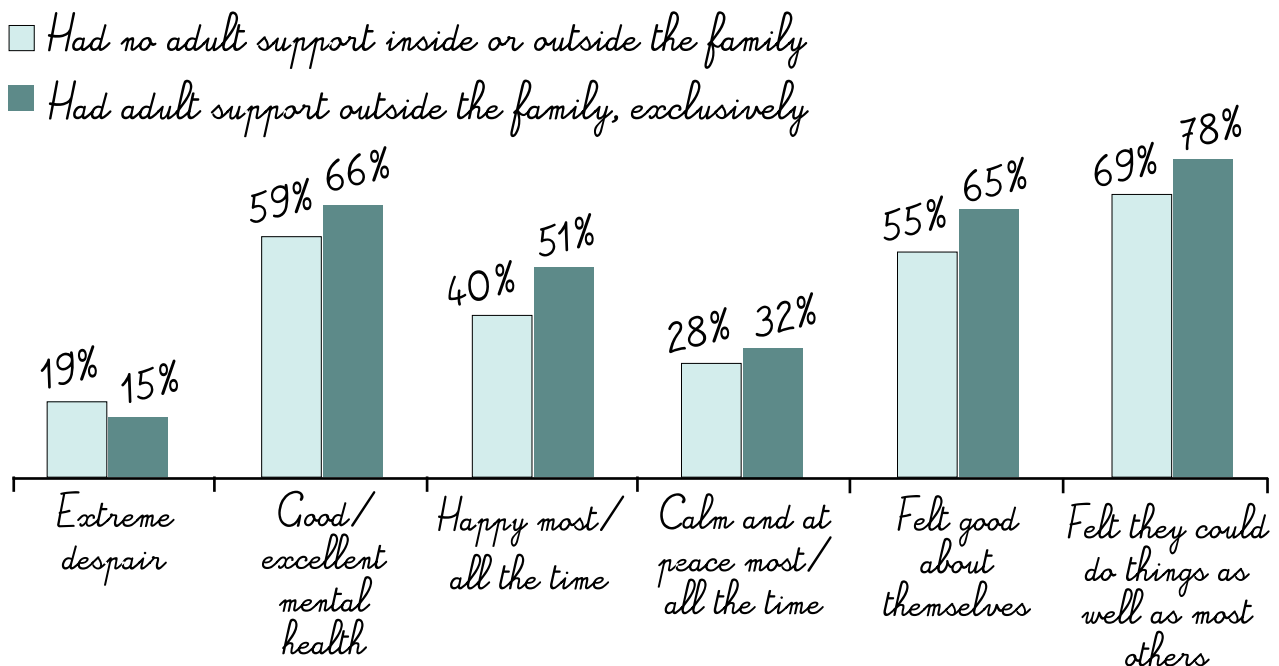
ADULT SUPPORT INSIDE & OUTSIDE THE FAMILY



Youth who reported having adult support exclusively inside the family were just as likely to report good/excellent mental health as youth who had both inside-of-family and outside-of-family adult support (at 89%).

Youth who reported having adults they would feel comfortable talking to both inside and outside of the family were the most likely to report feeling happy most or all of the time. For example, 79% of these youth felt happy, compared to 77% of youth who had adult support exclusively in their family.

ADULT SUPPORTS OUTSIDE THE FAMILY & MENTAL HEALTH



“I USED TO BE ANOREXIC AND SERIOUSLY WANTED PROFESSIONAL HELP BUT NEVER GOT IT. I GOT OVER IT (MOSTLY). I STILL STRUGGLE WITH FOOD AND MY IMAGE AND STILL WANT ADVICE. I AM STILL NOT GETTING IT.”

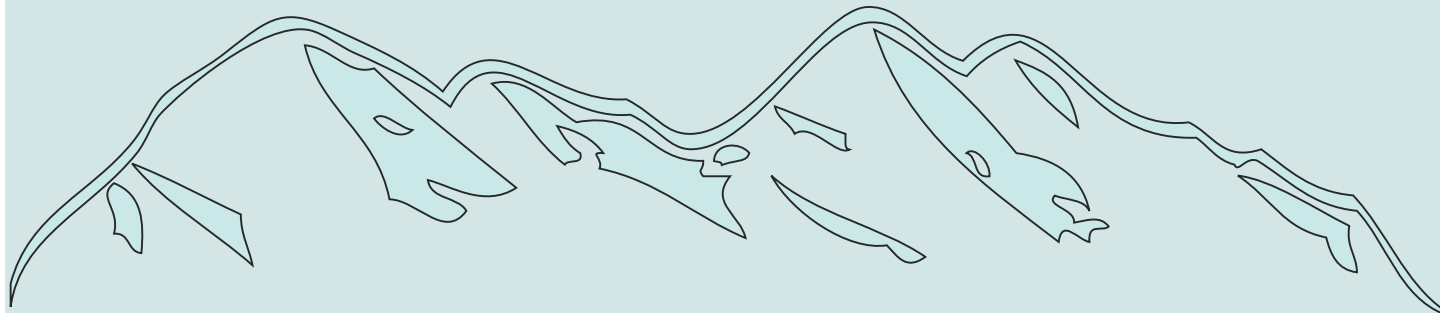
YOUTH NOT ACCESSING MENTAL HEALTH SERVICES

Eleven percent of youth felt they needed mental health services in the past 12 months but did not access them, which was higher than the 8% of youth who felt they needed medical help but did not get it.

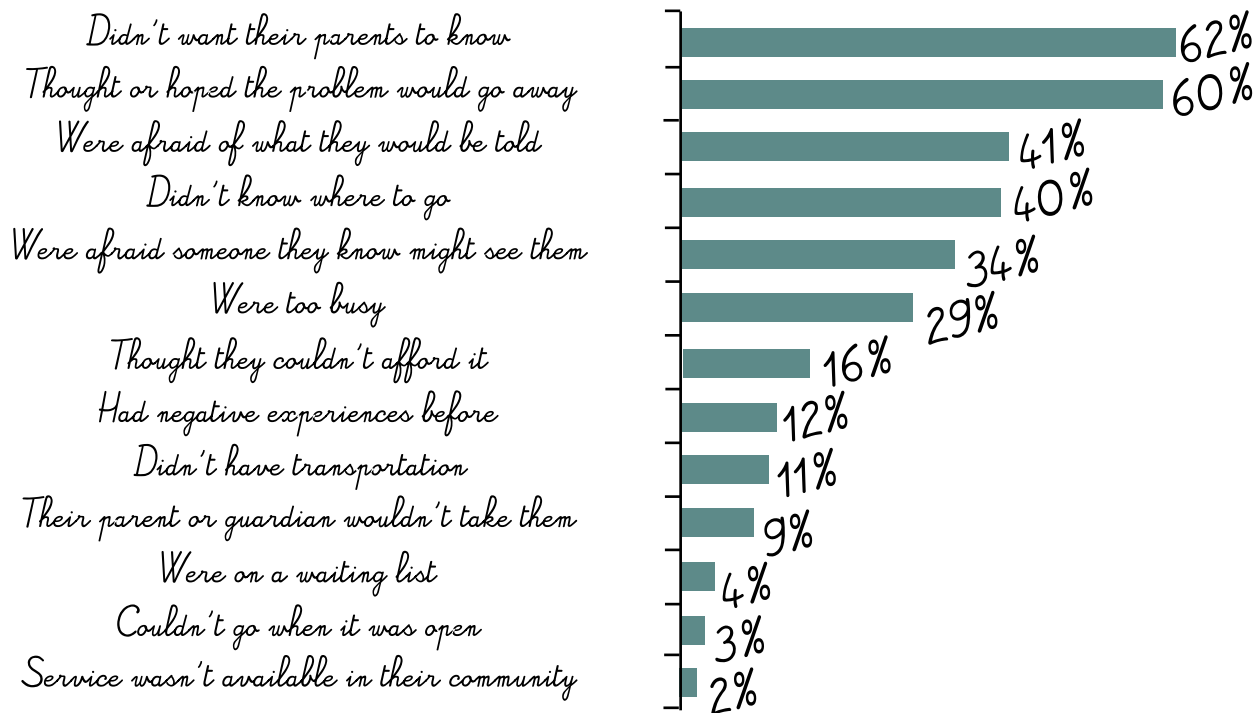
Females were more likely than males to have missed out on needed mental health services (17% vs. 5%). When asked for their reasons for missing out on these services, females were more likely than males to miss out because they did not want their parents to know (64% vs. 57%), they were afraid of what the mental health professional would tell them (43% vs. 33%), and they thought or hoped the problem would go away (62% vs. 54%).

Also, younger youth were more likely than older youth to miss out because they did not want their parents to know (e.g., 72% of youth aged 12 or younger vs. 49% of 18-year-olds) and were less likely than older youth to not access mental health services because they thought or hoped the problem would go away (e.g., 51% of 13-year-olds vs. 65% of 18-year-olds) or because they were too busy to go (e.g., 19% of youth aged 12 or younger vs. 34% of 18-year-olds; among those who did not access needed mental health services).

In addition, 5% of youth living in rural communities who needed mental health services did not access services because they were not available in their community, compared to 1% of youth living in urban communities.

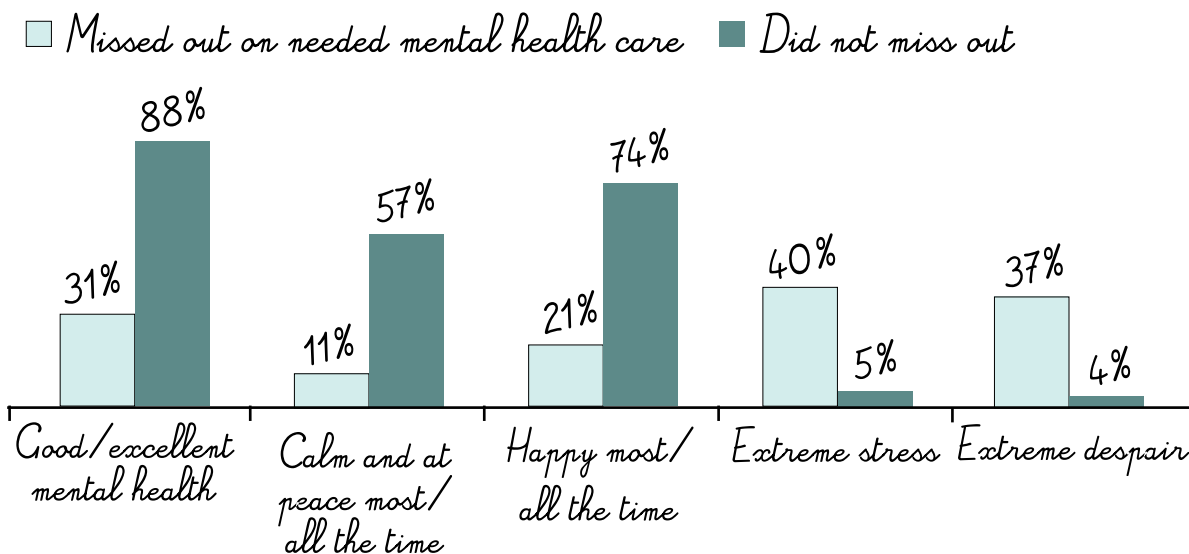


REASONS FOR NOT ACCESSING MENTAL HEALTH SERVICES (AMONG YOUTH WHO DID NOT ACCESS NEEDED SERVICES)



Youth who missed out on needed mental health services were more likely to report extreme stress and despair, and were less likely to report feeling calm and at peace, happy, and good/excellent mental health. They were also less likely to ask a family member for help than those who did not miss out on accessing needed mental health care (57% vs. 71%).

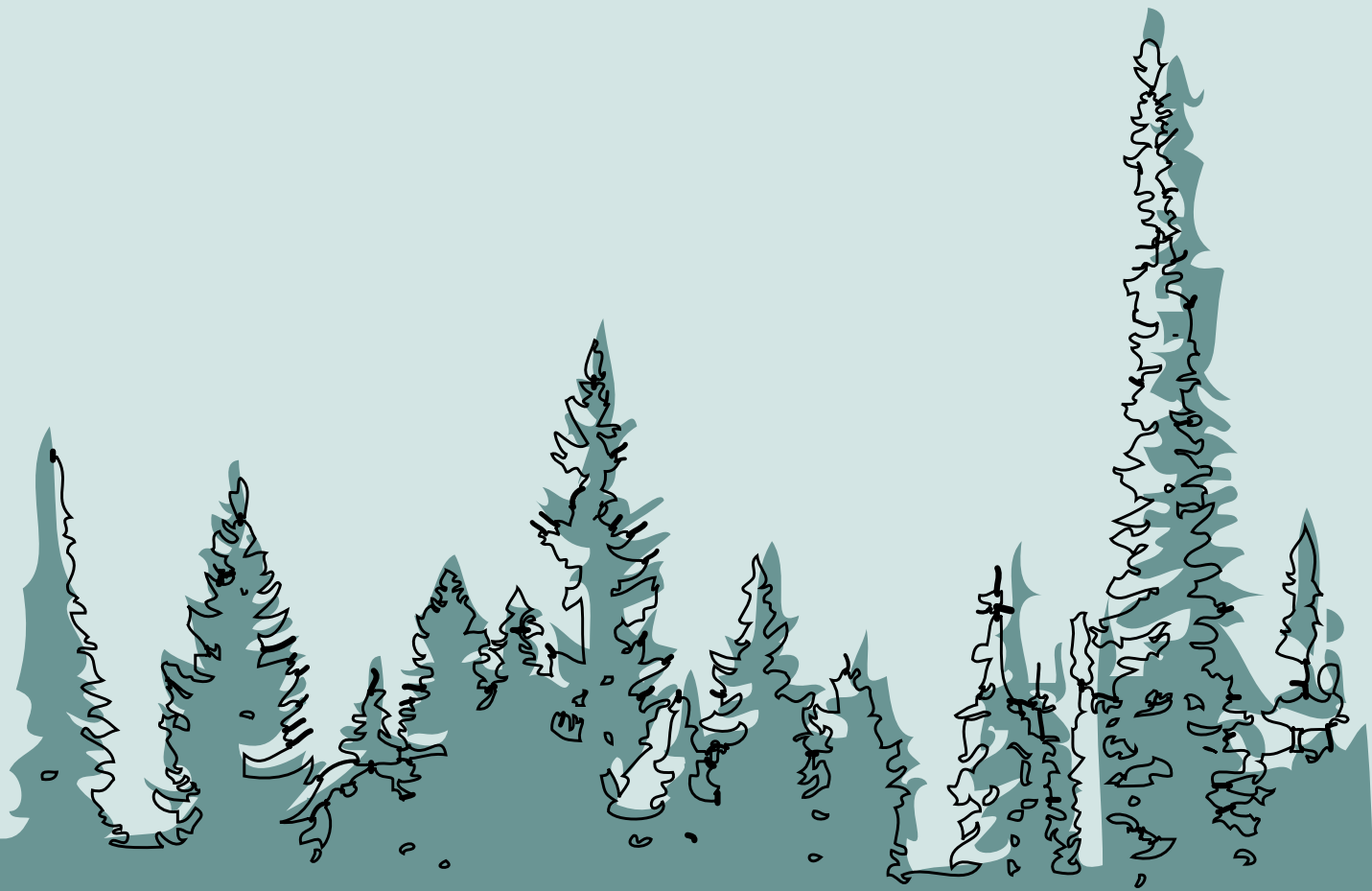
MISSING OUT ON NEEDED MENTAL HEALTH CARE IN RELATION TO MENTAL HEALTH





Qualitative Analysis

A major theme was how students' physical health affected their mental health. In particular, many students wrote about their physical health and weight, in connection to eating disorders and other mental health challenges. For example, one student wrote *"I AM WORRIED ABOUT MY WEIGHT, SO I'VE BECOME BULIMIC, ANOREXIC, AND SUFFER [FROM] DEPRESSION."* Other students specifically highlighted the necessity of providing community based support and engaging students in creating awareness about a healthy body image. For instance, one student underscored *"SCHOOLS SHOULD...BE MORE INVOLVED IN THE WELLBEING OF KIDS"*; while another noted their personal battle with eating disorders *"COULD HAVE BEEN CAUGHT EARLIER ON WITH MORE SUPPORT PROGRAMS."* Respondents wrote about their uncertainty about what constitutes having an eating disorder, such as plainly writing *"I CAN'T TELL IF I HAVE AN EATING DISORDER OR NOT."*



YOUTH WHO ASKED FOR HELP

Youth were asked whom they approached for help in the past year. They most commonly approached friends, family members, and teachers.

“I OVERCAME DEPRESSION BY THE HELP OF A WONDERFUL SCHOOL COUNSELLOR.”

	YOUTH WHO ASKED FOR HELP	MALES	FEMALES
FRIEND	73%	65%	81%
FAMILY MEMBER	69%	66%	72%
TEACHER	41%	44%	39%
SCHOOL COUNSELLOR	27%	24%	29%
DOCTOR	25%	-	-
SPORTS COACH	23%	27%	20%
FRIEND'S PARENT	18%	-	-
ABORIGINAL EDUCATION WORKER . .	17%	-	-
OTHER SCHOOL STAFF	16%	17%	14%
ABORIGINAL ELDER	11%	-	-
NURSE	10%	11%	10%
YOUTH WORKER	8%	-	-
MENTAL HEALTH COUNSELLOR	6%	5%	7%
SOCIAL WORKER	4%	5%	4%
TELEPHONE HELPLINE	4%	-	-

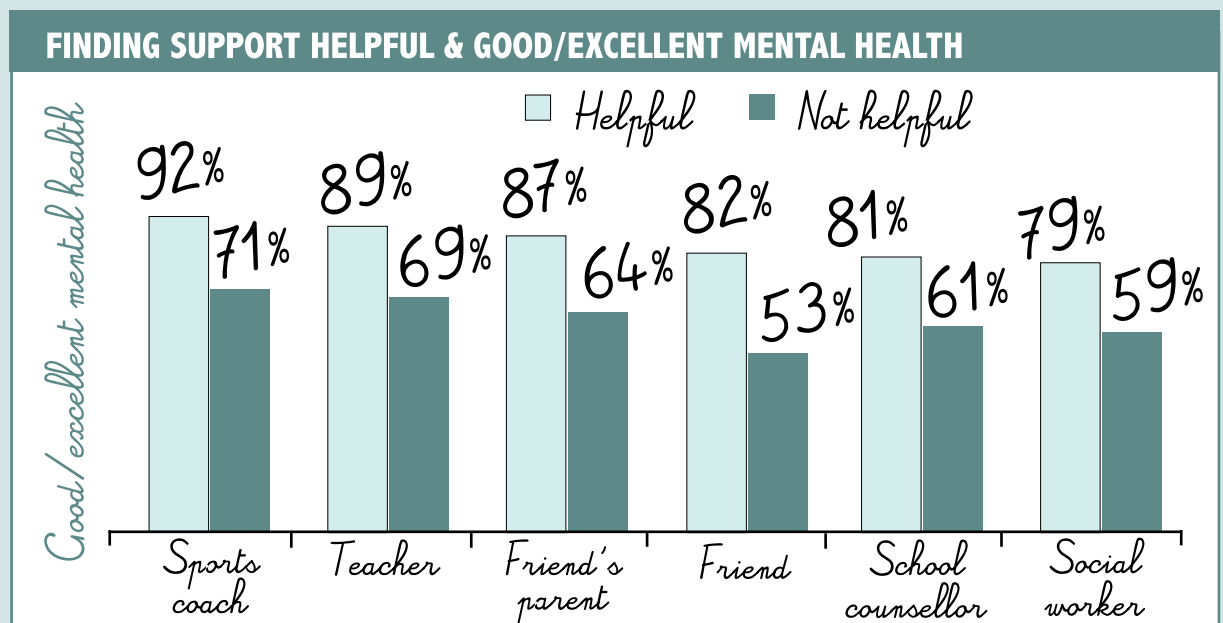
NOTE: PERCENTAGES FOR ABORIGINAL EDUCATION WORKER AND ABORIGINAL ELDER WERE AMONG ABORIGINAL YOUTH.

“-“ MEANS THAT THE DIFFERENCE BETWEEN MALES AND FEMALES WAS NOT STATISTICALLY SIGNIFICANT.

“HAD IT NOT BEEN FOR MY SOCCER COACH AND MY PRINCIPAL I WOULD BE DEAD OR WOULD BE EVEN MORE DEPRESSED OR SUICIDAL.”

Among youth who asked for help in the past 12 months, the majority found the assistance helpful. For example, 94% of youth found their friends helpful (95% of males vs. 94% of females) and 93% found their family members helpful (95% of males vs. 92% of females). Most also found helpful the support they got from doctors (93% of males vs. 88% of females), school counsellors (86% of males vs. 81% of females), other school staff (86%), mental health counsellors (73%), teachers (92%), friends' parents (91%), sports coaches (93%), and other adults in the community. Telephone helplines were the least likely to be helpful at 59% (among youth who accessed this type of help).

Among youth who asked for help, those who found it helpful were more likely than those who did not find it helpful to report positive mental health, including lower rates of suicide ideation and suicide attempts, lower rates of extreme stress and despair, and higher rates of good/excellent mental health, happiness, and feeling calm and at peace. For example, youth who found their mental health counsellor helpful were less likely to have attempted suicide in the past year than youth who did not find their mental health counsellor helpful (22% vs. 28%), and were more likely to feel happy most or all of the time in the past month (47% vs. 35%; among youth who had asked a mental health counsellor for help).



NOTE: AMONG YOUTH WHO ASKED THESE PEOPLE FOR HELP IN THE PAST YEAR.



Qualitative Analysis

We noticed a running theme that many individuals who sought and received help from family reported significant improvements to their mental health. One particularly inspirational quote came from a student who reported that he/she *"OVERCAME DEPRESSION WITH THE HELP OF...PARENTS [AND] FRIENDS."*

In addition to receiving support from close friends and family, students were able to improve their mental health through access to education, counsellors, doctors, as well as medication. Interestingly, students questioned the lack of government intervention in providing mental health assistance facilities and services, explicitly writing *"THE GOVERNMENT WON'T HELP WITH ANYTHING"* and *"GOVERNMENT SHOULD DO MORE TO HELP."*

"I WOULD LIKE TO SEE MORE RECOVERY PROGRAMS IN OUR COMMUNITY. I WAS HOSPITALIZED FOR ANOREXIA NERVOSA... I FEEL THIS COULD HAVE BEEN CAUGHT EARLIER ON WITH MORE SUPPORT PROGRAMS AND RECOVERY CELEBRATION."

"I HAVE GOTTEN COUNSELLING BEFORE, AND HELP FROM YOUTH MENTAL HEALTH SERVICES THROUGH THE HOSPITAL AND DOCTORS. I HAVE BEEN DEPRESSED, AND AM GOING TO GET ANTI-DEPRESSANTS IN THE NEXT MONTH BECAUSE BOTH MY PARENTS HAVE AGREED IT WILL BE GOOD FOR ME."

"I HAVE NOT HAD THE BEST MENTAL HEALTH. BUT WITH HELP, OVER THE PAST FEW WEEKS I AM MAKING A CHANGE AND GETTING BETTER!"



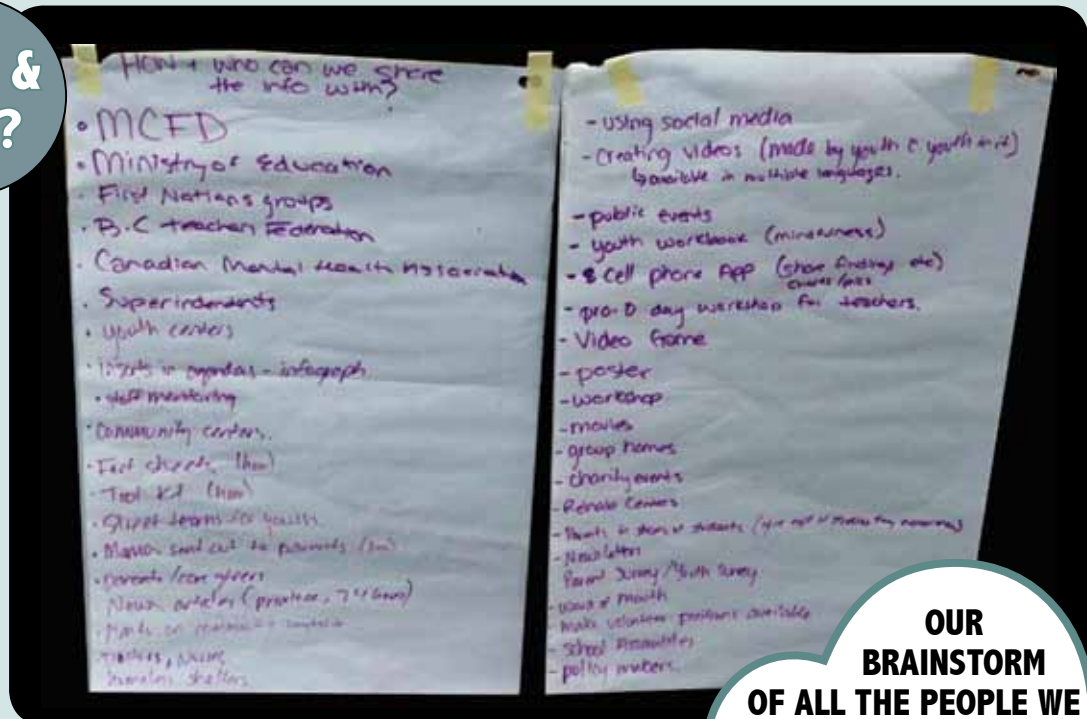
MOVING FORWARD

This report has provided a snapshot of youth mental health in BC. It has highlighted areas of concern and shown what supports can help. Now that the report is complete we plan to share it as widely as possible.

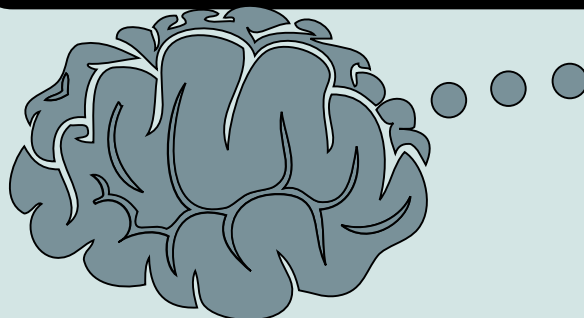
If you are interesting in having some of us come out and do a presentation to a youth and/or adult audience or facilitate a workshop with youth about the findings, please contact us at mccreary@mcs.bc.ca

If you would like a copy of this report or other resources we have created, please visit www.mcs.bc.ca

HOW & WHO?



**OUR
BRAINSTORM
OF ALL THE PEOPLE WE
WOULD LIKE TO READ THE
REPORT AND HOW WE WOULD LIKE
TO SHARE THE INFORMATION.**



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A stylized line drawing of a mountain range with several peaks, rendered in a light teal color against a white background.

UNSPOKEN THOUGHTS & HIDDEN FACTS

CREATED BY:

Youth Researchers

SUPPORTED BY:

McCREARY CENTRE SOCIETY

A stylized line drawing of a forest with various types of trees, including tall evergreens and shorter deciduous trees, rendered in a light teal color against a white background.



McCreary
Centre Society

Youth health • Youth research • Youth engagement

McCreary Centre Society is a non-government, non-profit organization committed to improving the health of BC youth through research, evaluation, and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to address unmet health needs of young people.



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