

Youth with a Physical Disability

One percent of male and female youth in BC reported they had a physical disability (e.g., cerebral palsy, used a wheelchair). Among these young people, 59% felt that their disability sometimes stopped them from doing things that their peers were able to do and 9% felt it always stopped them.

In comparison to youth who reported that their disability did not affect their ability to participate in activities with their peers, those with a limiting condition generally reported poorer mental health, higher rates of being discriminated against because of their disability, higher rates of physical abuse and a greater likelihood of having an addiction to alcohol or other substances.

This fact sheet uses data from the 2013 BC Adolescent Health Survey (BC AHS). The survey was completed by nearly 30,000 students in Grades 7 to 12 in 56 of BC's 59 school districts.

The data reflects the responses of youth who attended mainstream public school on the day of the survey and who were willing and able to participate. Therefore, the results may not be representative of all youth with a physical disability.

Where an asterisk (*) appears, the percentage should be interpreted with caution as the standard error was relatively high but still within a releasable range.

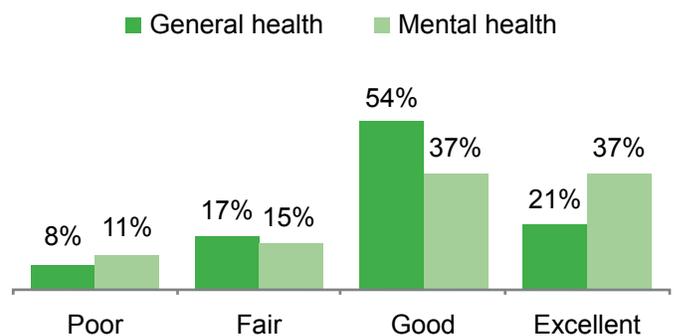
General health

Three quarters of youth with a physical disability rated their general health as good or excellent, and 8% rated it as poor (vs. 2% without a physical disability).

According to their self-reported height and weight, 72% of youth with a physical disability were within a healthy weight range, while 8% were underweight (vs. 3% without a physical disability), 14% were overweight, and 5% were obese.

In the past week, 23% of males and 11% of females engaged in moderate to vigorous physical activity for at least 60 minutes daily, which was comparable to the rate among their peers without a disability.

Health ratings among youth with a physical disability



Note: The differences in "poor" and "fair" ratings between general health and mental health were not statistically significant.



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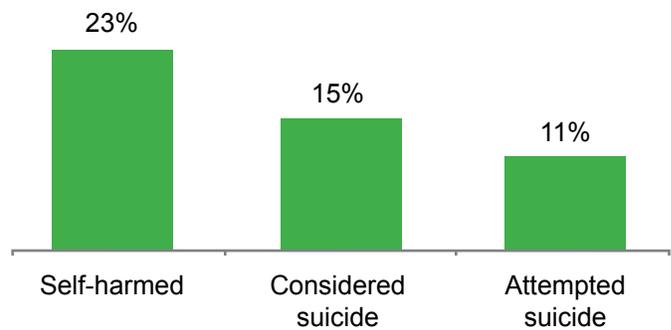
Mental health

Seventy-four percent of youth (83% of males vs. 65% of females) with a physical disability rated their mental health as good or excellent, and 11% rated it as poor (vs. 4% without a disability).

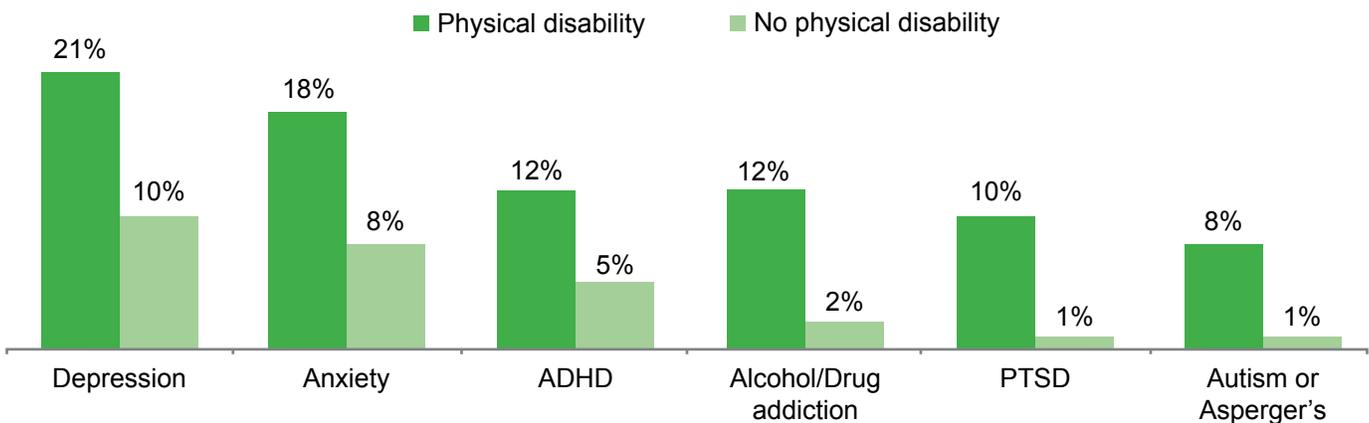
Among youth with a physical disability:

- 36% reported having at least one specific mental or emotional health condition, and 19% had more than one condition.
- 17% experienced extreme stress in the past month (vs. 9% of youth without a disability).
- 11% reported extreme despair in the past month.
- 73% felt they were able to do things as well as others (vs. 86% of youth without a disability).
- 82% of males and 67% of females felt good about themselves.

Self-harm and suicidal behaviours in the past year among youth with physical disabilities



Mental health conditions



Note: Youth could choose more than one response.

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Accessing health services

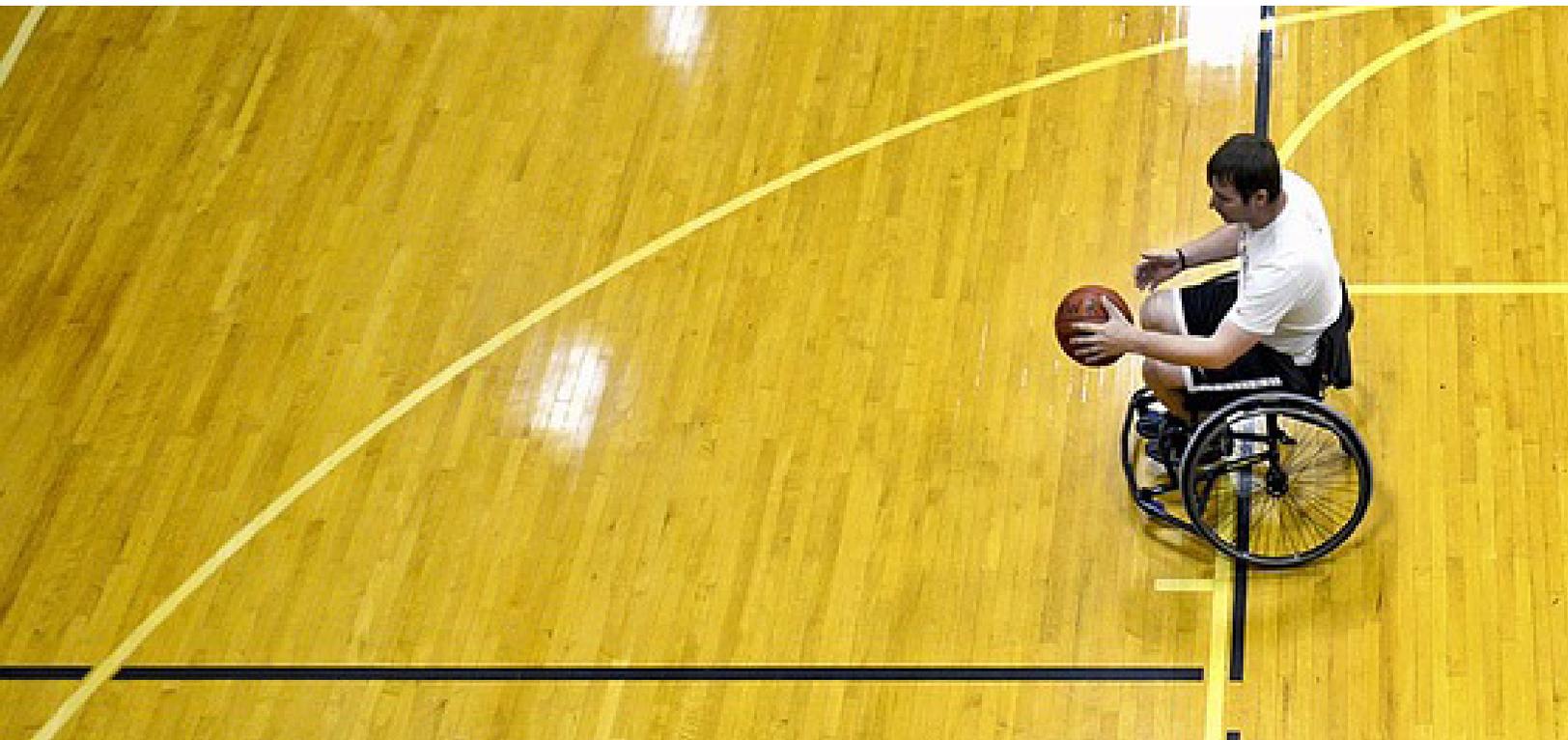
One in five youth with a physical disability did not seek medical care in the past year when they thought they needed it (vs. 8% of youth without a disability), and 17% did not seek needed mental health care.

Common reasons for missing out on care included hoping the problem would go away, not wanting their parents to know, being afraid of what the doctor would say or do, and being afraid someone they know might see them.

Youth with a physical disability were more likely than those without a disability to cite having no transportation, being afraid someone might see them, and a service not being available in their community as reasons for not seeking needed medical help.

Sexual health

Thirty-one percent of youth with a physical disability had engaged in oral sex and 24% had ever had sexual intercourse. Half of youth with a physical disability who had ever had sex used a condom or other barrier the last time they had intercourse, and 60%* used an effective form of birth control. Females with a disability were less likely than their female peers without a disability to use effective contraception (55%* vs. 86%, among those who ever had sex). Five percent had been diagnosed with an STI (vs. 1% without a physical disability).



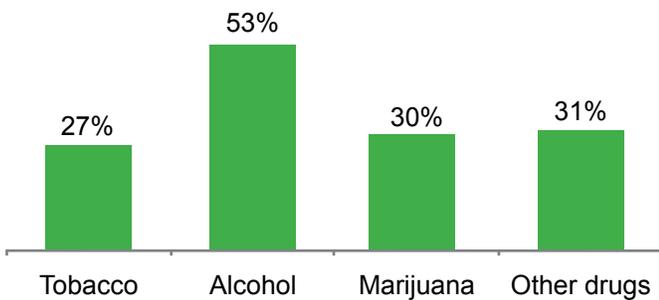
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Substance use

Male and female youth with a physical disability were equally likely to have tried tobacco, alcohol, and marijuana. They were as likely as their peers without a disability to have tried these substances but were more likely to have tried other drugs such as mushrooms, amphetamines, and hallucinogens (31% vs. 17% without a disability).

Sixteen percent of youth with a physical disability who had tried alcohol had consumed five or more drinks within a couple of hours on at least six days in the past month, with males three times as likely as females to do so. Among those who had tried marijuana, 23%* used it on 20 or more days in the past month (vs. 11% of youth without a physical disability).

Youth with physical disabilities who had tried substance



Note: Other drugs include substances such as cocaine, hallucinogens, amphetamines, and prescription pills without a doctor's consent.



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Victimization

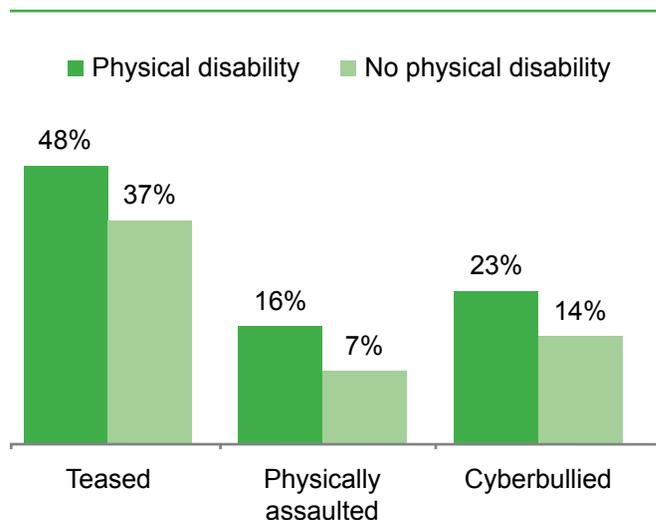
Youth with a physical disability were more likely than their peers without a disability to have been sexually abused (19% vs. 9%), physically abused (23% vs. 13%), bullied online, and assaulted or teased in person. Those who had been in a romantic relationship in the past year were nearly three times as likely to have experienced dating violence as their peers without a disability.

In the past year, 29% had been discriminated against because of their disability.

Extracurricular activities

Despite the challenges in their lives, youth with a physical disability engaged in a variety of extracurricular activities in the past year, and a third worked at a paid job.

Bullied in the past year



Weekly extracurricular activities in the past year among youth with physical disabilities

	Males	Females
Sports without a coach	54%*	53%*†
Sports with a coach	40%	36%*†
Extreme sports	25%	NR
Art, drama, music classes	20%	34%*
Dance, yoga, exercise classes	13%	25%
Volunteered	12%	24%
Clubs or groups	11%	21%†
Cultural or traditional activities	11%	NR

† Difference between males and females was not statistically significant.
NR: Not releasable due to risk of deductive disclosure.

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Protective factors

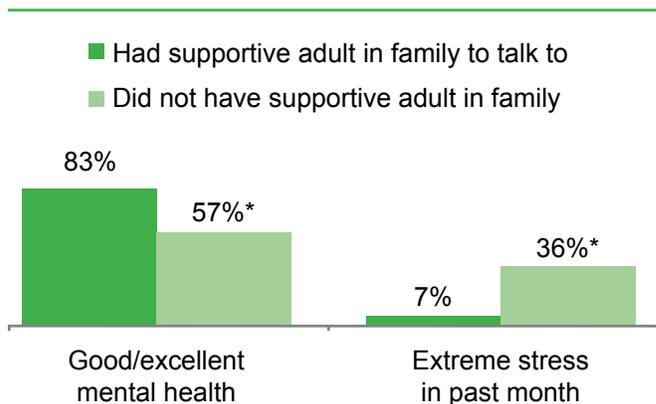
When youth have protective factors in their lives, they may have a decreased risk of experiencing negative health outcomes. For example, compared to those without support, youth with a physical disability who had a supportive adult family member had lower rates of extreme stress and despair in the past month, and suicidal ideation and attempts in the past year. They were also more likely to report good or excellent mental health.

In addition, having positive relationships with family (feeling understood by family, having fun together, and feeling family paid attention to them) was associated with lower rates of being bullied. Youth who were least connected to their families were 2.5 times as likely to be bullied in person in the past year compared to youth who were highly connected.

Connections to community, school, and friends are also important. Youth who felt very much connected to their community were almost half as likely to be bullied as their peers who did not feel connected. Also, youth with a physical disability who felt they had teachers who cared about them and who felt like a part of their school reported better mental health.

If youth with a physical disability had friends who would be upset with them if they were involved in a pregnancy, they were more likely to report using a condom the last time they had sex (71%* vs. 35%*, among youth who ever had sex). In addition, if youth found the support of their friends helpful (as opposed to unhelpful), they were more likely to rate their mental health as good or excellent and more likely to have volunteered in the past year. Furthermore, youth who had three or more close friends were less likely to have considered suicide in the past year (12% vs. 25%* with two or fewer friends).

Having supportive adult in family and mental health (among youth with physical disabilities)



The BC AHS is conducted by the McCreary Centre Society, a not-for-profit organization committed to improving the health of BC youth through research, evaluation, and youth engagement projects.

For enquires about this fact sheet or information about accessing data from the BC AHS, please email: mccreary@mcs.bc.ca.

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Images courtesy of: www.pixabay.com.

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