

Focus on obese youth

In 2011, McCreary Centre Society released a report entitled *Making the right connections*. Using data from the 2008 BC Adolescent Health Survey and information from youth who attended workshops and focus groups to discuss the data, the report offers a detailed look at the mental health of BC youth. The report focused on a number of different groups of youth who were at risk of experiencing mental health challenges, and explored various protective factors which promote positive mental health for these young people.

A series of fact sheets were released at the same time as the report, summarising the findings for promoting positive mental health among various groups of youth—immigrant youth; youth who had been bullied; youth living in poverty; lesbian, gay and bisexual youth; youth with government care experience; youth in unstable housing; youth with a chronic health condition or disability; and youth who had been physically or sexually abused.

McCreary subsequently received a number of requests to consider the mental health of obese youth, a group not included in the report. This fact sheet is a response to those requests and is intended to complement the report and the fact sheets released in 2011.



The 2008 BC Adolescent Health survey was completed by 29,400 youth in Grades 7-12 across the province. The survey asked a broad range of questions relating to health and asked students to record their height and weight from which their Body Mass Index (BMI) was calculated.

In 2008, based on students' BMI, 13% of BC youth were overweight, and a further 4% were obese. These rates were similar to the rates seen when the survey was conducted in 2003. Males were more likely to report obesity (5% vs. 3% females), as were youth in rural areas of the province (5% vs. 3% in urban areas).

There were also higher rates of obesity among youth who had ever lived in government care (9%); identified as lesbian, gay or bisexual (10%); had been physically abused (5%); were living in poverty (10%); or who reported that they had a mental or emotional health condition (8%).

Obese youth were more likely than youth who fell in the healthy weight range to have experienced a number of mental health challenges. They reported higher lifetime rates of self-harm (22% vs. 17%), and were more likely to have considered suicide (19% vs. 11%) or attempted suicide in the past year (10% vs. 4%). Obese youth were also more likely to report having foregone necessary mental or emotional health care.

Experiences of violence and victimisation can have a negative effect on mental health. Youth who were obese were more likely to experience victimisation than their peers who were a healthy weight. For example, they were more likely to have been teased (40% vs. 32% in the healthy weight range), physically assaulted (14% vs. 8%), or cyber bullied (22% vs. 17%) in the past year.

“When I got into dance and going to the gym and quit smoking, I learned to see my body as my friend.”

Promoting positive mental health among obese youth

A number of protective factors were associated with positive mental health among obese youth.

Regular informal exercise

For obese youth, playing informal sports (without a coach), such as biking or road hockey was linked to positive mental health. Obese youth who were involved in informal sports on a weekly basis were less likely to have ever self-harmed (18% vs. 29% of obese youth who did not take part regularly).

Obese youth who exercised for at least 20 minutes on four or more days of the week were more likely to feel good about themselves than obese youth who exercised less regularly or not at all.

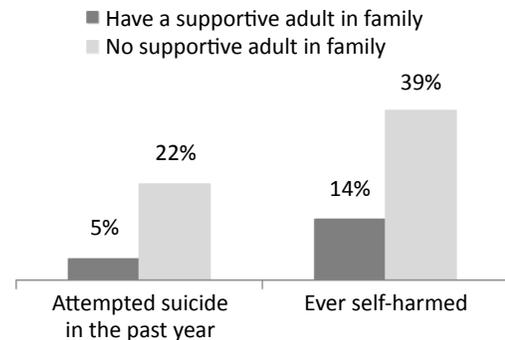
Youth engagement

With the exception of informal sports, being regularly involved in extracurricular activities was not consistently linked to positive mental health for obese youth. However, if obese youth felt that the activities they were involved in were meaningful and that they felt listened to and valued in those activities, there were associations with positive mental health.

When obese youth reported that the activities they were involved in were meaningful, they were more likely to report having a talent or being good at something. Furthermore, 82% of those who felt that the activities they were engaged in were very meaningful to them reported usually feeling good about themselves, compared to fewer than half of obese youth who did not feel as engaged in the activities they were taking part in.

Similarly, 9% of obese youth who felt that their ideas were very much listened to in their activities had attempted suicide in the past year, compared to 31% who did not feel that way at all. These youth also were less likely to have ever intentionally self-harmed (16% vs. 42%).

Supportive adults in family related to lower rates of suicide attempts and self-harm (among obese youth)



Support networks

Having supportive and caring adults in their lives had a positive impact on the mental health of obese youth. For example, obese youth who had an adult to talk to in their family were less likely to have attempted suicide in the past year or to have ever self-harmed. They were also more likely to report usually feeling good about themselves.

Obese youth were more likely than those who fell within the healthy weight category to have asked a number of professionals for help, including school counsellors or youth workers. However, they were less likely to have been satisfied with that help. For example, 68% of healthy weight youth who sought help from a school counsellor found them to be helpful, compared to 57% of obese youth. Obese youth were also less likely to report that their friends were helpful.

However, when obese youth found the people they approached helpful, there were links to positive mental health. For example, obese youth who sought help from a teacher, and found this experience helpful, were less likely to have ever self-harmed than obese youth who sought help but did not find it helpful (19% vs. 33%). Youth with helpful teachers also reported higher self-esteem.



McCreary Centre Society
3552 Hastings Street East
Vancouver, BC
V5K 2A7
www.mcs.bc.ca