

MEDIA RELEASE | September 2016

## ***BC's first in-depth look at the health of Métis youth shows improvements and disparities***

McCreary Centre Society has today released an in-depth report about the health of Métis youth.

It shows that in a number of areas Métis youth are making healthier choices than their peers five years ago, including being less likely to try alcohol, marijuana or tobacco. However, the report also highlights the disparities that exist between male and female youth, urban- and rural-based youth, and between Métis and non-Métis youth.

Métis youth were more likely than non-Métis youth to experience a serious injury and a concussion, to go to bed hungry, and to miss out on needed medical and mental health care. A closer look at these disparities showed that the gap between Métis youth health and that of their peers was not closing.

Among Métis youth, females reported poorer mental health than males. For example, there was a decrease in the percentage of males who had ever deliberately cut or injured themselves without trying to kill themselves (from 21% in 2008 to 13% in 2013), whereas there was an increase among females who had done so (from 27% in 2008 to 36% in 2013).

These disparities are concerning, as are those that exist for Métis youth who are facing additional challenges such as a disability or health condition, living in poverty, or have a history of violence exposure.

Annie Smith, Executive Director, McCreary Centre Society said: *"We took a draft of the report to communities for them to review the findings and many of the Métis youth and adults we spoke with felt that the results confirmed that the health of Métis young people has often been marginalized and neglected. The results also clearly highlighted for them the need to develop youth friendly, accessible, culturally relevant, and safe services."*

Tanya Davoren, Director of Health for Métis Nation British Columbia, who commissioned the report added *"This report has helped us to identify the increasing number of Métis students in schools, and the challenges that they can face to growing up healthy. The health disparities seen in the report show us that Métis identity, history and culture need to be acknowledged within school based Aboriginal curriculum, and programming and support services need to be more culturally appropriate to strengthen young people's identity and in turn their mental wellness."*



McCreary Centre Society is a non-government, non-profit organization committed to improving the health of BC youth through research 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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## **BACKGROUND**

This report was created using data from the BC Adolescent Health Survey (BC AHS). The BC AHS is a voluntary and anonymous pencil and paper survey administered to students in Grades 7 to 12 in mainstream public schools across the province. The survey has been conducted every five years since 1992. In 2013, almost 30,000 students in 56 of BC's 59 school districts completed the survey.

Since 1998, McCreary has worked in partnership with Aboriginal researchers and community Elders, youth, and adults to produce a specific report about the health of Aboriginal youth who complete the BC AHS. The two most recent surveys have asked youth specifically about Métis heritage.

The report contains data from the 2008 and 2013 BC AHS, along with the views of Métis youth, Elders and service providers who reviewed the results and provided context for the report.

## **A SELECTION OF KEY FINDINGS**

Among the 30,000 youth aged 12 to 19 who completed the 2013 BC Adolescent Health Survey, 3% identified as Métis. Métis youth made up almost a third (32%) of Aboriginal youth who completed the survey, which was an increase from 24% in 2008.

There were improvements in Métis youth's health in a number of areas when compared to five years earlier. For example, 64% had tried alcohol in 2013, which was a decrease from 70% in 2008; and the percentage who had tried marijuana dropped from 48% in 2008 to 41% in 2013. Also, females were less likely to have ever smoked, and males were less likely to become daily smokers.

Métis youth were less likely than five years previous to expect to drop out of high school before graduating, and 80% planned to continue to post-secondary education.

Rates of physical sexual harassment decreased for both males (20% in 2008 vs. 13% in 2013) and females (45% in 2008 vs. 35% in 2013), as did the percentage of females who had been physically abused (30% in 2008 vs. 23% in 2013).

There were differences in the health profile of youth attending school in rural areas and those in urban areas. For example, rural youth were more likely to report they could not access needed mental health services because they were unavailable in their community, but were also more likely to have an adult in their community they could turn to for help and one whom they felt cared about them.

The percentages of youth experiencing in-person bullying (teasing, social exclusion, and physical assault) and cyberbullying remained unchanged from 2008, as did the percentage who reported being the victim of dating violence. Although there was no gender difference in experiencing dating violence, females were more likely than males to report experiences of teasing, social exclusion, cyberbullying, discrimination, sexual harassment, physical abuse and sexual abuse.

Métis youth who had caring and supportive adults in their lives reported better physical and mental health. For example, youth who felt an adult cared about them were less likely to have attempted suicide (10% vs. 19% who did not feel an adult cared).

Also, youth who felt connected to their school and had positive relationships with peers, teachers and other school staff reported better health. For example, among youth who had been abused, 96% of those with higher school connectedness rated their mental health as good or excellent, compared to 37% with lower school connectedness.

Compared to five years earlier, youth were more likely to report that their peers had healthy attitudes toward risky behaviours (such as fighting or dropping out of school), and this appeared to be associated with making healthier choices. For example, youth who had friends who would be upset with them if they got drunk were less likely to have tried alcohol (27% vs. 82% whose friends would not disapprove).

Cultural connectedness was also important to Métis youth health. Students who engaged in traditional or cultural activities in the past year were more likely to feel like a part of their community, to have volunteered regularly and to rate their mental health as good or excellent.

The report will be launched on Saturday September 24<sup>th</sup> 2016, at Métis Nations AGM, Radisson Richmond Vancouver Airport Hotel, 8181 Cambie Road, Richmond, BC.

Webinar presentations are scheduled for noon on 26<sup>th</sup> September, 9am and 3pm on 27<sup>th</sup> September, noon on 28<sup>th</sup> September and 9am and 2pm on 30<sup>th</sup> September. Webinar details are available at: [www.mcs.bc.ca/upcoming\\_webinars](http://www.mcs.bc.ca/upcoming_webinars).

A copy of *Ta Saantii: A profile of Métis youth health in BC* can be downloaded at [www.mcs.bc.ca](http://www.mcs.bc.ca).

A fact sheet about the health of homeless and street involved Métis youth, and other reports using BC Adolescent Health Survey data are available at [www.mcs.bc.ca](http://www.mcs.bc.ca).