



**YOUTH RESEARCH
SLAM 2018**

Food & Mood:

**A youth-led study into nutrition
and mental health**



McCreary
Centre Society



YOUTH
RESEARCH
ACADEMY

Food & Mood

A youth-led study into nutrition and mental health

YOUTH HEALTH • YOUTH RESEARCH • YOUTH ENGAGEMENT

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Thank you

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Introduction



McCreary Centre Society's Youth Research Academy (YRA) is a group of youth aged 16–24 with government care experience who are involved in research projects which aim to improve

the lives of youth in and from care. YRA members learn community-based research skills and carry out research projects of interest to youth in care and the organizations that serve them.

The final project of each cohort of the YRA is a six-day Research Slam, which is a fast-paced project that involves carrying out peer-to-peer training with other young people who are interested in learning about community-based research and who want to be involved in a research project.

The second annual Research Slam took place over Spring Break 2018. The group included a total of 17 YRA members and other youth, ranging in age from 15 to 24. We decided to investigate the relation between nutrition and mental health because many youth struggle with healthy eating and mental health on a daily basis.

We analyzed data from the 2013 BC Adolescent Health Survey (BC AHS) relating to nutrition and mental health. The BC AHS was completed by 30,000 youth aged 12–19 who were attending mainstream public schools in BC. This means older youth (aged 20–24) and those not in mainstream school were not included in the results.

As a result, we decided to create our own survey to further explore the correlation between nutrition and mental health and to answer some questions that were not addressed in the BC AHS. Dissemination of our online survey was done through posters, emails and social media. This survey consisted of 11 questions that were answered by 79 youth (72% females), aged 14–24.

The analysis we did of the BC AHS is included in Part 1 of this report and the analysis of our survey data is in Part 2. We have also included our reflections on our findings throughout. At the end of the report are our recommendations.

Key findings

From the 2013 BC AHS:



There were some gender differences in what youth had eaten the day before completing the survey. For example, females were more likely to have had vegetables and sweets, whereas males were more likely to have had fast food.



Females were less likely than males to eat breakfast, and were almost five times more likely to report not doing so because they wanted to control their weight (among those who didn't eat breakfast).



Seven percent of youth went to bed hungry at least sometimes because there wasn't enough money for food.



Some youth were at greater risk of not eating healthy or experiencing hunger. For example, youth who lived alone were more than 20 times as likely to go to bed hungry as youth who lived with others.



Youth who used substances regularly (e.g., cigarettes, alcohol, marijuana) were less likely to eat healthy than youth who used substances less frequently. For example, they were more likely to have had fast food three or more times the previous day.



Youth with mental health conditions were also at greater risk of unhealthy eating, including eating less fruit and vegetables and skipping breakfast.



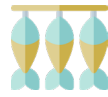
A number of mental health benefits were associated with healthy eating. For example, eating fruit or vegetables multiple times the day before completing the survey was linked to better mental health ratings.



Drinking water and limiting soda and energy-drink consumption were also associated with positive mental health. Also, the less soda youth drank, the more likely they were to have slept eight or more hours.



The more often youth ate breakfast on school days, the more likely they were to report positive mental health and the less likely they were to report extreme stress.



Eating traditional foods from their background was a protective factor among Indigenous youth. Those who ate traditional foods three or more times the previous day were more likely to describe their mental health as good or excellent, to feel happy, and to feel connected to their community, compared to Indigenous youth who ate these foods fewer times the previous day.



Youth with mental health challenges are at risk of not eating healthy. However, their chances of eating healthy improved if they ate an evening meal with caregivers, as they were more likely to eat fruit or vegetables and less likely to eat fast food.



The more physical activity youth took part in, the more likely they were to eat healthy. For example, 58% of youth with mental health challenges who took part in weekly informal sports (e.g., cycling, skateboarding) ate fruit or vegetable more than twice the previous day (vs. 47% who took part less than weekly and 38% who never took part in the past year).



Engagement in meaningful activities was also linked to healthy eating among youth with mental health challenges. This included a greater likelihood of having fruit or vegetables, and a lower likelihood of having fast food on multiple occasions the previous day, compared to youth who did not feel their activities were meaningful.

From the 2018 Research Slam survey:



When we asked youth how healthy they ate on a scale of 1 to 10 (1 = 'very unhealthy' and 10 = 'very healthy'), their average score was 6.

Youth who rated their mental health as good or excellent felt they ate healthier than youth who rated their mental health as fair or poor.



Most youth agreed that when they ate healthy they felt better, and over half agreed with the statement that when they were feeling down they did not eat healthy. Youth who rated their mental health as fair or poor were more likely than those who rated it as good or excellent to report that they did not eat healthy when feeling down (71% vs. 43%).



All but a few youth indicated they had been educated about nutrition, and this education had most commonly taken place through their parents/caregivers or a class at school. Youth with care experience were more likely than those who had never been in care to have learned about nutrition through a community centre.



The most commonly identified barrier to eating healthy was having no time to prepare healthy meals (51%), followed by mental health challenges (38%), and being unable to afford it (33%).

19+

Youth aged 19 to 24 were more likely than younger youth to indicate they could not afford to eat healthy.



Youth with care experience were more likely than those never in care to report not being able to afford to eat healthy, not having access to healthy foods, and to identify mental health challenges and allergies/food sensitivities as barriers to eating healthy.



Youth who rated their mental health as fair or poor were more likely than those who rated it as good or excellent to indicate that their mental health challenges got in the way of eating healthy, whereas those who reported good or excellent mental health were more likely to indicate that they had no time to prepare healthy meals.

PART 1

Findings from the 2013 BC AHS

Snapshot of youth's eating habits

What youth ate & drank

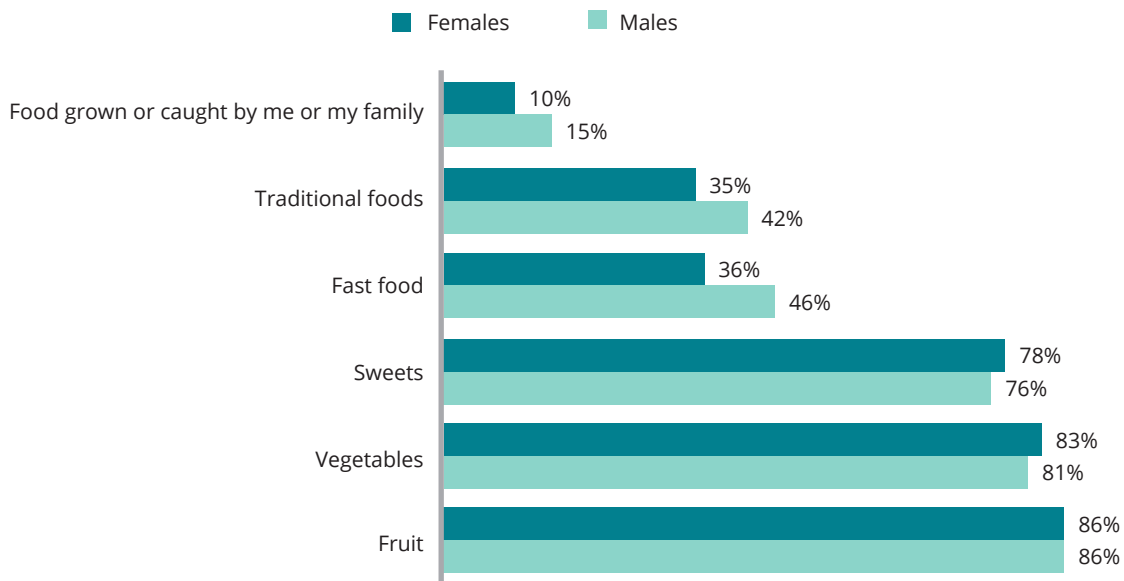
Most youth had eaten fruit and vegetables at least once the day before taking the survey. Sixty percent had eaten fruit or vegetables three or more times.

Females were more likely than males to have consumed vegetables, sweets, and coffee or coffee-based drinks. Males were more likely to have consumed fast food, traditional foods from their background, food grown or caught by them or their family, soda/pop, and energy drinks. Males and females were equally likely to have had fruit and water.

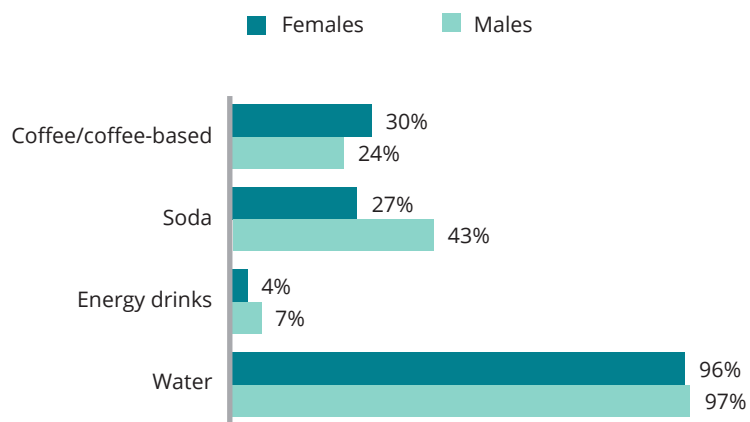
Foods eaten at least once the day before taking the survey	
Fruit	86%
Vegetables or green salad	82%
Sweets (cookies, cake, candy, etc.)	77%
Fast food (pizza, hot dogs, burgers, chips, fries, etc.)	41%
Traditional foods from my background	38%
Food grown or caught by me or my family	12%

Drinks consumed the day before taking the survey	
Water	96%
Pop/soda	35%
Coffee or coffee-based drinks	27%
Energy drinks	6%

Foods consumed at least once the day before



Drinks consumed at least once the day before



Note. The gender difference for water was not statistically significant.

Breakfast

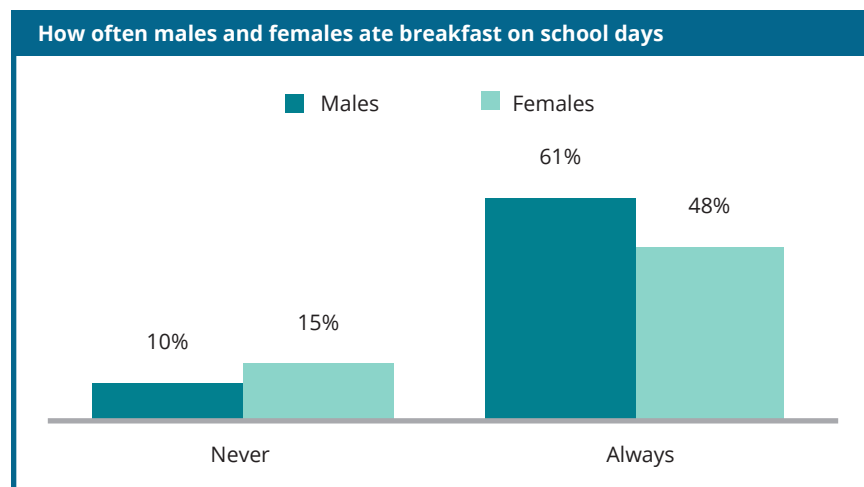
Thirteen percent of youth reported never eating breakfast on school days, while 33% sometimes did, and 54% always ate breakfast. Males were more likely to always eat breakfast on school days compared to females, and females were more likely to never eat breakfast.

Youth aged 15 or younger were more likely to always eat breakfast compared to older youth (57% vs. 51%), while those 16 or older were more likely than younger youth to never eat breakfast (15% vs. 11%).

A total of 47% of youth didn't eat breakfast at home (52% of females vs. 40% of males). Among youth who didn't eat breakfast at home, the most common reason was that they didn't have time for breakfast (at 73%). This was followed by not feeling hungry in the morning (46%). Other reasons were that they felt

sick when they ate breakfast (21%), there was nothing they liked to eat at home (14%), they were trying to control their weight (10%), they packed their breakfast and took it to school (10%), they got their breakfast at school (6%) or on the way to school (5%), and there was no food at home to eat (4%).

The percentage of females who didn't eat breakfast at home because they wanted to control their weight was almost 5 times higher than the percentage of males (14% vs. 3%). Females were also more likely than males to not eat breakfast at home because they were not hungry in the morning (50% vs. 40%), they didn't have time (75% vs. 70%), they felt sick when they ate breakfast (28% vs. 11%), there was nothing they liked to eat at home (15% vs. 11%), and they packed their breakfast and took it to school (12% vs. 7%).



Reflections

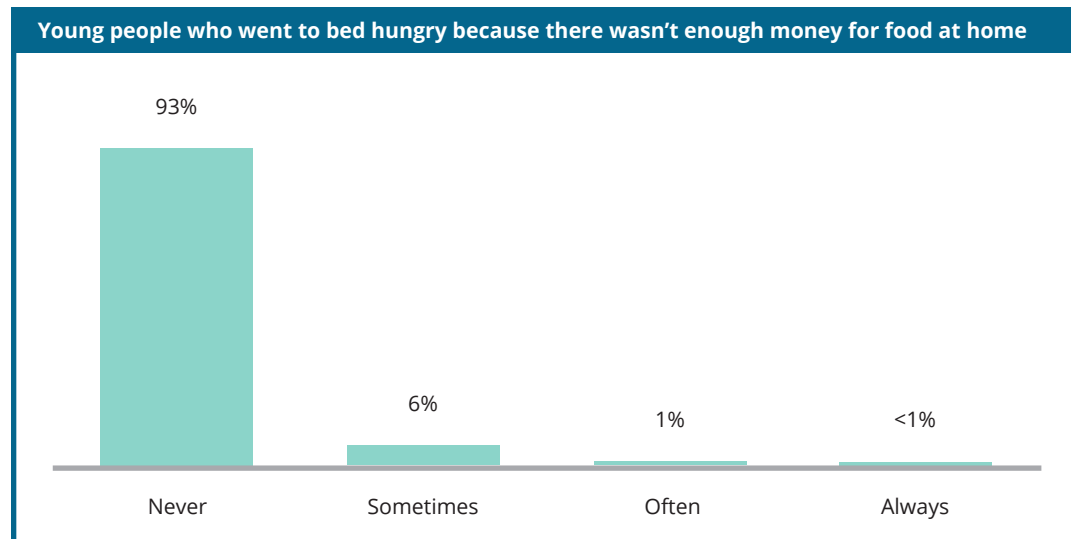
It was surprising to see more females not eating breakfast than males, but it was not surprising to see the reasons like having no time in the morning, or trying to control weight, because females generally (or stereotypically) experience social pressures to look a certain way.

Going to bed hungry

Most youth never went to bed hungry because there was not enough money for food at home, while around 1% went to bed hungry often or always.

Reflections

While the majority of youth surveyed never went to bed hungry because of financial issues, 7 out of every 100 youth did go to bed hungry at least sometimes. Also, 4% didn't eat breakfast at home because there wasn't any food. These findings highlight the need to ensure that youth have access to foods which are filling and nutritious, especially as the actual percentages of youth who go hungry are probably higher as the BC AHS only covers students in mainstream public schools in BC.



Youth at risk of not eating healthy

Living situation

Youth who lived alone were more likely to drink pop, energy drinks, and coffee-based drinks, compared to youth who lived with other people. They were less likely to have had fruit and water at least once the previous day. However, there was no significant difference in sweet consumption between youth who lived alone versus youth who lived with others.

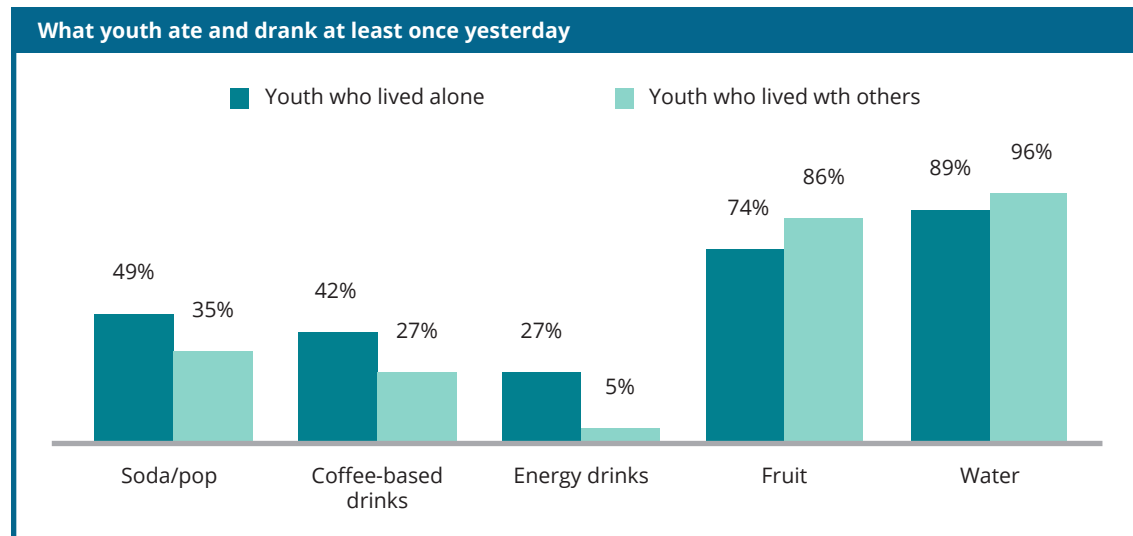
Youth who lived alone were more than 20 times as likely to go to bed hungry as youth who lived with others (21% vs. 1%).

Living with no adults was also associated with less healthy eating. For example, youth who did not live with adults were more likely to consume fast food three or more times the previous day (10% vs. 2% of youth who lived with adults).

Youth in government care or an alternative to care were less likely than their peers not in care to always eat breakfast (42% vs. 55%), and were more likely to often or always go to bed hungry (9% vs. 1%).

Youth living in rural areas were more likely than those in urban areas to have had soda (38% vs. 35%) and energy drinks (9% vs. 5%) the day before completing the survey, while youth in urban areas were more likely to have had fast food (41% vs. 39%) at least once.

Among Indigenous youth, those in rural areas were more likely than those in urban areas to have had traditional foods from their background (28% vs. 17%) and food grown or caught by them or their family (26% vs. 15%) the previous day.



Reflections

Youth living alone might not have as much support when it comes to eating healthy, including the opportunity to pick up healthy eating habits from adults or family members. They might also be more likely to consume unhealthy sugary drinks as a source of energy, instead of eating healthy, because junk food can be cheaper than healthy food.

Mental health conditions

Youth with a mental health condition tended to eat less fruits and veggies when compared to youth without a mental health condition. However, youth with a mental health condition consumed an equal amount of fast food compared to those without a mental health condition.

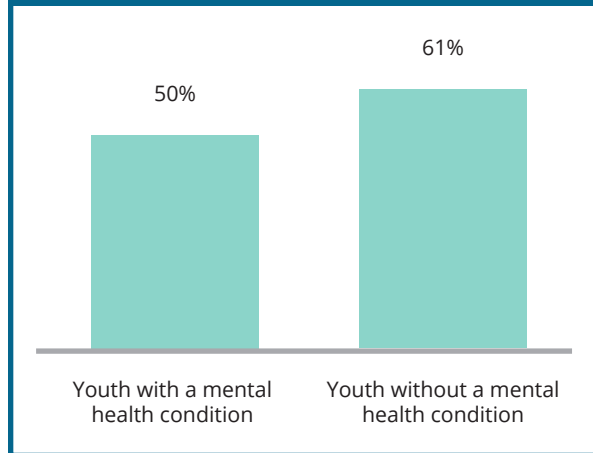
Mental health challenges are also associated with binge-eating. Highlighted in the graph below, youth affected by depression were around twice as likely to engage in binge-eating behaviour as youth who were not affected by depression.

Youth who engaged in binge eating were less likely to eat healthy. For example, those who reported binge eating in the last 12 months were less likely than those who had not binge eaten to have had fruits or vegetables three or more times the day before taking the survey (55% vs. 62%). They were also more likely to have had fast food three or more times the day before (4% vs. 2% of youth who did not report binge-eating).

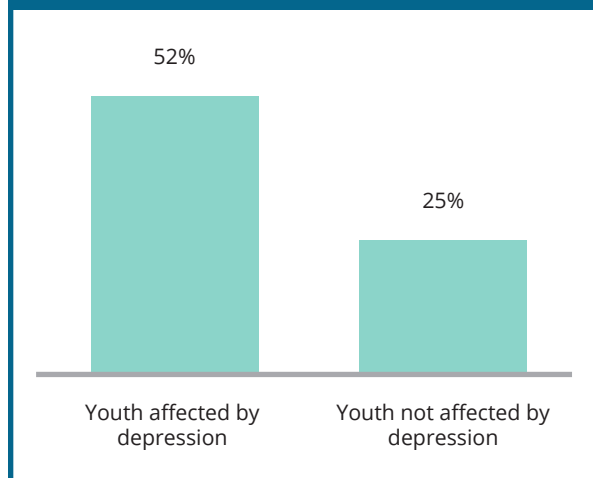
Reflections

One of our hypotheses was that youth affected by depression would be more likely to binge-eat compared to youth who were not affected by depression, and this was supported. Depression can either increase or decrease a person's appetite and desire for food, and they might 'comfort eat' as a coping mechanism. This can become a vicious cycle: Feeling depressed and self-conscious might lead to binge-eating 'comfort food', and this might in turn lead to feeling depressed and self-conscious.

Ate fruit or vegetables three or more times the previous day



Youth who binge ate at least once in the past 12 months

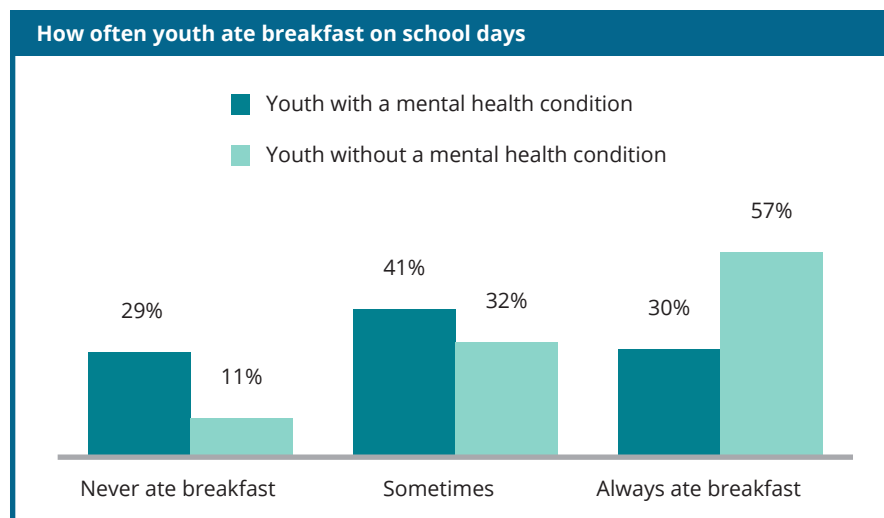
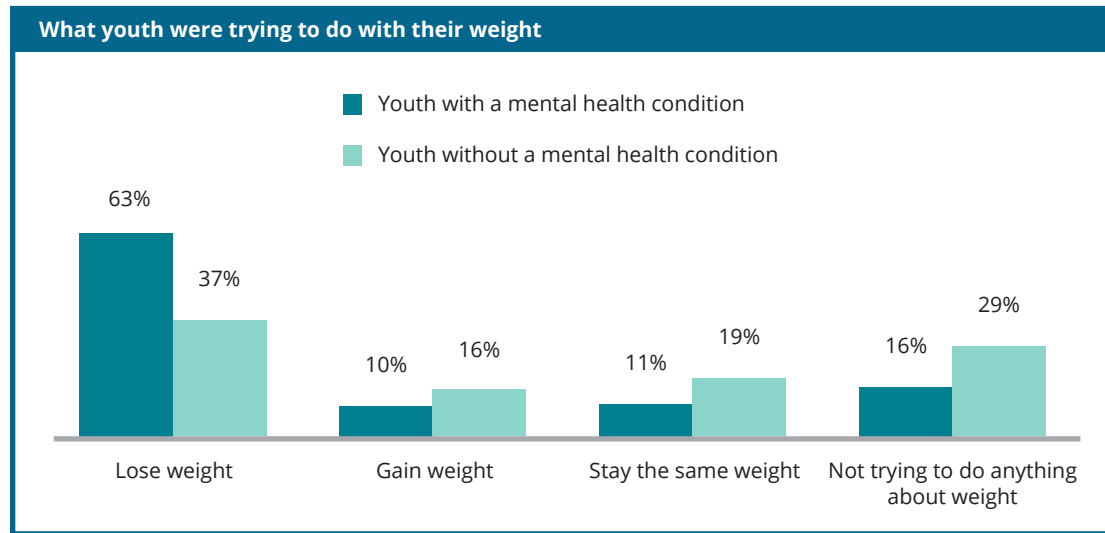


In addition to higher rates of binge eating, youth with a mental health condition were more likely than those without a mental health condition to feel they were overweight (48% vs. 19%) and to be trying to lose weight. This was true even among youth who were a healthy weight (based on their BMI).

Also, youth with a mental health condition were more likely to never eat breakfast, and less likely to always eat breakfast.

Reflections

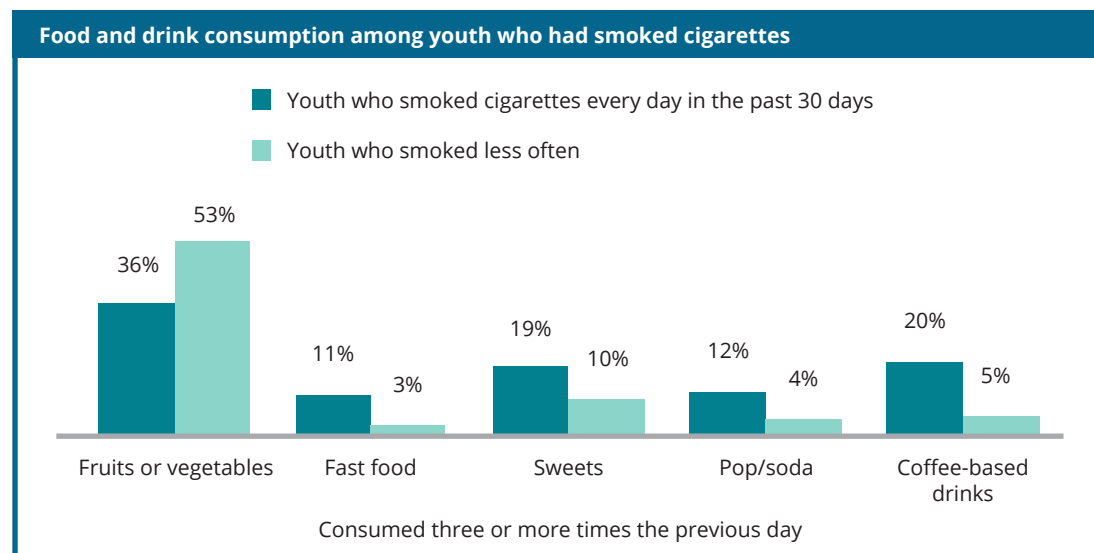
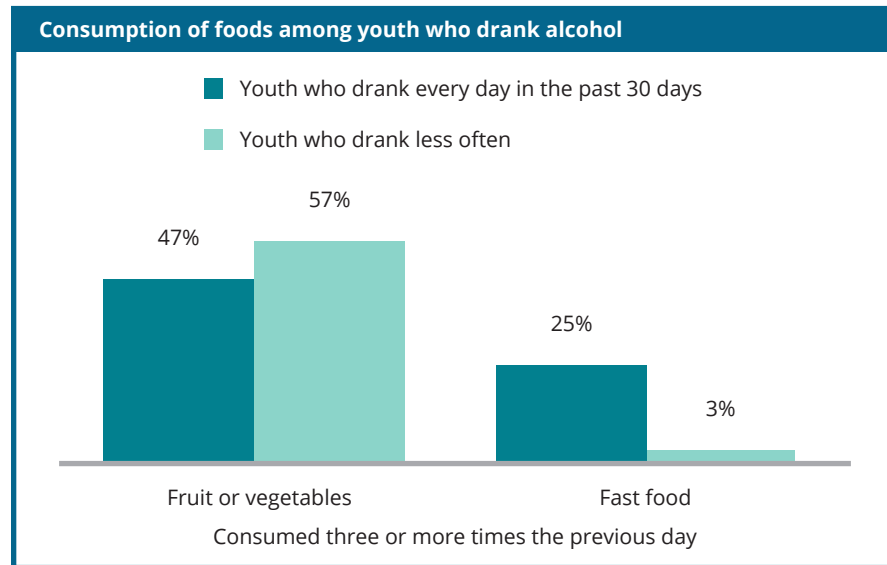
Based on our own experiences, we hypothesized that youth with a mental health condition would be more likely to be trying to lose weight than other youth. The results were sad but not surprising as low self-esteem can accompany a mental health condition, and affect a person's body image and eating behaviour—such as skipping meals, restricting calories to the point of starvation, and purging.



Substance use

Among youth who reported ever drinking alcohol, those who drank regularly ate less fruits and vegetables and more fast food than youth who drank less frequently. Similar findings were seen among youth who had tried marijuana. For example, youth who had used marijuana daily in the past month were less likely than those who had used it on fewer days to have eaten fruit or vegetables three or more times the day before being surveyed (42% vs. 54%), and were more likely to have eaten fast food three or more times (10% vs. 3%).

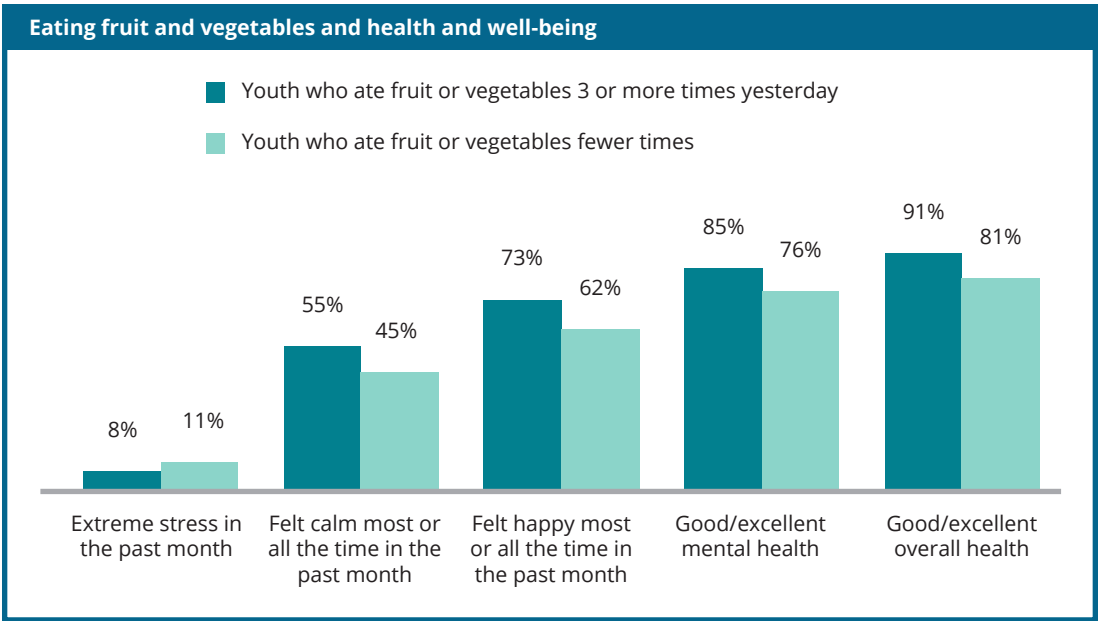
Also, youth who smoked cigarettes regularly ate less fruits and vegetables, and consumed more fast food, sweets, pop/soda, energy drinks, and coffee-based drinks the day before taking the survey (compared to youth who smoked less often).



Benefits of eating healthy

Eating fruit & vegetables

Eating fruit or vegetables at least three times the previous day was associated with mental health benefits. For example, these youth were more likely to report good or excellent mental health (as opposed to poor or fair) compared to youth who ate less fruit or vegetables.

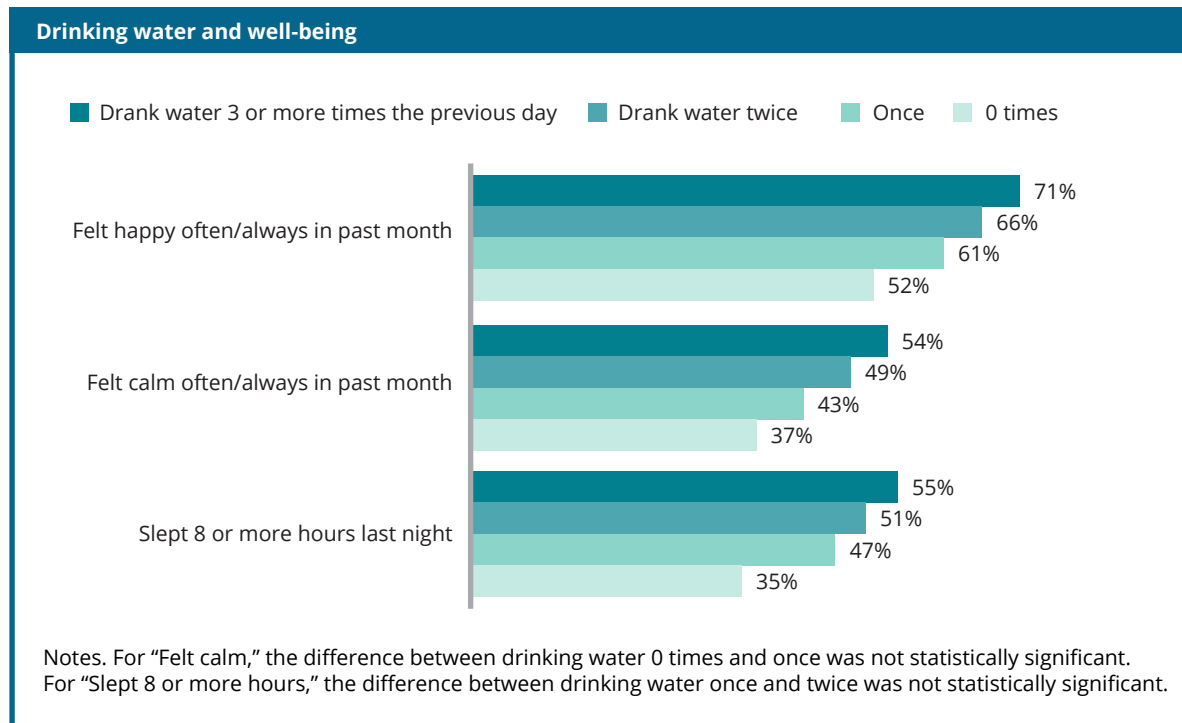


Drinking water

Drinking water was also associated with positive health. For example, youth who drank water three or more times the day before were less likely than those who didn't drink any water to have consumed alcohol on most days in the past month (1% vs. 6%). Also, the more water youth drank, the more likely they were to sleep eight or more hours the previous night and to feel calm and happy in the past month.

Reflections

It wasn't surprising to find that youth who drank more water the day before reported better mental health and had slept longer because staying hydrated is good for you. It's important to encourage youth to drink more water rather than soda/energy drinks.



Limiting soda & energy-drink consumption

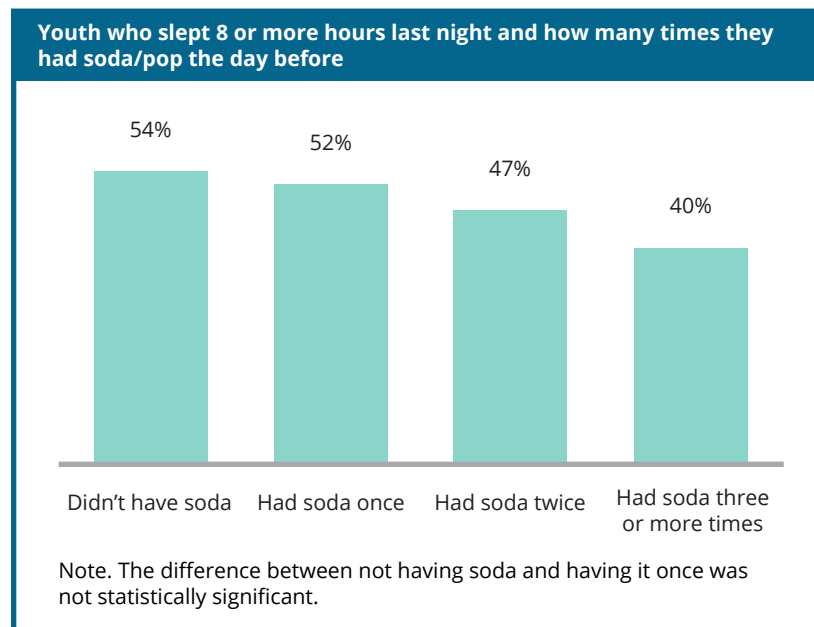
Youth who limited their soda and energy-drink consumption slept longer than those who had soda or energy drinks more often the previous day. For example, youth who did not have soda at all or had it once were more likely to sleep eight or more hours than youth who had soda more often.

Also, youth who had no energy drinks were more likely than those who had one or more to have slept eight or more hours (54% vs. 40%).

Reflections

We were surprised because we expected more youth to be drinking soda (35% had soda at least once the previous day), but we were not surprised that those who drank soda slept less. We were also not surprised that youth who had energy drinks the day before slept less than youth who did not have energy drinks.

Sleep and mental health are linked, so better food equals better sleep, and better sleep equals better mental health.

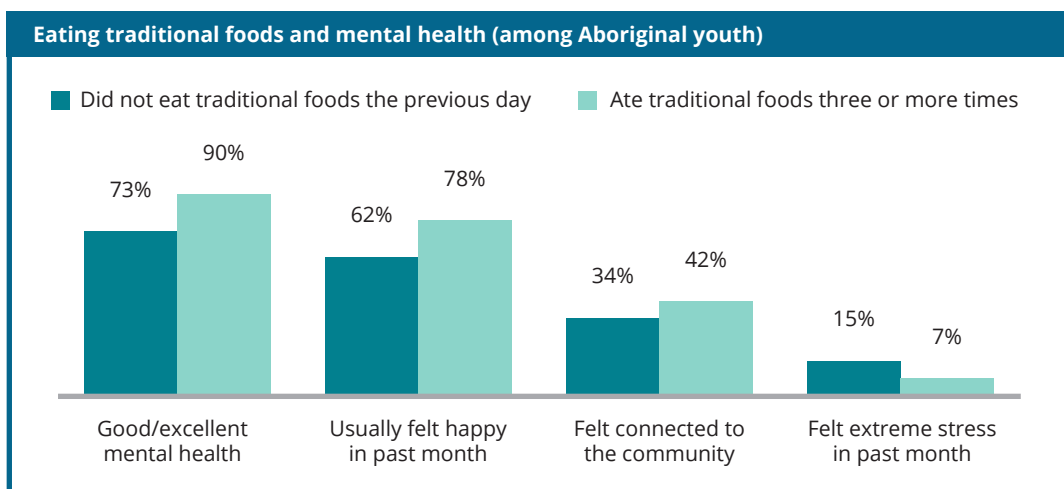
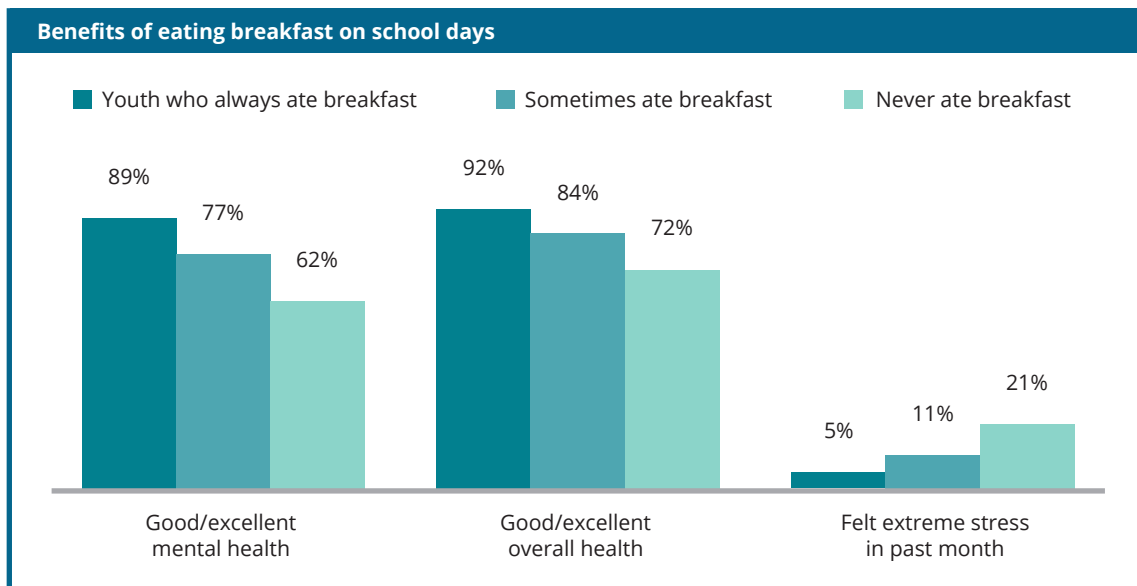


Eating breakfast

The more often youth ate breakfast on school days, the more likely they were to report positive mental health. For example, those who always ate breakfast were more likely than those who sometimes or never did to report good or excellent mental health and overall health, and were less likely to report extreme stress. Youth who always ate breakfast were also more likely to report the highest level of school connectedness (29% felt highly connected to school vs. 17% who sometimes ate breakfast, and 12% who never ate breakfast).

Traditional foods

Among Aboriginal youth, those who reported eating traditional foods from their background three or more times the day before taking the survey were more likely to describe their mental health as good or excellent than those who reported never eating traditional foods. Eating traditional foods was also linked to feeling happy and to lower rates of extreme stress. It was also associated with Aboriginal youth feeling connected to their community.



Factors linked to healthy eating among youth with mental health challenges

Knowing that youth with mental health challenges are at risk of not eating healthy, we looked at supports or protective factors among this group which might improve their chances of eating healthy.

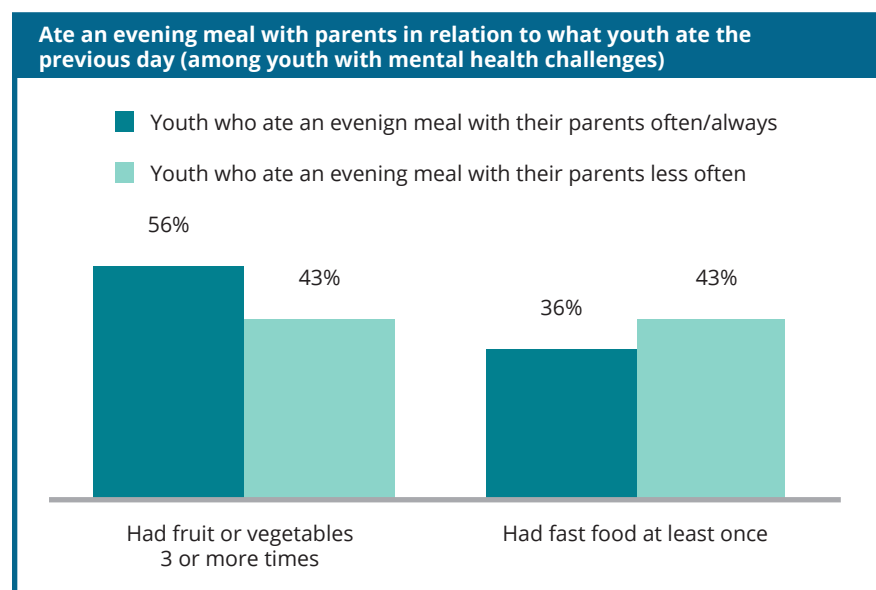
Eating an evening meal with parents/ caregivers

Youth with mental health challenges who ate an evening meal with their parents most of the time or always were more likely to have had fruit or vegetables three or more times the day before completing the survey, compared to those who ate an evening meal with their parents less often. Eating evening meals with parents on a regular basis was also linked to having less fast food.

Reflections

It is not surprising that having meals with a parent has a positive effect on youth's eating habits. Parents can have a good influence on what their children eat, and often give them homemade food, which is usually healthier than fast food.

It's important for parents to try to have as many meals as possible with their kids, because eating with parents is linked to eating more healthy, which is linked to positive mental health.



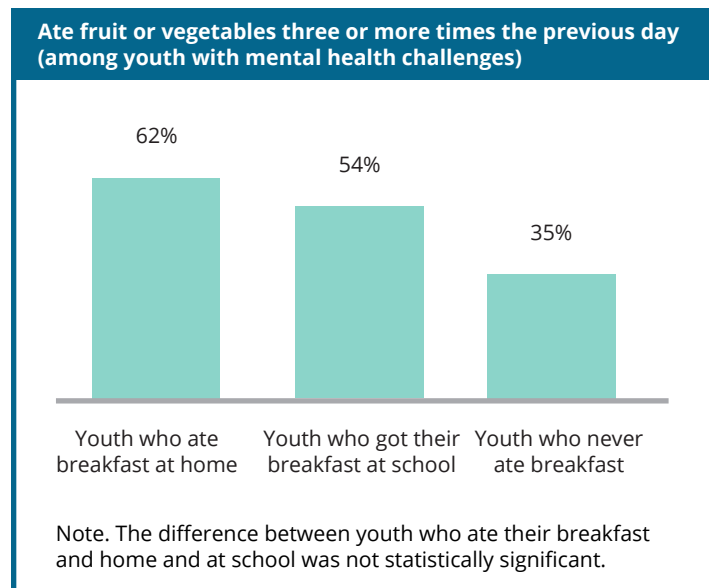
Breakfast at school

Youth with mental health challenges who got their breakfast at school were just as likely as those who ate it at home to report consuming fruit and vegetables the day before taking the survey.

Also, youth with mental health challenges who got their breakfast at school or home were more likely to have eaten fruit or vegetables than those who didn't eat breakfast at all. For example, 78% of youth who got their breakfast at school had eaten fruit the previous day, compared to 69% who never ate breakfast (among those with mental health challenges). They were also more likely to have eaten fruit or vegetables three or more times.

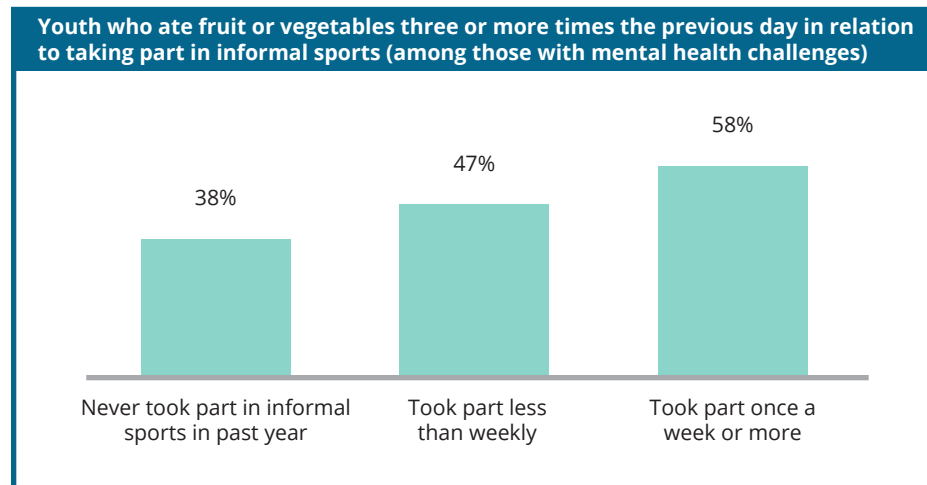
Reflections

Some schools put out a breakfast cart in the mornings with free food such as fruits, yogurt, granola bars, and oatmeal. More schools should do this on a regular basis, so that students can eat a healthy breakfast, especially because eating breakfast is linked to positive mental health and school connectedness.



Physical activity

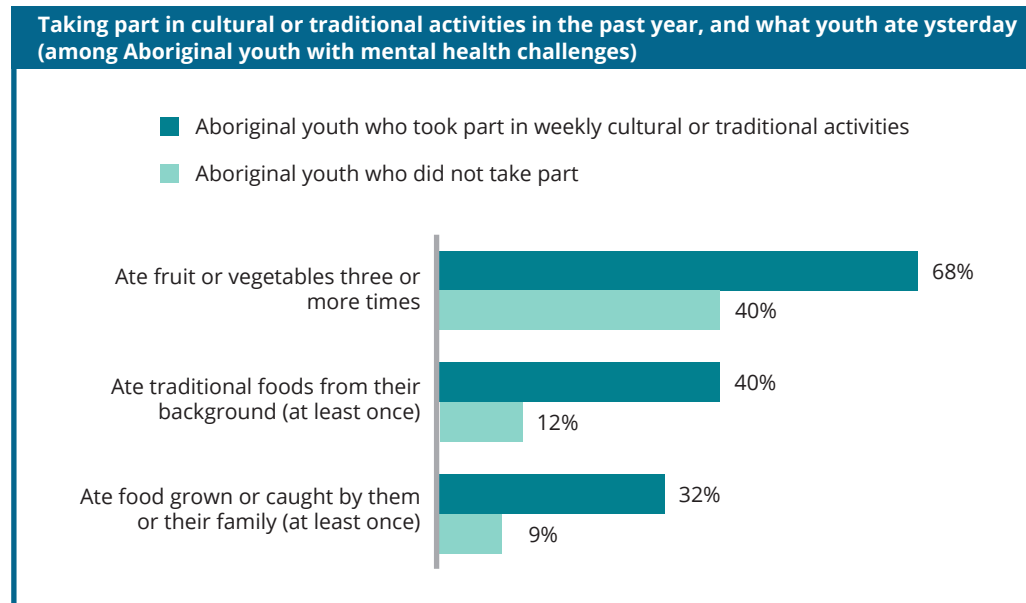
The more physical activity youth took part in, the more likely they were to eat healthy. For example, among youth with mental health challenges, 58% who took part in weekly sports with a coach reported eating fruit or vegetables three or more times the day before taking the survey, compared to 44% of those who never took part in sports with a coach. This was also the case for sports without a coach (informal sports; e.g., cycling, hiking, skateboarding).



Cultural or traditional activities

Youth with mental health challenges who took part in cultural or traditional activities in the past year were more likely to eat healthy foods than those who did not take part in these types of activities. For example, they were more likely to have had fruit or vegetables more than twice the day before completing the survey (59% vs. 47%).

This was also true among Aboriginal youth. In addition, Aboriginal youth with mental health challenges who took part in weekly cultural activities were more likely to have eaten traditional foods from their background, and foods grown or caught by them or their family, compared to their peers who did not take part in cultural or traditional activities in the past year.



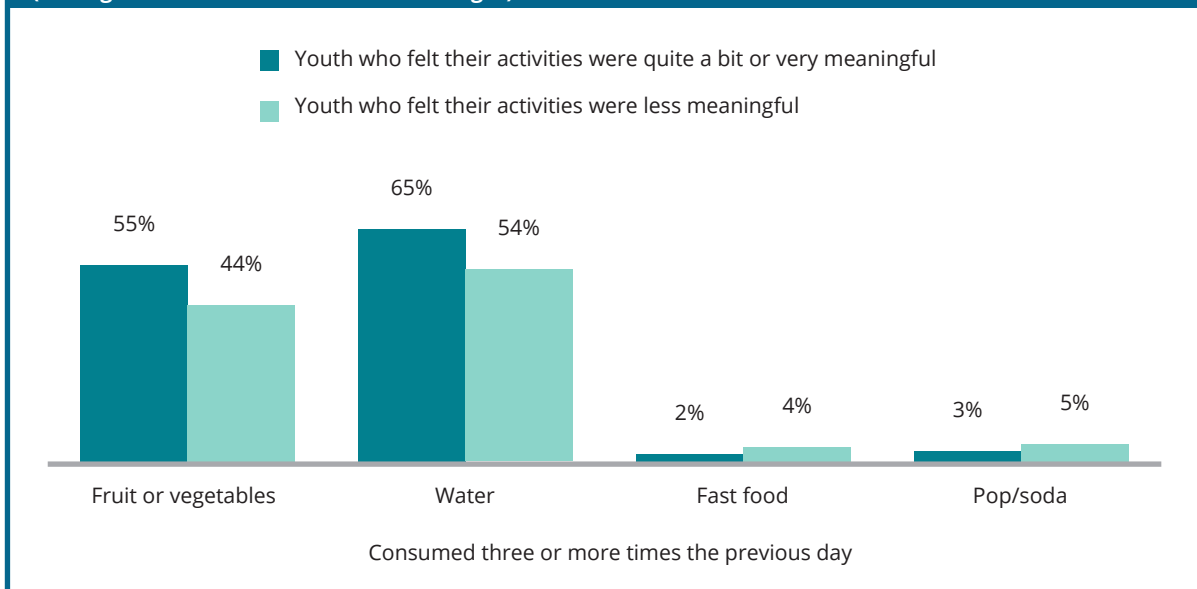
Meaningful engagement in activities

Youth with a mental health condition who felt the activities they took part in were meaningful were more likely to have consumed healthy foods and drinks than those who felt their activities were not meaningful. For example, they were more likely to have consumed fruit or vegetables and water three or more times the previous day, and were less likely to have had fast food and soda that many times.

Reflections

The association between how meaningful an activity was to the individual and how healthy they ate was very interesting. Also, it is important to know that things like cultural/traditional activities or physical activities can have a large influence on youth's mental health journey.

Engagement in meaningful activities in relation to what youth ate and drank (among those with mental health challenges)



PART 2:

Findings from the research slam survey

Findings in this section are based on the survey we developed during the Research Slam. The purpose of this survey was to further explore the relation between nutrition and mental health and to answer some questions that were not addressed in the BC AHS.

Youth's background

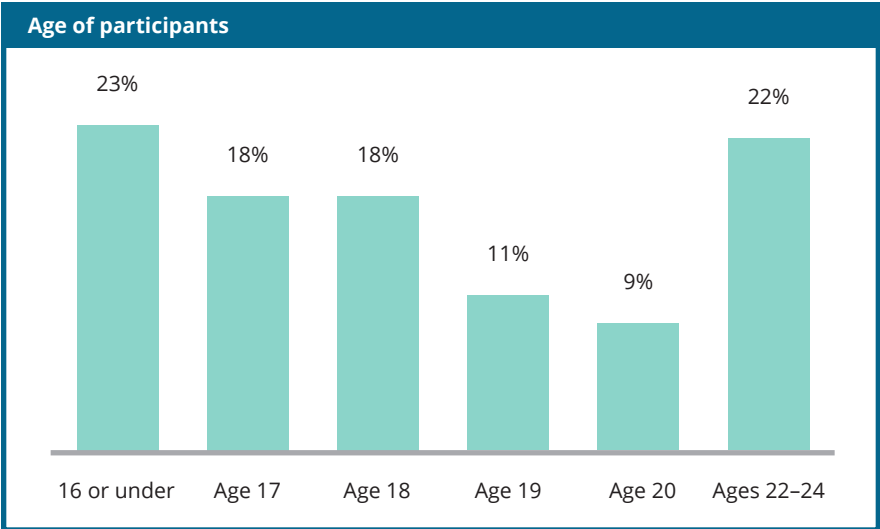
A total of 79 valid surveys were completed. The majority of youth who completed a survey identified as female (72%), while 22% identified as male, and the rest as non-binary or Two-Spirit.

Respondents ranged in age from 14 to 24 years, and their average age was 18.7. The majority of youth were 18 or younger.

Most youth (90%) reported currently living in British Columbia, and the rest were living elsewhere in Canada (Nova Scotia, Quebec, Ontario, Newfoundland).

Most (63%) identified as European, while 21% identified as East Asian, 9% as Indigenous, 9% as South Asian, and 9% as Southeast Asian. A few also identified as West Asian, Latin/South/Central American, African, and/or Australian (youth could mark all backgrounds that applied to them).

Around 15% of youth had been in government care or an alternative to care at some point (e.g., foster home, group home, Youth Agreement).



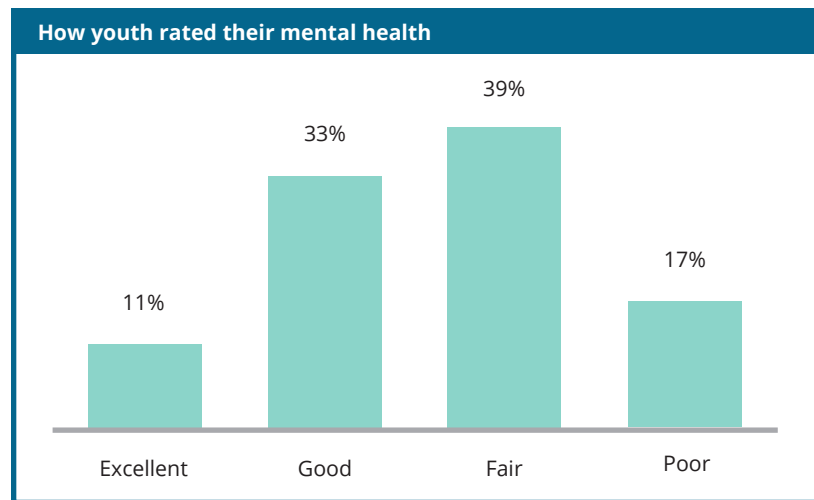
Mental health & nutrition

Youth most commonly described their mental health as 'fair,' and over half (56%) described it as fair or poor (as opposed to good or excellent).

Youth were asked how healthy they felt they ate on a scale of 1 to 10, with 1 representing 'very unhealthy' and 10 representing 'very healthy.'

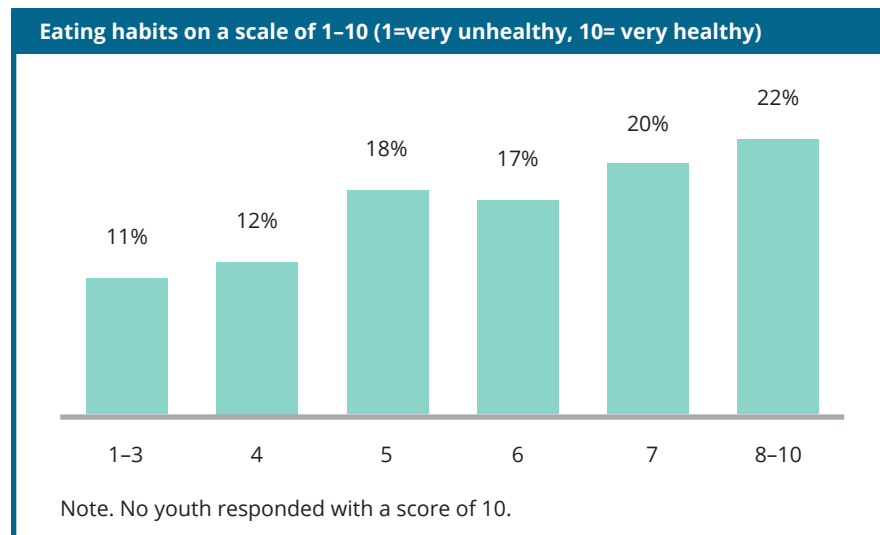
Their scores ranged from 1 to 9 (no youth gave a rating of 10), and the average score was 6.

On average, youth who rated their mental health as good or excellent felt they ate healthier than youth who rated their mental health as fair or poor (average score of 6.5 vs. 5.4).



Reflections

We were surprised by how many youth rated their mental health as poor or fair, as it was much higher than in the BC AHS. This might be because more females and older youth completed our survey.



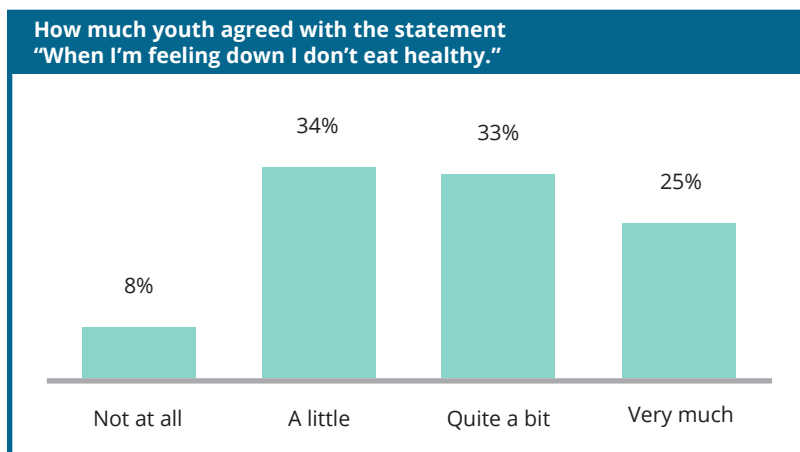
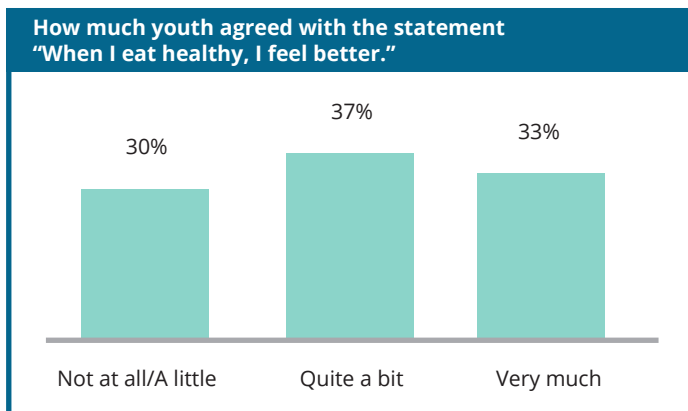
Reflections

Most youth (70%) agreed 'quite a bit' or 'very much' that when they ate healthy they felt better. There were no differences based on whether they had been in government care, their age, or mental health ratings.

Over half of youth (58%) agreed 'quite a bit' or 'very much' with the statement that when they were feeling down they did not eat healthy. Youth who rated their mental health as fair or poor were more likely than those who rated it as good or excellent to report that they did not eat healthy when feeling down (71% vs. 43%).

We found it upsetting that the average score was 6 out of 10 and that nobody responded with a score of 10. We expected the average score to be a little higher because the focus on nutrition and a healthy lifestyle is prominent in society, especially on the West Coast. However, it also makes sense that the score was not higher if youth experienced mental health challenges or other barriers, and because younger youth might not be aware of the importance of eating healthily.

Getting into the habit of eating unhealthily can affect youth's mood, so we think that eating healthily is pretty important to living a happy life.



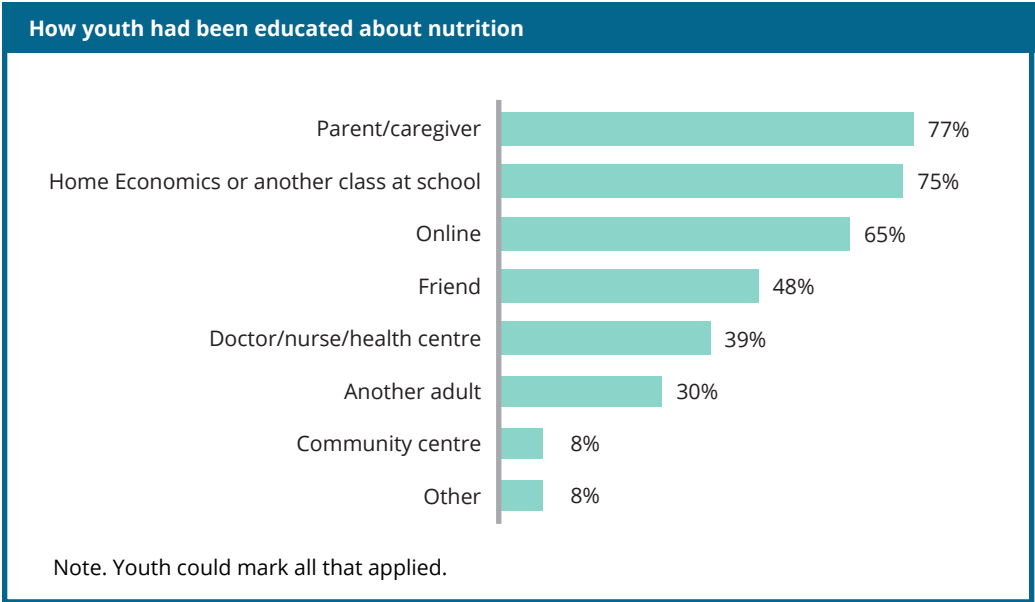
How youth learned about healthy eating

All but a few youth indicated they had been educated about nutrition, and this education had most commonly taken place through their parents or a class at school (e.g., Home Economics). Eight percent identified a source that was not among the list of options, such as a sports nutritionist, people they worked with, or a cook book.

Youth aged 19 or older were more likely than those 18 or younger to report having learned about nutrition through a friend (71% vs. 33%). Youth with care experience were more likely than those who had never been in care to have learned about nutrition through a community centre. There were no other differences based on age or care experience.

Reflections

39% of youth had been educated about nutrition through doctors and nurses. Health professionals should do more to inform their clients about healthy eating.



Barriers to healthy eating

When asked about any barriers they experienced to eating healthy, 13% of youth reported not experiencing such barriers. The most commonly identified barrier was not having time to prepare healthy meals, followed by mental health challenges and being unable to afford it.

Eight percent of youth identified a barrier to healthy eating which was not among the list of options, such as the addictive quality of some unhealthy foods, and experiencing junk food cravings as a result of smoking marijuana.

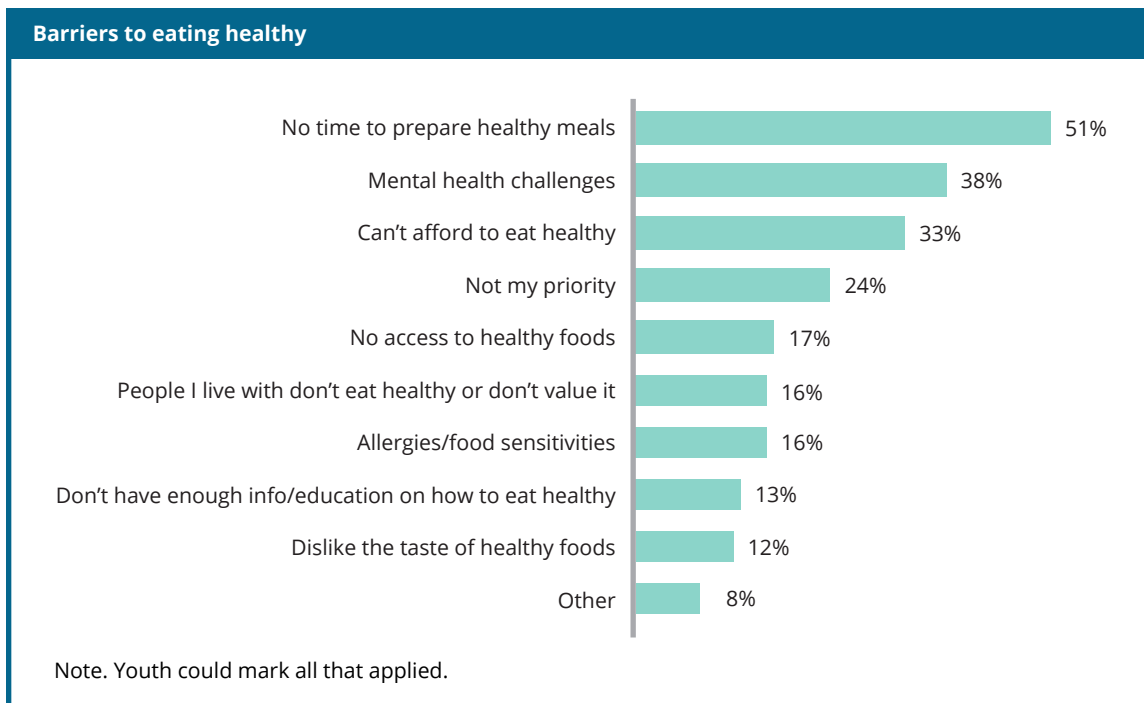
Survey respondents' comments

"It's easier to access foods with HFCS [high-fructose corn syrup], and I find it a little more convenient to eat 'fast food'/ unhealthy food than to eat home cooked meals sometimes. Some unhealthy foods are also very addictive to eat."

"Healthy food takes longer to prepare than unhealthy food and it's a little more expensive."

"Sometimes I smoke weed and have to eat junk food."

"University dining halls do not provide the best food that tastes good and is healthy."



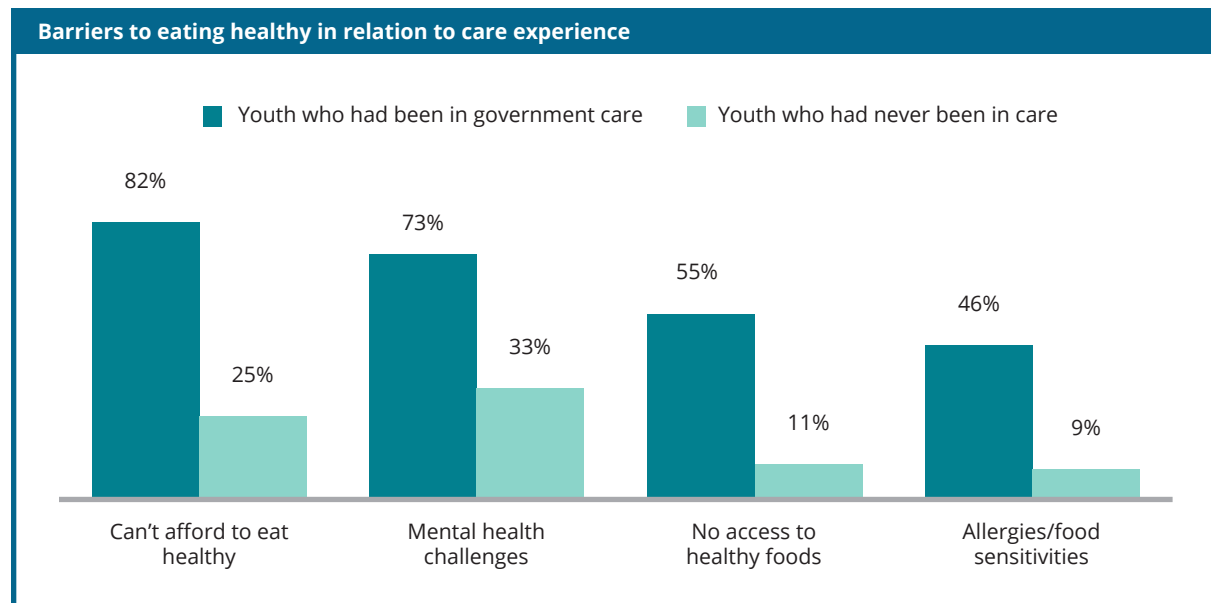
Youth aged 19 to 24 were more likely than younger youth to indicate they could not afford to eat healthy (61% vs. 13%), as were youth with care experience compared to those who had never been in care.

Youth with care experience were also more likely than those never in care to report not having access to healthy foods, and to identify mental health challenges and allergies/food sensitivities as barriers to eating healthy.

Youth who rated their mental health as fair or poor were more likely than those who rated it as good or excellent to indicate that their mental health challenges got in the way of eating healthy (56% vs. 15%). In contrast, those who reported good or excellent mental health were more likely to indicate that they had no time to prepare healthy meals (67% vs. 40% of youth who reported fair or poor mental health).

Reflections

We were not surprised to see that affordability goes down as age increases, and youth become more self-sufficient, moving out, and aging out (among those from care). There needs to be a better way to support youth so they can afford healthy food, including help with managing their finances.



Recommendations

Based on the findings of our research, as well as our personal experiences, we recommend the following:

For schools

- 1** There should be greater availability of counsellors for youth with mental health challenges, and they should offer these youth support around problematic eating, if needed.
- 2** Some Home Economics classes should be mandatory so that students can learn about nutrition and how to prepare healthy and affordable meals.
- 3** Breakfast and lunch should be available to students at school on a daily basis, free of charge. These nutritious meals should be made available to all students to reduce barriers to accessing them and to reduce the stigma of receiving free food.
- 4** Healthy snacks (e.g., fruit, vegetables, granola bars) should be made available in communal rooms.
- 5** There should be more education on healthy eating and on how nutrition affects mood. For example, it could be helpful to know how specific types of food might affect mental health.

For youth centres & services

- 1** Youth centres should have informational material on nutrition and mental health which is available for youth to access in a youth-friendly format.
- 2** Free cooking classes and nutrition education classes should be available to youth. These classes should also educate youth on meal planning and prepping.
- 3** Youth centres and services should help to increase youth's awareness of the cooking and nutrition programs already in place for young people (e.g., through youth-serving agencies).
- 4** There should be a wide range of activities and programming available to youth which help to improve their wellbeing, including their mental health and nutrition.

For government

- 1** Youth in and from care should be offered more opportunities to learn about nutrition and healthy cooking on a budget.
- 2** Youth with care experience should be offered more financial assistance to facilitate healthier eating (e.g., increase food money given by EI and PWD).
- 3** Government should provide more funding for school breakfast and lunch programs.
- 4** Social workers and others should emphasize to youth—particularly those transitioning out of care—the importance of healthy eating and should help them connect to a course on the topic.
- 5** There should be follow-up with youth who have transitioned out of care to ensure they have independent living skills, including skills to eat healthy and to cook on a budget.

Other recommendations

- 1** Youth should be offered opportunities to take part in physical activities because there is a link between involvement in these activities and healthy eating.
- 2** Indigenous youth should be supported to take part in cultural or traditional activities, if they are interested in doing so.
- 3** Youth should be supported to be meaningfully engaged in all the activities they participate in, because meaningful youth engagement is associated with healthy eating and positive mental health.

For caregivers

- 1** Caregivers should pay more attention to their youth's nutrition and how it might be affecting their mental health.
- 2** Caregivers should model the link between nutrition and mental health, by eating healthy, so that youth can experience healthy eating and its positive effects.
- 3** Youth should be exposed to different cuisines (healthy options), to help them realize that healthy food can also be tasty. Youth should have the opportunity to explore the healthy options that they prefer and which work best for them.
- 4** Youth should be given opportunities to help with meal planning, preparation and cooking. This could start with teaching them how to prepare their favourite meal.
- 5** Youth in care should receive similar education and experiences around meal planning and food preparation as youth not in care.
- 6** Meals should be a time for family gathering, and caregivers should eat dinner with youth at the table.

Interested in youth-led research?

Apply to join the Youth Research Academy



Are you interested in learning to design, develop and deliver research projects for youth in and from government care and the agencies that serve you?

The Youth Research Academy is for youth ages 16–24 with government care experience (e.g., foster home, group home, youth custody centre), or on a Youth Agreement.

Applications will be available in Spring 2019 for the 2019-2020 cohort. Visit www.mcs.bc.ca for more information.

Join the Youth Research Slam

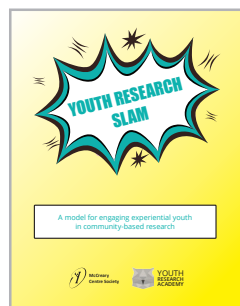


This spring break, learn to design, develop, and analyze a survey to help understand youth alcohol use.

In this six-day program you will build skills in community-based research, make new connections, and make a difference in your community. No experience is necessary!

Mark your calendars for the 2019 Youth Research Slam which will be held from March 19th to March 28th. Visit www.mcs.bc.ca for more information and to find out how to register.

2017 Youth Research Slam Report



In March 2017, the Youth Research Academy hosted the first annual Research Slam, which trained other youth in community-based research skills over a two-week period.

As part of the project, Research Slam participants created an online survey about how youth manage stress, which was distributed to 586 young people world wide over one weekend. This report highlights the results of that survey and details the Research Slam process.

The full report is available to download at http://mcs.bc.ca/download_resources.

