



Doing OK?

Checking in on the mental
health of BC youth



McCreary
Centre Society

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Thank you to all the young people who completed the 2018 BC Adolescent Health Survey and shared their experiences with mental health. Quotes from participants are included throughout the report.

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Key findings

- Most BC students (73%) rated their mental health as good or excellent. However, youth in 2018 were less likely to rate their mental health positively than those in 2013. There were also gender differences, with 82% of males rating their mental health as good or excellent, compared to 65% of females, and 40% of non-binary youth.
- Overall, there was an increase in the percentage of students who had self-harmed in the past year (from 15% in 2013 to 17% in 2018), with those aged 13 to 15 the most likely to have done so. Almost half of non-binary youth (47%) had self-harmed, compared to around a quarter of females (23%), and around a tenth of males (11%).
- Despite an increase in students who had seriously considered suicide in the past year, the percentage who had attempted suicide decreased over the past fifteen years (from 7% in 2003 to 5%). Older youth were generally more likely than younger ones to have seriously considered suicide. However, they were not the most likely to have attempted suicide, as those aged 14–15 were more likely to have attempted suicide than those aged 17–18 (6% vs. 4%).
- Living in poverty was one of the predictors of poorer mental health. For example, 35% of youth who often or always went to bed hungry because there was not enough money for food at home had experienced extreme despair in the past month, compared to 18% who sometimes went to bed hungry, and 6% who never went to bed hungry.
- Experiencing violence and victimization was also associated with poorer mental health. For example, youth who had been physically and/or sexually abused; experienced dating violence; and had been bullied in person or online were more likely than youth who had not had these experiences to have self-harmed, have seriously considered suicide, and attempted suicide in the past year.
- In 2018, 18% of students had missed out on mental health services they felt they needed in the past year, which was an increase from 11% in 2013. Youth who had a co-occurring substance use challenge with a mental health condition (such as depression or anxiety) were more likely to have missed out on accessing needed mental health services compared to those who had a mental condition but did not have substance use challenges (60% vs. 47%).
- Youth reported more positive mental health when they had a healthy lifestyle, including sleeping eight or more hours, exercising regularly, and eating healthily. They were also more likely to report positive mental health when they felt safe, connected and supported. For example, 81% of those who felt quite or very connected to their community felt hopeful for their future, compared to 61% who felt somewhat connected, and 44% who did not feel connected.
- Abstaining from substances such as alcohol and cannabis was associated with more positive mental health, as was using in moderation, if youth did use substances.
- Youth who felt they spent the right amount of time with their family, friends, alone, and in nature reported more positive mental health than those who felt they had too much time or too little time to do these things.
- As with all youth, those with a mental health condition (such as depression, anxiety disorder, or PTSD) were more likely to describe their current mental health positively when they slept well, had a healthy diet, felt competent, and felt connected and supported.

Introduction

In 2019, the BC government launched its 10-year plan to address mental health in the province. The plan includes a goal that all British Columbians will experience positive mental and emotional well-being. The plan also includes a commitment to ensure mental health and substance use services are available in a timely manner to those who need them, and that those who are experiencing early signs and symptoms of mental health problems are identified and supported to prevent problems from worsening.

This report uses data from the BC Adolescent Health Survey (BC AHS) to profile the mental health of youth across the province. The BC AHS is a comprehensive youth health survey completed every five years since 1992 by students aged 12–19 in school districts across BC. In 2018, over 38,000 Grade 7–12 students in 58 of BC's 60 school districts completed the survey. For more details about the survey methodology and to view other BC AHS reports and resources, visit www.mcs.bc.ca.

The report begins with a consideration of the current state of youth mental health. The second section looks at youth who experienced barriers to accessing needed mental health services, and is followed by a section that considers which youth appear to be at risk of experiencing poorer mental health. The fourth section addresses ways to support positive mental health, and the fifth looks at reducing mental health challenges and increasing positive mental health among youth who have already experienced a mental health condition (such as depression, anxiety disorder, PTSD, or a substance use disorder).

Substance use addiction is considered as a mental health condition throughout the report. The sixth section of this report looks specifically at youth who experienced a co-occurring substance use challenge, along with another mental health condition.

About the analysis

All reported comparisons in this report are statistically significant at least at $p < .05$. This means there is less than a 5% likelihood these results occurred by chance.

Where it is not obvious, a note is added to a table or chart if there is no statistically significant difference between two percentages.

Any percentage that is marked with an asterisk (*) should be interpreted with caution, as the standard error was higher than others, but is still within the releasable range.

The report provides associations and does not attribute causation.

Limitations

The findings in this report are considered representative of over 95% of BC youth aged 12–19 who were attending mainstream schools in the province. However, it does not capture the mental health picture of youth who were not attending public school or who were not in school on the day the survey was administered. Youth with certain disabilities, and literacy or comprehension challenges, may also have been excluded.

Reported results for non-binary students are among the 2% of students who identified as such. Non-binary youth were included in all 2018 BC AHS analyses but due to the small percentage of BC youth who identified as non-binary, results could not always be reported separately. Additionally, trends could only be reported for males and females as these were the only available gender responses in previous survey years.

Youth were asked if they had a mental health condition as well as about specific conditions which are included in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is used by health care professionals as a guide for mental health diagnoses, such as depression and anxiety disorder. It is unknown if youth had been officially diagnosed with these conditions. Also, some conditions which are included in the DSM were not specifically asked about on the 2018 BC AHS, such as schizophrenia or bipolar disorder. It is therefore unknown how many youth may have been experiencing these specific conditions.

Glossary

For readability, the following terms are used in this report:

ADD/ADHD

Attention deficit/hyperactivity disorder.

Anxiety disorder

Anxiety disorder/panic attacks.

Cisgender

Youth whose current gender identity was the same as on their birth certificate.

Extreme despair

Youth who felt so sad, discouraged, or hopeless that they could not function properly in the past month.

Extreme stress

Youth who felt so stressed that they could not function properly in the past month.

Felt hopeful for the future

Youth who reported they felt 'quite a bit' or 'very' hopeful for the future.

Government care (or alternative to care)

Youth who had stayed in a foster home, group home, custody centre, been on a Youth Agreement, or had been placed with friends/family in a Kith and Kinship agreement through the Ministry of Children and Family Development or a delegated agency.

Meaningful activities

Youth who felt their activities were 'quite a bit' or 'very' meaningful.

Mental health condition

Youth who identified they had a mental health condition (yes/no) or specifically identified as having depression, anxiety disorder, PTSD, or a substance use addiction.

Non-binary youth

Youth who did not identify as male or female.

PTSD

Post-traumatic stress disorder.

Protective factors

Internal and external strengths and assets associated with an increased likelihood of positive health and a decreased vulnerability to health risks.

Self-harm

Youth who cut or injured themselves on purpose without trying to kill themselves in the past year.

Sexual abuse

Youth who reported having been sexually abused, forced to have sex, and/or being the younger of an illegal age pairing the first time they had sex.

Transgender

Youth whose current gender identity was different to what was on their birth certificate.

BC youth's mental health

This section offers a profile of the mental health of BC youth. It includes markers of positive mental health such as happiness and life satisfaction, as well as challenges to mental health such as stress, despair, self-harm and suicidality. The section concludes with some reported impacts of experiencing mental health challenges.

Self-rated mental health

"My mental health used to be much worse than it is now."

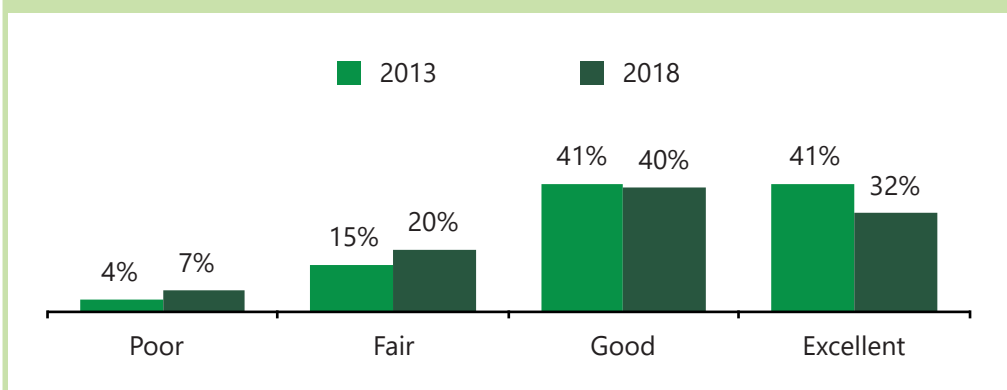
"I can have feelings of anxiety and often-times depression even though I do not have a diagnosed mental health disorder."

Most BC students (73%) rated their mental health as good or excellent. However, the percentage was lower than five years earlier (81% in 2013). This decrease was driven by a drop in youth reporting excellent mental health. There was also an increase in those who reported poor or fair mental health.

Males were the most likely and non-binary youth were the least likely to rate their mental health as good or excellent (82% of males vs. 65% of females vs. 40% of non-binary youth).

Younger youth were more likely to rate their mental health positively. For example, 85% of youth aged 12 or younger rated their mental health as good or excellent, compared to 74% of 14-year olds, and around 68% of those aged 16 to 18.

Mental health ratings among BC youth



Note: For 'Good,' the difference between 2013 and 2018 was not statistically significant.
Note: Percentages for 2013 and for 2018 do not equal 100% due to rounding.

Happiness

"I have been really happy and have been having some of the best days of my life."

"I don't remember what it feels like to be happy."

In 2018, 65% of students reported feeling happy most or all of the time in the past month, while a quarter (25%) felt happy some of the time, and 11% rarely or never felt happy. Youth were less likely to feel happy most or all the time compared to students five years earlier (65% vs. 68% in 2013).

Reflecting the pattern for self-rated mental health, there were age and gender differences in feeling happy. For example, 75% of youth aged 12 or younger felt happy most or all of the time, compared to 66% of 14-year-olds and 60% of those aged 16 to 18. Also, 73% of males felt happy this often, compared to 57% of females and 35% of non-binary youth.

Quality of life

"Recently started trying to get my life together and things are better now."

"My quality of life is affected by my anxiety."

Students who completed the 2018 BC AHS were asked to rate their quality of life, including how much they agreed that their life was going well, they had a good life, they had what they wanted in life, and they wished they had a different life. Males and younger students were generally the most likely to report they were satisfied with their life. For example, 70% of those aged 12 or younger had what they wanted in life, compared to 59% of 14-year-olds, and 56% of 18-year-olds.

Quality of life (students who agreed or strongly agreed)

	Overall	Males	Females	Non-binary youth
I have a good life	79%	84%	76%	53%
My life is going well	73%	79%	68%	43%
I have what I want in life	59%	65%	55%	34%
My life is going just right	58%	65%	51%	30%
I wish I had a different life	18%	14%	20%	40%

Purging

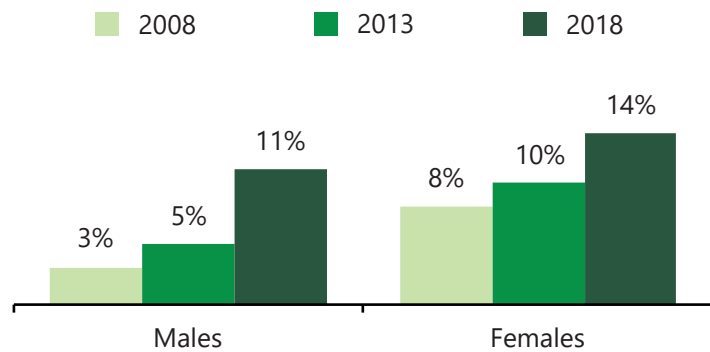
"I had received treatment for eating problems. It helped for a bit but I stopped going because I didn't have time to make it to the appointments. Recently it has come back."

"My relationship with food is complex and something I cannot control."

The 2018 BC AHS asked about vomiting on purpose after eating (purging), which could be considered an eating disorder. In the past year, 13% of youth had purged, including 2% who had done so two or three times a month, and 1% who had done so at least weekly. There were no age differences in purging, but there were gender differences. Non-binary students were the most likely to have purged on a weekly basis in the past year (4% vs. 2% of females vs. 1% of males).

Males and females were more likely to report purging than in previous years. However, rates of regular purging (at least weekly) were similar to five years earlier.

Vomited on purpose after eating in the past year



Stress and despair

"Work-related stress especially is taxing to me. School-related stress is also. I hope I can find better ways to manage stress."

"I work 2 jobs as of currently and go to school. I get overwhelmed and stressed a lot. I say it's my anxiety but my mom won't believe me."

Most students (86%) reported feeling at least a little stress in the past month, including 12% who reported being so stressed that they could not function properly. Rates of extreme stress were higher than in previous years (e.g., 12% vs. 9% in 2013).

Non-binary youth were the most likely to report feeling extreme stress, and males were the least likely (27% of non-binary youth vs. 17% of females vs. 6% of males). Overall, older students were more likely than younger ones to experience extreme stress in the past month.

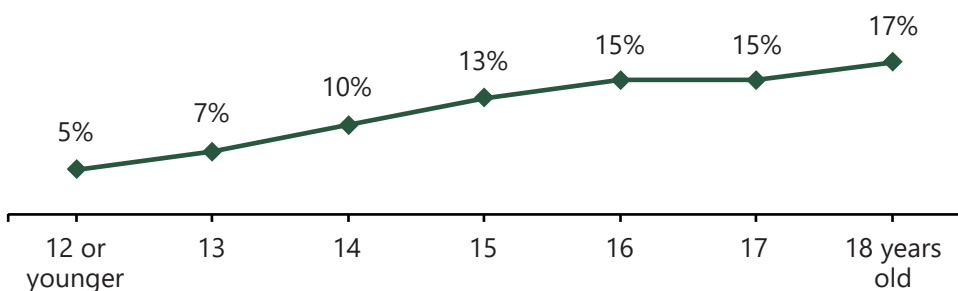
Youth were asked how well they felt they managed their stress. One in 10 reported they did not experience stress, with younger youth more likely to feel this way. For example, 25% of students aged 12 and younger reported they did not experience stress.

Among students who experienced stress, 35% felt they managed it well and 19% felt they managed it very well, whereas the rest felt they managed it fairly well (29%) or poorly (17%).

Over half of youth (58%) reported feeling at least some level of despair in the past month, including 8% who felt so much despair that it prevented them from functioning properly. Rates of extreme despair were similar to five years earlier and higher than a decade ago (6% in 2008). However, this increase was driven by females (from 8% in 2008 to 11%), as the percentage of males reporting extreme despair was similar to the percentage in 2008 (4% in 2018).

Around a fifth (22%) of non-binary youth reported experiencing extreme despair in the past month. Reflecting the pattern for experiencing extreme stress, extreme despair generally rose with age.

Youth who reported extreme stress in the past month



Note: There were no statistically significant differences between youth aged 16, 17, and 18.

Self-harm

"I get very stressed/depressed to the point where I stab myself in the stomach without having the full intention of suicide. I only do this when I am absolutely alone."

"I haven't been controlling my triggers very well so when I get home it's a struggle not to cut/scratch myself again. It's been 2 years now since the last time I made myself bleed."

Around 1 in 6 students (17%) had cut or injured themselves on purpose without trying to kill themselves in the past year. This was an increase from 15% in 2013. Almost half of non-binary youth (47%) had self-harmed, compared to around a quarter of females (23%), and around a tenth of males (11%).

Youth aged 13 to 15 were the most likely age group to engage in self-harm. For example, 19% of those aged 13 to 15 had self-harmed in the past year, compared to 16% of youth aged 12 or younger and those 16 or older.

Among those who had self-harmed in the past year, 31% had done so once, 32% twice or three times, 13% four or five times, and 24% had self-harmed six or more times (27% of 13- to 15-year-olds vs. around a fifth of youth aged 12 or younger and those 16 or older).

The 2018 BC AHS asked students who had self-harmed about the reasons they had last done so. They most commonly reported they had self-harmed to calm themselves down. Youth aged 14 and older were more likely than younger students to report this reason, as well as to report self-harming to stop feeling numb.

Most common reasons youth reported self-harming the last time (among those who self-harmed)

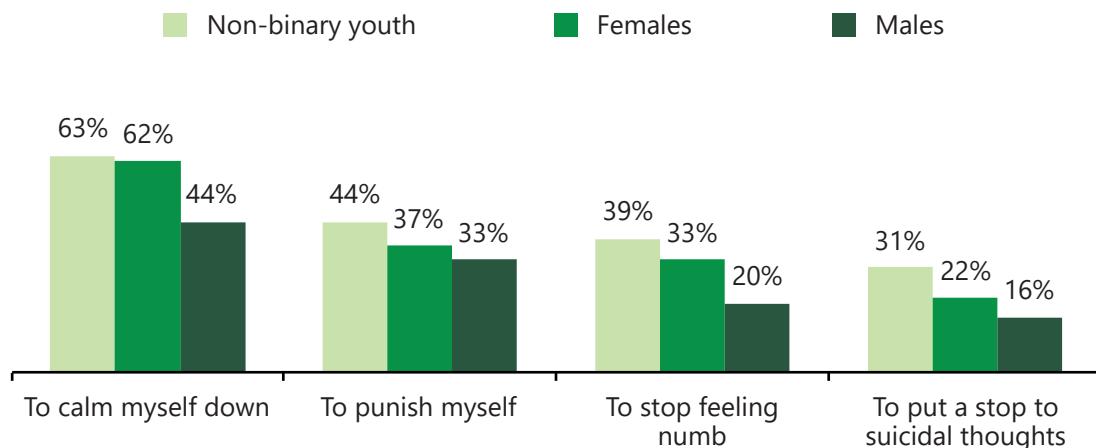


Note: Youth could mark all reasons that applied.

Among youth who had self-harmed, non-binary youth were more likely than other youth to report having done so to punish themselves and to put a stop to suicidal thoughts, and males were the least likely to have done so for these reasons. Non-binary youth and females were more likely than males to report self-harming to calm themselves down, to stop feeling numb, and to physically show how awful they felt.

Females were also more likely than males to have self-harmed to fit in with peers. Males were more likely than females to indicate they had self-harmed for a reason not among the list of options, and to specify reasons such as boredom, for fun, curiosity, and to avoid doing something they did not want to do.

Reasons youth gave for self-harming the last time they did so (among those who had self-harmed)



Note: The differences between non-binary youth and females were not statistically significant for 'To calm myself down' and 'To stop feeling numb.'

Suicide ideation and attempts

"I've never been diagnosed with any mental health conditions, but I genuinely thought about killing myself at least once a day in Grade 11."

"I have a learning disability and it's so bad I've tried to kill myself to stop going to school."

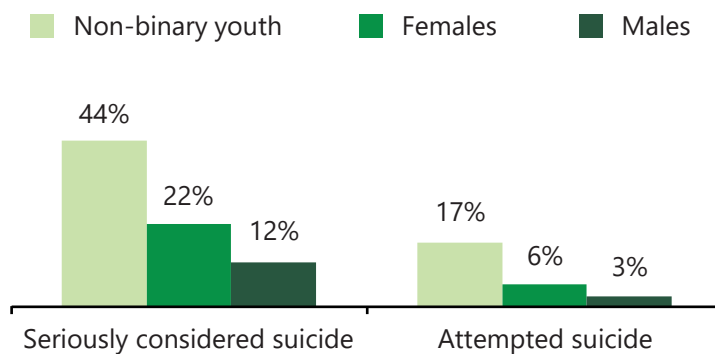
"People ... think that being 'suicidal' is something that can be fixed. People 'LAUGHING' at me is really hurtful and got to the point that I was going to kill myself every single day."

Between 2003 and 2013, the percentage of students who had seriously considered suicide in the past year decreased from 16% to 12%. However, in 2018 the rate rose to just above that seen fifteen years earlier (17% in 2018). Despite this increase, the percentage of students who had attempted suicide in the past year decreased (from 7% in 2003 to 5% in 2018).

Older youth were generally more likely to have seriously considered suicide in the past year (e.g., 18% of 17-year-olds vs. 15% of 13-year-olds). However, they were not the most likely to have attempted suicide. Youth aged 14–15 were more likely to have attempted suicide than those aged 17–18 (6% vs. 4%).

Non-binary youth were at least twice as likely as males and females to have considered and attempted suicide in the past year.

Youth who seriously considered and attempted suicide in the past year



Mental health conditions

"I have OCD and Tics, and also minor anxiety and depression."

"I have really bad OCD, anxiety, depression, and ADHD."

"I got diagnosed with PTSD and anxiety."

"They say I have borderline disorder or something."

Around a quarter of youth (26%) reported they had a mental health condition or specifically that they had anxiety disorder, depression, post-traumatic stress disorder (PTSD), or a substance use addiction.

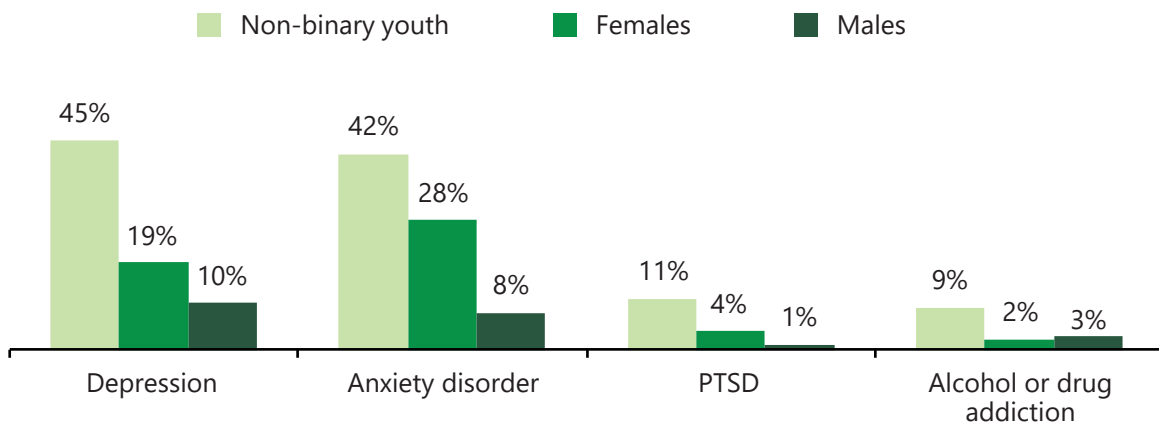
The two most commonly reported conditions were anxiety disorder (19%) and depression (15%). One in 10 youth (10%) reported having both conditions (4% of males vs. 14% of females vs. 33% of non-binary youth).

Compared to five years earlier, youth were more likely to report anxiety disorder (19% vs. 8% in 2013), depression (15% vs. 10%), PTSD (3% vs. 1%), and a substance use addiction (3% vs. 2%).

Older youth were generally more likely to report each condition than younger youth. For example, 12% of youth aged 12 or younger reported having anxiety disorder, compared to 15% of 13-year-olds and 20% of youth 14 and older.

Females were more likely than males to report having anxiety disorder, depression, and PTSD, while males were more likely than females to report having a substance use addiction. Non-binary youth were more likely than males and females to report having each condition.

Self-reported mental health conditions



ADD/ADHD is considered a mental health condition but is also considered to be a neurological disorder, and is usually a chronic condition. In 2018, 7% of youth reported they had ADD/ADHD which was a slight increase from 6% in 2013. There were no age differences in reporting ADD/ADHD but males were more likely than females to report the condition (8% vs. 5%), and non-binary youth were the most likely (17%). As ADD/ADHD often looks different to other mental health challenges, it is considered in a separate fact sheet.

Reported impacts of mental health challenges

Over half (54%) of youth who had a mental health condition reported having a health condition that prevented them from doing things their peers could do (65% of non-binary youth vs. 57% of females vs. 43% of males). Older youth were more likely than younger ones to report they had a condition that was debilitating. For example, 55% of youth aged 14–18 reported their condition was debilitating, compared to 44% of youth aged 12 and younger (among those with a mental health condition).

Missed school

"I get paralyzed by my social anxiety and just can't face it if I think I might have to talk in front of the classroom."

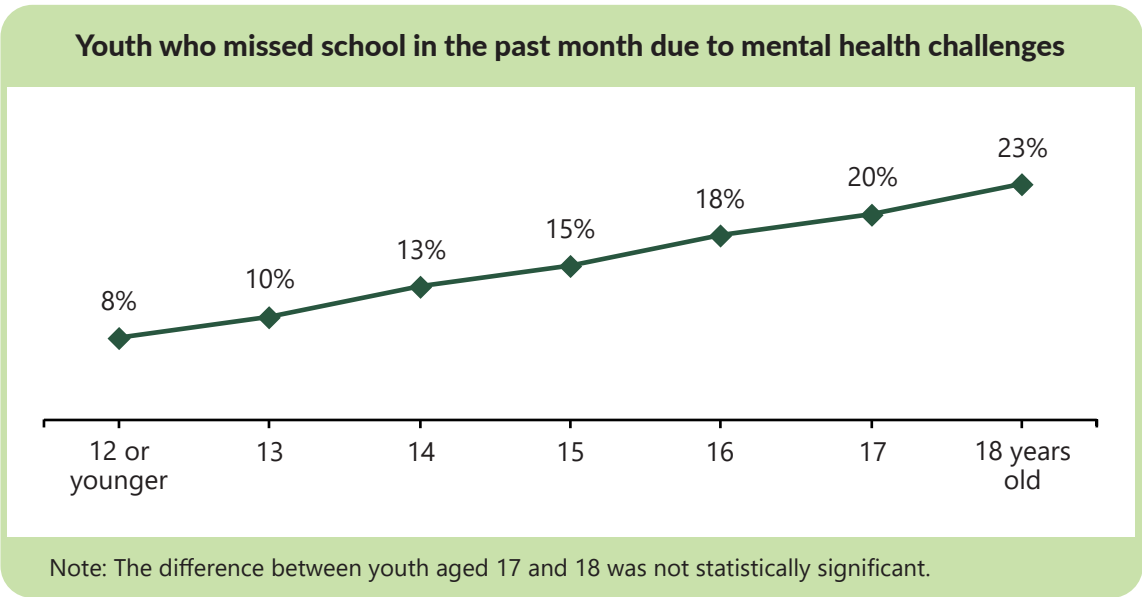
Among all BC youth, 15% missed school in the past month because they were experiencing mental health challenges (e.g., depression, anxiety), including 5% who missed three or more days for this reason. As with other markers of mental health, younger students and males were the least likely to miss school because of their mental health (8% of males missed at least one day of school for this reason vs. 21% of females vs. 37% of non-binary youth).

Missed out on activities

"I experience high levels of anxiety sometimes that keep me from doing activities."

"I get panic attacks caused by the peers in my activities outside of school."

Fourteen percent of youth indicated they were too anxious or depressed to participate in sports or extracurricular activities in the past year. Males were the least likely to report they missed out on activities due to their mental health.



Youth who missed out on needed mental health services

Improving access to mental health services for youth is a priority in the BC government's mental health plan. In 2018, 18% of students had not accessed mental health services they felt they needed in the past year, which was an increase from 11% in 2013. Males were the least likely to have missed out on needed services (10% of males vs. 26% of females vs. 47% of non-binary youth). Missing out on needed mental health

services was highest among youth aged 16 to 18 (e.g., 23% had not accessed needed services vs. 9% of students aged 12 and younger).

Among students who had missed out on needed mental health services in the past year, the most common reasons were thinking or hoping the problem would go away, and not wanting their parents to know.

"I feel like I should go to the doctor but I'm afraid to ask my mom."

"A lot of my peers do feel anxiety or depression or many of these other things. The biggest issue here is that a lot of them are afraid to get necessary help."

"I find myself being constantly worried. I over-think and I have symptoms of anxiety. But I choose not to find out if I truly have it."

Reasons for not accessing mental health services in the past year (among students who felt they needed services)

Thought or hoped the problem would go away	63%
Didn't want parents to know	62%
Didn't know where to go	44%
Afraid of what I would be told	44%
Afraid someone I know might see me	38%
Too busy to go	36%
Didn't think I could afford it	22%
Had prior negative experience	14%
Parent/guardian would not take me	12%
Had no transportation	10%
Couldn't go when it was open	5%
On a waiting list	5%
The service was unavailable in my community	2%

Note: Youth could mark all that applied.

"Many people, like me, prefer not to reach out to external resources when suffering from anxiety/depression. Just having to face another person and deal with the hurdle of being vulnerable to a stranger derails me from getting help. Though I utilize a lot of online/private resources (websites, books, etc.)."

"Teens with mental illnesses should have easier-to-access/more open services. I think these services should be very clear to them. Counselling should be easier to access (you shouldn't have to go through the school counsellor)."

Some youth appeared to be at increased risk for missing out on needed services, as well as experiencing specific challenges to accessing care. For example, youth who worked at a paid job during the school year were more likely to have missed out on needed mental health services (23% vs. 16% who did not work), and the more hours they worked the more likely they were to miss out (e.g., 27% of those who worked 21 or more hours a week had missed out vs. 18% who worked less than five hours). Among youth who missed out on services, 44% of those who worked reported they were too busy to go (vs. 30% of those who did not work).

Other groups of youth at heightened risk for missing out on needed mental health services included youth who identified as lesbian, gay, or bisexual (49% vs. 14% who identified as straight), and youth who had been in government care in the past year (33% vs. 18%).

Also, among those who missed out on needed care, some youth were more likely to experience specific barriers to accessing services. For example:

Immigrant youth were more likely to have missed out because they did not know where to go (49% vs. 43% of youth born in Canada).

Youth who had been in government care in the past year were more likely to have missed out because their caregiver would not take them (23% vs. 11% of youth not in care in the past year).

Youth who identified as lesbian, gay, or bisexual were more likely to have foregone needed care because they had a negative prior experience accessing services (22% vs. 12% of youth who identified as straight).

Rural-based youth were more likely to have missed out on accessing needed care because they were afraid that someone they knew might see them (43% vs. 37% of urban-based youth), while urban-based youth were more likely to have missed out because they did not know where to go (45% vs. 38% of rural-based youth).

Youth at risk of poorer mental health

"I suffer a lot from anxiety, and my friends and family often say 'You're fine' and don't take me seriously."

"I tend to have panic attacks and crying. Most of the time I hate myself and feel worthless and just want to end everything."

"I believe I may be struggling with depression, anxiety and the beginning of an eating disorder (undiagnosed). I am too scared to tell my parents due to fear and stigma. I thought multiple times about killing myself but never tried to and most likely will not try to. I want help but I'm scared."

The previous sections showed that non-binary youth and females reported less positive mental health than males, as did older youth in comparison to younger ones. Findings also showed that these youth were more likely to miss out on needed mental health services. This section considers other groups of youth who were at risk of poorer mental health (i.e., reported their mental health was fair or poor as opposed to good or excellent; experienced extreme despair in the past month; or self-harmed, seriously considered suicide, or attempted suicide in the past year).

Gender identity and sexual orientation

"Gender dysphoria is often the source of panic attacks for me."

"My parents don't support the LGBTQ community, so I'm afraid to be open which is hard on my mental health."

As noted in the previous section, non-binary youth were less likely to report positive mental health. They were also specifically more likely to report poor or fair mental health (60% vs. 35% of females vs. 18% of males), as were transgender youth in comparison to cisgender youth (68% vs. 26%).

Students who identified as lesbian, gay, bisexual, or were questioning their sexual orientation were more likely than those who identified as straight to report poorer mental health. For example, lesbian, gay and bisexual youth were more than three times as likely to report extreme despair in the past month and to have self-harmed in the past year.

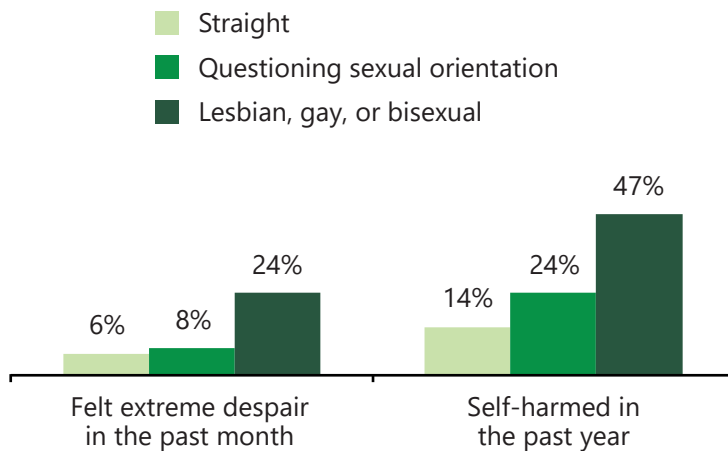
Length of time in Canada

"My mum is traditional Chinese and won't accept that things are different now we are here. It leads to lots of arguments and stress."

Youth who were born in Canada were generally more likely than those born outside the country to report poorer mental health. For example, they were more likely to rate their mental health as poor or fair (29% vs. 23% of those born outside Canada) and to have seriously considered suicide in the past year (18% vs. 15%).

The longer youth had lived in Canada, the more likely they were to report poorer mental health. For example, 32%* of youth who had come to Canada as refugees more than five years ago rated their mental health as poor or fair, compared to 13% of refugee youth who had been in the country five years or less.

Sexual orientation of youth who reported poorer mental health



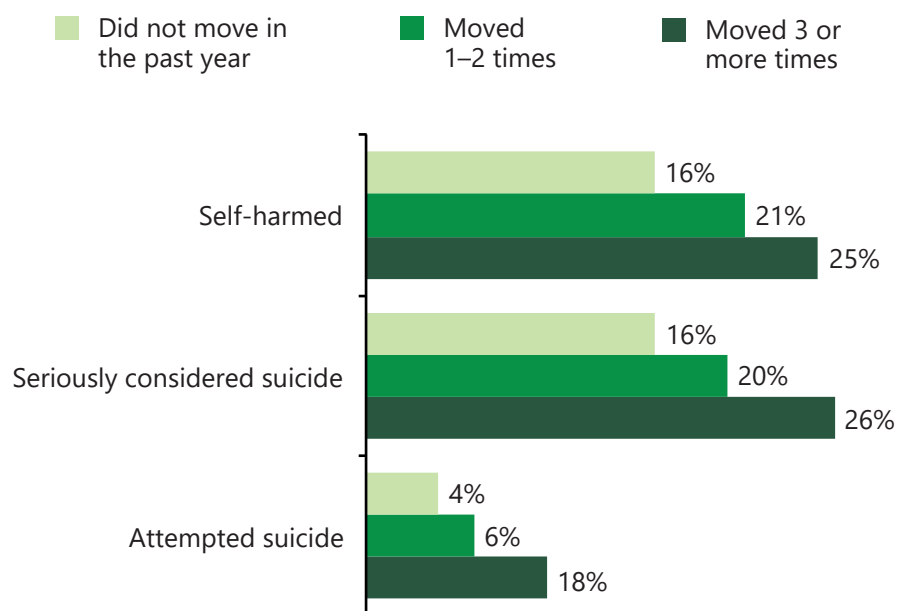
Government care

Youth who had been in government care—including those who had been in care in the past year and those currently in care (or an alternative to care)—were at risk for poorer mental health. For example, 43% of youth who were currently staying in a group home, foster home, were on a Kith and Kinship agreement, a Youth Agreement, or in a custody centre rated their mental health as poor or fair, compared to 28% of youth who were not currently in care.

Unstable housing

Housing instability was associated with poorer mental health. For example, youth who had moved at least once in the past year were more likely than those who had not moved to describe their mental health as poor or fair (29% vs. 27%), to have experienced extreme despair in the past month (10% vs. 7%), and to have self-harmed in the past year (22% vs. 16%). Those who had moved three or more times were the most likely to report poorer mental health.

Poorer mental health in relation to moving in the past year



Poverty and deprivation

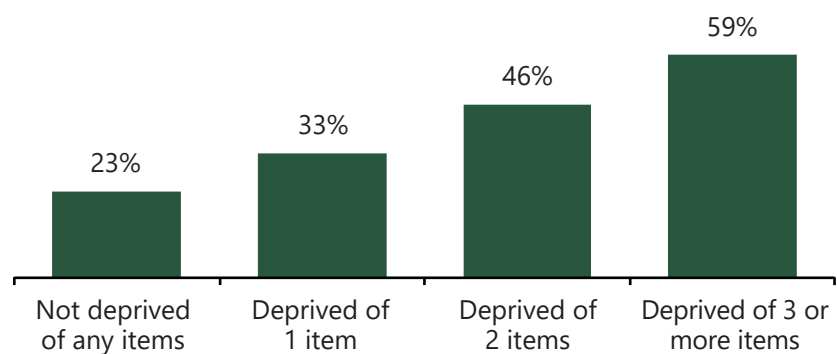
Poverty and deprivation were also associated with poorer mental health. For example, 35% of youth who often or always went to bed hungry because there was not enough money for food at home had experienced extreme despair in the past month, compared to 18% who sometimes went to bed hungry, and 6% who never went to bed hungry.

Also, around half of youth (49%) who often or always went to bed hungry had self-harmed in the past year (compared to 35% who sometimes went to bed hungry and 15% who never went to bed hungry).

Youth were asked if they had the 10 items that BC youth had identified as important to have in order to feel like they belonged (e.g., money for themselves, a smartphone, clothes to fit in). For items they did not have, they were asked if they wanted them. The more items youth felt deprived of (i.e., items they did not have but wanted), the more likely they were to report poorer mental health.

Also, 12% of youth reported they did not participate in extracurricular activities in the past year because they could not afford to. These youth were more likely to report poorer mental health. For example, around half (49%) of those who could not afford to participate reported poor or fair mental health, compared to a quarter (25%) who did not face this financial barrier to participation.

Youth who reported poor/fair mental health in relation to number of items they felt deprived of



Excessive technology use

Students who did not go offline at night (i.e., did not turn their phone off, put it on silent, or leave it in another room) were more likely to report poorer mental health than those who disconnected. For example, they were more likely to have self-harmed (18% vs. 16%) and to have seriously considered suicide (18% vs. 15%) in the past year.

Also, youth who actively engaged in online and other activities after their bedtime reported poorer mental health than those who did not engage in these activities. For example, youth who chatted or texted were more likely to report poor or fair mental health than those who did not engage in this activity after their expected bedtime (31% vs. 22%).

Youth who participated in at least two activities after their expected bedtime (e.g., chatted/texted and played games) were more likely to report poorer mental health, compared to those who engaged in fewer activities. For example, 17% of students who did not engage in any activity after bedtime reported poor or fair mental health, compared to 24% who did one activity, and 31% who did two or more.

Experienced victimization

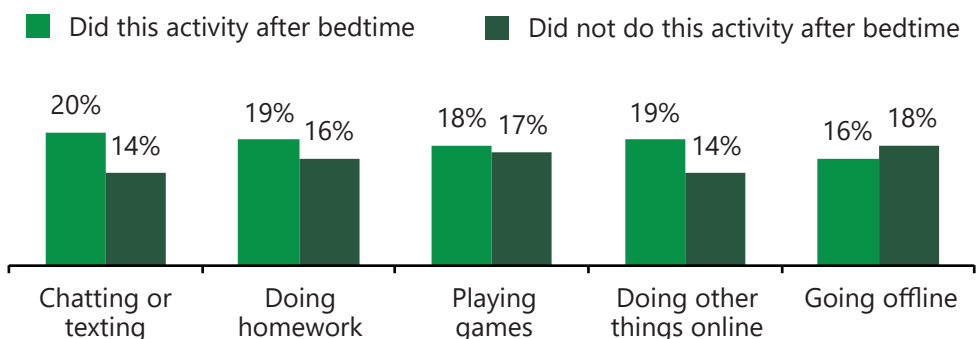
"I feel like everything wrong is my fault. My friends make fun of my weight – I try to lose all these pounds but not in the right way."

"I did get bullied for a while in elementary school which I think added to my anxiety and made me feel bad about myself. I do still feel like I am worthless. I am all alone at lunch these days because my friend needs a break from me."

Experiencing victimization was associated with poorer mental health. For example, youth who had been physically abused, sexually abused, had experienced dating violence, and/or had been bullied in person or online were more likely than youth who had not had these experiences to have self-harmed, have seriously considered suicide, and have attempted suicide in the past year.

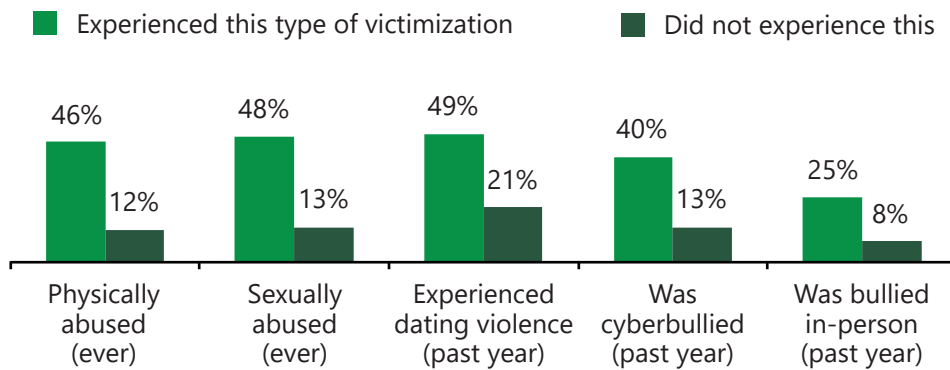
Youth who experienced any type of discrimination in the past year were also more likely to report poorer mental health. For example, they were more than twice as likely to rate their mental health as poor or fair (42% vs. 18% who had not experienced discrimination).

Youth who self-harmed in the past year in relation to the activities they engaged in after their bedtime



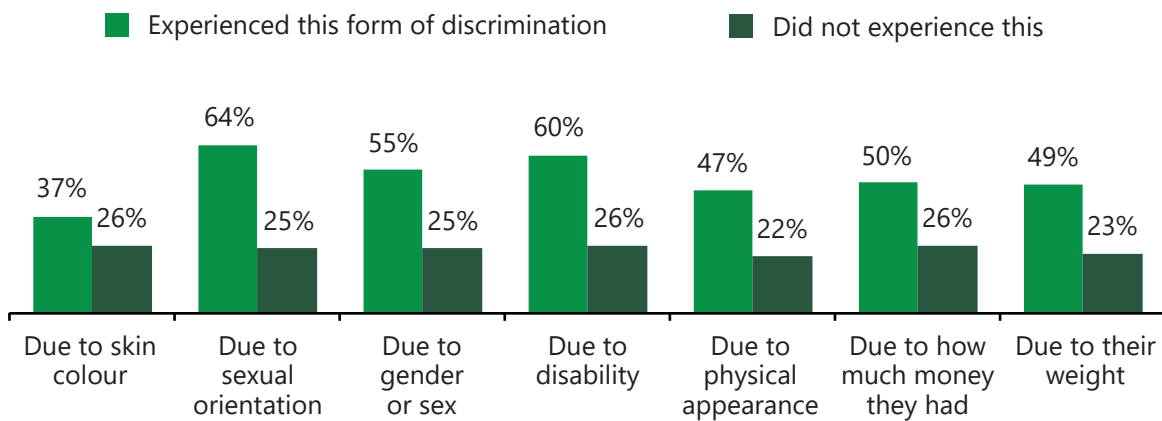
Note: The difference for 'Playing games' was not statistically significant.

Youth who seriously considered suicide in the past year in relation to experiences of victimization



Note: Dating violence is among those who dated in the past year.

Youth who reported poor/fair mental health in relation to experiencing discrimination in the past year



Bereavement

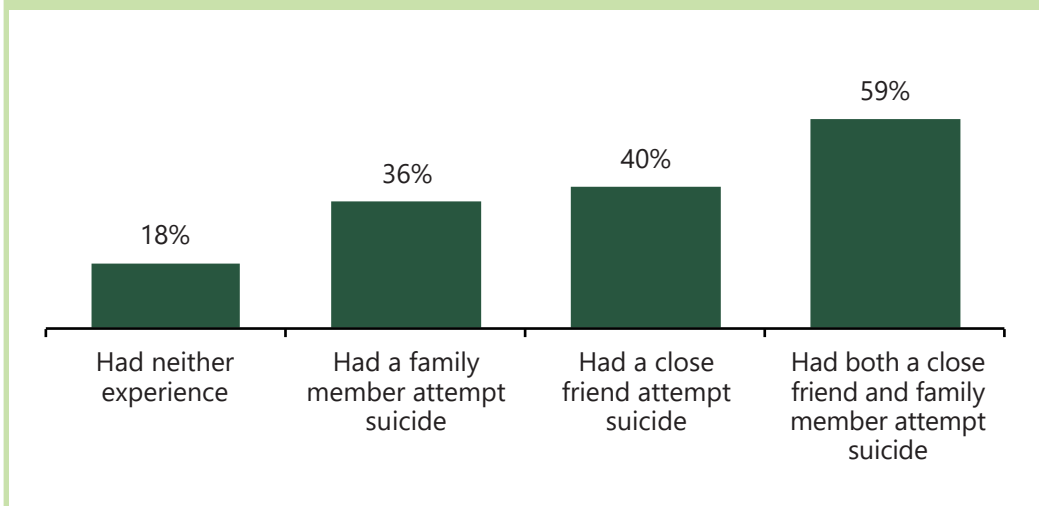
"My mom passed away almost 3 years ago. She died when I was 10, and my mom died at the age of 40. I suffer from permanent depression."

"Help kids deal with suicidal friends. There is very little out there about what to do in that situation."

Youth who reported that someone close to them had died were more likely than those who had never been bereaved to experience poor mental health, including poor or fair mental health ratings (29% vs. 24%). The percentage who rated their mental health as poor or fair rose to 39% among youth who had lost someone due to traumatic circumstances, such as suicide, overdose, violence, or an accident.

Also, youth who had experienced a family member or close friend attempt or die by suicide were more likely to report poorer mental health. For example, they were more likely to have attempted suicide themselves and to have self-harmed in the past year. Those who had both experiences were the most likely to have attempted suicide.

Youth who reported poor/fair mental health in relation to having a close friend and/or family member who attempted suicide



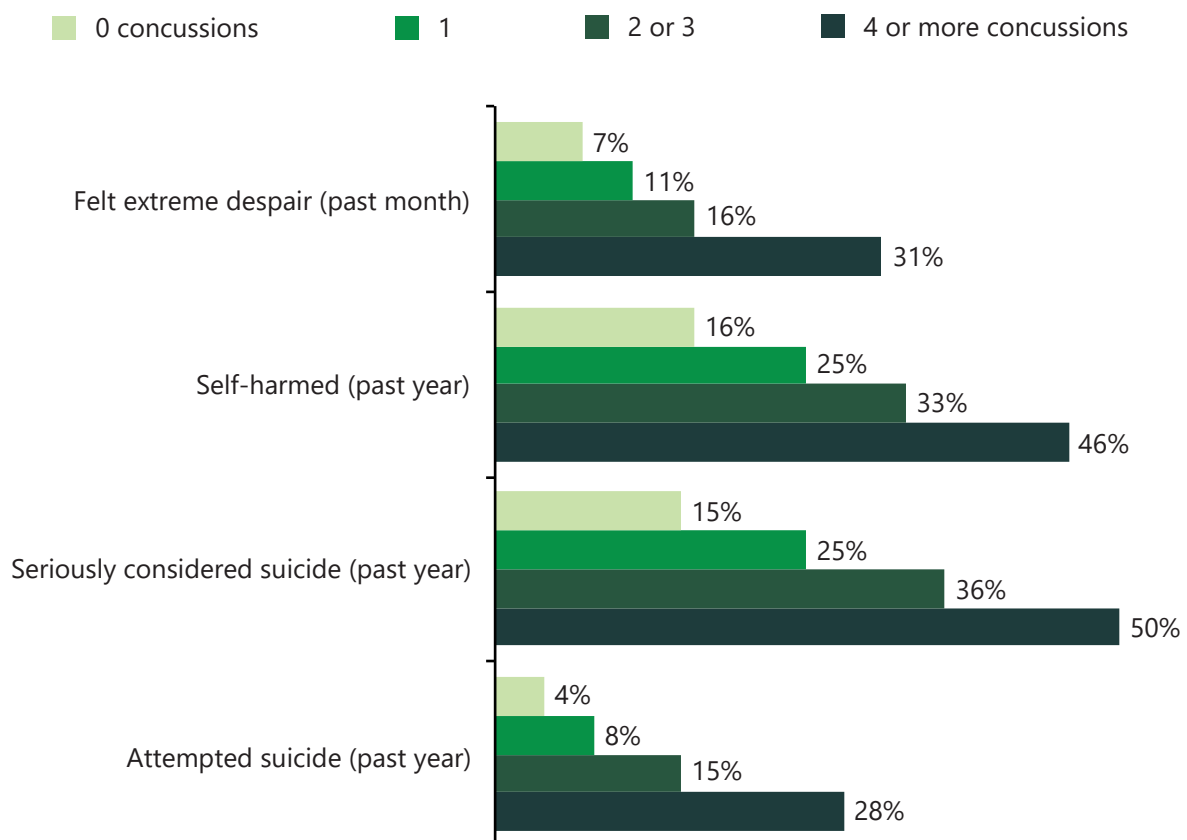
Concussions

"I have had about 7 concussions and it has an effect on everything."

Traumatic head injuries have been shown to have a negative impact on mental health. In 2018, 38% of youth who had experienced a concussion in the past year reported poor or fair mental health, compared to 26% of youth who had not had a concussion.

Generally, the more concussions youth experienced, the more likely they were to report poorer mental health (e.g., 35% of youth with one concussion reported poor/fair mental health vs. 62% of youth who had four or more concussions).

Poorer mental health in relation to number of concussions in the past year



Promoting positive mental health

The previous section showed that youth who experienced discrimination or other traumatic events, were living in poverty, or engaged in excessive technology use were at risk of experiencing poorer mental health. It also showed that the longer immigrant youth lived in Canada, the more likely they were to report poor or fair mental health.

In this section, we consider what was present in the lives of youth who reported better mental health. A few examples are also included which illustrate that the factors that promote more positive mental health among BC youth in general also appear effective for those with a mental health condition.

Healthy lifestyle

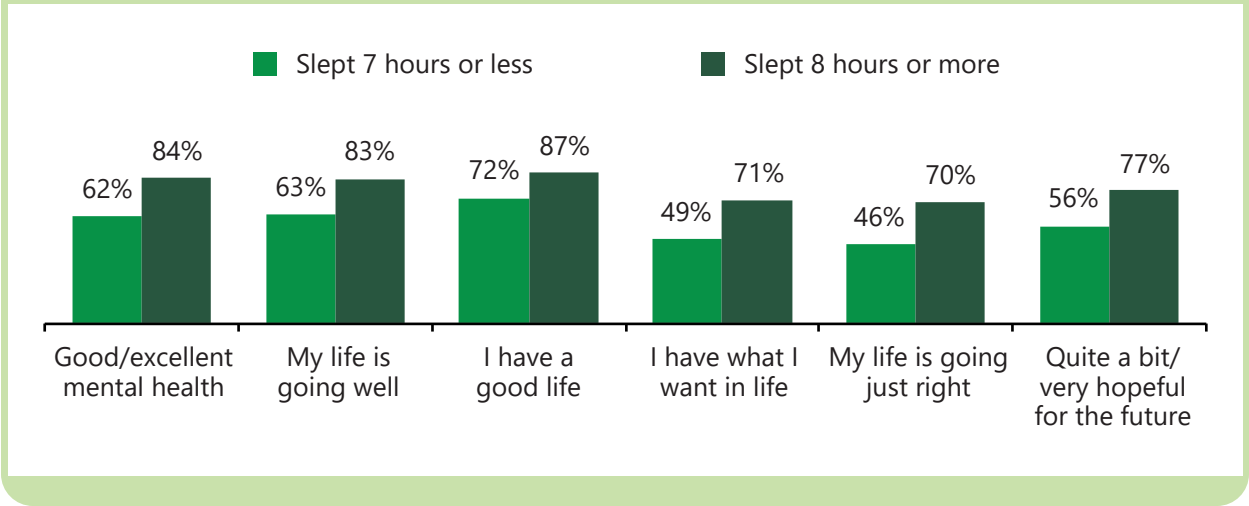
Sleep, physical activity, and diet were all associated with more positive mental health.

Sleep

Youth who slept at least eight hours the night before completing the survey were more likely to report good or excellent mental health, to be satisfied with their life, and to feel hopeful for their future, compared to those who slept for seven or fewer hours.

Similarly, nearly half of youth (47%) with a mental health condition who slept at least eight hours rated their current mental health as good or excellent, compared to around a quarter (26%) who slept for less than eight hours. Youth who slept for eight or more hours were also more likely to feel hopeful for their future (56% vs. 38% who slept fewer hours).

Youth who reported positive mental health in relation to the number of hours slept the previous night



Exercise

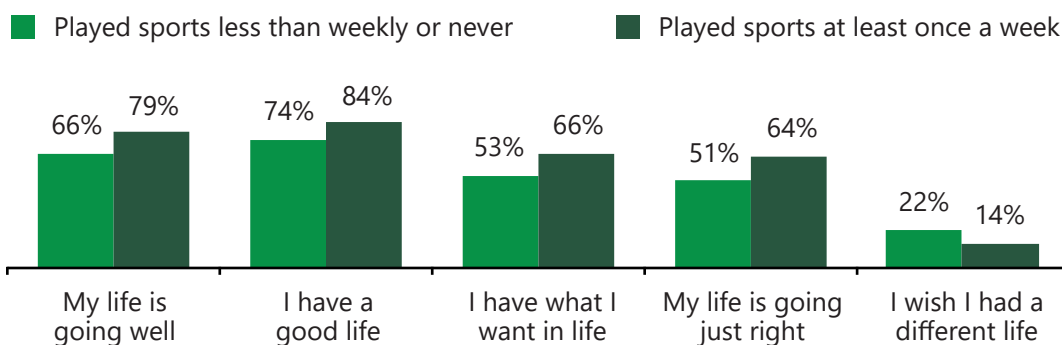
Generally, the more days youth exercised, the more likely they were to report positive mental health. For example, 62% of those who engaged in at least 60 minutes of moderate to vigorous exercise once a week reported good or excellent mental health, compared to 71% who exercised this vigorously three times a week, and 82% who exercised this much every day in the past week.

Playing extracurricular sports on a regular basis was also linked to more positive mental health. For example, 78% of youth who participated in weekly

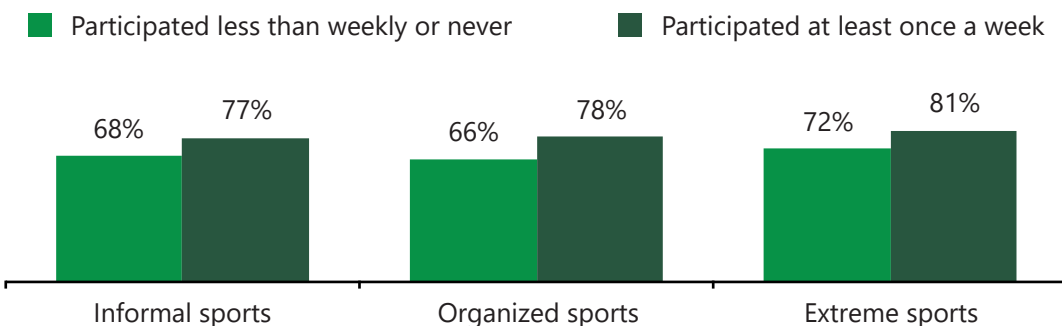
organized sports (such as soccer, hockey, or a swim team) rated their mental health as good or excellent, compared to 66% who played less regularly or did not play in the past year. These youth were also more likely to feel hopeful for their future (73% vs. 58%) and to be satisfied with their life.

A similar pattern was seen for weekly engagement in informal sports (such as hiking, biking and skateboarding) and extreme sports (such as back-country skiing and BMXing).

Youth's life satisfaction in relation to their organized sports involvement in the past year



Youth who reported good/excellent mental health in relation to weekly physical activity involvement in the past year



Diet

Youth who ate healthily were more likely to report positive mental health. For example, youth who more regularly ate fruit, vegetables, salad, and food they or their family had grown or caught, as well as those who drank water more regularly, were more likely to describe their mental health and life satisfaction positively.

A healthy diet was also linked to better mental health, life satisfaction, and hopefulness among youth with a mental health condition. For example, 41% of youth with a mental health condition who had fruit three or more times the previous day reported good or excellent mental health, compared to 25% of those who did not eat fruit. Similarly, 35% of youth who drank water at least three times the previous day rated their mental health as good or excellent, compared to 19% who did not drink water.

BC students who ate at least two meals on a typical school day were more likely than those who ate fewer meals to describe their mental health as good or excellent (82% vs. 51%). They were also more likely to feel hopeful for their future (74% vs. 47%) and to report greater life satisfaction.

Community engagement

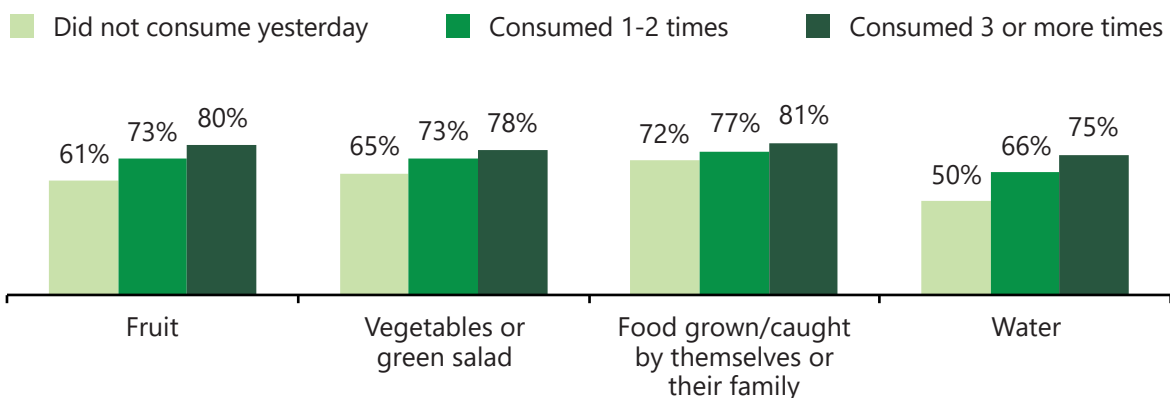
"It can be beneficial to the community if more people knew how to act around people with mental health issues."

"I feel part of two communities. One in China, one in Canada."

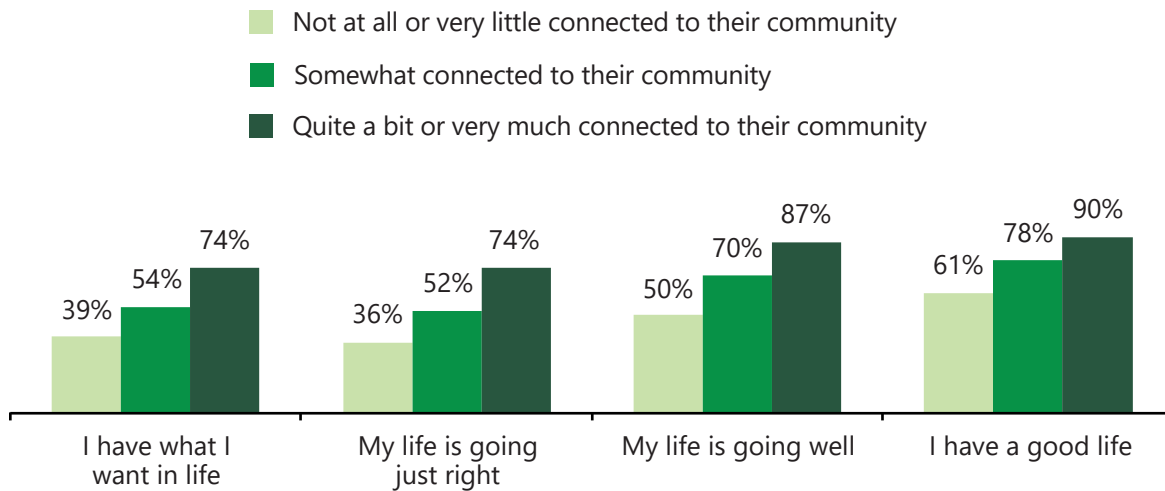
The more connected youth felt to their community, the more likely they were to report positive mental health. For example, 81% of those who felt quite or very connected to their community felt hopeful for their future, compared to 61% who felt somewhat connected, and 44% who did not feel connected.

Feeling like a part of their community was also associated with more positive mental health and better life satisfaction for youth with a mental health condition. For example, those who felt connected to their community were more likely to feel they had a good life. These youth were also more likely to feel hopeful for their future (63% vs. 44% who felt somewhat connected, and 28% who felt very little/not at all connected).

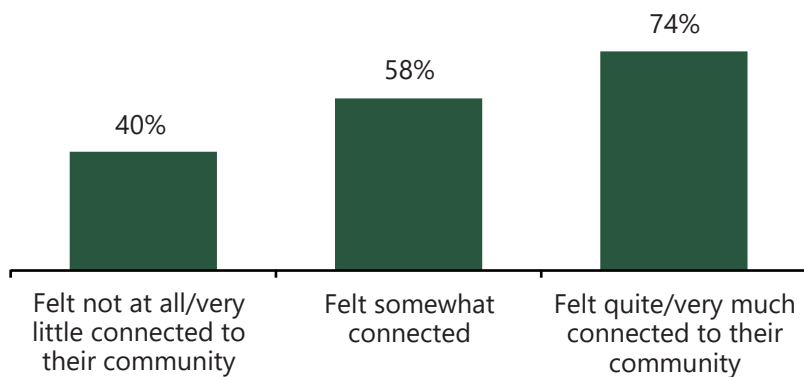
Youth who rated their mental health as good/excellent in relation to their previous day's diet



Youth's life satisfaction in relation to feeling like a part of their community



Youth who felt they had a good life (among those with a mental health condition)



Volunteering and other extracurricular activities

"The only things preventing suicide is my extracurricular activities."

Youth who were contributing to their community by volunteering regularly (at least once a week over the past year) were more likely to feel hopeful for their future (69% vs. 66% who did not volunteer this regularly).

Occasional volunteering was also associated with positive mental health. Youth who volunteered less than weekly over the past year were more likely than those who never volunteered to report that their life was going well (75% vs. 72%), they had a good life (82% vs. 78%), they had what they wanted in life (61% vs. 59%), and that they were hopeful for their future (69% vs. 64%).

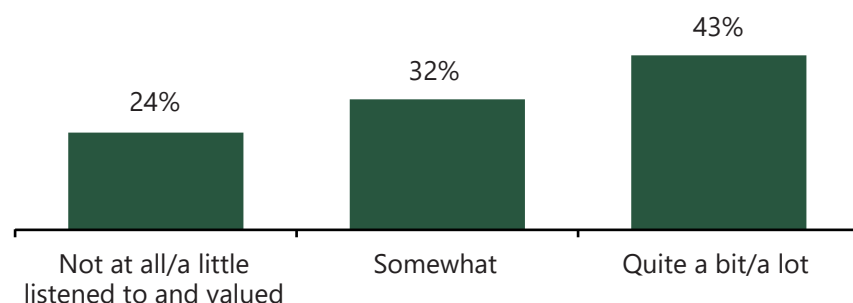
Participating in extracurricular activities on a weekly basis—such as clubs and groups, arts-based activities, and cultural activities—was also associated with positive mental health for youth of all genders. For example, non-binary youth were more likely to report they had a good life (59% vs. 48% of non-binary youth who did not participate in these types of activities this regularly).

Meaningful engagement

Beyond participating in extracurricular activities, it was important for youth to feel meaningfully engaged. For example, 78% of those who felt their activities were quite or very meaningful rated their mental health as good or excellent, compared to 66% who felt their activities were somewhat meaningful, and 58% who did not find their activities meaningful. Also, those who reported their activities were meaningful were more likely to feel hopeful for their future (75% vs. 53% whose activities were somewhat meaningful, and 43% who found little or no meaning in their activities).

Meaningful engagement, and feeling their ideas were listened to and valued in their activities, was also protective for youth with a mental health condition. For example, these youth were more likely to rate their current mental health as good or excellent.

Good/excellent mental health in relation to youth feeling they were listened to and valued in their activities (among those with a mental health condition)

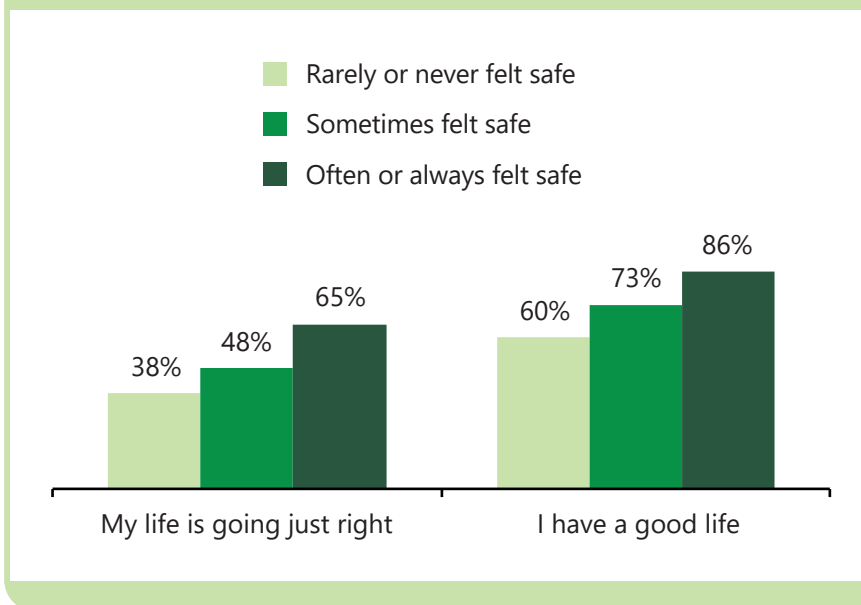


Neighbourhood safety

"Kids need to feel safe."

Feeling safe in their neighbourhood during the day and at night was associated with more positive mental health. For example, 69% of youth who often or always felt safe in their neighbourhood during the day felt hopeful for their future, compared to 40% of those who rarely or never felt safe. Youth who felt safe in the day were also more likely to report good or excellent mental health (75% vs. 56% who rarely or never felt safe).

Youth's life satisfaction in relation to feeling safe in their neighbourhood at night



Internal characteristics

"I feel extraordinarily blessed to live as well as I have."

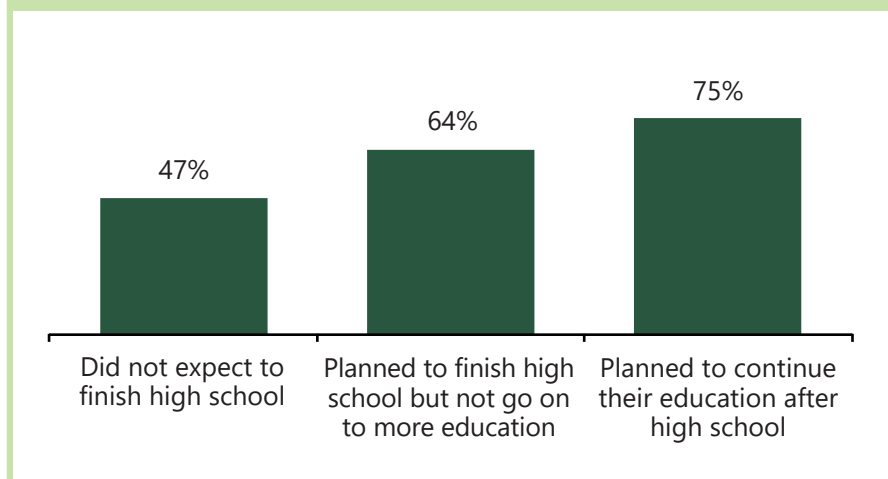
"I think the importance of being happy with oneself should really be included in the curriculum because my confidence levels REALLY dropped when I hit high school."

"When I do think about my future I have big hopes."

Youth who had the internal resilience to persevere when things did not go as they had planned, who felt skilled, and had post-secondary goals were more likely to report positive mental health. For example, those who always persevered to achieve their goals were more likely to report good or excellent mental health (84% vs. 65% who sometimes pushed themselves, and 39% who never pushed themselves). They were also more content with their life (e.g., 11% wished that they had a different life, compared to 21% who sometimes pushed themselves, and 46% who never pushed themselves when things went wrong).

Youth who had set a goal to attend post-secondary education were more likely to describe their mental health as good or excellent, to feel satisfied with their life, and to feel hopeful for their future compared to those who did not plan to attend post-secondary. For example, 71% felt hopeful for their future, compared to 47% who planned to finish high school but to not continue to post-secondary, and 21% who did not expect to finish high school.

Youth who reported good/excellent mental health in relation to school plans



Students who could name something they were really good at were more likely to report positive mental health. For example, they were more likely to feel their life was going well (78% vs. 54% of those who could not name something they were really good at) and that they had a good life (83% vs. 65%). They were also less likely to wish they had a different life (15% vs. 28%).

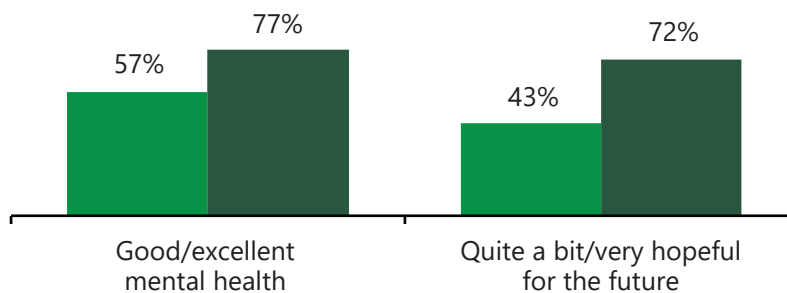
Supporting youth with a mental health condition to feel accomplished and pursue their goals was also protective. For example, 37% of youth with a mental health condition who felt they were really good at something described their mental health as good or excellent, compared to 22% of those who could not name something they were good at.

Also, those who planned to continue their education after high school, such as by going to university, college, or a trade school, reported greater life satisfaction, compared to those with a mental health condition who did not have educational plans after high school.

Youth who felt they had the relationship skills to help a friend in need also reported more positive mental health. For example, youth who had been asked by a friend for help in the past year and felt able to help were more likely to rate their mental health as good or excellent than those who did not feel able to help (72% vs. 50%). Similarly, 57% of those who had helped a friend felt that their life was going just right, compared to 35% who had not felt able to help when asked.

Youth's mental health and hopefulness in relation to feeling skilled

- Could not name something they were really good at
- Could name something they were really good at



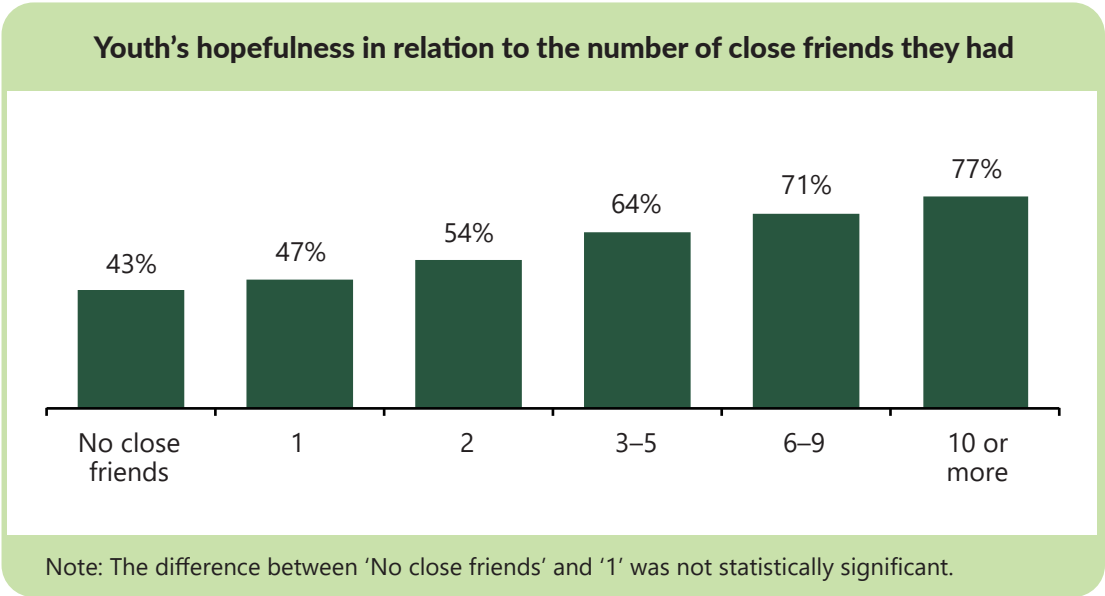
Close friendships

"I'm suicidal but the only person I show my true self to is my best friend."

"I rely on my internet friends when I am struggling."

In-person friendships appeared to play a role in positive mental health (although this was not the case for online friendships). For example, around three quarters of youth (74%) who had at least one close friend in their school or neighbourhood felt their life was going well, compared to half (50%) of those who did not have such a friend.

Generally, the more in-person friends youth had, the more likely they were to report positive mental health. For example, 76% of youth with three or more friends reported good or excellent mental health, compared to 57% of those with fewer friends. These patterns were not seen for online friendships.

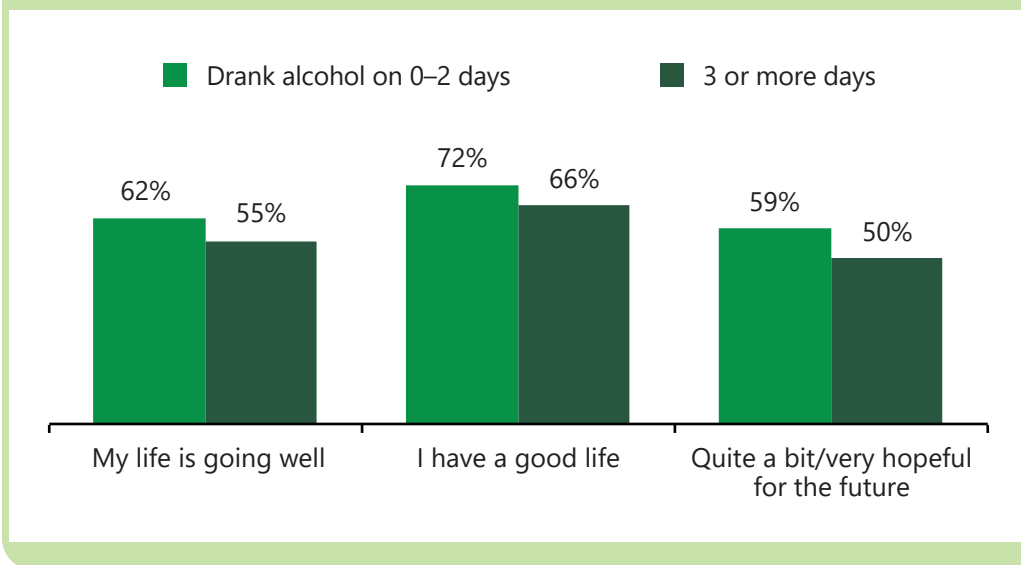


Moderate substance use

Regardless of youth's age, abstaining from substances such as alcohol and cannabis was associated with more positive mental health, as was using in moderation if youth did use substances. For example, 80% of youth who had never tried alcohol experienced good or excellent mental health (vs. 64% of those who had tried alcohol), and 78% of students felt their life was going well (vs. 66%).

Among youth who had tried alcohol, 66% of those who restricted their alcohol use to drinking on a maximum of two days in the past month described their mental health as good or excellent (vs. 59% who drank alcohol more frequently). Females who restricted their alcohol use to no more than a couple of days a month were also more likely to feel hopeful for their future and to feel satisfied with their life.

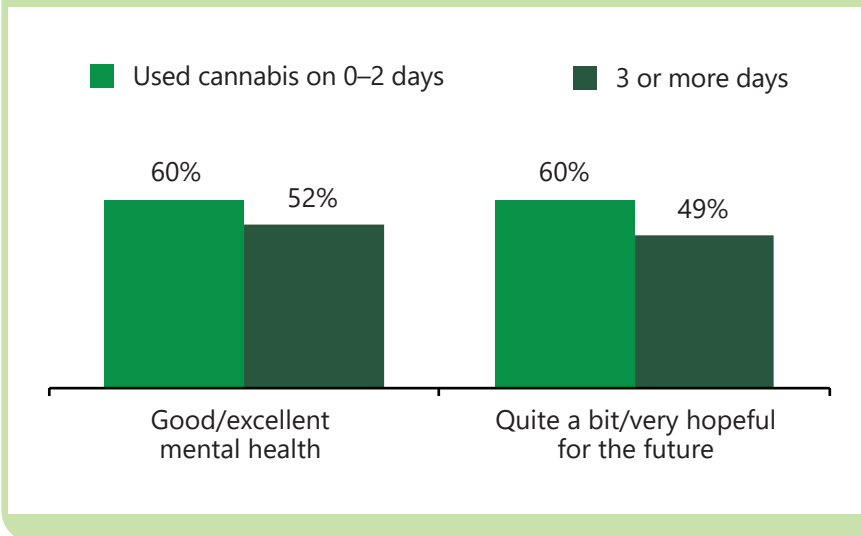
Females' life satisfaction and hopefulness in relation to past month alcohol use (among those who had ever used alcohol)



As with alcohol, youth who had never used cannabis were more likely to report good or excellent mental health, to feel satisfied with life, and hopeful for their future, regardless of their age. For example, 62% of those who had never tried cannabis felt their life was going just right, compared to 43% who had used it.

Among youth who had used cannabis, those who did so in moderation (on a maximum of two days in the past month) were more likely to describe their mental health as good or excellent, to experience life satisfaction, and to feel hopeful for their future, compared to those who used cannabis more often.

Mental health and hopefulness in relation to past month cannabis use (among youth who had ever used cannabis)



Spirituality

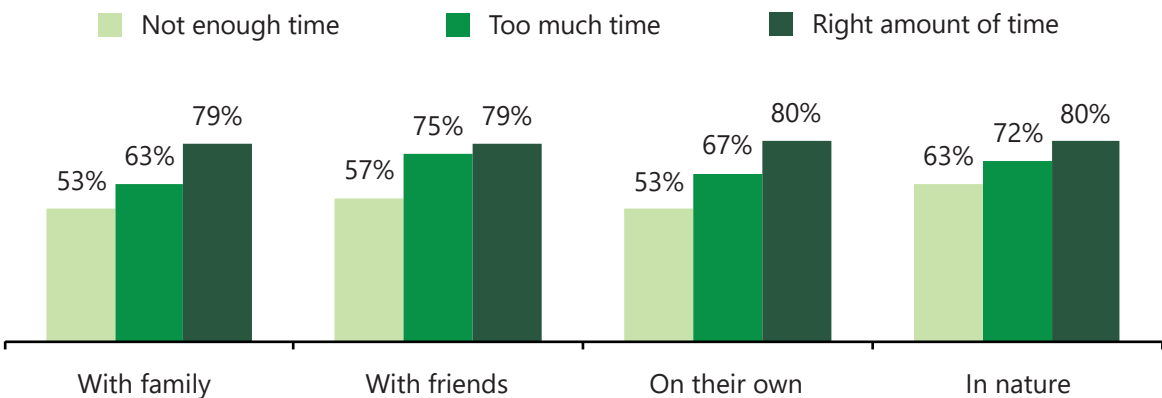
Youth who felt spirituality was somewhat or very important to them were more likely than those who felt it was less important to report positive mental health. For example, 69% who felt it was somewhat or very important felt hopeful for their future, compared to 63% who felt it was a little or not at all important. Youth who did not know whether spirituality was important to them generally reported similar mental health to those who felt it was somewhat or very important.

No time pressure

Youth were asked if they had too much, too little, or the right amount of time to spend with their family, friends, alone, and in nature. Youth who felt they spent the right amount of time were the most likely to report positive mental health. For example, 71% of those who felt they had the right amount of time to spend with their family felt hopeful for their future, compared to 58% who felt they spent too much time with their family, and 51% who spent insufficient time with their family.

Also, youth who felt they had the right amount of time to spend on their own were more likely to feel they had a good life (85% vs. 75% who spent too much time alone, and 64% who did not get enough time alone).

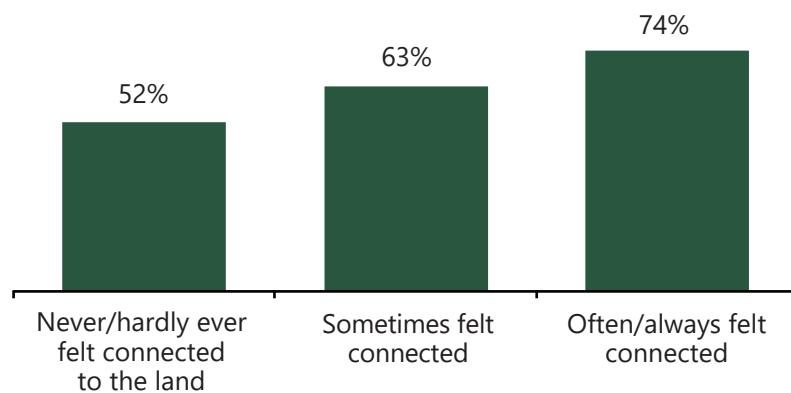
Good/excellent mental health in relation to time pressure



Relationship to the land

In addition to getting enough time in nature, students who often or always felt connected to the land or nature were more likely than those who did not feel this way to experience positive mental health. For example, 77% of those who often or always felt connected to the land or nature described their mental health as good or excellent, compared to 71% of those who sometimes felt connected, and 64% of those who hardly ever or never felt this way.

Youth who felt quite a bit/very hopeful in relation to feeling connected to the land or nature



Building supportive connections for youth with a mental health condition

"I need Healing!"

The previous section identified some of the factors associated with more positive mental health among the general population of youth in BC and offered a few examples to illustrate that these factors are also associated with more positive well-being among those who already have a mental health condition. This section focuses on the role that caring relationships can play in supporting youth who are struggling with a mental health condition (including depression, anxiety disorder, PTSD, and/or a substance use addiction).

Some examples showing how caring relationships can reduce emotional distress (e.g., extreme stress and despair, self-harm, and suicidality) are described below.

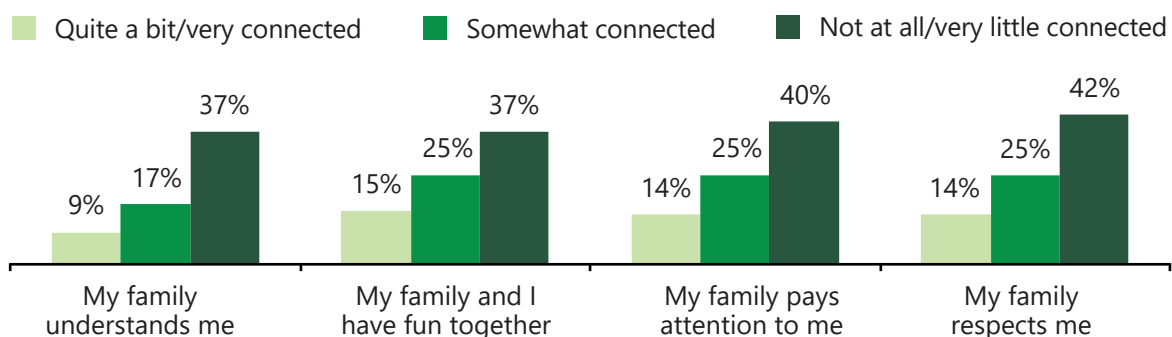
Supportive family relationships

"My older sister is usually the one that helps me and I'm thankful of her."

"My dad is trying really hard."

Among youth with a mental health condition, those who felt their family understood them quite a bit or very much were less likely to experience extreme stress in the past month (19% vs. 29% of those who felt somewhat understood, and 44% who did not feel their family understood them). A similar pattern was seen for experiencing extreme despair.

Youth who felt extreme despair in the past month in relation to family connectedness (among youth with a mental health condition)



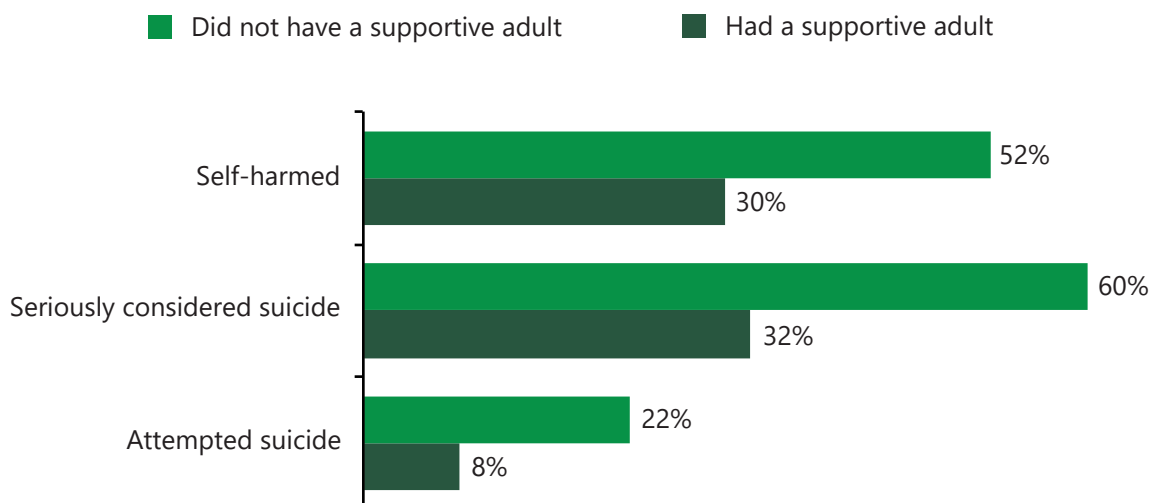
Youth who had a supportive adult in their family whom they could turn to if they had a serious problem were less likely to have self-harmed or to have considered or attempted suicide in the past year.

Youth with a mental health condition whose parents always knew what they were doing in their free time were less likely to report extreme stress (27% vs. 34% whose parents sometimes monitored their free time, and 42% whose parents

never or rarely knew what they were doing with their free time). These youth were also less likely to have seriously considered suicide (38% vs. 52% vs. 63%) or attempted suicide (11% vs. 18% vs. 25%) in the past year.

Similarly, youth with a mental health condition whose parents usually or always monitored their time online were less likely to have felt extreme despair (15% vs. 28% of those whose parents rarely or never monitored them online).

Youth who self-harmed or considered or attempted suicide in the past year in relation to having a supportive adult in their family (among youth with a mental health condition)



Note: A supportive adult was someone a youth would feel okay talking to if they were having a serious problem.

Supportive school environment

"Some kids can't afford a therapist so school's all they got."

"I wish that there would be better support in school for youth."

"My school counsellor helped me a lot."

Youth with a mental health condition were less likely to report recent emotional distress when they felt connected to their school. For example, youth were less likely to report extreme stress in the past month when they:

- ❧ Felt like a part of their school (25% experienced extreme stress vs. 43% of those who did not feel like a part of their school).
- ❧ Were happy to be at school (23% vs. 44%).
- ❧ Felt safe at school (25% vs. 45%).
- ❧ Were treated fairly by school staff (27% vs. 42%).
- ❧ Felt school staff expected them to do well (30% vs. 40%).
- ❧ Had teachers who cared about them (27% vs. 42%).
- ❧ Felt school staff other than teachers cared about them (27% vs. 41%).

Supportive adults in the community

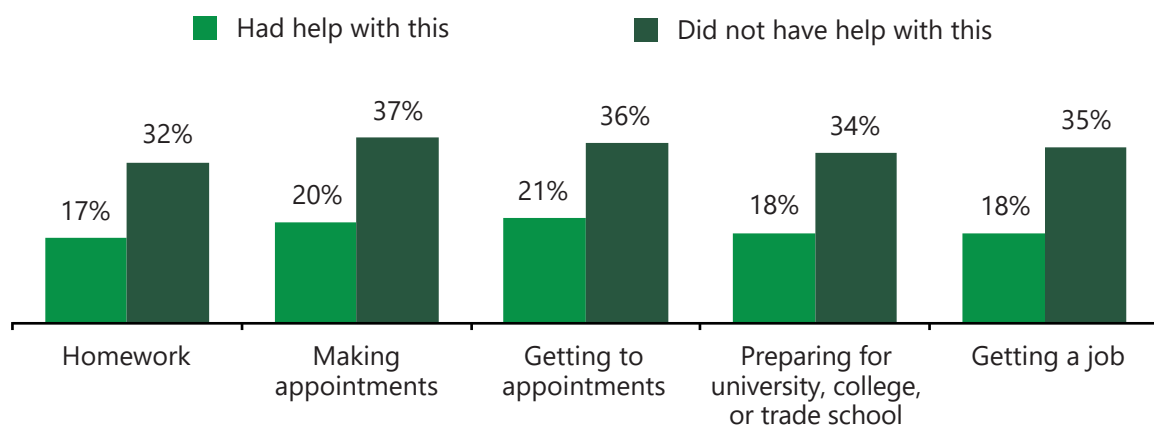
"I just feel like this community needs more adults who will listen and just be there to talk. Making sure that people who don't speak about this get help."

"We should be shown places to get help or talk to people within my community."

Youth with a mental health condition who had an adult in their neighbourhood or community (outside of their school and family) who they felt really cared about them were less likely to report extreme despair, suicidality, and self-harm. For example, 37% had self-harmed in the past year, compared to 46% of those without such an adult in their neighbourhood. Also, females with a mental health condition who had this type of caring adult in their lives were less likely to experience extreme stress in the past month (33% vs. 41% of those without such a caring adult in their lives).

Youth who had an adult who helped them with a variety of tasks (such as homework, making appointments, and preparing for post-secondary) were also less likely to experience recent emotional distress.

Youth who experienced extreme despair in the past month in relation to having an adult who helped them with... (among youth with a mental health condition)



Youth with a mental health condition who approached a range of adults for help in the past year, and found the experience helpful, were less likely to report extreme stress or despair, to have self-harmed, or to have considered or attempted suicide.

Some sources of support appeared most helpful for youth of specific genders. For example, females who found a telephone helpline helpful were less likely than females who found it unhelpful to have seriously considered suicide in the past year (60% vs. 77%), and males who found an online community helpful were less likely to have considered suicide than males who did not find it helpful (42% vs. 62%).

**Youth who seriously considered suicide in the past year
(among those with a mental health condition who had asked an adult for help)**

Whom youth approached	Found the support helpful	Did not find it helpful
Sports coach	30%	58%
Family member	34%	66%
Teacher	35%	57%
Other school staff	36%	60%
Friend's parent	37%	64%
Doctor	39%	65%
Nurse	39%	70%
Spiritual leader	39%	56%
Aboriginal education worker	41%	54%
School counsellor	45%	60%
Youth worker	53%	66%
Social worker	53%	67%
Mental health counsellor	55%	66%

Youth with co-occurring substance use challenges

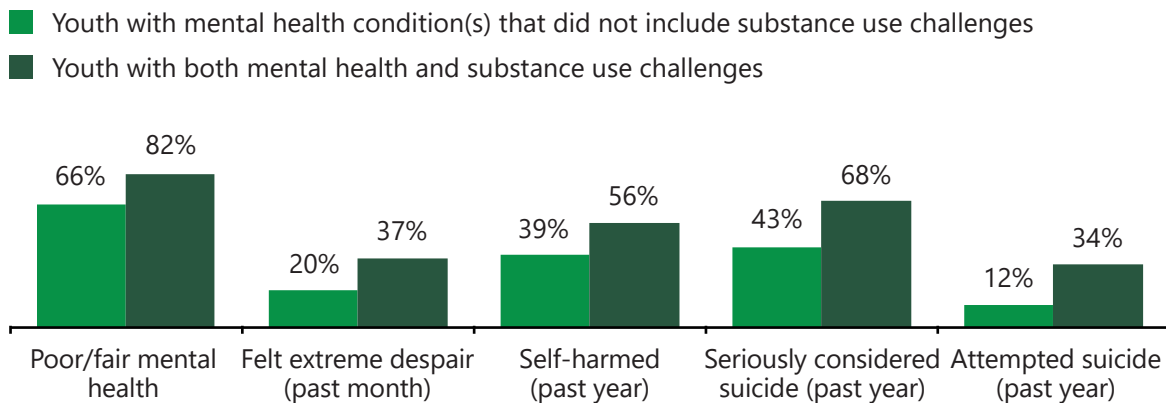
Substance use disorders are recognized as mental health conditions in the DSM. Problematic substance use shares many characteristics of other mental health conditions, such as being more prevalent among youth who have experienced trauma and those who experience social inequalities, including poverty and housing challenges. However, there are some important distinctions, in that youth who do not have access to the right resources may also use substances to try to manage other mental health challenges such as stress, anxiety, and PTSD.

Additionally, youth who have participated in other McCreary projects have noted that traditional mental health supports sometimes do not adequately meet the needs of youth who actively use substances. These youth often experience difficulties accessing support for conditions such as depression or anxiety when they also have substance use problems. In this section we therefore consider youth who reported they had a mental health condition such as depression, anxiety disorder and/or PTSD, and also reported having substance use challenges.

As noted earlier, when asked about specific mental health conditions, 3% of youth reported a substance use addiction. Another question on the BC AHS asked youth if they felt or had been told they needed help for their substance use in the past year. In total, 3% needed help for their alcohol use (an increase from 2013 for both males and females), 3% for their marijuana use, and 1% for their use of other substances. Overall, 6% reported having a substance use challenge (i.e., they had indicated a substance use addiction and/or felt they needed help for their substance use in the past year).

Around half of youth (54%) who reported a substance use challenge also reported they had a mental health condition, such as depression, anxiety or PTSD. Among all youth who completed the 2018 BC AHS, 3% reported having both a mental health condition and a substance use challenge (2% of males vs. 4% of females vs. 9% of non-binary youth). These youth were more likely to report recent emotional distress than youth who had a mental health condition but did not have a substance use challenge. For example, they were over twice as likely to have attempted suicide in the past year.

Emotional distress

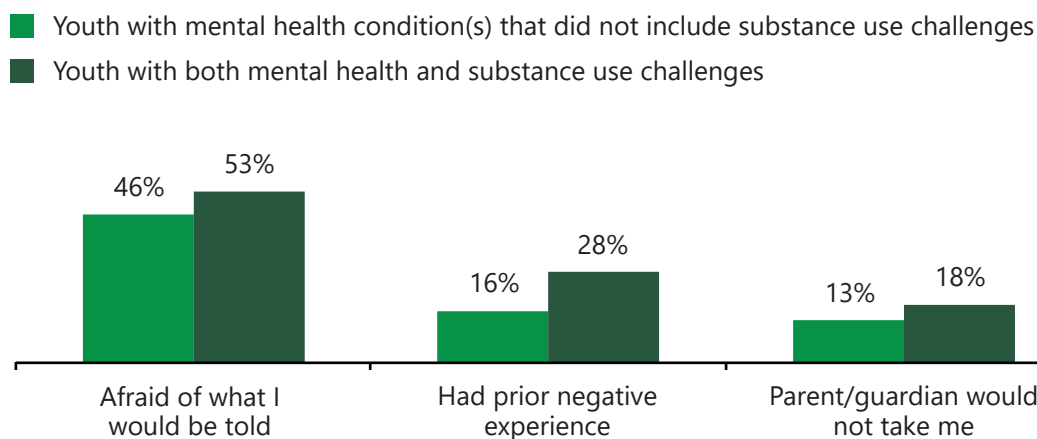


Missed out on needed mental health services

Youth who had both substance use and mental health challenges were more likely to have missed out on accessing needed mental health services in the past year, compared to those who had a mental health condition but did not have substance use challenges (60% vs. 47%). Further, among youth who missed out on these needed services,

those with both substance use and mental health challenges were more likely to report certain reasons for having missed out, such as being afraid of what they would be told, and having had a negative prior experience accessing services. These findings were consistent regardless of youth's age.

Reasons for missing out on needed mental health services in the past year

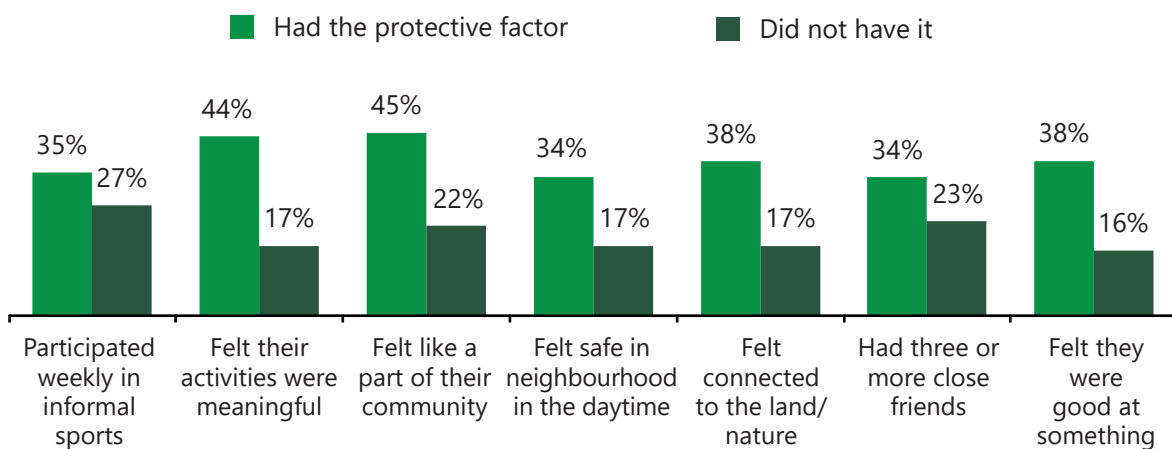


Protective factors

Many of the factors that were found to support positive mental health among youth in general were also protective for youth with both mental health and substance use challenges. For example, these youth were more likely to report better current mental health and well-being (e.g., hopefulness, greater quality of life) if they:

- 🌀 Took part in weekly organized or informal sports.
- 🌀 Experienced meaningful engagement in their activities, and felt their ideas were listened to and valued.
- 🌀 Felt like a part of their community.
- 🌀 Felt safe in their neighbourhood.
- 🌀 Felt connected to the land/nature.
- 🌀 Had three or more close friends in their school or neighbourhood.
- 🌀 Felt they had the right amount of time to spend with their family and/or alone (as opposed to insufficient time).
- 🌀 Could identify something they were good at.
- 🌀 Slept for eight or more hours the night before completing the survey.

**Youth who felt hopeful for their future
(among those with both mental health and substance use challenges)**



Similarly, as with other youth, those with both mental health and substance use challenges were less likely to report emotional distress if they had supportive connections in their lives.

For example, they were less likely to report extreme despair, self-harm, or suicidality if they:

- Q Felt close to their family (e.g., felt their family paid attention to them and understood them).
- Q Felt connected to school, such as feeling like a part of their school, feeling safe there, and that teachers cared.
- Q Had an adult in their community or neighbourhood who they felt really cared about them.
- Q Had an adult inside or outside their family they would feel comfortable talking to if they had a serious problem.

**Extreme despair in the past month
(among youth with both mental health and substance use challenges)**

Supportive connections	Had the supportive connection	Did not have it
Felt their family paid attention to them	27%	46%
Felt their family understood them	21%	46%
Felt like a part of school	28%	49%
Felt safe at school	27%	48%
Felt their teachers cared	30%	45%
Had an adult (inside or outside of the family) they could talk to	29%	49%
Felt an adult in the neighbourhood really cared about them	34%	42%

Conclusion

This report has shown that most youth in BC report positive mental health. However, the percentage has decreased at a time when the percentage who have missed out on accessing needed mental health services has increased.

The reasons youth miss out on needed mental health services are particularly important to pay attention to. It is hoped that the investments being made in new child and youth mental health services will reduce waitlist times and ensure youth receive prompt and age-appropriate services. The data also suggests there is a need to address the most common reasons youth miss out on services, such as not wanting their parents to know and hoping the problem will go away.

The high percentage of youth who experience co-occurring substance use challenges who missed out on needed mental health services—and specifically did not access services because of a previous negative experience—shows that more needs to be done to ensure that youth with mental health and substance use challenges are well-served within the mental health system.

The different mental health profiles that emerged by gender, age, and life experiences for young people growing up in BC shows the need for services and supports to be individualized and flexible to meet the needs of all youth.

The findings in this report are in line with much of what is already known about the roles of sleep, diet, and exercise in mental health. It has also highlighted the need to ensure all youth—and particularly those dealing with trauma, poverty and other challenges—feel safe, supported and connected, and are able to fully participate in school and community life.

McCreary's Youth Research Academy (YRA) suggest that adults can assist youth to feel connected, supported and engaged by helping them feel valued and noticed. This can include adults showing they are pleased to see youth, and making an effort to say hello, meeting youth where they are at, being non-judgmental, taking the time to build trust, and offering young people opportunities to develop autonomy and participate in decisions that affect them.

The Youth Research Academy (YRA) is a group of youth aged 16 to 24 with experience of the government care system. Members of the YRA are trained to conduct research projects of interest to youth in and from government care and the agencies that serve them. More information about the YRA can be found at www.mcs.bc.ca/youth_research_academy.

Youth who completed the BC AHS also had a number of suggestions for how to better support young people. Examples include:

"I think giving more education and tips to parents, adults etc. could really improve things for everyone."

"Just listen and try and understand."

"Adults need not to judge and say 'it is nothing' when you pick up the courage to talk to them."

"Give us a list of where to go for help."

"Talk about mental health in school with a teacher that actually knows about it."

"Teach us about the difference between mental illness and regular anxiety, depression, etc."

"Reduce bullying and get kids to understand the effect of when they are mean."

"Teach us that everyone gets stressed and how to live with it."

"I'd like to see more daily and regular education on mental health and illness. Not everyone understands it so it's hard to get the help you need when you have it."

Resources

Mental health data



Regional reports of the 2018 BC AHS provide an overview of youth health in each of BC's 16 HSDA regions. Each report includes a chapter on mental health and is available on our website: www.mcs.bc.ca/download_resources.

As part of a series of 'by youth for youth' posters, McCreary's Youth Advisory & Action Council (YAC) have created a poster of the 2018 BC AHS mental health data. Download the poster at www.mcs.bc.ca/youth_resources.

Presentations and workshops

McCreary staff are available to offer presentations and workshops for youth and adult audiences on a range of health topics, including mental health. Please email mccreary@mcs.bc.ca to arrange a presentation or workshop.

The PowerPoint to accompany this report is available at www.mcs.bc.ca/download_resources.

Youth Action Grants

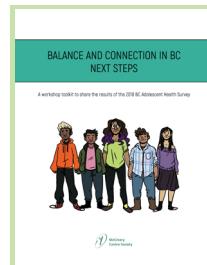


The Youth Action Grants (YAGs) were created by McCreary's Youth Advisory & Action Council (YAC). The purpose of the YAGs is to provide BC youth (ages 12–19) from school districts that participated in the 2018 BC AHS the opportunity to deliver a project to improve youth health in their school or community. Applications from youth wishing to address mental health, or other health topics, are currently being accepted. Learn more about the YAGs and download the application at www.mcs.bc.ca/youth_action_grants.

Trevor Coburn Memorial Grants

The Trevor Coburn Memorial Grants are available to youth up to the age of 29. They are aimed at young people wanting to carry out projects to support vulnerable youth in BC, including those with substance use challenges. Learn more about the grants and download the application at www.mcs.bc.ca/trevor_coburn_memorial_grants.

Next Steps Curriculum and toolkit



This toolkit provides a workshop template for facilitators to share the results of the 2018 BC AHS with young people in British Columbia. It includes an introduction to the results, activities to learn about risk and protective factors,

and discussion questions to explore youth health, including mental health. The accompanying PowerPoint contains a bank of trivia questions for the Trivia Time game. The toolkit is available at www.mcs.bc.ca/next_steps. McCreary staff are also available to deliver the curriculum through interactive online or in-person workshops.



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