



McCreary  
Centre Society



# **Raven's Children V:**

**A profile of First Nations, Métis,  
and Inuit youth health in BC**



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McCreary Centre Society  
3552 East Hastings Street  
Vancouver, BC V5K 2A7



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**Copies of this report are available at: [mcs.bc.ca](https://mcs.bc.ca).  
For enquiries about this report, please email: [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).**

## Project team

Samantha Martin-Ferris  
Jessica Tourand  
Cheylene Moon  
Nina Sunday  
Annie Smith  
Colleen Poon  
Garrett Jones  
Zainab Thawer



## Layout

Danielle Mahdal

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**Monique Auger**, University of Victoria

**Siobhan Avery**, Surrey School District

**Tanya Davoren**, Director of Health and Wellness, Métis Nation BC

**Jessica Knutson**, Child & Youth Engagement, Vancouver Aboriginal Child and Family Services Society

**Lynn Marois**, Indigenous Community Liaison Officer, Representative for Children and Youth BC

**Annette McComb**, Surrey School District

**Alexandra Pierik**, Indigenous Wellness Policy Analyst, BC Association of Aboriginal Friendship Centres

**Billie Joe Rogers**, Reciprocal Consulting Inc.

**Kim van der Woerd**, Lead for Strategy and Relations, Reciprocal Consulting Inc.

**Grace Wells**, Research Associate, Reciprocal Consulting Inc.



Quotes from Indigenous youth who completed the 2018 BC Adolescent Health Survey are included throughout this report.



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# KEY FINDINGS

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In comparison to results from previous waves of the BC Adolescent Health Survey (BC AHS), findings from the 2018 BC AHS highlight improvements in the health of First Nations, Métis, and Inuit youth (referred to as Indigenous youth in this report), as well as continuing discrepancies and causes for concern.

## There were improvements in the percentage of Indigenous youth who:

- Spoke an Indigenous language (28% vs. 14% in 2013).
- Exercised daily for at least an hour (21% of those aged 12–17 vs. 18% in 2013).
- Experienced a concussion (19% vs. 22% in 2013).
- Engaged in risky substance use. For example, among those who had tried alcohol, 63% binge drank the previous Saturday vs. 78% in 2013. Compared to a decade earlier, there were also decreases in alcohol and cannabis use, and in daily smoking rates (8% vs. 15% in 2008).
- Waited until they were at least 15 years old to first have sexual intercourse (55% vs. 47% in 2008; among those who ever had intercourse).
- Had been physically abused (20% vs. 25% in 2008).

## There were no such improvements in the percentage of Indigenous youth who:

- Went to bed hungry because there was not enough money for food at home (17% did so at least sometimes and 2% did so often or always).
- Experienced positive mental health. For example, 30% self-harmed in the past year, which was an increase from 25% in 2013.
- Felt safe at school and on transit. Two-thirds felt safe at school (vs. 72% in 2013), and those who used transit were less likely to feel safe doing so than their non-Indigenous peers (53% vs. 60%).
- Experienced dating violence in the past year (11% of those who dated vs. 9% in 2013).

## In comparison to non-Indigenous students, Indigenous youth were:

- Five times as likely to have been in government care (15% vs. 3%); and those whose family had been in Residential School were more likely to have been in care (19% had care experience).
- Less likely to eat three meals a day (26% vs. 39%).
- More likely to have missed out on needed mental health services in the past year (25% vs. 18%).
- More likely to have vaped in the past month (37% vs. 26%).
- More than twice as likely to have lost someone close to them due to a fentanyl overdose (with the highest rates among youth who had been in government care or who had a family member attend Residential School).

## Indigenous youth reported more positive health and well-being when they:

- Ate traditional foods from their culture. For example, 73% reported good or excellent mental health (vs. 63% who had not eaten these foods recently).
- Regularly participated in cultural activities. For example, they were more likely to feel like a part of their community (46% vs. 36% who took part in cultural activities less often or not at all).
- Felt their teachers cared about them. For example, they were less likely to report self-harming or experiencing extreme stress and despair.
- Had supportive adults and friends they could turn to, and felt like part of their school and community.

# INTRODUCTION

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McCreary Centre Society (McCreary) is a not-for-profit organization that aims to improve the health of BC youth through research, evaluation, and community-based projects. McCreary's BC Adolescent Health Survey (BC AHS) is a voluntary and anonymous survey administered every five years to students in Grades 7–12 in mainstream public schools across the province. The survey was first administered in 1992. In 2018, just over 38,000 students in 58 of BC's 60 school districts completed the survey. For the 2018 provincial and regional results, and details of the survey methodology, please visit [mcs.bc.ca](http://mcs.bc.ca).

## Raven's Children

Since the second BC AHS in 1998, McCreary has partnered with Indigenous researchers and community Elders, youth, and adults to produce a report about the health of Indigenous youth who participated in the survey. This is the fifth Raven's Children report.

As in prior reports, we would like to recognize that Indigenous communities were healthier and thriving prior to colonization, and hope that the strengths of communities across BC will continue to grow as Indigenous peoples are treated more fairly and equitably. This report has been structured to reflect a holistic view of health with the minds, bodies, and spirits of Indigenous youth at the forefront. Using data from the BC AHS, the report illustrates and upholds the benefits of healthy nutrition, exercise, and sleep as well as the importance of caring communities, families, and Indigenous ways of knowing.

The BC AHS is considered representative of over 95% of BC youth aged 12–19 who were attending mainstream schools in the province. The survey asks around 140 questions about risk and protective factors for healthy development, including a small subsection of questions specifically for Indigenous youth. For the first time, the 2018 BC AHS asked if participants' families had attended Residential School. The results highlight the ongoing impact that these institutions, and other colonial and discriminatory policies and practices, have had on the health of Indigenous youth in BC.



Between the *Raven's Children IV* report which used 2013 BC AHS data and the current report using the 2018 BC AHS results, Indigenous peoples have continued to work to rebuild, heal, and strengthen their communities, and there have been a number of legal and policy changes that may have impacted the health and well-being of Indigenous youth. These include:

- Implementation of the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*.
- Introduction of Bill 41 to implement UNDRIP (the Bill passed in 2019).
- Enactment of Jordan's Principle to ensure all First Nations children have access to the public services they need.
- The Tsilhqot'in people won the first ever Canadian recognition of Aboriginal title in 2014.
- The national inquiry into Missing and Murdered Indigenous Women began (*and was published in 2019*).
- Implementation of extended provincial health insurance coverage by First Nations Health Authority (FNHA) in BC.
- The passing of the Act respecting First Nations, Inuit, and Métis children, youth, and families which allows for greater rights to self-determination to Indigenous communities across Canada, including jurisdiction for child welfare services to be managed by Indigenous communities.

Also in 2021, *Taanishi Kiiya? Miiyayow Métis Saantii Pi Miyooayaan Didaan BC* the Métis Public Health Surveillance Program – Baseline Report was released which referenced the 2018 BC AHS (Chapter 4 Métis Youth Health & Wellness).

## About the analyses in this report

All reported comparisons in this report are statistically significant 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 was no statistically significant difference between percentages.

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

The report provides associations, and does not imply causation or the direction of the relationships.

Gap analyses were conducted on key variables to determine if discrepancies in the health of Indigenous youth in comparison to their non-Indigenous peers had changed. These are noted in the text.

## Limitations

As a broad health survey, the BC AHS asks about a range of health topics. It was not designed specifically for Indigenous youth and includes few culturally-specific questions. Additionally, the 2018 survey asked about family history of Residential School but did not ask about other colonial practices and institutions which are known to have negatively impacted Indigenous children and families.

The results may not be representative of all Indigenous youth aged 12–19, as they do not include youth who were not attending public school, were absent on the day the survey was administered, or who experienced challenges to completing a paper and pencil survey.

Non-binary youth were included in all 2018 BC AHS analyses. However, due to the small number of Indigenous youth who identified as non-binary, results could not always be reported separately. Additionally, previous years' survey results could only be reported for males and females as these were the only available gender responses.



### Available resources

Some of the information contained in this report is upsetting and may be difficult to read. The report covers topics such as family history of Residential School, abuse and other types of violence, discrimination, bereavement, and suicide. Please be gentle with yourself and take care of your safety and well-being.

Below is a list of helplines and resources:

**BC Mental Health Helpline:** 310-6789

**Talk Suicide Canada:** Call 1-833-456-4566; Text 45645

**Hope for Wellness Helpline:** 1-855-242-3310

**National Indian Residential School Crisis Line:** 1-866-925-4419

**KUU-US Crisis Line:** 1-800-588-8717

## Terms used in this report

**Government care:** Youth in the care of the BC government or a Delegated Agency (in a foster home, group home, Kith and Kin agreement, or custody centre), or on a Youth Agreement (which is considered an alternative to care).

**Indigenous:** Youth who identified their background as Aboriginal/Indigenous, including First Nations, Métis, Inuit, or another Indigenous identity.

**Non-binary:** Youth who did not identify as male or female.

**Parent:** Youth's parent(s) or guardian(s).

**Phone:** Cell phone, smartphone, or other similar portable electronic device.

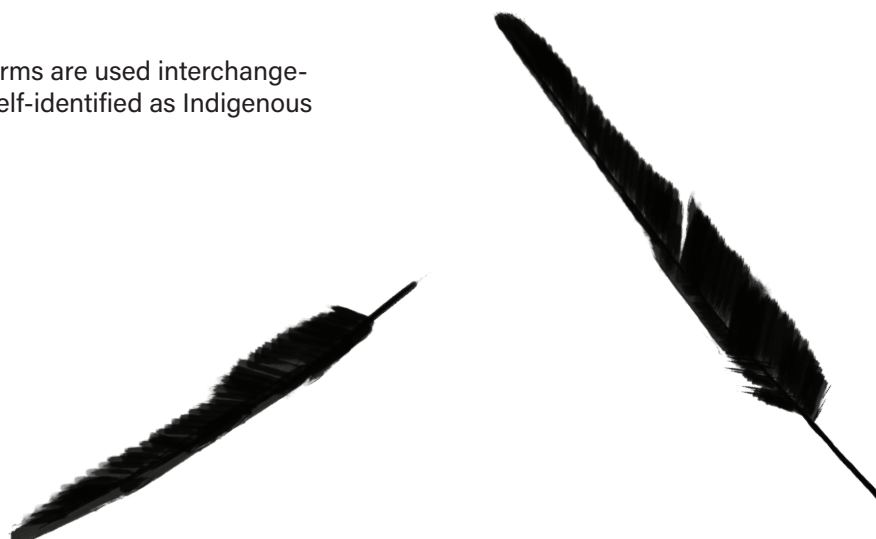
**Rural:** Youth's school was located in an area classified as rural.

**Sexually abused:** Youth who reported they had been sexually abused, forced into sexual activity against their will, or were the younger of an illegal age pairing the first time they had sex.

**Two-Spirit:** Youth who self-identified as Two-Spirit. Some Indigenous communities use the term Two-Spirit to refer to diverse gender identities, gender presentations, and sexual orientations. For many Indigenous people, connections to land, culture, and spirituality are key aspects of Two-Spirit identity.

**Urban:** Youth's school was located in an area classified as urban.

**Youth or student:** These terms are used interchangeably to refer to youth who self-identified as Indigenous (unless otherwise stated).



# NATIONS WELL-BEING

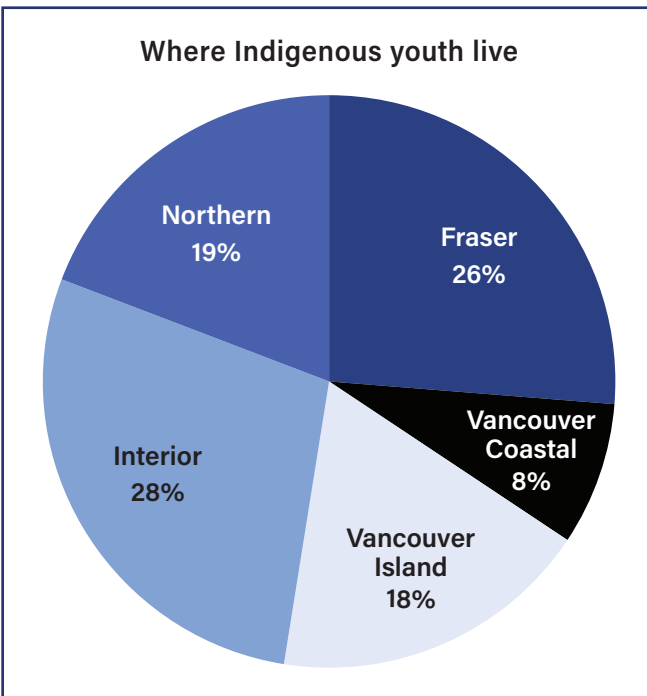
**Nationhood is defined as the belonging to one’s space, whether urban, rural, or on reserve.**

This section focuses on the background of Indigenous youth in BC. It explores the identity and makeup of youth in communities, including their families, home lives, and connection to where they live. Gender identity, sexual orientation, and Two-Spirit identity are also explored, as are the impacts of the Residential School and government care systems.

## Background of Indigenous youth in BC

Over 38,000 youth aged 12–19 completed the 2018 BC AHS, including 10% who identified as Indigenous. The percentage who identified as Indigenous was unchanged from 2008 and 2013. Among youth who identified as Indigenous, the majority were First Nations (61%), around a third were Métis (32%), 2% were Inuit, and 6% indicated another Indigenous background.

Around one in five youth (22%) completed the survey in a rural school (compared to 10% of non-Indigenous youth). Similar to results in 2013, 27% of Indigenous youth had ever lived on reserve, and 17% currently lived on reserve. Indigenous youth most commonly lived in the Interior and Fraser regions of BC.



Note: Percentages do not total 100% due to rounding.

## Sexual orientation and gender identity

*I am transgender, but my family doesn't have enough money for me to start hormone replacement therapy."*

For most males and females (95%), their current gender identity matched their sex assigned at birth, while 1% were transgender and 4% did not identify as either male or female (referred to in the rest of this report as non-binary). Youth most commonly identified their sexual orientation as straight, while 23% identified as a sexual minority (with no urban-rural differences).

Straight	77%
Mostly straight	6%
Bisexual	10%
Lesbian or gay	1%
Questioning	6%

Non-binary youth were the least likely to identify as straight (18% vs. 72% of females and 87% of males); and the most likely to identify as bisexual (48% vs. 13% of females and 3% of males), gay or lesbian, or to be unsure of their orientation (e.g., 21% vs. 5% of females).





## SPOTLIGHT ON THE HEALTH OF TWO-SPIRIT YOUTH

*Raven's Children IV* discussed the homophobia and transphobia that Two-Spirit youth may experience within their own communities, as well as the sexism, classism, and racism they can experience in non-Indigenous and LGBTQ2S+ communities.

Comparable to 2013, 5% of Indigenous youth identified as Two-Spirit, although more than half of students (56%) did not know what the term 'Two-Spirit' meant. Non-binary youth were five times more likely to identify as Two-Spirit (20% vs. 4% of males and females). Nearly half (49%) of Two-Spirit youth identified as straight, 28% as bisexual, 8% as mostly straight, 8% as questioning, and 7% as gay or lesbian.

Among Indigenous youth who identified as Two-Spirit, 36% felt like a part of their community, which was similar to their non-Two-Spirit peers. Two-Spirit youth were more likely to be involved in various aspects of their culture. For example, they were more likely to:

- Speak an Indigenous language (57% vs. 21% of Indigenous non-Two-Spirit youth).
- Often or always feel connected to the land they lived on (66% vs. 49%).
- Have participated in cultural activities in the past year (54% vs. 21%), and done so regularly (18% did so on a weekly basis vs. 5%).
- Have eaten traditional foods the day before taking the survey (37% vs. 22%).

The majority of Two-Spirit youth rated their overall health positively, and 60% engaged in moderate to vigorous exercise on at least three days in the past week, including 21% who exercised every day. However, they also faced challenges. For example:

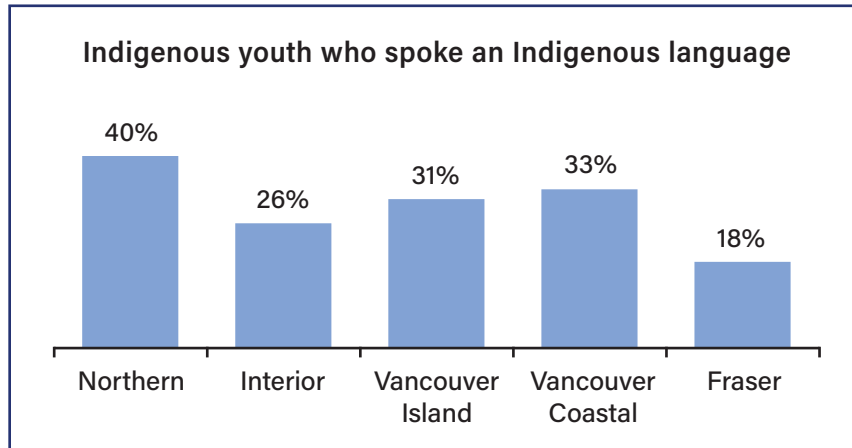
- 50% rated their mental health as good or excellent (vs. 67% in 2013).
- 48% usually felt good about themselves.
- 49% had considered suicide (vs. 34% in 2013) and 26% had attempted suicide in the past year.
- 70% were discriminated against in the past year, including 24% because of their sexual orientation and 31% because of their gender or sex.
- 37% had been physically abused and 51% had been sexually abused.

When Two-Spirit youth had supportive relationships in their life, they reported more positive health and well-being. For example, those with at least three close friends in their school or neighbourhood were less likely to have considered suicide in the past year (43% vs. 59%\* of those with fewer than three friends). Also, those who had an adult in their life who they could turn to when they needed help were more likely to rate their mental health as good or excellent (58% vs. 30%\* of those without this type of support).

## Indigenous language

A little over a quarter (28%) of students spoke an Indigenous language, including 3% who could hold a conversation and 1% who were fluent.

Rural-based students were more likely to speak an Indigenous language than urban-based ones (34% vs. 27%). There were also some regional differences. For example, students in the Northern region were most likely to speak an Indigenous language, while those in Fraser were least likely.



Note: The differences between Interior, Vancouver Island, and Vancouver Coastal were not statistically significant.

The percentage of Indigenous youth who spoke an Indigenous language doubled compared to 2013 (28% vs. 14%). The increase was seen for youth living off reserve (from 6% to 15% in 2018) and on reserve (from 37% to 64%).

Youth who spoke an Indigenous language were more likely to feel connected to the land (55% vs. 47% who did not speak an Indigenous language), to report that spirituality was very important to them (20% vs. 12%), to eat traditional foods (32% did so the day before taking the survey vs. 19%), and to participate in cultural or traditional activities over the past year (50% vs. 18%).





## Living situation

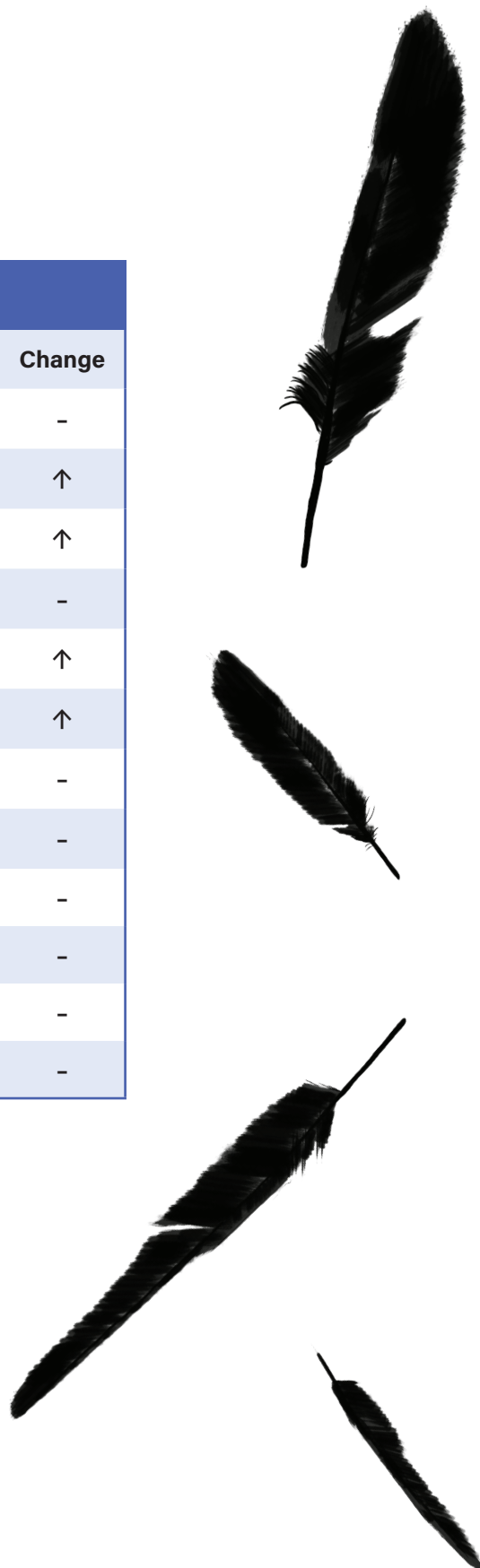
Similar to five and ten years earlier, 91% of Indigenous youth lived with at least one parent. Compared to five years earlier, students were more likely to be living with their father/stepfather, sibling(s), grandparent(s), and other children or youth.

Who Indigenous youth lived with most of the time			
	2013	2018	Change
Mother/Stepmother	77%	78%	-
Father/Stepfather	60%	65%	↑
Sibling(s)/Step-sibling(s)	49%	60%	↑
Live with both parents at different times	10%	11%	-
Grandparent(s)	10%	13%	↑
Other children or youth	2%	3%	↑
Other related adults	4%	5%	-
Other unrelated adults	2%	3%	-
Foster parent(s)	3%	2%	-
Two mothers or two fathers	1%	2%	-
Own child or own children	1%	<1%	-
Live alone	1%	1%	-

Note: Youth could choose more than one response.

On a typical school day, youth were more likely than their non-Indigenous peers to have caretaking responsibilities, including caring for a relative with a disability or a younger sibling (27% vs. 21%), their own child or children (2% vs. 1%), and pets (67% vs. 49%).

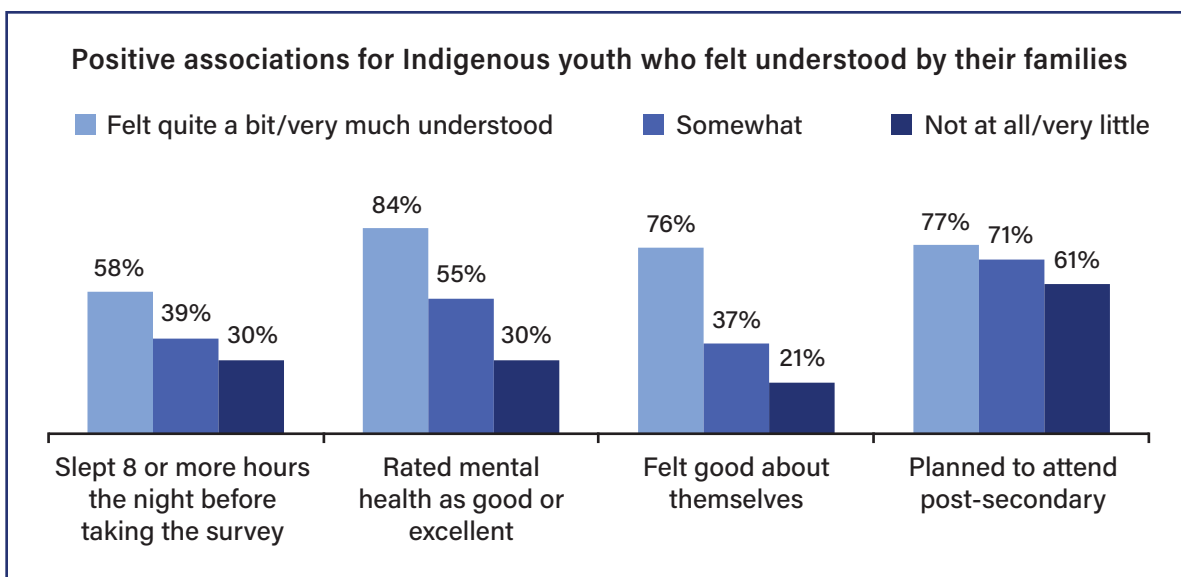
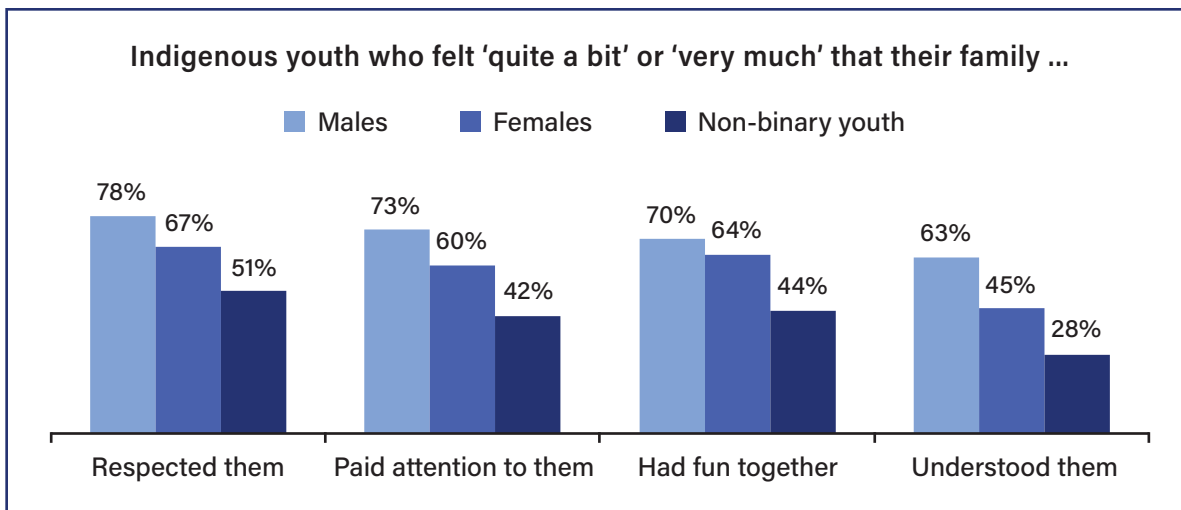
In the past year, 30% of youth had changed address, including 9% who had moved three or more times. In comparison to their non-Indigenous peers, Indigenous youth were more likely to have moved (30% vs. 24%), run away from home (13% vs. 7%), and been kicked out (9% vs. 5%) in the past year.



## Family connectedness

The majority of youth felt connected to their family. For example, 71% felt respected by their family, 66% had fun with their family, 66% felt their family paid attention to them, and 53% felt understood by them. Non-binary youth were least likely to feel this way.

Having positive relationships with family was associated with better health. For example, youth who felt their family understood them were more likely than their peers who did not feel this way to get the recommended amount of sleep, rate their mental health positively, feel good about themselves, and have post-secondary aspirations.



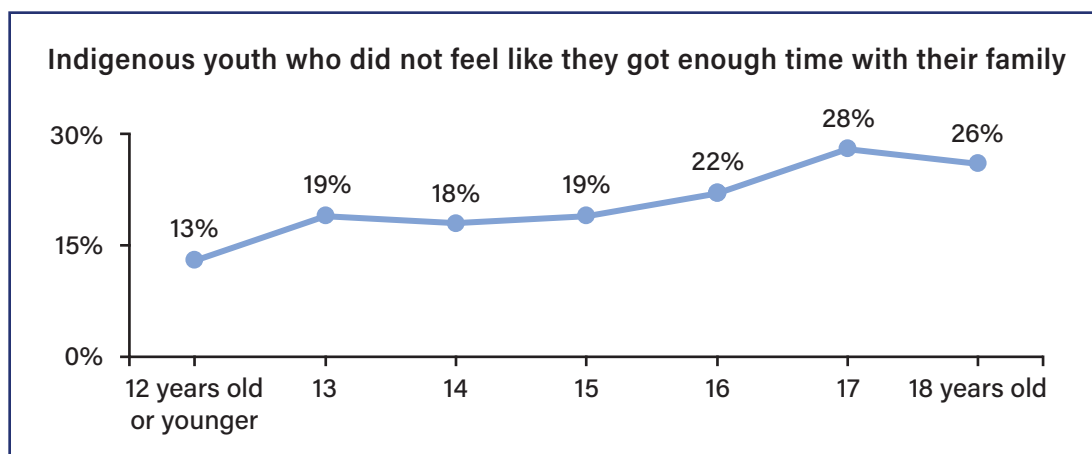
## Enough time with family

Around three quarters (73%) of youth felt they spent the right amount of time with their family. Males were the most likely to feel this way (79% of males vs. 69% of females and 50% of non-binary youth).

Youth who reported getting the right amount of time with their family were more likely to report good or excellent mental health (72% vs. 41% who did not get enough time), and to usually feel happy (66% vs. 35%). They were also less likely to have missed school due to their mental health (19% vs. 42%).

## Parental presence

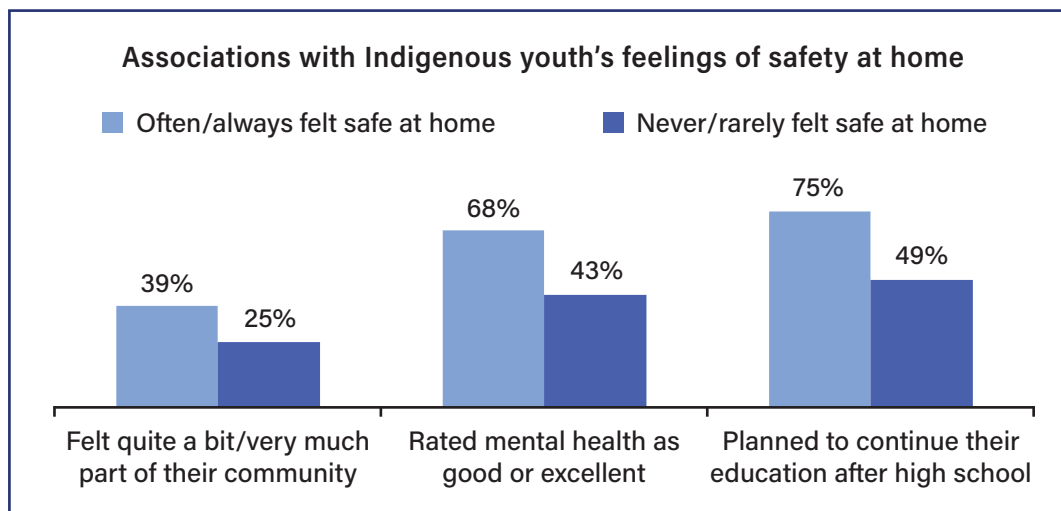
The majority of youth (70%) indicated their parents often or always knew what they were doing in their free time, and 43% had parents who knew what they were doing online. Non-binary youth were the least likely to have parents who knew what they were doing in their free time (e.g., 44% vs. 70% of males) and online (e.g., 32% vs. 44% of males).



Note: Not all differences by age were statistically significant.

## Safety at home

Most youth (91%) always felt safe at home, while 4% rarely or never felt safe. Positive associations with feeling safe at home included youth being more likely to feel connected to their community, experience positive mental health, and plan to continue their education after high school.



## Employment

A third (33%) of youth worked at a paid job during the school year, which was an increase from 29% in 2013, but lower than in 2008 (42%). Among youth who worked, two thirds worked 12 hours or less a week, 25% worked 13–20 hours, and 9% (10% of males vs. 7% of females) worked more than 21 hours a week. These rates were similar to 2013.

## Poverty and deprivation

Comparable to 2013, 17% of youth reported going to bed hungry at least sometimes because there was not enough money for food at home, including 2% who did so often or always.

Youth who went to bed hungry were less likely to rate as good or excellent their general health (54% vs. 79% of those who never went to bed hungry) and mental health (43% vs. 69%).

The 2018 BC AHS included a Youth Deprivation Index which was developed with the input of over 800 Indigenous and non-Indigenous youth across BC. The index included 10 items youth felt were most important for them to have to feel like they belonged, and which if they did not have, could make them feel like they were missing out on things their peers had.

The majority of youth had all the items on the list. However, Indigenous youth were more likely than their non-Indigenous peers to feel deprived of items such as money to spend on themselves and a smart-phone. Overall, 19% of Indigenous youth felt deprived of one item, 8% of two items, and 8% of three or more items.

Youth who were currently living on reserve at least some of the time were more likely to be deprived of access to the Internet (5% vs. 3% of youth not living on reserve) and access to transportation (8% vs. 5%).

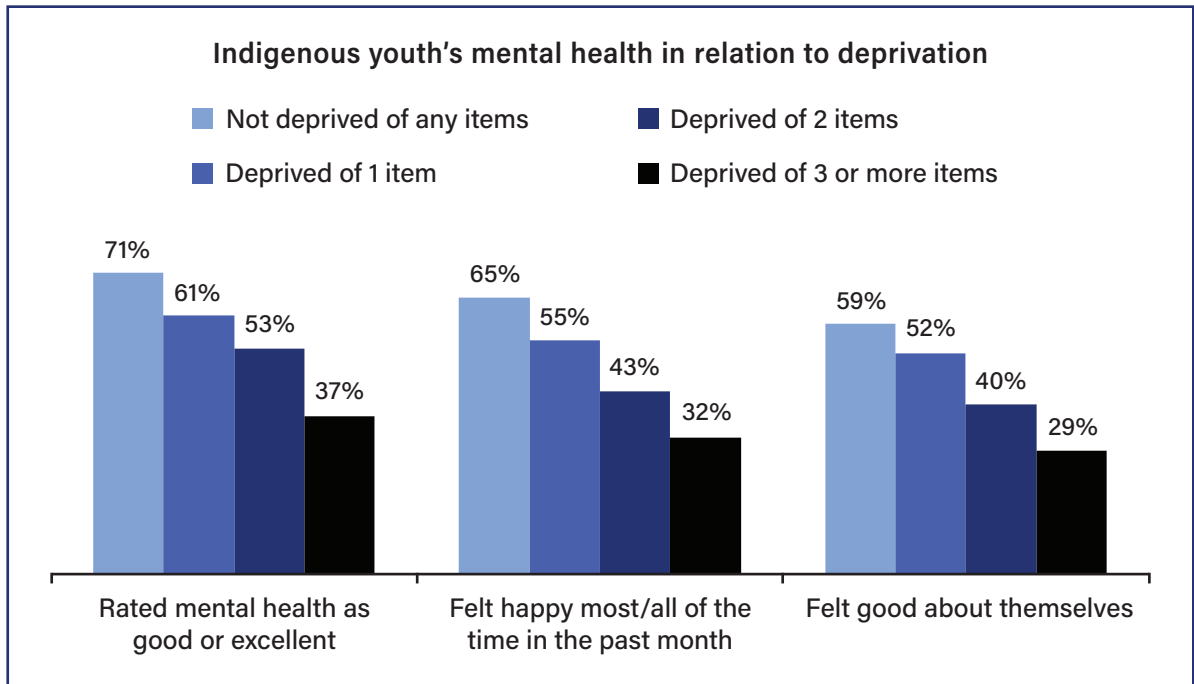


Youth who felt deprived of ...		
	Indigenous youth	Non-Indigenous youth
Money to spend on themselves	15%	9%
A smartphone	10%	6%
Money for school supplies, trips, and extracurricular activities	8%	4%
Lunch for school/money for lunch	8%	4%
Space of their own to hang out in	7%	6%
Equipment/clothing for extracurricular activities	6%	3%
Access to transportation	5%	3%
Clothes to fit in	3%	2%
Access to the Internet	3%	1%
A quiet place to sleep	3%	2%

Note: The differences between Indigenous and non-Indigenous youth for having a space of their own and clothes to fit in were not statistically significant.

When the items were considered individually, there was a link between feeling deprived and potentially negative health outcomes. For example, youth who did not have a quiet place to sleep were less likely to have slept for at least eight hours (29% vs. 48% who had a quiet place to sleep).

The more items youth felt deprived of, the less likely they were to experience positive mental health and to have positive plans for the future. For example, 67%\* of those who felt deprived of five or more of the items planned to finish high school and continue to post-secondary, compared to 84% of youth who did not feel deprived of anything on the list.



## Government care experience

Youth who completed the BC AHS were asked if they had been in government care or an alternative to government care, including services provided by a Delegated Agency. In total, 15% of Indigenous youth (vs. 3% of non-Indigenous youth) had ever been in care, and 5% were currently in care. This included 3% who were currently in a foster home and 1% who were currently in a group home. The percentage who had ever been in a foster home, group home, or on a Youth Agreement was comparable to 2013.

There were few regional differences in care experience. However, youth who had ever lived on reserve were more likely to have been in care (23% vs. 12% who had never lived on reserve).

Youth currently in care were more likely to have moved from one home to another in the past year (49% vs. 28% of those not currently in care), including nearly a quarter who had moved three or more times (23% vs. 8%). Most youth with care experience (81%) felt safe where they were living, and those who felt safe were less likely to have run away in the past year (21% vs. 37%\* who did not feel safe).

Youth who had been in care were more likely to experience deprivation than their Indigenous peers without care experience, including not having but wanting spending money (23% vs. 14%), a smartphone (18% vs. 9%), and a space of their own to hang out in (14% vs. 6%). Over half (54%) of youth with care experience reported being deprived of at least one item on the list (vs. 32% of Indigenous youth who had never been in care), including 5% who felt deprived of five or more items (vs. 1%).

Fifteen percent of youth who were currently in care were 17 or 18 years old, meaning they would be transitioning out of government care within two years. Among these youth, 76%\* planned to continue their education after high school; 38%\* worked at a paid job during the school year; 59%\* felt hopeful for their future; 80%\* had an adult they could talk to about a serious problem; and most had an adult who helped them with getting to appointments (76%\*), preparing for post-secondary (60%\*), and getting a job (57%\*).

## Supporting Indigenous youth with care experience

Compared to Indigenous youth who had never been in care, those with care experience were less likely to report good or excellent mental health (51% vs. 67%); and were more likely to have self-harmed (40% vs. 24%), considered suicide (39% vs. 23%), and attempted suicide (19% vs. 7%) in the past year.

Youth with care experience were also less likely to have a supportive adult in their life, including an adult they felt comfortable talking to if they had a serious problem (72% vs. 79% of youth who had never been in care), and an adult who helped them with tasks such as making and getting to appointments.

Indigenous youth who had an adult to help them with ... <i>(among those who needed help)</i>		
	Ever in Care	Never in Care
Making appointments	87%	95%
Getting to appointments	90%	95%
Homework	63%	77%
Getting a job	72%	84%
Preparing for university, college, or trade school	68%	81%

When youth with government care experience did have supportive adults in their life, they were more likely to report positive health and well-being. For example, if they had an adult they could turn to for help with a serious problem, they were less likely to have considered suicide (31% vs. 60% of those who did not have such an adult) or attempted suicide (13% vs. 35%) in the past year. They were also more likely to feel happy most or all of the time in the past month (52% vs. 28%) and to feel that they had a good life (58% vs. 27%).



Some specific adults were particularly helpful to youth with care experience. For example, those who had a helpful social worker were more likely to rate their mental health as good or excellent (65% vs. 26%\* who asked for help but did not find their social worker helpful); and to identify having adult support with getting a job (74% vs. 37%\*) and preparing for post-secondary (68% vs. 41%\*). They were less likely to wish they had a different life (33% vs. 58%\*), to have experienced extreme stress (10% vs. 36%\*), and to have skipped class (29% vs. 54%\*) in the past month.

Similarly, youth with government care experience who had access to a helpful Aboriginal Education Worker were more likely to report having an adult they could talk to if they were having a serious problem (87% vs. 63%\* of youth who did not find an Aboriginal Education Worker helpful) and were less likely to have self-harmed in the past year (36% vs. 69%\*).

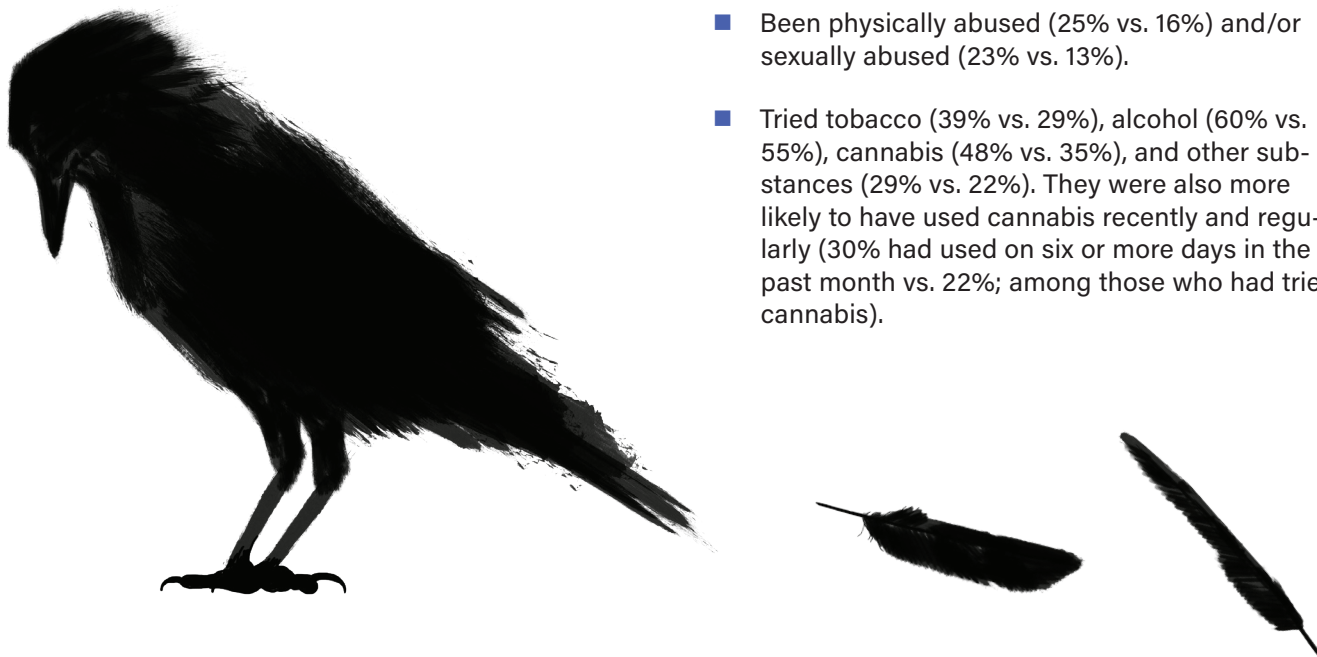
## Residential School

Around 4 in 10 youth (39%) reported they had a family member who had attended Residential School. However, this is likely an underestimate as 38% did not know if a family member had attended.

For nearly a quarter (24%) of youth it was their grandparent(s) who attended Residential School (28% of rural-based youth vs. 23% of urban-based youth). Also, 4% of youth's parents had attended and 22% had another relative such as an aunt or uncle who attended.

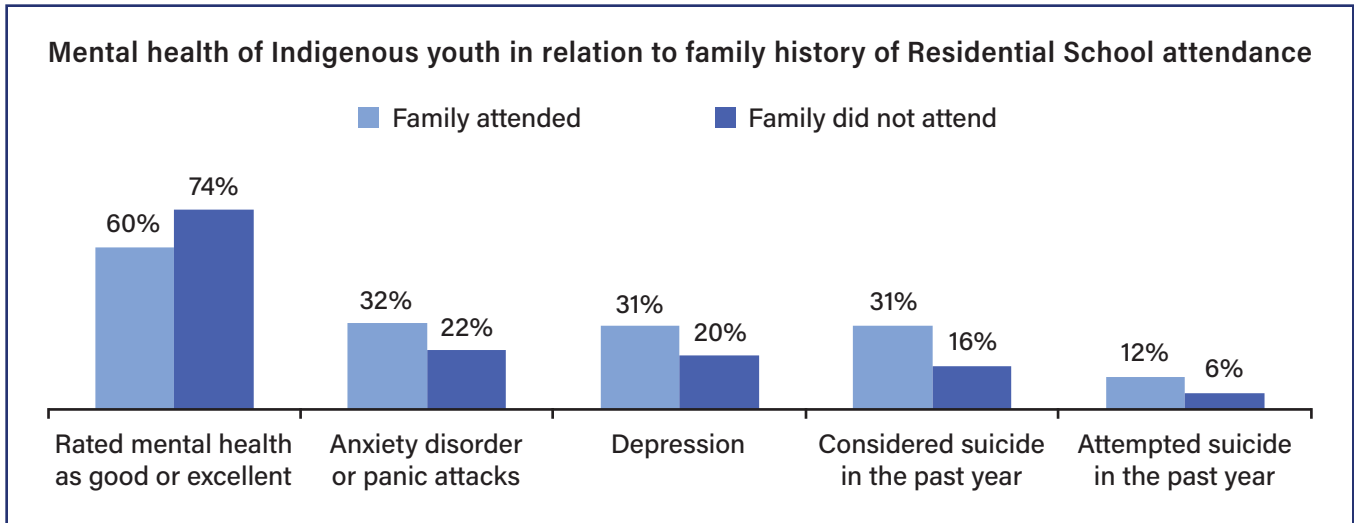
The collective impact and inter-generational trauma of having a family member attend Residential School was highlighted in the BC AHS findings. It was associated with a broad range of health indicators, including poverty and deprivation, mental health challenges, substance use, and experiences of violence. For example, youth whose family attended Residential School were more likely to have:

- Felt deprived of at least one item their peers had (39% vs. 28% of Indigenous youth whose families had not attended Residential School).
- Gone to bed hungry at least sometimes because there wasn't enough money for food at home (20% vs. 16%).
- Experienced a family member attempt or die by suicide (46% vs. 21%).
- Been in government care (19% vs. 10%).
- Been physically abused (25% vs. 16%) and/or sexually abused (23% vs. 13%).
- Tried tobacco (39% vs. 29%), alcohol (60% vs. 55%), cannabis (48% vs. 35%), and other substances (29% vs. 22%). They were also more likely to have used cannabis recently and regularly (30% had used on six or more days in the past month vs. 22%; among those who had tried cannabis).





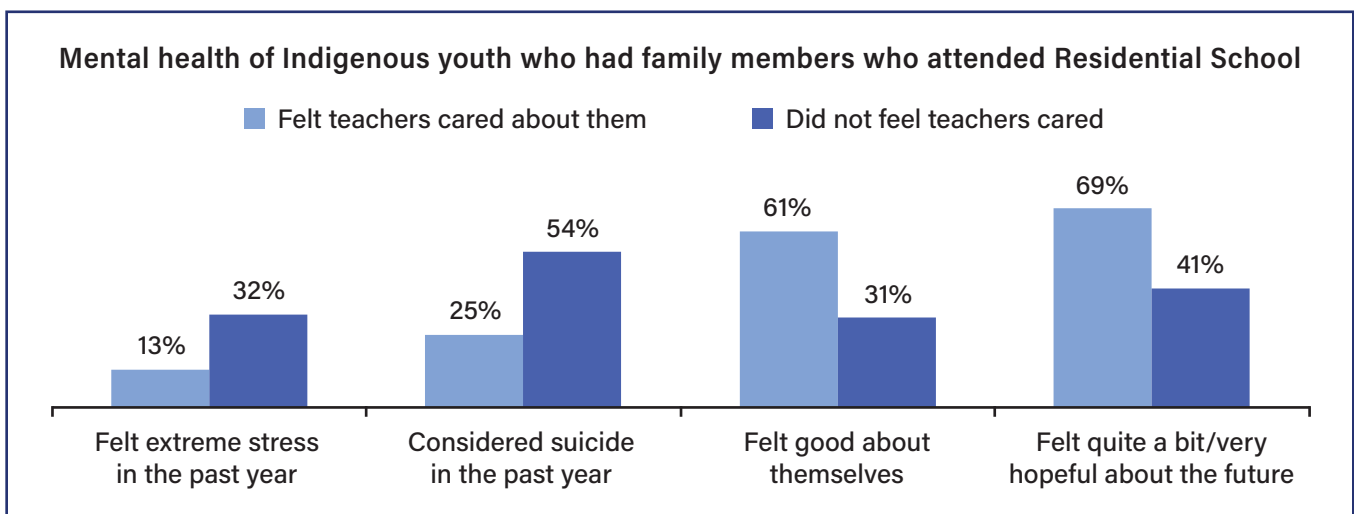
Residential School history also appeared to affect connection to family. For example, youth whose family attended Residential School were less likely to feel understood by their families (49% felt quite a bit or very much understood vs. 60% of those who did not have this family history).



### Supporting Indigenous youth who have been impacted by the Residential School system

Youth with family members who had attended Residential School who also had supportive adults in their lives were more likely to report positive health. For example, youth who had an adult in their family they could turn to about their problems were less likely to report mental health issues such as depression (21% vs. 48% of those who did not have this type of support) and anxiety disorder/panic attacks (23% vs. 49%).

Similar results were seen among youth who had supportive adults in their school or neighbourhood, and among those who felt connected to their community. For example, 66% of those who felt connected to their community felt good about themselves, which was double the rate among those who did not feel connected (33%).



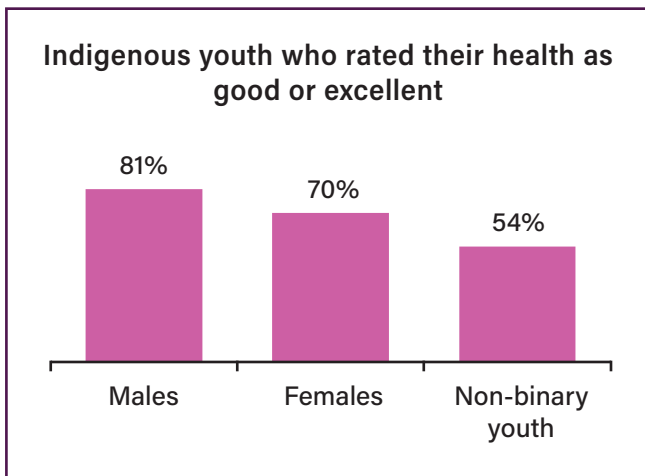


# PHYSICAL WELL-BEING

This section examines the physical health and well-being of Indigenous youth in BC, including how they rate their health, as well as their nutrition, exercise, sleep, injuries, and access to health care.

Qualitative comments from youth on the BC AHS showed that physical well-being was one of the areas they wanted to learn more about, including how to reduce their risk of injury, manage injuries, and improve nutritional intake.

Three quarters of Indigenous youth rated their health as good or excellent, which was a decrease from five years earlier (75% vs. 81% in 2013), and lower than the rate among non-Indigenous youth (81%). Over the decade between 2008 and 2018, there was no change in the disparity between Indigenous and non-Indigenous youth health ratings. Males were the most likely to rate their health positively.



## Health conditions and disabilities

Overall, 39% of Indigenous youth had at least one type of health condition or disability, which was an increase from 36% in 2013. Among youth with a health condition or disability, 44% reported that their condition prevented them from doing things their peers did such as school, sports, or social activities.

Health conditions and disabilities reported by Indigenous youth	
Mental or emotional health condition	23%
Long-term/chronic medical condition	11%
Learning disability	8%
Sensory disability	5%
Severe allergy requiring EpiPen	3%
Physical disability	2%
Other	3%

Note: Youth could choose more than one response.



## Injuries

In the past year, 31% of youth were injured seriously enough to require medical attention, which was higher than the rate among non-Indigenous youth (25%). About a fifth (18%) had been seriously injured once, 8% had been injured twice, and 5% had been injured three or more times.

Injury rates were comparable to 2013 but lower than in 2008 (37%). Previously, males were more likely than females to experience an injury. However, there was no such gender difference in 2018. Consistent with previous years and similar to non-Indigenous youth, Indigenous youth were most likely to experience a serious injury while playing or training for organized sports.

Common causes of injuries serious enough to require medical attention (among Indigenous youth who were injured in the past year)	
Organized sports	46%
Walking/running outside	19%
Informal sports	16%
Riding a bike	15%
Skateboarding	9%
In a motor vehicle	9%
Fighting	9%
Working	6%

Note: Youth could choose more than one response.



## Concussions

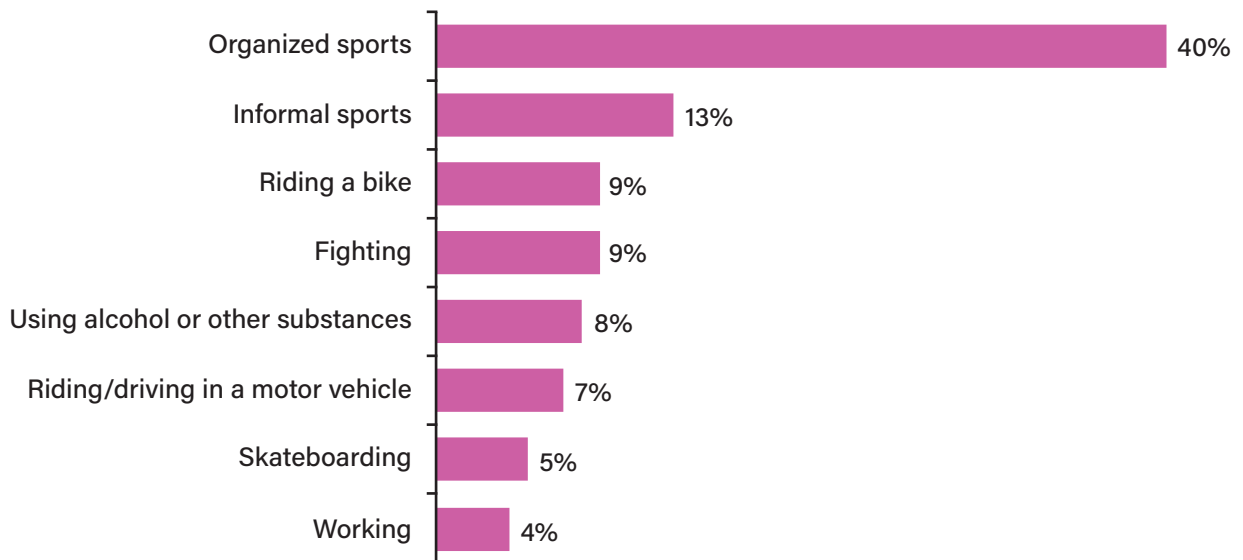


*I would like to learn more about concussions/head injuries—physical sport injuries.”*

About a fifth (19%) of youth experienced a concussion in the past year. This was higher than the rate among non-Indigenous youth (13%) but a decrease for Indigenous youth from 22% in 2013. This decrease was driven by males (19% vs. 25% in 2013), as females reported concussions at the same rate as five years earlier (19%).

Youth who had a concussion experienced a variety of symptoms including headaches (75%); dizziness or balance problems (66%); ringing in their ears (47%); blurred vision (48%); being dazed, confused, or suffering a gap in memory (44%); and loss of consciousness (28%). Just under half (49%) of youth who experienced a concussion in the past year reported receiving medical treatment for their concussion.

**Most common causes of concussions sustained by Indigenous youth in the past year  
(among those who had a concussion)**



Note: Youth could choose more than one response.

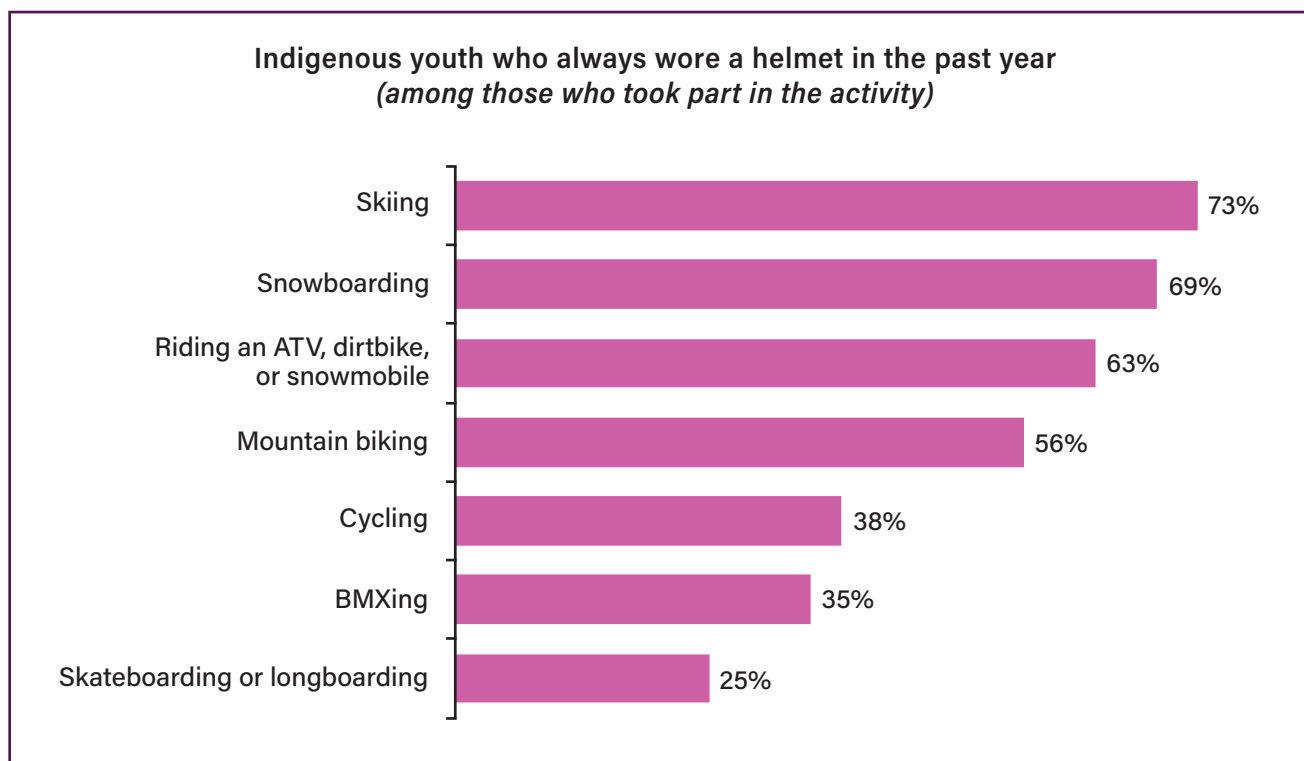


## Injury prevention

Two thirds (67%) of youth always wore a seatbelt while riding in a car, truck, or van. This represented a decrease from 2013 (71%) but was still higher than in 2008 (61%). There were no gender differences.

About 4 in 10 (38%) students who cycled in the past year always wore a helmet while doing so, which was an increase from 30% in 2013. There were some gender differences in helmet use. For example, females were the most likely to always wear a helmet when snowboarding (74% vs. 68% of males and 46%\* of non-binary youth).

Indigenous youth whose parents knew what they were doing in their free time were more likely to wear a helmet when engaging in activities with increased risk of a head injury. For example, 44% of youth whose parents mostly or always knew what they were doing in their free time always wore a helmet while cycling, compared to 18% of those whose parents never or rarely knew.



## Driving after substance use

Among youth who had tried alcohol, 9% had driven a car or other vehicle after drinking, and 3% had done so in the past month. The percentage who had driven after drinking was higher than among non-Indigenous youth (6%) but lower than in 2008 (16%).

Among youth who had tried cannabis, 15% had ever driven after using cannabis (vs. 23% in 2008), with 7% having done so in the past month.

Similar to five years earlier, 25% of youth had ridden in a vehicle with a driver who had been drinking alcohol and 22% had ridden with a driver who had been using cannabis. Indigenous youth were more likely than non-Indigenous ones to ride with a driver who had been drinking (25% vs. 20%) or using cannabis (22% vs. 13%).



## Access to health care

The report, *In Plain Sight* (Turpel-Lafond et al., 2020), investigated Indigenous-specific racism and discrimination in BC's health care system. The report noted some of the barriers that Indigenous people face in accessing care, and how experiences of racism and discrimination can impact access to health care.

Youth who provided qualitative comments on the BC AHS indicated wanting to learn more about available health services and how to access these, including services for survivors of sexual assault and other types of violence and abuse. They noted a desire for more mental health services and for these services to be non-judgemental and provide concurrent substance use support for those who need it. The need for access to free health care was also stressed, as youth noted being unable to afford counselling, medical, dental, gender reassignment, or sexual health services.

The BC AHS asked youth about their access to health care. In the past year, 56% received health care from a family doctor during this time, compared to 62% of non-Indigenous youth. In contrast, Indigenous youth were more likely to have visited an emergency room (21% vs. 16% of non-Indigenous youth), a counsellor/psychologist (16% vs. 11%), or a nurse (11% vs. 9%). Youth living in urban areas were more likely than those in rural areas to have accessed health care in the past year (78% vs. 74%). Additionally, youth who did not currently live on reserve were more likely to have accessed a counsellor/psychologist in the past year than youth living on reserve (16% vs. 13%).

Forty-three percent of youth needed medical care because they were physically sick or hurt in the past year. Among those who needed care, 26% did not get the care they needed (19% of males vs. 29% of females vs. 42% of non-binary youth). Indigenous youth were more likely than their non-Indigenous peers to have missed out on needed medical care (26% vs. 19%).

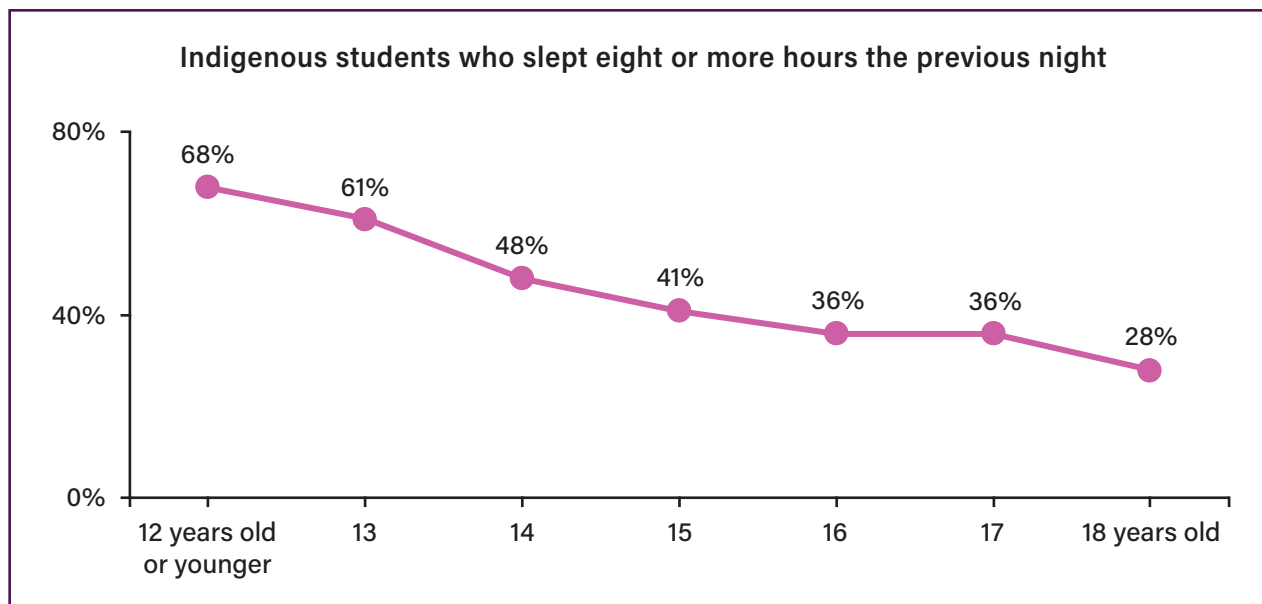
Among youth who needed medical help in the past year, youth were less likely to miss out on needed care if they had an adult who helped them with getting to appointments (24% vs. 51% of youth who did not have this support).

## Dental visits

Most youth (80%) had been to the dentist in the past 12 months, another 11% had been within two years, and 3% had never been to the dentist. These rates were similar to those in 2013. More than 1 in 10 students (14%) who had been to the dentist reported that their last visit had been for pain.

## Sleep

The percentage of students who slept for eight or more hours on the night before completing the survey decreased from 50% in 2013 to 47%. Older students were less likely than younger ones to have slept this long.



Note: The differences between 15-year-olds and 16- or 17-year-olds were not statistically significant.

Youth who engaged in moderate to vigorous exercise daily in the past week were more likely to have slept for at least eight hours the night before taking the survey (53% vs. 45% of those who exercised on fewer days).

Getting a full night's sleep was associated with mental health benefits. For example, youth who slept for at least eight hours were more likely to report good or excellent mental health (78% vs. 53% of those who slept seven hours or less), to feel happy most or all of the time in the past month (70% vs. 49%), and to feel good about themselves (66% vs. 43%).

After the time they were supposed to be asleep, 38% of youth went offline (e.g., turned off their phone, or put it on silent mode), with males the least likely to do so (e.g., 34% vs. 41% of females). Around 6 in 10 students (59%) reported chatting or texting after they were supposed to be asleep, while 42% did homework, 33% engaged in gaming, and 71% did other online activities (e.g., watching videos or checking social media). Males were the least likely to be doing homework, while females were the most likely to be chatting or texting and the least likely to be gaming.

On the day they completed the survey, half (50%) of students woke up feeling like they got enough rest. Those who went offline and who did not engage in any activity after their expected bedtime were more likely to wake up feeling rested (56% vs. 47% of those who did not go offline).

Other youth who were less likely to wake up feeling rested included those with a mental health condition such as anxiety disorder/panic attacks (37% woke up feeling rested vs. 55% of those without this condition) or depression (34% vs. 55%). However, youth who had an adult they could talk to about their problems were more likely to wake up rested (54% vs. 36% of those without this type of support).



## Physical activity

About a fifth (21%) of youth aged 12–17 met Canadian physical activity recommendations and completed at least 60 minutes of moderate to vigorous exercise every day in the past week, while 12% did not take part in 60 minutes of physical activity on any day that week. The percentage who exercised daily was higher than in 2013 (18%), and higher than among non-Indigenous youth in 2018 (18%). Males continued to be more likely than females to exercise daily (26% vs. 16%). However, females were more likely than five years earlier to exercise this regularly (12% in 2013).

Canadian guidelines recommend that individuals aged 18 or older take part in 150 minutes of moderate to vigorous physical activity each week. Nearly two thirds (65%) of Indigenous students aged 18 or older met this recommendation by participating in 60 minutes of exercise on at least three days in the past week. There were no gender differences, unlike in 2013 when males were more likely than females to exercise this often.



## Nutrition

Comparable to rates five years earlier, most youth ate fruit or vegetables (91%) on the day before taking the survey. There was an increase in those who drank water (97% vs. 95% in 2013), ate fast food such as pizza or fries (49% vs. 43%), foods traditional to their background (23% vs. 20%), and food that was caught or grown by their family (20% vs. 18%).

As was the case in 2013, males were more likely than females to have eaten fast food (55% vs. 44%), traditional foods (27% vs. 18%), food grown or caught by them or their family (23% vs. 18%), and to have consumed pop (52% vs. 37%) or energy drinks (15% vs. 9%).

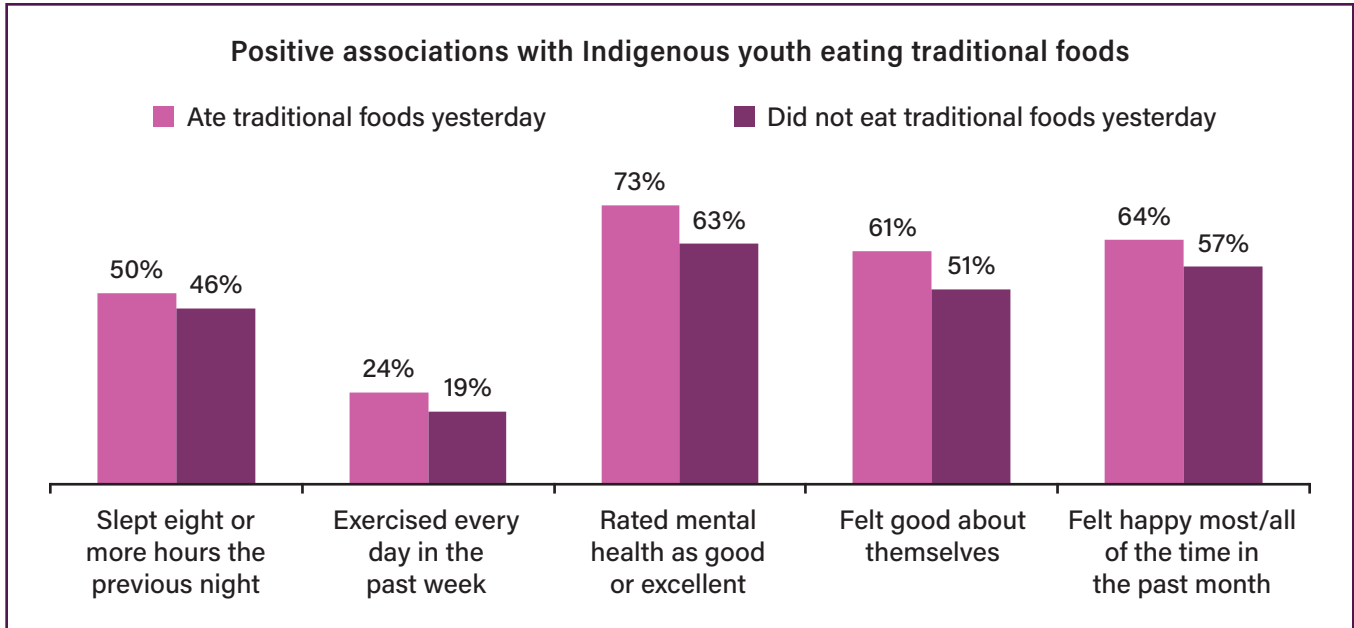
Indigenous youth were more likely than non-Indigenous youth to have eaten food grown or caught by them or their family (20% vs. 15%) and were less likely to have had sweets (73% vs. 77%). Additionally, they were more likely to have had fast food (49% vs. 46%), energy drinks (12% vs. 6%), or pop (44% vs. 36%); and were less likely to have consumed fruit or vegetables (91% vs. 94%), water (97% vs. 98%), and foods they recognized as traditional to their background (23% vs. 44%).

What Indigenous students ate or drank yesterday		
	Once or twice	Three or more times
Water	26%	71%
Fruit	57%	25%
Vegetables or green salad	57%	18%
Sweets (cookies, cake, candy, chocolate, etc.)	60%	13%
Fast food (pizza, hot dogs, burgers, chips, fries, etc.)	42%	7%
Pop	38%	6%
Food grown or caught by them or their family	15%	5%
Traditional food from their background	17%	6%
Energy drinks	10%	3%

## Traditional foods

Healthy eating and eating foods traditional to youth's background were all associated with other positive health outcomes. For example, youth who ate traditional foods were more likely to sleep for eight hours; exercise daily; and report positive mental health, including feeling happy most or all of the time.

Youth who were currently living on reserve some or all of the time were more likely to have eaten traditional foods, as 35% did so the day before taking the survey, compared to 20% who did not live on reserve.





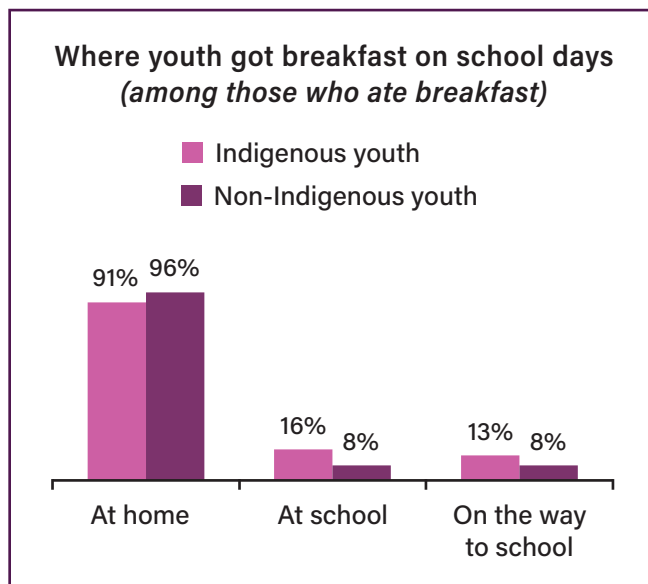
## Meals



*Sometimes I won't leave my house for months and I won't eat for days."*

After remaining consistent between 2008 and 2013, the percentage of youth who always ate breakfast on school days dropped from 42% in 2013 to 38%; and the percentage who never ate breakfast increased from 17% in 2013 to 23%. As in previous years, males were more likely than females to always eat breakfast (45% vs. 31%).

Students were asked where they got breakfast on school days. Among those who ate breakfast, Indigenous youth were less likely than their non-Indigenous peers to eat breakfast at home and were more likely to eat it at school or on the way to school.



Note: Youth could choose more than one response.

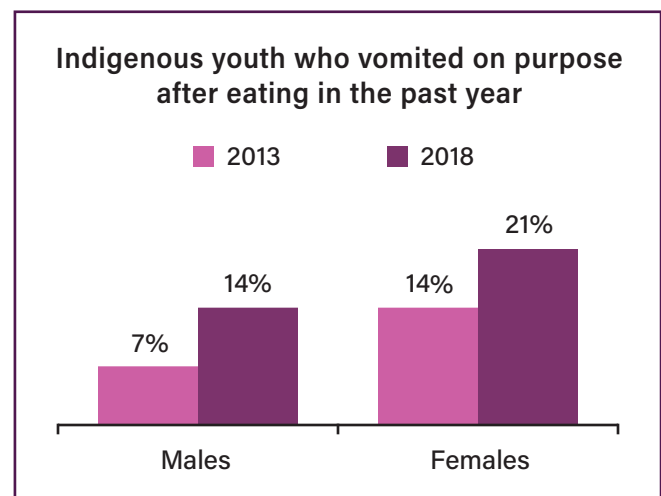
The 2018 BC AHS also asked about eating lunch and dinner on school days. Overall, 52% of youth always ate lunch and 83% always ate dinner, whereas 7% never ate lunch and 2% never ate dinner. As with breakfast, males were the most likely to always eat lunch and dinner. Indigenous students were less likely than non-Indigenous students to always have three meals a day on school days (26% vs. 39%).

## Purging behaviour



*I've had an eating disorder since I was 13 and never known resources for it. It's important to get those out there so more kids don't end up the way I am."*

Reflecting the provincial trend, there was an increase from 2013 in vomiting on purpose after eating (purging). Overall, 18% of Indigenous youth had purged in the past year, with non-binary youth the most likely to have done so (32%). Three percent of Indigenous youth reported purging on a weekly basis in the past year.



# EMOTIONAL WELL-BEING

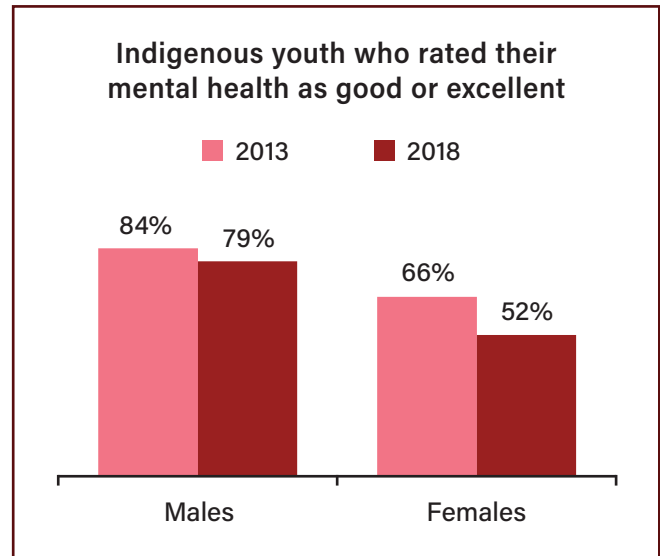


*A few close friends know about my mental health, though I don't share with them often because I don't want them to worry or treat me any differently."*

In Indigenous health models, emotional health is considered to be just as important as physical health, and an important marker of overall health and well-being. This section considers Indigenous youth's feelings about their life, as well as any mental health conditions they may have been impacted by, and their access to mental health services.

Students generally rated their mental health less positively than their overall health and less positively than five years earlier (65% rated their mental health as good or excellent vs. 74% in 2013). They also rated their mental health less positively than non-Indigenous students (vs. 73%).

There were no regional or rural-urban differences in mental health ratings. However, males were generally the most likely to rate their mental health positively, and non-binary youth were the least likely to do so (37% rated their mental health as good or excellent).



The majority of youth felt they had a good life (73%), their life was going well (65%), felt hopeful for the future (61%), were happy most or all of the time (59%), and felt good about themselves (54%).

Having a supportive family was associated with a positive sense of wellness and self-esteem. For example, youth who had an adult family member they could talk to about a serious problem were more likely to feel their life was going well (79% vs. 41% of those who did not have this type of support) and that they had a good life (84% vs. 49%), and also to feel good about themselves (66% vs. 29%).



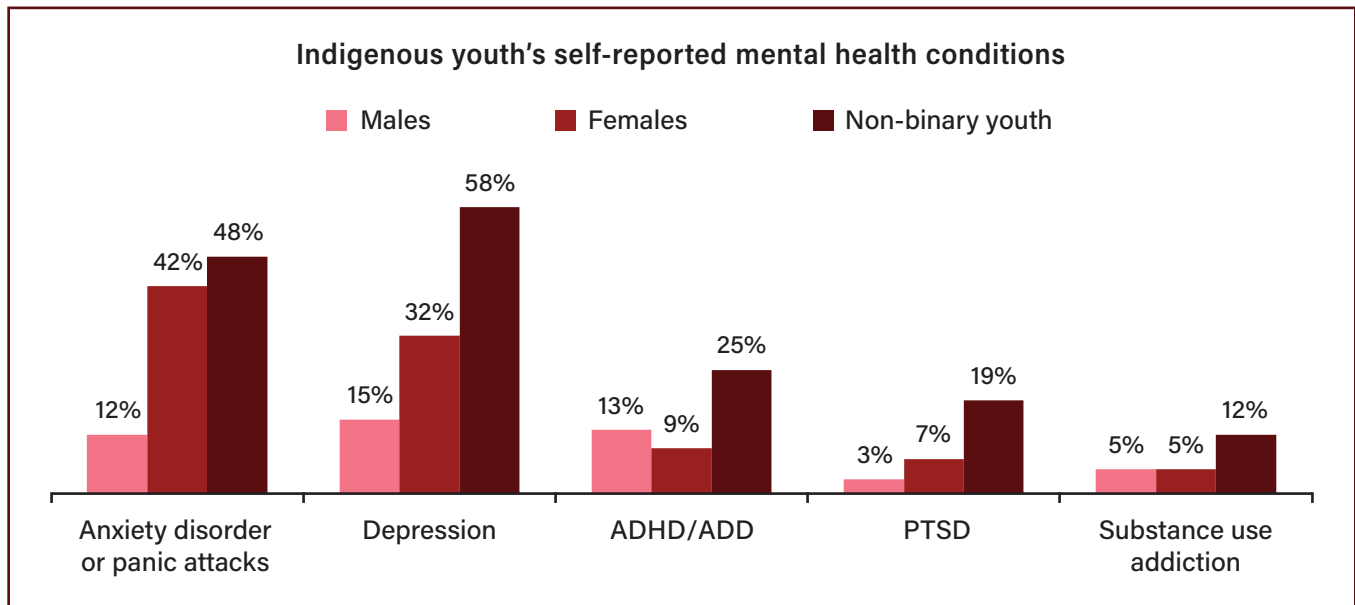
## Mental health conditions



*Most kids in grade 8 don't understand what being depressed is like. Even though you don't want to be depressed, people think it's your choice and you get to pick whether you're happy or not."*

Indigenous youth were more likely than their non-Indigenous peers to experience mental health conditions such as anxiety disorder or panic attacks (28% vs. 18%), depression (25% vs. 14%), ADHD (12% vs. 6%), PTSD (6% vs. 2%), substance use addiction (5% vs. 2%), autism spectrum disorder (2% vs. 1%), and FASD (2% vs. <1%).

Compared to five years earlier, there was an increase in youth who reported having an anxiety disorder or panic attacks (28% vs. 13% in 2013), depression (25% vs. 16%), and PTSD (6% vs. 2%). In 2018, non-binary youth were generally the most likely to report having a mental health condition.



Note: Youth could choose more than one response.

Note: The difference between female and non-binary youth was not statistically significant for anxiety disorder or panic attacks.



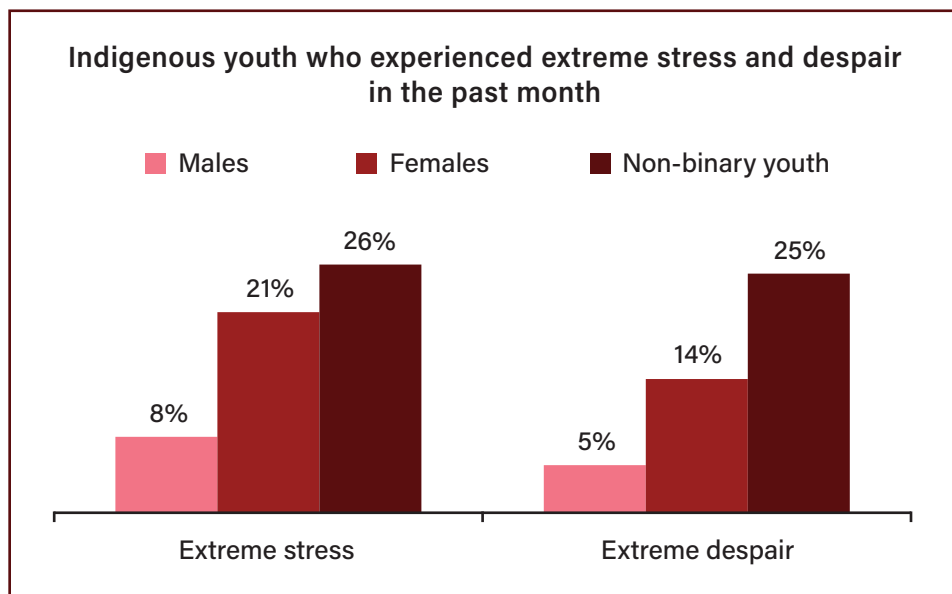
*Anxiety affects so many people here. Everyone is always having panic attacks."*



## Stress and despair

Fifteen percent of youth felt such an extreme amount of stress in the past month that it interfered with their functioning, which was similar to 2013 but lower than in 2008 (18%). In addition, 10% of youth felt extreme despair in the past month, which was similar to previous years.

There were few regional differences in rates of extreme stress or despair, but there were gender differences with males the least likely to have these challenges.



Note: The difference between females and non-binary youth was not statistically significant for extreme stress.

Indigenous youth were more likely than non-Indigenous youth to have experienced extreme levels of stress (15% vs. 12%) and despair (10% vs. 7%) in the past month.

There was no change over time in the disparity between Indigenous and non-Indigenous youth in experiencing extreme despair, or between Indigenous and non-Indigenous males experiencing extreme stress. However, there was a narrowing of the gap between Indigenous and non-Indigenous females who experienced extreme stress between 2013 and 2018.

When asked how well they managed their stress, 11% of Indigenous youth reported they had not experienced any stress, while 16% managed their stress very well, 29% managed it well, 25% managed it fairly well, and 19% felt they managed their stress poorly. Males were the most likely to feel they managed their stress well or very well (50% vs. 41% of females and 29% of non-binary youth).

Among youth who experienced stress, those with a helpful teacher were more likely to feel they could manage their stress well or very well (59% vs. 30% who did not have access to a helpful teacher in the past year).

## Self-harm

Thirty percent of youth had ever cut or injured themselves on purpose without intending to kill themselves, which was an increase from 25% in 2013, and higher than the rate among non-Indigenous youth (19%). This gap between Indigenous and non-Indigenous youth has not changed over the past decade.

About a quarter (26%) of Indigenous youth self-harmed in the past year, with non-binary youth the most likely to have done so (61% vs. 34% of females and 15% of males). When asked why they self-harmed the last time, youth most commonly reported they wanted to calm themselves down.

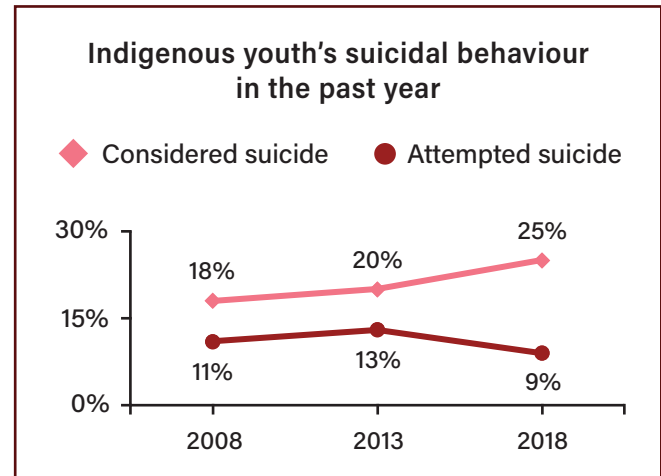
Most common reasons Indigenous youth self-harmed the last time (among those who ever self-harmed)	
To calm myself down	57%
To stop feeling numb	36%
To punish myself	34%
To put a stop to suicidal thoughts	26%
To create a physical sign that I feel awful	19%
To show others my pain	8%
To fit in with peers	3%

Note: Youth could choose more than one response.



## Suicidal thoughts and suicide attempts

A quarter (25%) of youth had seriously considered suicide and 9% had attempted suicide in the past year. The percentage who considered suicide increased over the past decade; whereas the percentage who attempted suicide was comparable to 2008 and lower than in 2013.



Note: The difference between 2008 and 2018 for attempting suicide was not statistically significant.

As in previous years, Indigenous youth were more likely than non-Indigenous youth to have considered (25% vs. 16%) or attempted (9% vs. 4%) suicide in the past year; and this gap has not changed over the past decade.

Also reflecting results over the past decade, females were more likely than males to have seriously thought about killing themselves (32% vs. 16%) and to have made a suicide attempt (12% vs. 5%) in the past year. Around half (49%) of non-binary youth had seriously considered suicide and 21% had attempted suicide in the past year.

Youth were five times more likely to have attempted suicide in the past year if they had family members and/or close friends who had attempted suicide (21% vs. 4% of those who did not have family and/or friends who had done so).

## Access to mental health services



*Please create more resources for youth with anxiety, particularly helping to find a part-time job that does not set their anxiety off.”*



*I know that I have a good life and that I have plenty of reasons to be happy, but I often feel unworthy or undeserving of happiness/pleasures. I have not/don't plan on telling my parents for fear they will worry too much and/or treat me differently. I am doing my best to get/feel better on my own.”*

In the past year, a quarter (25%) of youth had missed out on mental health services they felt they needed, which was higher than among non-Indigenous youth (18%). Non-binary students were the most likely to have missed out on these services (47% vs. 34% of females and 13% of males). Common reasons for missing out included not wanting parents to know and thinking or hoping the problem would go away.

Reasons Indigenous youth did not access mental health services (among those who felt they needed services in the past year)	
Didn't want parents to know	61%
Thought or hoped the problem would go away	58%
Afraid of what doctor would say or do	45%
Didn't know where to go	43%
Afraid someone I know might see me	41%
Too busy to go	33%
Didn't think I could afford it	21%
Had negative experience(s) before	17%
No transportation	12%
Parent/guardian would not take me	12%
Couldn't go when it was open	6%
Put on a waiting list	4%
Service was not available in my community	3%

Note: Youth could choose more than one response.



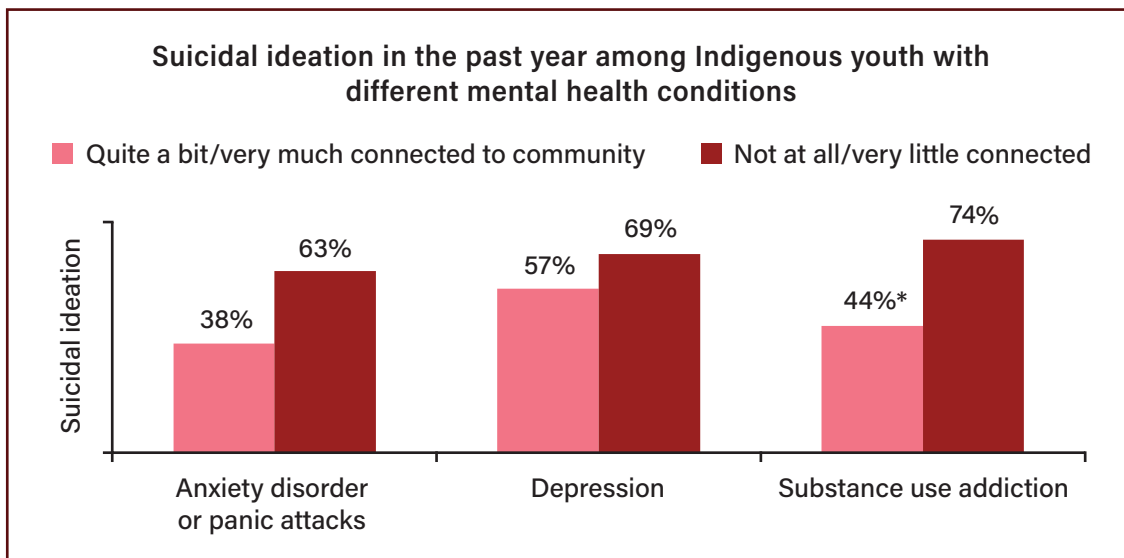
## Supporting Indigenous youth mental health

Youth with supports in their family and community were less likely to experience mental health challenges and were more likely to access services. For example, 24% of those who had an adult who helped them make appointments did not access needed mental health services, compared to 38% of those who did not have this type of support.

In addition, Indigenous youth who had an adult in their family they could talk to about their problems were less likely to have self-harmed in the past year (18% vs. 44% of those without this type of support), and those with a helpful mental health counsellor were less likely to have seriously considered suicide (42% vs. 57% without a helpful counsellor; among those who asked for help).

Youth with a mental health condition were at increased risk for suicidal ideation. However, when these youth felt like they belonged to supportive communities, the risk was reduced.

On the back page of the BC AHS, youth could note any topics they wanted to learn more about. A thematic analysis showed that mental health was the most common topic Indigenous youth wanted to learn more about. They commonly wanted to learn how to manage their own anxiety, depression, or eating disorder, or how to support family and friends with one of these conditions or who were suicidal. Youth also commonly wanted to learn more about how anxiety and depression can impact sleep; and how to work through feelings, such as those associated with family break-ups. They asked that when these topics were discussed in school they be inclusive of 2SLGBTQ+ youth.



\*Percentage estimate should be interpreted with caution as the standard error was higher than others but still within the releasable range.



*[I want to learn] how someone can get help if they need it without telling an adult at school but getting help within the school."*



*We learn about physical health and every other subject but mental health and mental illness. We need more youths to be aware of mental health, because it could reduce a lot of peer problems."*



# COMMUNITY WELL-BEING

Much like nationhood, communities can support a sense of belonging and identity among Indigenous youth. This includes youth's relationships with their friends, school, and online community, as well as their participation in extracurriculars.

## Helpful adults in community



*There's nobody offering help for homework. At home, I am too busy to get everything done. My parents do not want to drive me anywhere, and the teachers get upset when I don't hand in work."*

Youth asked a range of adults for help in the past year and there were benefits when they found these adults helpful. Examples include:

- **Teacher** - 9% with a helpful teacher felt extreme stress in the past month (vs. 30% who did not find this adult helpful).
- **Sports coach** - 51% with a helpful coach felt like part of their community (vs. 36%).
- **Elder** - 63% who found an Elder helpful felt hopeful for the future (vs. 45%\*), and 72% rated their mental health as good or excellent (vs. 56%\*).
- **School Counsellor** - 11% with a helpful school counsellor had bullied someone else in the past year (vs. 17%), and 59% had been bullied themselves (vs. 77%).
- **Aboriginal Education Worker** - 72% with a helpful Aboriginal Education Worker planned to pursue a post-secondary education (vs. 57%).

Youth were also more likely to plan to pursue post-secondary if they had an adult who helped them with preparing for university, trade school, or college (81% vs. 51% who did not have such an adult in their life), or an adult who helped them with their homework (75% vs. 63%).

Over two thirds (68%) of youth felt an adult in their neighbourhood really cared about them. Youth with such an adult in their life reported more positive mental health, including being less likely to have attempted suicide in the past year (7% vs. 13% who did not feel a neighbourhood adult cared about them), and more likely to feel good about themselves (59% vs. 43%).





## Friends



*I want to learn how to help friends in need."*

The majority of youth had at least one close friend in their school or neighbourhood (95%), and 78% had three or more friends. Males were the most likely to have three or more in-person friends (82% vs. 74% of females and 62% of non-binary youth).

Having three or more friends was associated with positive health and well-being. For example, youth who reported having three or more in-person friends were more likely to rate their mental health as good or excellent (69% vs. 49% of those with fewer friends), to feel good about themselves (59% vs. 36%), and to feel happy most or all of the time (64% vs. 41%).

Indigenous youth were more likely than their non-Indigenous peers to have at least one online friend (46% vs. 33%), and to have dated someone online in the past year that they had not met in person (13% vs. 7%).

## Asking friends for help

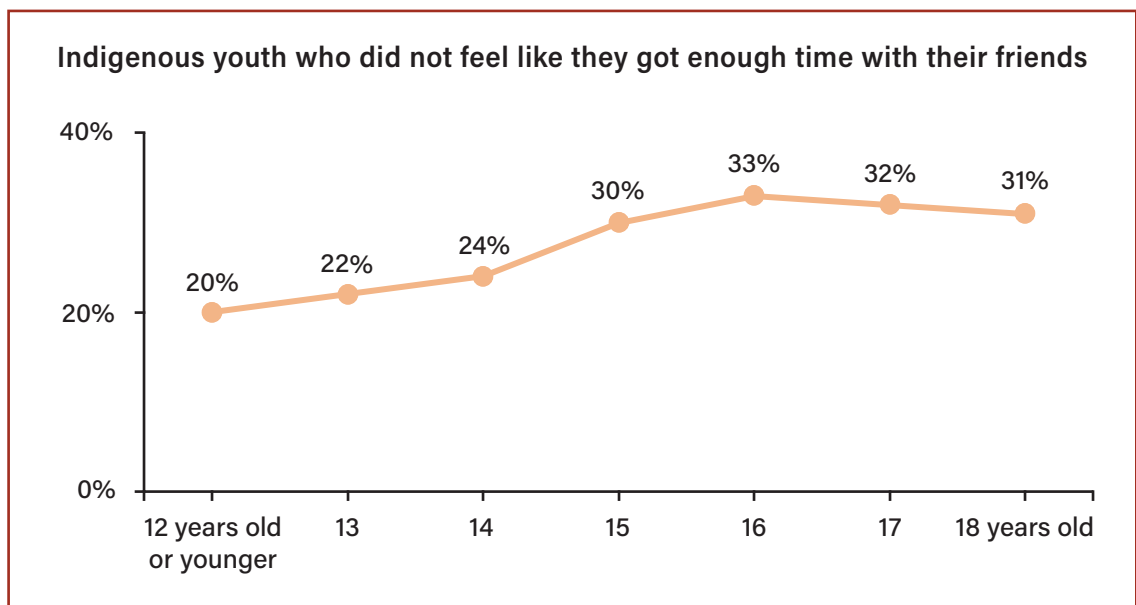
In the past year, 73% of youth had asked a friend for help, and most of these youth (93%) found the support helpful. Also, 27% had asked a friend they only knew online for help, and 81% of them found it helpful.

Males were the least likely to ask an in-person friend for help (e.g., 68% vs. 78% of females) but most likely to find it helpful (e.g., 96% vs. 92% of females; among those who asked for help). Non-binary youth were the most likely to ask an online friend for help (e.g., 49% vs. 26% of females).

In the past year, Indigenous youth were less likely than their non-Indigenous peers to ask an in-person friend for help (73% vs. 76%), and were more likely to ask an online friend whom they had never met in person for help (27% vs. 19%).

## Enough time with friends

Around two thirds (68%) of youth felt they spent the right amount of time with their friends (72% of males vs. 64% of females vs. 52% of non-binary youth). Older youth were generally more likely than younger ones to feel they did not get enough time with their friends.

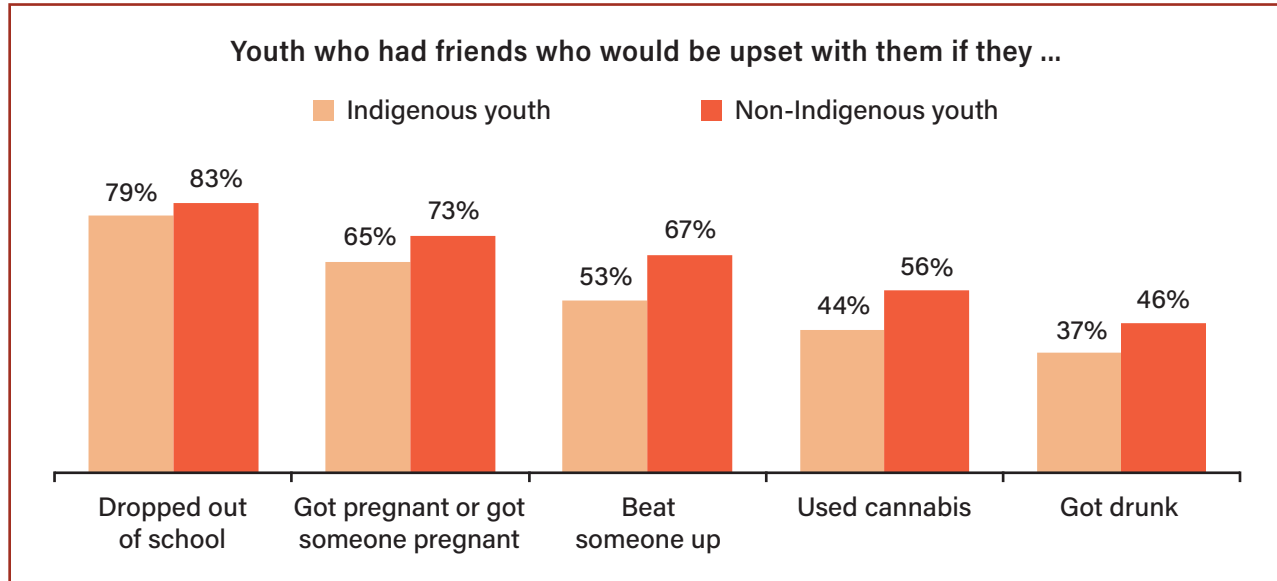


Note: Not all differences between ages were statistically significant.



## Friends with prosocial attitudes

Youth generally had friends who held prosocial attitudes about health risk behaviours. However, they were less likely than non-Indigenous youth to have friends with prosocial attitudes.



Similar to non-Indigenous youth, Indigenous youth were less likely than their peers five years earlier to have friends who would be upset with them if they dropped out of school (79% vs. 85% in 2013), were involved in a pregnancy (65% vs. 75%), beat someone up (53% vs. 58%), or used cannabis (44% vs. 48%). There was no change in the rate of those who felt their friends would be upset with them if they got drunk.

There were some gender differences. For example, females were the most likely to have friends who would be upset with them if they were involved in a pregnancy (e.g., 70% vs. 62% of males) or dropped out of school (84% vs. 76% of males and 65% of non-binary youth). Non-binary youth were the most likely to have friends who would be upset with them if they got drunk (48% vs. 37% of females and males).

Youth who had prosocial peers were less likely to engage in certain risk behaviours. For example, among youth who had tried alcohol, those who had friends who would be upset with them if they got drunk were less likely to have engaged in heavy sessional drinking in the past month (19% vs. 46% whose friends would not be upset if they got drunk). Also, those whose friends would be upset if they dropped out of school were more likely to plan to continue their education past high school (77% vs. 59% whose friends wouldn't be upset if they dropped out).



## School connectedness



*School is the root of most of my problems. I have so much to do I just want to go in the forest and never come out."*

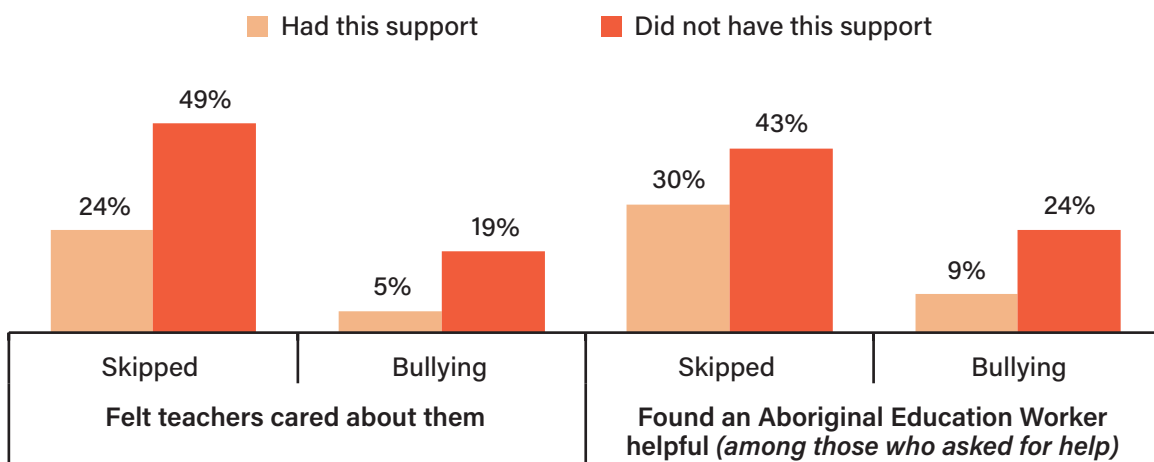
Similar to 2013, 51% of youth felt like a part of their school and 61% felt their teachers cared about them. They were more likely than in 2013 to report that other school staff cared about them (54% vs. 50%), but less likely to report that they were happy at school (52% vs. 59%) or were treated fairly by school staff (66% vs. 70%). In addition, 75% reported that school staff expected them to do well.

Having positive relationships with teachers and feeling connected to school appeared beneficial. For example, youth were less likely to have considered suicide or to have self-harmed in the past year if they felt their teachers cared about them (e.g., 20% self-harmed vs. 45% of youth who did not feel teachers cared), and those who felt like a part of their school were less likely to have experienced extreme stress (8% vs. 32% of those who did not feel this way) or despair (5% vs. 28%) in the past month.

Youth who felt their teachers cared about them or found an Aboriginal Education Worker helpful were less likely to have skipped school or missed school due to bullying in the past month.



**Reasons Indigenous youth missed school in the past month in relation to having supportive adults at school**



## School safety

Around two thirds (66%) of youth felt safe at school, which was a decrease from 72% in 2013 and lower than among non-Indigenous youth (74%). Compared to five years earlier, students felt less safe in all areas of their school except outside on school grounds, although, rates of feeling safe in different school areas were higher than in 2008.

Non-binary youth were less likely than males and females to feel safe in all school locations. For example, 62% of non-binary youth usually or always felt safe in the hallways/stairwells, compared to 82% of females and 86% of males.

Locations where Indigenous students usually or always felt safe at school			
	2008	2013	2018
Library	80%	93%	90%
Classroom	77%	90%	87%
Getting to and from school	N/A	87%	85%
Cafeteria	67%	87%	84%
Hallways/stairwells	62%	86%	83%
Outside on school property	53%	84%	83%
Washroom	60%	84%	81%
Changing rooms	N/A	82%	79%

N/A: Not asked on the 2008 BC AHS.

Note: The difference between 2013 and 2018 for feeling safe outside on school property was not statistically significant.



## Education plans

There was no change over the past decade in the discrepancy between Indigenous and non-Indigenous youth planning to attend post-secondary. In 2018, 72% of youth planned to graduate high school and continue to post-secondary education or training (vs. 85% of their non-Indigenous peers), while 9% (vs. 4%) planned to finish their education at the high school level, and 2% (vs. 1%) did not expect to finish high school. Females were the most likely to plan to continue their education beyond high school (e.g., 77% vs. 67% of males).

Compared to youth five years earlier, students were less likely to have post-secondary plans (72% vs. 75% in 2013) and were more likely not to expect to finish high school (2% vs. 1% in 2013). However as in 2013, youth were more likely to plan to continue to post-secondary when they felt like a part of their school (77% vs. 60% of those who did not feel like a part of their school), and felt their teachers cared about them (76% vs. 60% who did not feel teachers cared).



## School absences

Around 8 in 10 youth (81%) missed school in the month prior to taking the survey, compared to 72% of non-Indigenous youth. Students most commonly missed class due to illness, followed by having to attend appointments, sleeping in, and skipping. Non-binary youth were the most likely to have missed class due to their mental health (44% vs. 34% of females and 13% of males), bullying (19% vs. 11% of females and 3% of males), and work responsibilities (e.g., 16% vs. 6% of females).

### Reasons Indigenous students missed classes in the past month

Illness	46%
Appointments	42%
Slept in	30%
Skipped class	29%
Family responsibilities	26%
Mental health (e.g., anxiety, depression)	24%
Other school responsibilities	18%
No transportation	9%
Bullying	8%
Work	7%

Note: Youth could choose more than one response.



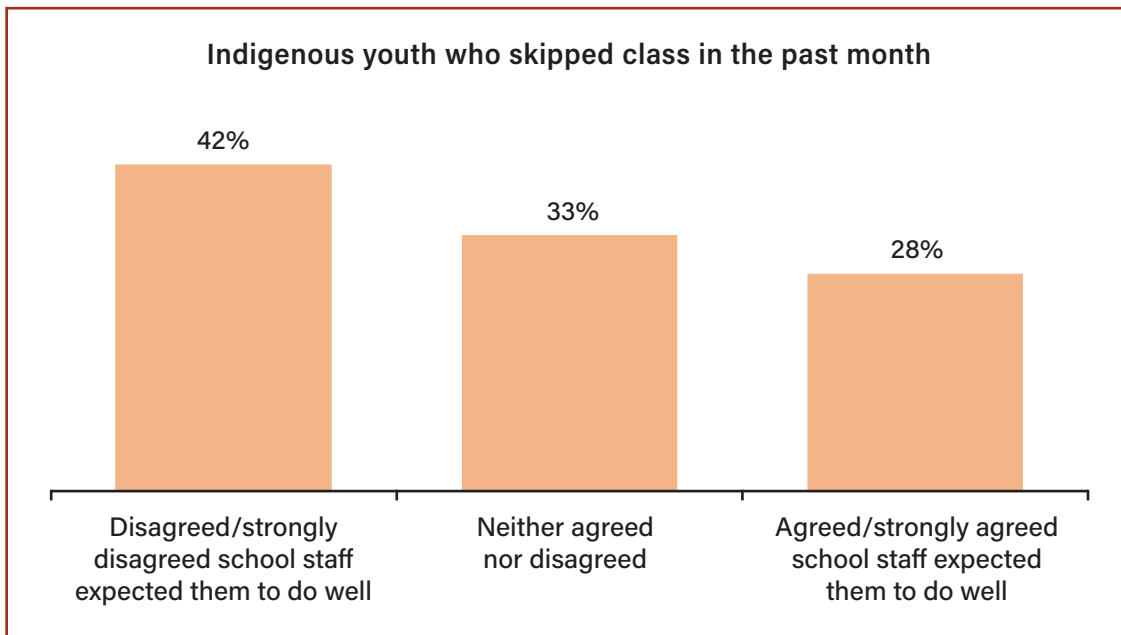
Youth with a health condition or disability were more likely to have skipped class on multiple occasions in the past month, including those with a substance use addiction (39% skipped three or more times vs. 9% of those without the condition), PTSD (23% vs. 10%), depression or anxiety disorder (18% vs. 8%), and ADHD (14% vs. 10%).

Youth were less likely to skip class if they had supportive adults in their life such as teachers who cared about them (24% vs. 49% of those who did not feel teachers cared). This was also the case among those at greater risk of skipping. For example, youth with ADHD were less likely to skip if they felt cared about by teachers (23% vs. 55%\*) or other school staff (29% vs. 55%\*). Youth were also less likely to skip class if they felt the staff at their school expected them to do well.

## Commute to school

Students most commonly got to school by car (40%), followed by taking the school bus/public transit (34%). Also, 26% used an active means of transportation (e.g., walk/bike/skateboard), and less than 1% hitchhiked. Students in urban areas were more likely to use an active means of transportation (27% vs. 21% in rural regions) and to travel by car (42% vs. 35%), and were less likely to take public transport or a school bus (31% vs. 43%).

Most students (86%) had a school commute under 30 minutes, while 4% commuted for an hour or more. Rural-based students were more likely to have a commute of at least 30 minutes (16% vs. 13% of urban-based youth).



## Extracurricular activities

In the past year, 89% of Indigenous youth participated in at least one type of extracurricular activity (such as sports or music classes), including 77% who did so on a weekly basis. Among youth who engaged in extracurricular activities on a weekly basis, 66% took part in two or more different types of activities, including 12% who took part in four or more activities.

The most common weekly extracurricular activities youth engaged in were informal sports such as hiking, cycling, and skateboarding (50%); followed by organized sports such as playing on a soccer team (46%).



Indigenous youth's participation in extracurricular activities in the past year				
	Never	Less than once a week	1 to 3 times a week	4 or more times a week
Informal sports	29%	21%	31%	19%
Organized sports	46%	8%	26%	21%
Volunteered without pay	67%	20%	11%	3%
Art/drama/singing/music (group or lessons)	70%	10%	13%	7%
Dance/yoga/exercise classes	77%	9%	9%	5%
Extreme sports	77%	10%	8%	6%
Cultural/traditional activities	73%	19%	5%	2%
Clubs/groups	87%	5%	7%	1%

Note: Percentages for each activity may not equal 100% due to rounding.

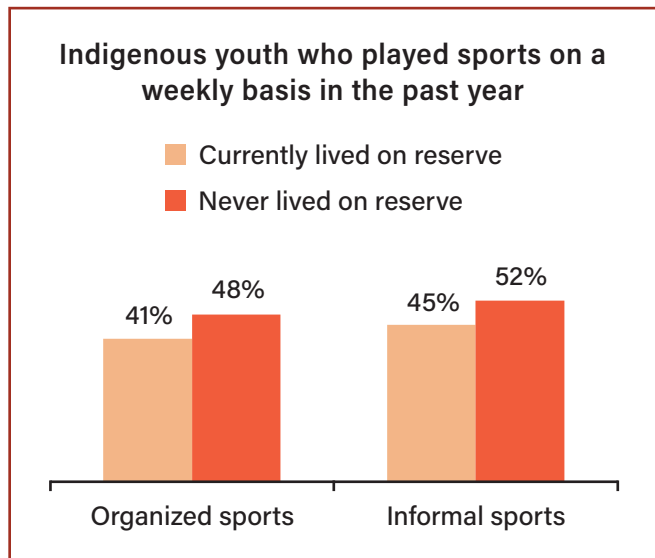
Provincially, there was a decrease between 2013 and 2018 in weekly participation in informal sports; organized sports; and dance, yoga, or exercise classes. Although a similar decrease in informal sports participation was seen for Indigenous youth (50% participated weekly vs. 57% in 2013), participation rates remained similar to 2013 for dance, yoga, or exercise classes as well as organized sports.

There were decreases in weekly participation in other extracurricular activities, including art, drama, music, or singing (20% vs. 23% in 2013); volunteer activities (13% vs. 15%); and clubs and groups (7% vs. 11%). Weekly participation in extreme sports remained similar to 2013 (14%).





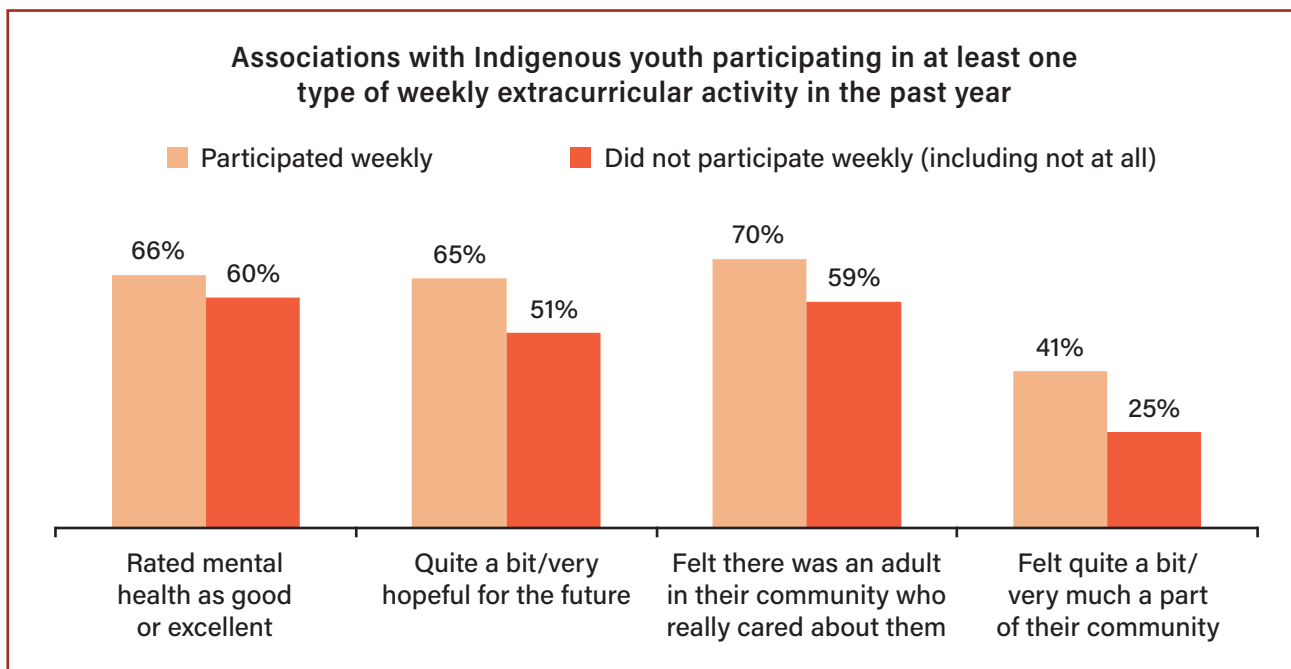
Indigenous youth who lived on a reserve were less likely to participate regularly in both informal and organized sports.



Males were the most likely to participate weekly in informal and extreme sports and least likely to engage in dance, yoga, or exercise classes; art, drama, music, or singing; and volunteering. Non-binary youth were the least likely to participate weekly in organized sports and most likely to participate in arts activities.

Youth were more likely than their non-Indigenous peers to participate weekly in extreme sports (14% vs. 9%), and were less likely to participate in organized sports (46% vs. 53%); art, drama, music, or singing (20% vs. 23%); dance, yoga, or exercise (14% vs. 16%); clubs or groups (7% vs. 11%); and volunteer activities (13% vs. 19%).

Regularly participating in extracurricular activities had many positive physical and mental health benefits. For example, youth who played organized sports on a weekly basis were more likely to rate their mental health as good or excellent (71% vs. 60% of youth who did not participate this frequently), and to have slept for at least eight hours the night before taking the survey (51% vs. 42%). They were less likely to have experienced extreme stress in the past month (13% vs. 17%). Regular participation was also linked to feeling connected to the community and to people in the community.





## Cultural activities

More than a quarter (27%) of youth engaged in traditional or cultural activities in the past year, including 7% who did so on a weekly basis (vs. 9% in 2013). Females were more likely than males to have participated in weekly cultural activities (9% vs. 6%), as were youth who lived on reserve in comparison to those who had never lived on reserve (16% vs. 6%).

Youth who took part in regular cultural activities in the past year were more likely to feel like a part of their community (46% vs. 36% of those who took part less often or not at all), and to volunteer on a weekly basis (32% vs. 12%).

## Meaningful engagement in extracurricular activities

Around 6 in 10 Indigenous youth (59%) found the activities they were involved in to be meaningful to them. Youth who found their activities meaningful were more likely to feel like a part of their community (44% vs. 25% who did not find them meaningful), to usually feel good about themselves (60% vs. 42%), and be able to name something they were good at (87% vs. 62%). They were also more likely to wait until they were at least 15 years old to drink alcohol (32% vs. 23%), smoke tobacco (37% vs. 23%), and use cannabis (34% vs. 22%; among those who had tried these substances).

## Barriers to participating in extracurricular activities

Similar to five years earlier, the most common barrier to participating in extracurriculars was being too busy (44%). In addition, a fifth (20%) of youth did not participate because they felt too anxious or depressed, and 11% because they feared being bullied (vs. 9% in 2013). There was a decrease in students who reported they could not afford to participate (16% vs. 20% in 2013), had no transportation (16% vs. 20%), and that the activity was not available in their community (14% vs. 17%).

Compared to non-Indigenous youth, Indigenous youth were more likely to have missed out on activities because they were too anxious or depressed (20% vs. 13%), they could not afford it (16% vs. 12%), they were worried about being bullied (11% vs. 6%), and because they could not get there or home (16% vs. 14%). They were less likely to indicate they were too busy (44% vs. 49% of non-Indigenous youth).

## Time in nature

Over half of Indigenous youth (57%) felt they got the right amount of time in nature, while 39% felt they did not get enough time and 5% felt they got too much. Males were the most likely to feel they spent the right amount of time in nature (64% vs. 52% of females and 37% of non-binary youth). Students in rural areas were more likely than those in urban areas to feel they spent the right amount of time in nature (61% vs. 56%).



## Online and phone support

Most youth (93%) reported having a cell phone or similar portable electronic device. Among those who had a phone, 97% used it on their last school day.

Indigenous youth's phone use on their last school day (among those with a phone)	
Listening to music	90%
Communicating with in-person friends	82%
Engaging in social media	82%
Communicating with parent(s) or guardian(s)	77%
Watching shows, movies, YouTube, etc.	75%
Finding information (other than health information)	60%
Playing games	59%
Doing homework	48%
Communicating with someone they only know online	31%
Finding health information	23%
Watching pornography	12%
Sexting	7%
Gambling	3%

Note: Youth could choose more than one response.

There were some gender differences in the ways that youth used their phone. For example, females were the most likely to have used their phone for social media and to talk to their in-person friends or parents, and were the least likely to have watched porn or sexted. Non-binary youth were the most likely to have used their phone to look up health information, talk to someone they only knew online, and to gamble. Males were the most likely to have played games, and were the least likely to have done homework.

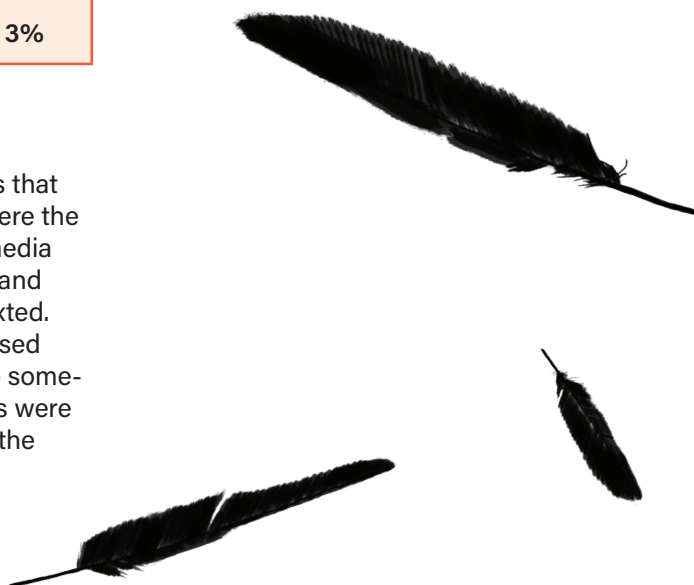
## Online safety

About a fifth (21%) of Indigenous youth had been cyberbullied in the past year, with females and non-binary youth around twice as likely as males to have had this experience (e.g., 27% of non-binary youth vs. 14% of males). Males were more likely than in 2013 (12%) to have been cyberbullied, while rates for females were similar to five years earlier (28% in 2018). Younger youth were generally more likely than older ones to have experienced cyberbullying.

Youth who reported being cyberbullied in the past year were almost five times as likely to have attempted suicide during this time (24% vs. 5% who had not been cyberbullied). Youth who had experienced cyberbullying were also almost twice as likely to have been sexually harassed in the past year (77% vs. 42% of those that had not been cyberbullied).

Youth were less likely to have been cyberbullied if their parents knew what they were doing online (17% vs. 27% of those whose parents rarely or never knew).

Similar to 2013, 9% of youth reported cyberbullying someone else in the past year. There was no gender difference, unlike in 2013 when females were more likely than males to report bullying someone online. Nearly a quarter (23%) of youth had met someone online who made them feel unsafe. This represented a steady increase over the past decade for males (from 7% in 2008 to 10% in 2013 to 13%) and females (25% in 2008 and 2013 vs. 31% in 2018).



# SPIRITUAL WELL-BEING

Spiritual well-being can be an important component of Indigenous youth health. However, family and community experiences of Residential Schools, racism, and other systemic oppressions have impacted spiritual well-being. In this section, we look at substance use, as well as impacts of the opioid crisis, and youth's feelings of safety in their communities. We also consider sexual health, violence, and abuse.

## Spirituality

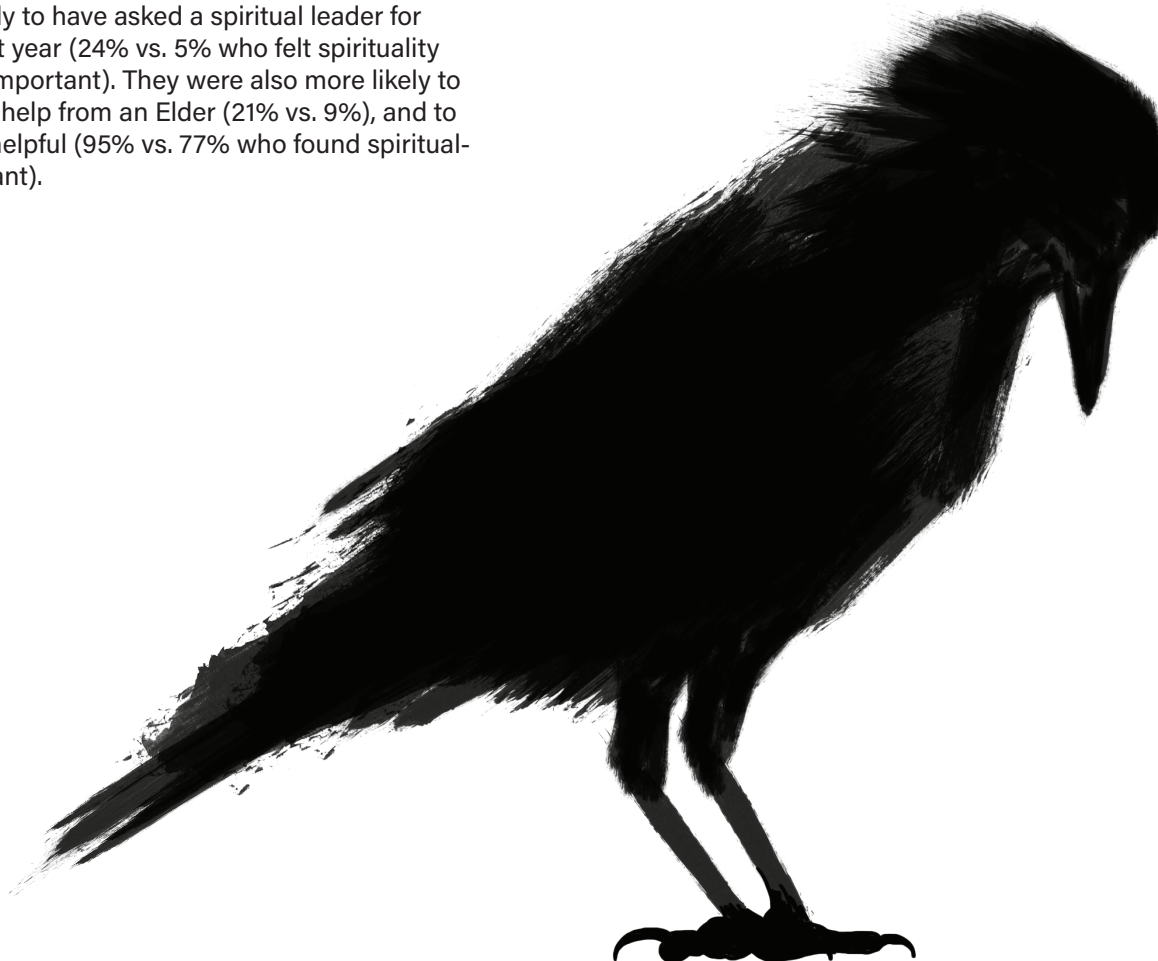
Almost 4 in 10 youth (39%) felt spirituality was at least somewhat important to them, 47% felt it was only a little or not at all important, and 14% were unsure of its importance to them. Females were more likely than males to report spirituality was important to them (43% vs. 34%).

Youth who felt spirituality was very important to them were more likely to have asked a spiritual leader for help in the past year (24% vs. 5% who felt spirituality was not at all important). They were also more likely to have asked for help from an Elder (21% vs. 9%), and to find the Elder helpful (95% vs. 77% who found spirituality less important).

## Connection to land

Indigenous youth were more likely than their non-Indigenous peers to report often or always feeling connected to the land (49% vs. 43%), with no gender differences.

Youth who often or always felt connected to the land were more likely to report feeling happy most or all of the time (63% vs. 53% who felt less connected to the land), to get eight or more hours of sleep (52% vs. 39%), to report good or excellent mental health (69% vs. 59%), and to feel like they managed stress well or very well (55% vs. 42%; among those who experienced stress). They were also more likely to wait until they were at least 15 years old to first drink alcohol (29% vs. 21%; among those who had tried alcohol).



## Substance use

### Tobacco use and vaping

Almost a third (31%) of youth had smoked tobacco (e.g., cigarettes or cigars), which was similar to 2013 but a decrease from 2008 (41%). If youth had smoked, the most common age they started smoking was 14. However, Indigenous youth were nearly twice as likely as their non-Indigenous peers to have first smoked before the age of 13 (33% vs. 17%; among those who had smoked).

Compared to five years earlier, youth who had tried smoking were less likely to have smoked in the past month (48% vs. 54% in 2013), and were less likely to have smoked every day than a decade earlier (8% vs. 15% in 2008). However, Indigenous youth remained more likely than their non-Indigenous peers to smoke on a daily basis (5% of non-Indigenous youth who had ever smoked did so daily in 2018), and there was no change in this gap over the past decade.

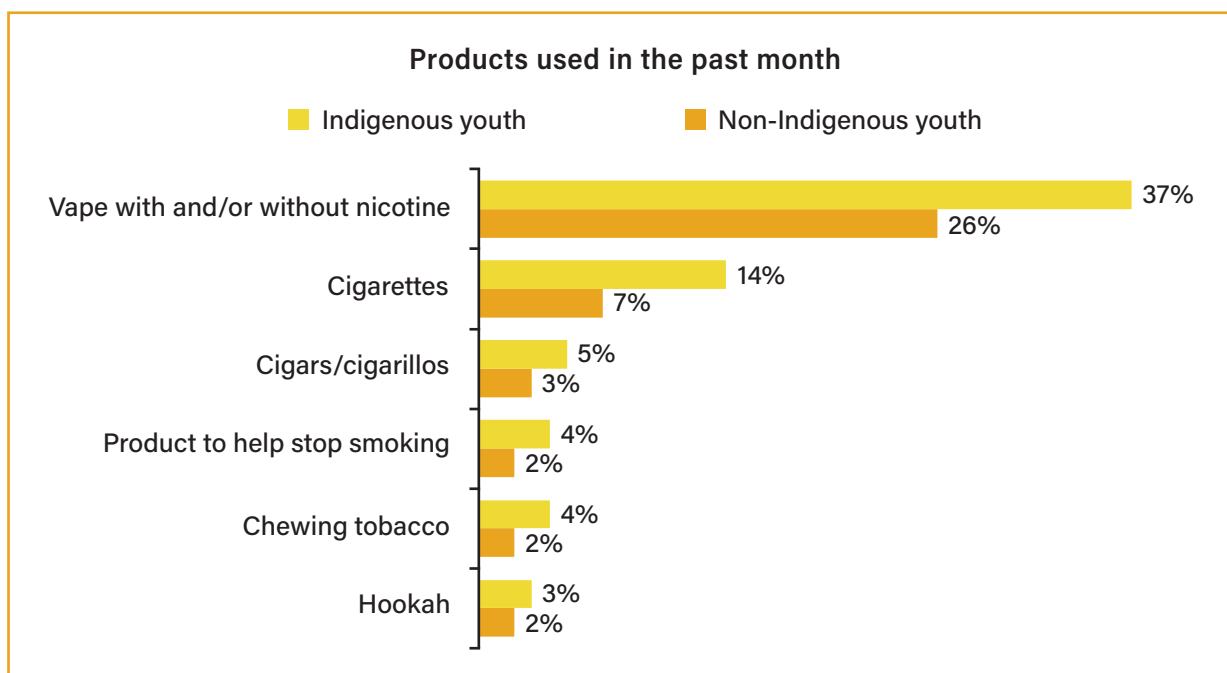
In comparison to non-Indigenous youth, Indigenous youth were more likely to use all forms of nicotine products except hookahs. The most common tobacco-related product used by youth in the past month was a vape. Males were more likely than females to smoke cigars (6% vs. 3%) and use chewing tobacco (7% vs. 2%), as well as a product to help them quit smoking (5% vs. 3%); but were less likely to smoke cigarettes (12% vs. 17%) or vape (36% vs. 39%).

## Alcohol

A little over half (55%) of Indigenous youth had tried alcohol, which was unchanged from 2013 but lower than in 2008 (65%). Similar to previous years, females were more likely than males to have tried alcohol (59% vs. 51%). Youth were waiting longer to have their first drink, with 28% of those who had tried alcohol waiting until they were at least 15 years old, compared to 25% in 2013 and 19% in 2008.

Among those who had tried alcohol, 64% drank in the past month, including 7% who did so on 10 or more days, and 38% who drank on the Saturday before taking the survey. Non-binary youth were the least likely to have drunk alcohol in the past month.

Indigenous youth were more likely than non-Indigenous youth to have tried alcohol (55% vs. 43%), and to have used it regularly (on 10 or more days in the past month; 7% vs. 5%). These disparities were unchanged over the past decade.



Note: The difference between Indigenous and non-Indigenous youth for using a hookah was not statistically significant.

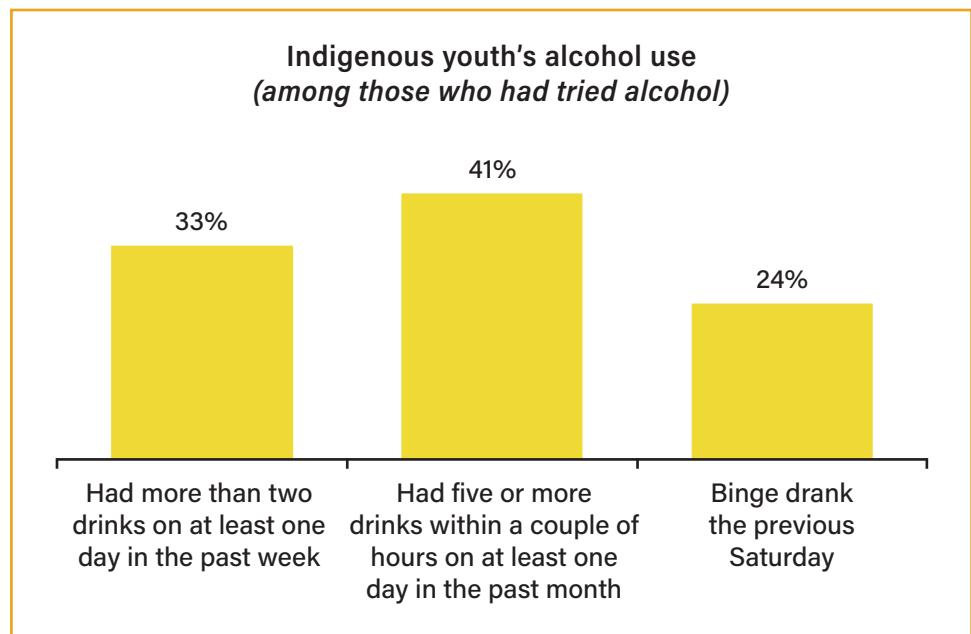
Youth who drank on the previous Saturday most commonly had liquor (32% vs. 37% in 2013), followed by coolers (28%), beer (19% vs. 27% in 2013), and wine (6% vs. 8% in 2013). Females were more likely than males to have had coolers and liquor, and males were more likely to have drunk beer. Over half (54%) of those who drank the previous Saturday mixed at least two types of alcohol (e.g., drank liquor and coolers), including 21% who mixed three or four different types (vs. 32% in 2013). Just under two thirds (63%) of youth who drank that day engaged in binge drinking (i.e., males consumed four or more alcoholic drinks within a couple of hours and females consumed three or more). This represented a decrease from 78% in 2013.

Canadian Low Risk Drinking Guidelines for adults suggest not exceeding two drinks on any one occasion. A third of students who had tried alcohol had more than two drinks on at least one day in the week before taking the survey, including 7% who did so on three or more days that week. Similar to five years earlier, around 4 in 10 youth (41%) who had tried alcohol had five or more drinks within a couple of hours at least once in the past month, including 7% who did so on at least six days. Non-binary youth were the least likely to have engaged in this type of heavy drinking (29%).

For the first time, the BC AHS asked youth where they got their alcohol from the last time they drank. They most commonly got it from an adult.

Where Indigenous youth got alcohol from the last time (among those who had tried alcohol)	
Adult gave it to me	37%
At a party	30%
Gave someone money to buy it for me	29%
A youth gave it to me	14%
Took it without permission	13%
Bought it	7%
Exchanged something for it	1%
Made it	1%

Note: Youth could choose more than one response.  
 Note: The youth's relationship to the adult referred to in 'Adult gave it to me' is not known.

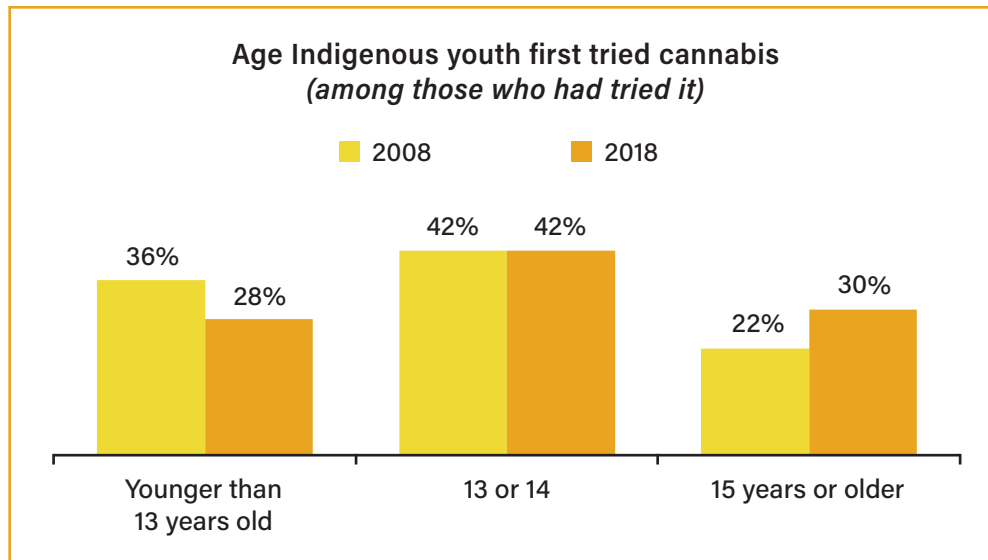


Note: Binge drinking refers to males who consume four or more alcoholic drinks within a couple of hours and to females who consume three or more.



## Cannabis

The 2018 BC AHS was completed a month before cannabis was legalized for adults in Canada. At that time, 39% of students had tried it (vs. 24% of non-Indigenous youth). This rate was similar to 2013, but a decline from 45% in 2008. Unlike previous years, females were more likely than males to have tried cannabis (43% vs. 36%). The most common age to first try cannabis was 13 or 14, which was similar to previous years. As with alcohol, youth were more likely than a decade earlier to wait until they were at least 15 years old to first try it.



Among those who had tried cannabis, 63% used it in the past month, including 14% who used it on at least 20 days that month. These rates were similar to those five and ten years earlier.

Indigenous youth were more likely than non-Indigenous youth to have used cannabis and to have used it regularly (on 20 or more days), and the gap was unchanged over the past decade.

More than a third (37%) of those who had tried cannabis had used it on the Saturday before taking the survey. There was a decrease in the percentage who used both cannabis and alcohol that day (8% vs. 10% in 2013 vs. 15% in 2008).

Students were asked how they had consumed cannabis the last time they used it. Most had smoked it (89%), 17% ate it in a cooked recipe, and 7% took it another way such as through a bong.

Two-percent of Indigenous youth had ever been prescribed cannabis, with 1% currently holding a prescription.





## Use of substances other than alcohol and cannabis

Reflecting findings for non-Indigenous students, around a quarter (24%) of Indigenous students had tried at least one substance other than alcohol or cannabis, with prescription pills without a doctor's consent being the most common. Also, 1% had injected an illegal drug.

Rates of trying different substances were lower than in 2008 for most substances, and were lower than 2013 for prescription pills without a doctor's consent (13% vs. 16%), ecstasy (5% vs. 8%), hallucinogens (5% vs. 7%), and ketamine (1% vs. 2%).

Indigenous youth who had used substances other than alcohol or cannabis		
	2008	2018
Prescription pills without a doctor's consent	21%	13%
Mushrooms	16%	10%
More of my own prescription than prescribed	N/A	8%
Hallucinogens (excluding ecstasy/MDMA & ketamine)	11%	5%
Ecstasy/MDMA	14%	5%
Cocaine	9%	4%
Inhalants	8%	3%
Amphetamines (excluding ecstasy/MDMA & crystal meth)	6%	2%
Ketamine, GHB	N/A	1%
Crystal meth	5%	1%
Heroin	4%	1%

N/A: Not asked on 2008 survey.



## Consequences of substance use

Similar to 2013, 60% of youth who had used alcohol or other substances in the past year reported negative consequences from their use. This was a decrease from 2008 (66%). The most common consequence was youth being told they did something they could not remember.

Consequences of substance use experienced by Indigenous youth in the past year (among those who used alcohol or other substances during that time)	
Was told I did something I couldn't remember	41%
Passed out	33%
Argued with family members	20%
Got injured	18%
School work or grades changed	16%
Lost friends or broke up with a girlfriend, boyfriend, or significant other	15%
Got into a physical fight	10%
Had sex when I didn't want to	10%
Damaged property	9%
Got into trouble with the police	8%
Overdosed	3%
Had to get medical treatment	2%
Used alcohol or drugs but none of these happened	40%

Note: Youth could choose more than one response.

Females were more likely than males to have done something they could not remember (46% vs. 35%), passed out (36% vs. 30%), argued with their family members (24% vs. 16%), experienced a change in their school performance or grades (17% vs. 13%), lost friends or broken up with a significant other (17% vs. 11%), and had unwanted sex (12% vs. 8%).

Among youth who had ever had intercourse, 23% used alcohol or other substances before having sex the last time, which was comparable to the rate in 2013 and lower than in 2008 (41%).

Among youth who had used substances in the past year, those who had a supportive adult to talk to about their problems were less likely to experience negative consequences of their use (59% vs. 64% who did not have such an adult they could turn to), as were those who felt like part of their community. For example, youth who used substances who felt like part of their community were less likely to have damaged property (7% vs. 13% who did not feel like part of their community) and to have been in trouble with the police (6% vs. 12%).

In the past year, 10% of youth had needed help for their substance use, including 6% for their alcohol use, 6% for cannabis use, and 3% for their use of other substances. Females were more likely than males to report needing help for their alcohol use (7% vs. 4%).



*I am still feeling the after shock at early drug dabbing. There is a tremendous importance in DRUG EDUCATION—NOT TO STIGMATIZE and DEMONIZE some, while glorifying/condoning others."*





## Reasons for using

As in 2013, the most common reason youth gave for last using substances was to have fun, and the percentage who used for fun increased (65% vs. 62% in 2013). There was also an increase in youth who used substances because they felt down or sad (27% vs. 21% in 2013). However, there was a decrease in youth who reported feeling pressured to use substances (4% vs. 6% in 2013).

Reasons Indigenous youth used substances the last time ( <i>among those who had used alcohol or other substances</i> )	
I wanted to have fun	65%
I wanted to try it/experiment	31%
Because of stress	30%
My friends were doing it	30%
I felt down or sad	27%
I felt like there was nothing else to do	12%
To manage physical pain	8%
I thought it would help me focus	6%
Because of an addiction	4%
I was pressured into doing it	4%
I didn't mean to do it	2%
To change the effects of some other drug	2%
Other	9%

Note: Youth could choose more than one response.  
 Note: Among youth who wrote 'other' they commonly cited a special occasion such as a party as the reason they had used substances.

## Youth impacted by the opioid crisis

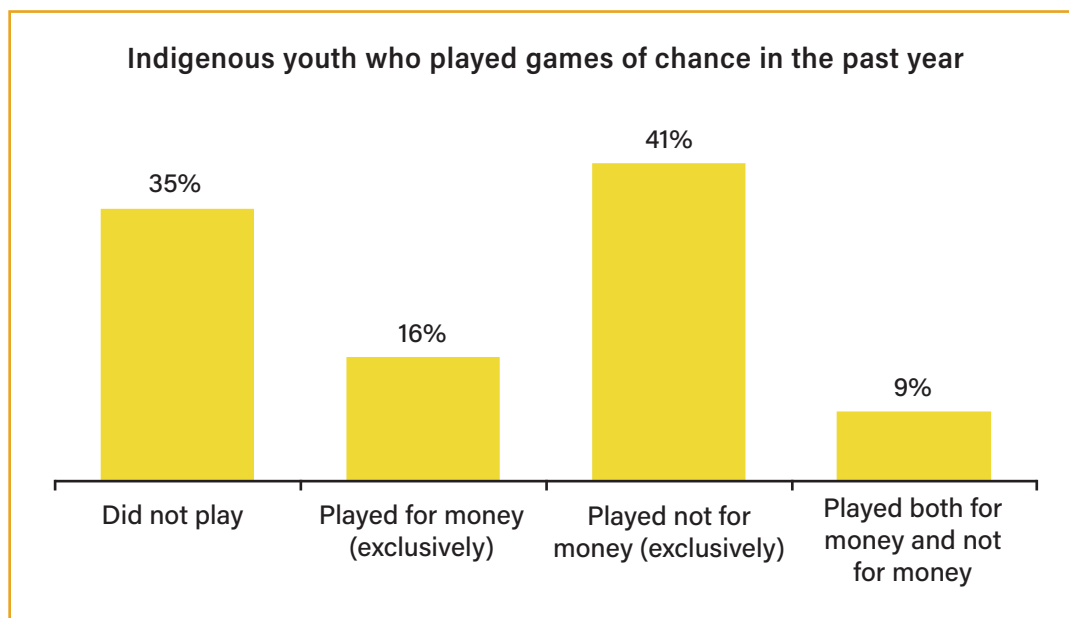
Five percent of youth had lost someone close to them to a fentanyl overdose (vs. 2% of non-Indigenous youth). Bereavement rates were higher among youth who lived on reserve (7%), had family who attended Residential School (7%), and had government care experience (9%).

Youth who had been bereaved due to fentanyl were more likely to rate their mental health as poor or fair (53% vs. 34% of those who had not experienced this type of loss), to not feel like a part of their community (17% vs. 9%), and to not expect to complete high school (6% vs. 2%). They were also more likely to have self-harmed (40% vs. 25%), considered suicide (40% vs. 24%), and attempted suicide (25% vs. 8%) in the past year.



## Gambling

In BC it is illegal for youth under the age of 19 to gamble for money. The BC AHS asked students if they had played a number of gambling games in the past year (e.g., online gaming, cards/dice, sports betting, lottery tickets/scratch cards), and whether they had done so for money. Overall, 65% had played at least one of these games in the past year (vs. 62% of non-Indigenous youth), including 25% who had gambled for money.



Note: Percentages do not total 100% due to rounding.

Among students who gambled for money in the past year, the most common way they did so was by playing lottery tickets/scratch cards (44% vs. 37% of non-Indigenous youth). They also played cards/dice in person (38%) and online (12%), engaged in online gaming (38%), and participated in sports betting in person (32%) and online (11%). Females were the least likely to have engaged in online gaming or online sports betting and males were the least likely to have played lottery tickets/scratch cards.

Overall, 1% of youth had needed help for their gambling in the past year (3% of those who gambled for money in the past year). Also, 3% of those with a phone had used it to gamble on their last school day.



## Sexual health

### Oral sex and sexual intercourse

Youth were less likely than five and ten years earlier to have engaged in oral sex (e.g., 29% vs. 35% in 2008), and were less likely than ten years ago to have had intercourse (29% vs. 34%). There were no gender differences.

Among youth who ever had intercourse, the most common age to first do so was 15 years old (26%), and over half (55%) of youth who had sex waited until at least age 15 to first do so, which was comparable to five years earlier and an increase from 47% in 2008.

Similar to five years earlier, 21% of youth who ever had oral sex used protection the last time they did so. However, there was a decrease in the percentage who used protection the last time they had intercourse (57% vs. 68% in 2013; among those who ever had intercourse).

Indigenous youth were more likely than their non-Indigenous peers to have engaged in oral sex (29% vs. 21%) and intercourse (29% vs. 19%). They were also more likely to have used protection the last time they had oral sex (21% vs. 16% of non-Indigenous youth; among those who ever had oral sex) but were less likely to have used protection the last time they had intercourse (57% vs. 64% of non-Indigenous youth; among those who ever had intercourse).

Half of Indigenous youth (50%) who ever had intercourse had one sexual partner in the past year, 18% had two partners, 24% had three or more partners, and 9% did not have intercourse in the past year.

Comparable to 2013, 2% of Indigenous youth had been involved in a pregnancy. When asked specifically about measures they had taken to prevent pregnancy, there was a decrease in the percentage of youth who used a condom (52% vs. 64% in 2013, among those who ever had intercourse); and an increase in those who used withdrawal as their only method of contraception (11% vs. 6%) or as one of the methods they used (46% vs. 32%). There was also an increase in those who reported using an IUD (4% vs. 1% in 2008).

#### Methods Indigenous youth used to prevent pregnancy the last time they had intercourse (*among those who ever had intercourse*)

Condoms	52%
Birth control pills, birth control patch, Nuva Ring, or other method prescribed by doctor or nurse	46%
Withdrawal	46%
Emergency contraception	7%
Depo Provera	4%
IUD	4%
Not sure	5%

Note: Youth could choose more than one response.

## Sexually transmitted infections (STIs) and the HPV vaccine

The HPV vaccine protects against infection from certain types of cancers, and just over a quarter (26%) of youth reported they had been vaccinated (36% of youth who were assigned female on their birth certificate vs. 15% of males). However, 55% (61% of males vs. 50% of females) did not know whether they had received the HPV vaccine.

One percent of youth had ever been diagnosed with an STI.

## Refusal skills

Most youth felt they were able to say 'no' if they were asked to engage in unwanted sexual activity. There were some age differences. For example, those aged 16 were more likely than both younger and older youth to indicate they could say no to sexting.

## Used phone to sext or watch pornography

Among youth with a phone, the percentage who engaged in sexting on their last school day decreased from 14% in 2013 to 7%. This rate was higher than for non-Indigenous youth (5%). Twelve percent of Indigenous youth used their phone to look at pornography on their last school day, which was comparable to the rate among non-Indigenous youth.

Older youth and male and non-binary youth were more likely to use their phone for sexting or watching pornography. For example, 21% of males used their phone to watch pornography on their last school day, compared to 4% of females.

Indigenous youth who felt they could say no if asked to ...			
	Could say no	Could not say no	Not sure
Have sex with a new partner when they did not want to	90%	2%	8%
Have sex with a long-term partner when they did not want to	85%	5%	11%
Send nudes/sext	89%	3%	8%

Note: Percentages may not total 100% due to rounding.

Youth who had ever had sex were more likely than those who had not to report feeling unable to refuse sexting (6% vs. 2%), as well as having sex with a new partner (4% vs. 1%) or a long-term partner (8% vs. 3%).



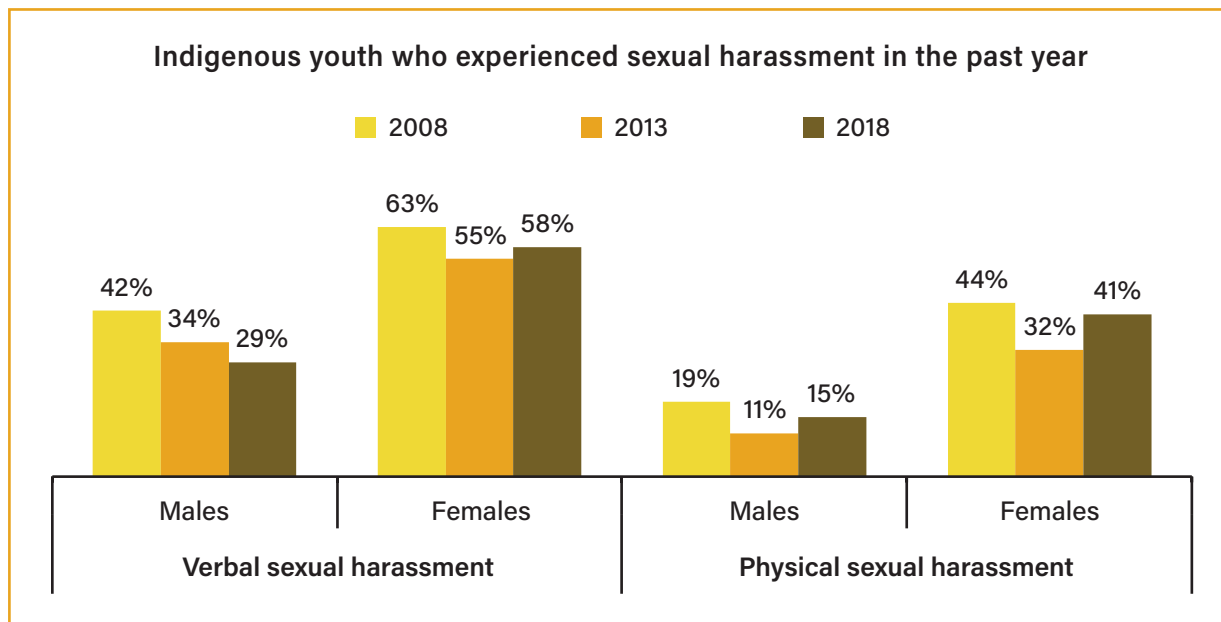
## Violence and discrimination

### Dating violence

In the past year, 56% of youth had dated, and 11% of these youth had experienced physical violence within their dating relationship, with no gender differences. This rate was higher than in 2013 (9%) and similar to 2008.

### Sexual harassment

In the past year, 44% of youth experienced verbal sexual harassment, and 28% experienced physical sexual harassment. The rate of verbal sexual harassment declined for males compared to five years earlier, while that for physical sexual harassment rose for both males and females. The rate of verbal and physical sexual harassment for non-binary youth in 2018 was comparable to that for female youth.



Note: The difference between 2013 and 2018 for females who experienced verbal sexual harassment was not statistically significant.

## In-person bullying



*I have been bullied for my whole life really bad except for the past two years when it's gotten better."*

The 2018 BC AHS asked students how many times in the past year, while at school or on their way to or from school, they had been teased to the point where they felt bad or extremely uncomfortable, were deliberately socially excluded, or were physically attacked or assaulted.

Comparable to 2013, 55% of Indigenous youth had at least one of these experiences in the past year. They were more likely than their non-Indigenous peers to experience social exclusion (41% vs. 39%) and physical assault (12% vs. 8%), while rates of severe teasing were comparable (39%).

Similar to their non-Indigenous peers, 11% of youth reported they had bullied someone else in the past year.

## Physical and sexual abuse

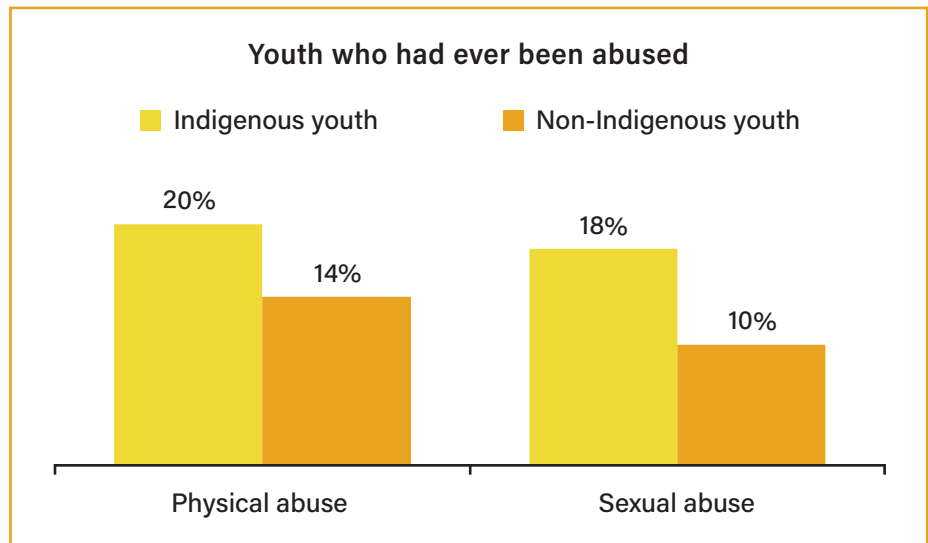


*I was never raped but I was kind of tricked into having intimate relations with someone older than me."*

One in five youth (20%) had been physically abused or mistreated, which was similar to 2013 and a decrease from 2008 (25%). Males were the least likely to have been physically abused (14% vs. 25% of females and 37% of non-binary youth).

Almost a fifth (18%) of Indigenous youth had been sexually abused. As in previous years, females were more likely than males to have been sexually abused; and the rate for females was higher than five years earlier (29% vs. 23% in 2013) and comparable to a decade earlier. The rate for males was unchanged from 2013 (7%) and lower than in 2008 (10%).

Indigenous youth were more likely than their non-Indigenous peers to have been physically or sexually abused, and these gaps were comparable to those seen five and ten years earlier.



## Discrimination

Nearly half (45%) of students had experienced discrimination in the past year. Compared to five years earlier, youth were more likely to have been discriminated against on the basis of their sexual orientation (9% vs. 7% in 2013), their sex or gender (11% vs. 8%), and for how much money they or their family had (12% vs. 9%). Rates of discrimination on the basis of race, ethnicity, or skin colour (15%) and physical appearance (28%) were similar to 2013. Racial discrimination decreased compared to a decade earlier (17% in 2008), while that for physical appearance increased (23% in 2008).



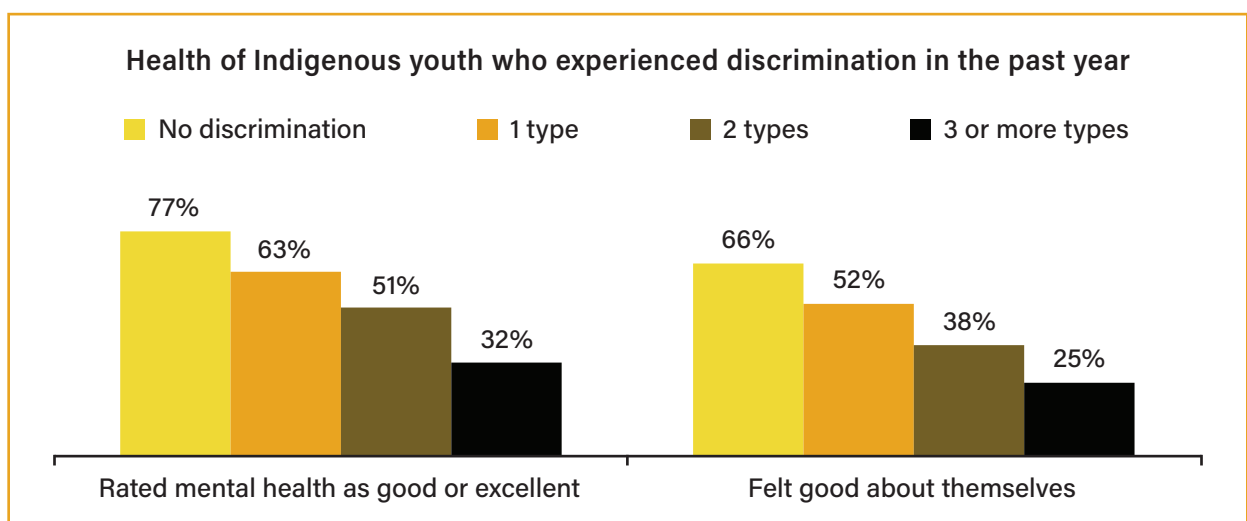
Indigenous youth were more likely than their non-Indigenous peers to report various forms of discrimination, with the exceptions of racial and gender discrimination. For racial discrimination, the gap between Indigenous and non-Indigenous youth has narrowed over the past decade.

Youth's perceived reasons for being discriminated against in the past year		
	Indigenous youth	Non-Indigenous youth
Physical appearance	28%	22%
Weight	22%	16%
Race, ethnicity, or skin colour	15%	14%
Income or family income	12%	7%
Gender/sex	11%	9%
Sexual orientation	9%	5%
A disability	6%	3%

Note: Youth could choose more than one response.

Note: The differences for discrimination due to race, ethnicity, or skin colour and gender/sex were not statistically significant.

The more types of discrimination youth experienced, the less positive their health picture was (examples shown in the graph below).





## Weapon carrying

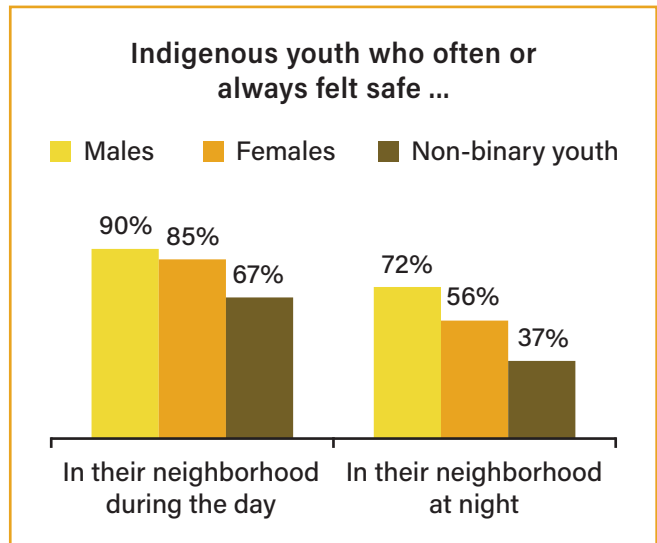
In the past 30 days, 9% of students brought a weapon to school, including 2% who always carried one. Youth were more likely to carry a weapon when they had been physically assaulted (27% vs. 6% of those who had not had this experience), or had experienced discrimination (12% vs. 5%) in the past year.



## Neighbourhood safety

Among youth who used public transit, 53% often or always felt safe doing so, which was lower than among non-Indigenous youth (60%). However, most youth felt safe in their neighbourhood during the day (87%), and 62% felt safe there at night.

Feelings of neighbourhood safety were generally comparable to 2013, except there was a decrease in females feeling safe during the daytime (84% vs. 87%). Non-binary youth were the least likely and males were the most likely to feel safe in their neighbourhood.



There was no difference in feeling safe within their home between youth who lived on and off reserve. However, youth who lived on reserve were less likely to feel safe in their neighbourhood, with 80% often or always feeling safe there during the day, compared to 88% who lived off reserve; and 54% feeling safe there at night, compared to 64% who lived off reserve.

Youth who felt safe in their neighbourhood during the day were more likely to feel connected to their community (39% vs. 24% of those who never/rarely felt safe there), and to rate their mental health as good or excellent (68% vs. 51%).

# FINAL THOUGHTS

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This report considered the changing health picture of Indigenous youth in BC. There are some reasons to celebrate, including the increase in youth who speak an Indigenous language. The results also show that despite the societal and institutional barriers which young people and their communities face, their resilience continues to shine through. However, many results have highlighted the challenges to healthy development that Indigenous youth face as a result of historic and current injustices, including the long-term inter-generational impact of having family members attend Residential School.

Truth and Reconciliation includes acknowledging these results and identifying steps that can be taken to narrow the gap in the health picture of Indigenous youth in comparison to their non-Indigenous peers. We all have a responsibility to address the individual, societal, and systemic discrimination experienced by Indigenous youth, and to support young people to achieve optimum health. In doing so, we can support communities to heal, and can ensure BC is a place where First Nations, Inuit, and Métis young people can thrive.



## Resources

### ***Ta Saantii Deu/Neso: A Profile of Métis Youth Health in BC***

Métis youth are included in *Raven's Children V*. A separate BC AHS report about the health picture of Métis youth, their changing needs, and disparities between the health of Métis and non-Métis youth is also available. A fact sheet about vaping among Métis youth can be found [here](#).

### ***Beyond a Dreamcatcher: Improving services for Indigenous justice-involved youth with substance use challenges—A youth-led study***

This report shares promising practices and recommendations to reduce barriers to engaging with substance use services for Indigenous youth who are justice-involved or at risk of justice involvement. The study was conducted between 2017 and 2019 by members of McCreary's Youth Research Academy. In addition to the youth researchers, over 300 Indigenous youth participated in the project.

### ***Youth Action Grants (YAGs)***

YAGs are \$500 grants administered 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. The application form is available in English or French.

### ***Trevor Coburn Memorial Grants***

The Trevor Coburn Memorial Grants program provides grants of up to \$500 to young people wanting to address one or more areas of youth health that Trevor was passionate about, including peer mentorship, youth homelessness, youth substance use, and youth in and from government care. To apply for a grant, fill out the online application.



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