YOUTH DEVELOPMENT AND WELL-BEING
2020/2021
ACKNOWLEDGEMENTS

We gratefully acknowledge that we live and work on the unceded, ancestral, and traditional territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lo, Səl̓ílwətaɬ (Tsleil-Waututh), and kʷik̓w̓ələm (Kwikwetlem) Nations where the Burnaby Mountain Campus of Simon Fraser University is located.

The Youth Development Instrument (YDI) pilot is supported by funding provided to Dr. Hasina Samji from the British Columbia Centre for Disease Control and Simon Fraser University.

The YDI follows in the footsteps of the Middle Years Development Instrument (MDI), and other child monitoring tools developed by the Human Early Learning Partnership (HELP) at the University of British Columbia. We thank HELP, and the HELP Aboriginal Steering Committee, for their support and guidance in building and implementing the YDI. We would also like to extend our sincere gratitude to YDI Co-Investigators Drs. Martin Guhn and Kimberly Schonert-Reichl for their ongoing collaboration and guidance, and to Drs. Naomi Dove, Kim Thomson, Michael Warren, Jessica Trach and Ms. Michelle Pang for their contributions to the project.

We are grateful for the insight and advice from the YDI Provincial Policy and Practice Advisory Board, composed of school district administrators and staff, Ministry and community organization representatives, and public health and medical professionals, as well as our YDI Youth Advisory Committee, which has helped guide YDI development and implementation.

We are also thankful to Maple Ridge-Pitt Meadows and Pacific Rim school districts for participating in Phase 1 of the YDI pilot in Fall 2020 and the support and hard work of the education staff, teachers, and school administrators in all of our pilot districts.

And finally, we want to share our warmest appreciation to the many students who took the time to share their insights with us.

YDI research is led by Principal Investigator Dr. Hasina Samji, Director of the Capturing Health and Resilience Trajectories (CHART) Lab, Assistant Professor in the Faculty of Health Sciences at Simon Fraser University and Senior Scientist at the BC Centre for Disease Control.

The Youth Development Instrument was approved by the Behavioural Research Ethics Board, University of British Columbia, ID#: H20-02544.
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This report can be found at: http://www.chartlab.ca/. For any additional questions about the YDI or its data, please contact: ydi@sfu.ca.

Suggested Citation
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INTRODUCTION TO THE YDI

WHY DOES YOUTH MATTER?

Late adolescence is an important developmental period that defines future health, social, and well-being trajectories. During this time, youth experience remarkable changes physically, neurodevelopmentally, and socially. In turn, these changes impact how youth think, feel, and behave in the world around them (Dahl & Hariri, 2005; World Health Organization, 2021). For instance, changes in cognitive capacities are reflected in youth’s ability to think more abstractly, engage in more complex problem solving, and process information and stimuli in more nuanced ways (Zarrett & Eccles, 2006). Youth also experience significant changes in their social relationships, marked by growing autonomy from parents and caregivers to other influential relationships such as peers, romantic partners, and other adults in the community (Zarrett & Eccles, 2006).

During this transitional period into young adulthood, new social roles and responsibilities are adopted (Scales et al., 2016). While these new roles and responsibilities may be challenging, early conditions that propel young people on positive trajectories can also help negotiate this challenging transition (Scales, 2016). As such, youth can achieve positive developmental outcomes when they are provided with opportunities, resources, and structures that enable them to attain skills to negotiate adversity and establish healthy behaviours.

WHAT IS THE YOUTH DEVELOPMENT INSTRUMENT?

Building on the work of the Early Development Instrument (EDI) and the MDI, the YDI is a self-report questionnaire that seeks to understand the health and well-being of Grade 11 students in British Columbia (BC). This survey takes a strengths-based approach through its emphasis on developmental assets such as thriving, positive childhood experiences, and positive mental health. These assets, also known as ‘cross-cutting domains’, span the YDI’s five primary dimensions: Social and Emotional Development, Social Well-being, Learning Environment and Engagement, Physical and Mental Well-being, and Navigating the World. Each dimension is divided into several domains and subdomains that ask questions about a myriad of emotions, thoughts, experiences, and habits.

These five dimensions strategically identify individual and contextual resources, opportunities, and practices that foster or hinder positive youth development. At the same time, using data linkages, researchers can monitor how responses change over the life course and map out how current youth experiences effectively shape trajectories into emerging adulthood. The YDI helps produce a more elaborate, in-depth landscape of youth health and well-being to inform policies and practices that support thriving and healthy trajectories.
YDI DIMENSIONS & SUBDOMAINS*

*selected subdomains included in the report
CONNECTING THE YDI TO THE BC POLICY CONTEXT

The YDI illuminates both youth development and well-being, complementing several initiatives and strategies developed by the Government of British Columbia.

In 2019, the BC Ministry of Mental Health and Addictions presented their strategic plan for improving mental health and well-being across the province, *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia*. To support their 10-year vision of having all British Columbians experience thriving and optimal mental health, the report identifies two priority actions, both of which are reflected in the YDI: 1) promote early childhood social and emotional development, and 2) enhancing mental health in schools. Data from the YDI will provide meaningful information about the social and emotional development and general well-being of BC’s current and future youth, enabling the province to take one step closer to its 10-year goal. While monitoring tools like the EDI and MDI are already in place, there is a need for an instrument which assesses well-being during the time periods of late adolescence and emerging adulthood.

The YDI also aligns with the BC Ministry of Education’s *Mental Health in Schools Strategy*. This strategy emphasizes a need to provide schools with the tools needed to build capacity for mental health promotion and interpretation of data. Our intention for collecting YDI data and providing district-level reports to participating school districts, in addition to this global report of aggregate data, is to build upon current school systems’ mental health resources and enhance their capacity to act through the documentation of current student trends. These data can help evaluate student mental health outcomes and inform priorities and decision-making at the district and school levels.
THE RESULTS

ABOUT THE DATA

This report contains data from Grade 11 students in six school districts and an independent school that participated in the 2020/2021 YDI Pilot Phase 2. These districts include Pacific Rim, Sunshine Coast, Maple Ridge-Pitt Meadows, Revelstoke, Abbotsford, Kootenay Lake, and independent school, Fraser Academy. Please note that these pilot data are from a small selection of districts in the province and are not representative of all BC students.

Many subdomains on the YDI are measured using a set of several questions called a “scale.” Youth’s responses within these subdomains are summarized by 1) converting their answers to each question into a numeric score and 2) adding these scores across the questions included in the scale.

The results for each measure exclude data from students who did not respond to the specified item and/or indicated ‘not applicable’ as a response. To maintain student confidentiality, statistics calculated from the data of five or fewer students are not included in the report.

Please also note that only select subdomains from the YDI survey are included in this report. The subdomains reported were chosen in collaboration with our school district and community stakeholders, including the YDI’s youth and provincial advisory boards and education partners. YDI subdomains that also appear on the MDI are marked with an asterisk (e.g., empathy*); a note is included for subdomains that also appear on the MDI, but are named slightly differently (e.g., emotional self-regulation*).

HOW THE RESULTS ARE SCORED

The YDI uses 3 primary categories of questions to measure subdomains: Agreement Questions, Rating Questions, and Frequency Questions. Subdomains containing unique question types are described in the results section.

Agreement Questions
For the majority of the questions on the YDI, youth indicated their level of agreement with a given statement. For example, students were presented with the following in the Loneliness subdomain:

Please indicate your agreement or disagreement with each of the following statements:

1. “I feel lonely”
2. “I often feel left out”
3. “There is no one I feel close to”

<table>
<thead>
<tr>
<th>EXAMPLE AGREEMENT OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = ‘Agree a lot’</td>
</tr>
<tr>
<td>4 = ‘Agree a little’</td>
</tr>
<tr>
<td>3 = ‘Don’t agree or disagree’</td>
</tr>
<tr>
<td>2 = ‘Disagree a little’</td>
</tr>
<tr>
<td>1 = ‘Disagree a lot’</td>
</tr>
</tbody>
</table>
**Rating Questions**

Some subdomains contain questions that ask youth to provide a rating. For example, youth were asked the following in the General Health subdomain:

*In general, how would you describe your health?*

**Frequency Questions**

Other subdomains include questions that ask how frequently youth engage in certain activities or behaviours. These subdomains each contain their own frequency-specific scale that is reported accordingly. For example, youth answered the following in the Physical Activity subdomain:

*Over a typical or usual week, on how many days are you physically active for a total of at least 60 min per day?*

**HOW TO INTERPRET THE RESULTS**

Students' subdomain scores are categorized as ‘High’, ‘Medium’ or ‘Low’.

<table>
<thead>
<tr>
<th>SCORING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High</strong>: Scores ≥80% of the scale’s max value (e.g. ≥12 out of 15)</td>
</tr>
<tr>
<td><strong>Medium</strong>: Scores ≥60% and &lt;80% of max value (e.g. ≥9 to &lt;12 out of 15)</td>
</tr>
<tr>
<td><strong>Low</strong>: Scores &lt;60% of max value (e.g. &lt;9 out of 15)</td>
</tr>
</tbody>
</table>

**Example interpretation:**

47% of youth reported that they strongly agree with statements that they positively see and value themselves.
# DEMOGRAPHICS

## POPULATION

| Total Sample | 2295 |

## GENDER IDENTITY

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Percentage</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>51%</td>
<td>In another way</td>
</tr>
<tr>
<td>Girl</td>
<td>46%</td>
<td>N/A</td>
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## ETHNICITY

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Indigenous peoples in Canada</td>
<td>7%</td>
</tr>
<tr>
<td>East Asian</td>
<td>6%</td>
</tr>
<tr>
<td>White</td>
<td>63%</td>
</tr>
<tr>
<td>Southeast Asian</td>
<td>4%</td>
</tr>
<tr>
<td>Black</td>
<td>3%</td>
</tr>
<tr>
<td>South Asian</td>
<td>18%</td>
</tr>
<tr>
<td>Latin, Central or South American</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>2%</td>
</tr>
</tbody>
</table>

## IMMIGRATION

<table>
<thead>
<tr>
<th>Immigration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Born in Canada</td>
<td>85%</td>
</tr>
<tr>
<td>Born outside of Canada</td>
<td>15%</td>
</tr>
</tbody>
</table>

## LANGUAGES SPOKEN AT HOME

<table>
<thead>
<tr>
<th>Language(s)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English only</td>
<td>66%</td>
</tr>
<tr>
<td>English and other language(s)</td>
<td>26%</td>
</tr>
<tr>
<td>Other language(s) only</td>
<td>8%</td>
</tr>
</tbody>
</table>

## PARENTAL EDUCATION

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate or Professional Degree (e.g. Masters, PhD)</td>
<td>16%</td>
</tr>
<tr>
<td>University Degree (e.g. Bachelors)</td>
<td>24%</td>
</tr>
<tr>
<td>College Program (e.g. diploma, certificate, apprenticeship)</td>
<td>24%</td>
</tr>
<tr>
<td>High school or less</td>
<td>19%</td>
</tr>
<tr>
<td>I don’t know/Not Applicable</td>
<td>17%</td>
</tr>
</tbody>
</table>

## FAMILY AFFLUENCE

<table>
<thead>
<tr>
<th>Affluence Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>34%</td>
</tr>
<tr>
<td>Medium</td>
<td>49%</td>
</tr>
<tr>
<td>Low</td>
<td>17%</td>
</tr>
</tbody>
</table>

## DEMOGRAPHICS DESCRIPTIONS

**Population:**
Total number of students whose data are included in this report (i.e. students from all six school districts and one independent school who participated in the 2020/2021 YDI Pilot Phase 2).

**Gender Identity:**
Youth selected which gender they self-identify as. If youth do not identify as “boy” or “girl”, they may select “In another way” and then specify.
Ethnicity:
Youth selected the ethnicity with which they self-identify. Youth of mixed descent can select more than one category. Some ethnicity categories have been collapsed to represent larger geographic regions. Middle Eastern includes those who identify as Arab (e.g., Egyptian, Lebanese) or West Asian (e.g., Afghan, Iranian). East Asian includes those who identify as Chinese (e.g., Mainland China, Hong Kong, Macau, and Taiwan), Japanese or Korean. Southeast Asian represents those who identify as Filipino or other Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.) Other represents those who do not identify as part of any of the categories above, including those who are Indigenous from outside of Canada.

Immigration:
Youth indicated whether they were born in Canada or outside of Canada.

Languages Spoken at Home:
Youth indicated any language(s) they speak at home. Answers were categorized into “English only”, “English and other language(s)”, and “Other language(s) only”.

Parental Education:
The highest level of education at least one parent has completed (i.e., if parent one has a Masters degree and parent two has a Bachelors degree, parents are counted as part of the graduate level).

Family Affluence:
Family affluence was measured using a youth-friendly scale containing indicators of socioeconomic status (e.g., having a dishwasher, number of bathrooms, owning a car, etc.). Family affluence is categorized as low, medium, and high based on the sum score across all socioeconomic indicators.
WELL-BEING INDEX

Adolescent well-being can be defined as “[having] the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights” (Ross et al., 2020). In addition to all the individual subdomains, the YDI also reports on the same indicators of physical, social, and emotional well-being as the MDI to encourage trajectory mapping. The well-being index is designed to provide a more holistic description of youth well-being. Please note that while the total sample was 2,295 participants, 75 participants had incomplete or invalid responses which did not allow for their Well-Being index to be computed.

Scores from these five measures are summed and categorized as the following:

- **High Well-Being (Thriving)**
  Youth who indicated high scores in a minimum of four measures and have no low scores.

- **Medium Well-Being**
  Youth who indicated high scores in three or fewer measures, but still did not have any low scores.

- **Low Well-Being**
  Youth who indicated a low score in one or more measures.

All Participating Districts

- Thriving: 32%
- Medium: 22%
- Low: 45%

2220 Students
In contrast to the individual-level nature of the well-being indices, assets are more contextual. They are considered experiences or relationships that contribute to healthy trajectories (HELP, 2021). What makes assets especially unique is that they can be modified through changes in youth’s environments (HELP, 2021). This Assets Index is reproduced from the MDI and uses equivalent measures. The assets index includes the assets represented below: peer relationships, adult relationships, nutrition and sleep, and after-school activities. Listed below the assets are the subdomains within each asset. Please note that School Experiences are also considered an asset; however, they are excluded from this index and reported more comprehensively in the Learning Environment and Engagement section on page 19. The adult and peer relationship assets were considered as ‘present’ if the relevant subdomains had a ‘medium’ or ‘high’ score (see page 9). The nutrition and sleep asset was considered as ‘present’ if the relevant subdomains had a score of 3 or more times a week. The after-school activities asset was considered as ‘present’ if students participated in at least one extra-curricular activity.
SOCIAL AND EMOTIONAL DEVELOPMENT

Social and emotional development encompasses the knowledge, attitudes, and skills involved in emotional management, positive goal setting, healthy relationship development, responsible decision-making, and effective problem-solving. These competencies are necessary for successfully navigating the social and emotional challenges that accompany the period of youth and emerging adulthood.

**EMOTIONAL SELF-REGULATION***
Youth’s level of agreement with statements about their ability to recognize and control their emotions.

- e.g., “When I am sad, I can usually start doing something that will make me feel better”

*called Self-Regulation (Short-term) on the MDI

**EMPATHY***
Youth’s level of agreement with statements about their ability to recognize and understand someone else’s emotions and experiences.

- e.g., “I am a person who cares about the feelings of others”

**ALTRUISM**
Youth’s level of agreement with statements about the conditions in which they help others.

- e.g., “I help others even if the person is a total stranger”
SELF-ESTEEM*
Youth’s level of agreement with statements about how they see and value themselves.

e.g., “In general, I like being the way I am”

PURPOSE AND MEANING
Youth’s level of agreement with statements about having a meaningful life.

e.g., “My life has a clear sense of purpose”

SELF-EFFICACY
Youth’s level of agreement with statements about their ability to accomplish goals and tasks.

e.g., “I believe that I am capable in most things”

AUTONOMY
Youth’s level of agreement with statements about their capacity to think, choose, and act independently.

e.g., “I decide most of my life decisions”

OPTIMISM*
Youth’s level of agreement with the statement “I am optimistic about my future.”
RESEARCH HIGHLIGHTS

Social competence, including interpersonal skills and executive functioning, in early childhood is a significant predictor of positive outcomes in adult functioning. (Jones et al., 2015)

Empathy is positively associated with psychological well-being by being associated with perspective and bolstering positive self-identity. (Vinayak & Judge, 2018)

Social-emotional development is not separate from academic achievement; they are interrelated and necessary for children’s development and success beyond the school context. (Aviles et al. 2006)
SOCIAL WELL-BEING

Social well-being assesses the quality and number of meaningful relationships youth have with their peers, family, and different community members. Positive and healthy social relationships play an important role in promoting physical, mental, and emotional health during and beyond youth.

**FRIENDSHIP INTIMACY***
Youth’s level of agreement with statements about the closeness of their friendships.

- e.g., “I have a friend I can tell everything to”

**SUPPORTIVE ADULTS IN THE COMMUNITY***
Youth’s level of agreement with statements about how supported they feel by the adults in their community.

- e.g., “In my neighbourhood/community, there is an adult who really cares about me”

*called Adults in the Neighbourhood/Community on the MDI

**NEIGHBOURHOOD SAFETY**
Youth’s level of agreement with the statement “I feel safe in the area where I live.”

**COMMUNITY BELONGING**
Youth’s rating of their sense of belonging in their local community and neighbourhood.

- e.g., “How would you describe your sense of belonging to your local community?”
DISCRIMINATION
How frequently youth experience discrimination.

e.g., “In your day-to-day life, how often are you treated with less courtesy or respect than other people”

SUPPORTIVE ADULTS AT HOME*
Youth’s level of agreement with statements about how supported they feel by the adults at home.

e.g., “In my home, there is a parent or another adult who really cares about me”

*called Adults at Home on the MDI

LONELINESS
Youth’s level of agreement with statements about experiencing feelings of exclusion or social isolation.

e.g., “I feel lonely”

Social relationships are important for children’s health and life satisfaction. Positive relationships with adults at home, school, and in communities are associated with children’s perceived health. (Gadermann et al, 2016)

Neighbourhood cohesion in adolescence can be protective for youth, especially for those who have experienced adversity. (Kingsbury et al., 2020)

Parenting practices have implications for academic achievement, psychosocial development, emotional stability, and successful transitions into adulthood. (Madden et al, 2015)
LEARNING ENVIRONMENT AND ENGAGEMENT

The learning environment and engagement dimension seeks to understand youth’s experiences at school, including their feelings and experiences regarding their academic work, the school environment, and the broader school community.

SCHOOL BELONGING*
Youth’s level of agreement with statements about their sense of belonging at school.

- High 34%
- Medium 35%
- Low 30%

e.g., “I feel like I belong in this school”

SUPPORTIVE ADULTS AT SCHOOL*
Youth’s level of agreement with statements about how supported they feel by the adults at their school.

- High 42%
- Medium 34%
- Low 24%

e.g., “At my school, there is an adult who really cares about me”

*called Adults at School on the MDI

SCHOOL SAFETY
Youth’s level of agreement with the statement “I feel safe at my school.”

- High 69%
- Medium 21%
- Low 9%

SKILLS FOR THE FUTURE
Youth’s level of agreement with the statement “I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)”

- High 75%
- Medium 15%
- Low 10%
BULLYING*
How frequently youth experienced bullying or harassment during the school year, including physical, social, verbal, and/or cyberbullying.

Cyberbullying (e.g., online messaging)

- Many times a week: 1%
- About every week: 1%
- About every month: 3%
- Once or a few times: 18%
- Not at all this school year: 76%

Physical Bullying (e.g., hit or kicked)

- Many times a week: 1%
- About every week: 1%
- About every month: 2%
- Once or a few times: 8%
- Not at all this school year: 89%

Social Bullying (e.g., exclusion, gossip)

- Many times a week: 3%
- About every week: 2%
- About every month: 8%
- Once or a few times: 25%
- Not at all this school year: 63%

Verbal Bullying (e.g., threatened, teased)

- Many times a week: 3%
- About every week: 2%
- About every month: 5%
- Once or a few times: 19%
- Not at all this school year: 71%

RESEARCH HIGHLIGHTS

School connectedness has been shown to be important for promoting academic achievement and averting negative behaviours. (CDC, 2009)

Social investments in student-teacher relationships may be beneficial for student academic motivation. (Scales et al, 2020)

A school climate characterized by supportive adults and anti-bullying attitudes can help prevent bullying. (Wang, Berry, & Swearer, 2013)
PHYSICAL AND MENTAL WELL-BEING

Physical and mental well-being provides a description of habits, behaviours, and exposures that shape both physical and mental well-being. It also asks about youth’s experiences accessing and utilizing healthcare services. This dimension of the YDI helps identify risk factors that may be important for averting poor health trajectories in emerging adulthood.

**GENERAL HEALTH**
Youth’s rating of their overall health.

i.e., “In general, how would you describe your health?”

---

**FOOD INSECURITY**
How frequently youth reported experiencing food insecurity in the past 30 days.

i.e., “During the past 30 days, how often did you go hungry because there was not enough food in your home?”

---

**EATING HABITS**
How frequently youth reported consuming healthy and unhealthy foods on a daily or weekly basis.

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Fast food* (times per week)

<table>
<thead>
<tr>
<th>Times per Week</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>3</td>
<td>11%</td>
</tr>
<tr>
<td>2</td>
<td>19%</td>
</tr>
<tr>
<td>1</td>
<td>37%</td>
</tr>
<tr>
<td>0</td>
<td>24%</td>
</tr>
</tbody>
</table>

Soft drinks (times per week)

<table>
<thead>
<tr>
<th>Times per Week</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>5%</td>
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<tr>
<td>6</td>
<td>1%</td>
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<td>5</td>
<td>3%</td>
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<td>4</td>
<td>6%</td>
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<tr>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>2</td>
<td>16%</td>
</tr>
<tr>
<td>1</td>
<td>24%</td>
</tr>
<tr>
<td>0</td>
<td>34%</td>
</tr>
</tbody>
</table>

Breakfast* (times per week)

<table>
<thead>
<tr>
<th>Times per Week</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>39%</td>
</tr>
<tr>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>5</td>
<td>7%</td>
</tr>
<tr>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>0</td>
<td>17%</td>
</tr>
</tbody>
</table>

**SLEEP***
Number of nights a week youth reported having a good night’s sleep.

i.e., “How often do you get a good night’s sleep?”

- 22% 5-7 nights
- 46% 3-4 nights
- 32% 0-2 nights
PHYSICAL ACTIVITY*
Number of days a week youth reported being physically active for at least an hour.

- **25%** 5-7 days
- **28%** 3-4 days
- **47%** 0-2 days

SOCIAL MEDIA USE
Number of hours per day youth reported spending on social media sites (e.g. Instagram, Snapchat, Twitter, Facebook, TikTok, etc.)

- **0%** to **25%**
- **26%** to **50%**
- **51%** to **75%**
- **76%** to **100%

SUBSTANCE USE
How frequently youth reported consuming substances in the last four weeks, including alcohol and vaping.

Alcohol (e.g. liquor, wine, beer, coolers) Vaping (i.e. e-cigarettes)

- **0%**
- **25%**
- **50%**
- **75%**
- **100%**

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GENERAL MENTAL HEALTH
Youth’s rating of their overall mental health.

i.e., “In general, would you say your mental health is...?”

DEPRESSION
Depression was examined using a modified version of the Patient Health Questionnaire (PHQ-8). Please note that the PHQ-8 is used as a screening tool and is not designed to provide a diagnosis of depression. Youth with a sum score of ten or above on the PHQ-8 are generally considered to have screened positive for depression. Youth with a sum score of ten or above are considered to have screened positive.

e.g., “Over the last two weeks, how often have you been bothered by feeling down, depressed or hopeless?”

40% screened positive on the PHQ-8 for depression (scored ten or above)
GENERALIZED ANXIETY
Generalized anxiety was examined using the Generalized Anxiety Disorder 2-item (GAD-2) scale. Please note that the GAD-2 is used as a screening tool and is not designed to provide a diagnosis of generalized anxiety. Youth with a sum score of three or above on the GAD-2 are generally considered to have screened positive for generalized anxiety. Youth with a sum score of three or above on the GAD-2 are generally considered to have screened positive for generalized anxiety.

E.g., “Over the last two weeks, how often have you been bothered by feeling nervous, anxious, or on edge?”

SOCIAL ANXIETY*
Youth’s level of agreement with statements related to social anxiety.

E.g., “I worry a lot that other people might not like me.”

*Called Absence of Worries on the MDI

ROUTINE HEALTHCARE
The percentage of youth who reported having a regular healthcare provider (e.g. family doctor) they can talk to or see for care.

46% have a healthcare provider they can see or talk to
MENTAL HEALTHCARE
40% of youth sought help for a mental health concern in the past six months in the following ways:

- 56% family doctor
- 29% walk-in clinic
- 18% hospital or urgent care clinic
- 18% mental health agency
- 36% mental health professional
- 50% adult at school

UNMET MENTAL HEALTHCARE NEEDS
The percentage of youth who reported feeling that they needed help from a mental healthcare professional but did not seek help in the past six months.

- 40% reported an unmet mental healthcare need

RESEARCH HIGHLIGHTS
- Longer sleep time has been linked to healthier emotional regulation, higher academic performance, and greater quality of life. (Chaput et al, 2016)
- Schools are an opportunistic environment for integrating physical activity (e.g. physical education, extracurricular activities, etc.). (Beauchamp, Pu
ereman, & Lubans, 2018)
- Unmet mental health needs can place youth at greater risk for social and economic implications later in life. (Malla et al, 2018)
NAVIGATING THE WORLD

Navigating the world encompasses a variety of subdomains that ask youth to think about how they envision their future and encourages them to reflect on their local and global environment. As youth are preparing to enter early adulthood, understanding their long-term goals, values, concerns and how they fit in their larger setting is important.

**GENDER INEQUALITY**
Youth’s level of agreement with statements about gender inequality.

e.g., “On the whole, men make better political leaders than women do”

**VIEWS ON MULTICULTURALISM**
Youth’s level of agreement with statements about the importance of cultural and ethnic diversity in Canada and within society.

e.g., “We should help ethnic and racial minorities preserve their cultural heritages in Canada”

**STRESS OF FUTURE UNCERTAINTY**
Youth’s rating of how stressed they feel about decisions regarding their future and financial security.

e.g., “Concern about your future”

**CIVIC ENGAGEMENT**
The percentage of youth who intend to vote in the future.

i.e., “When you’re old enough, do you plan to vote in national (federal) elections?”

78% expressed intent to vote in the future
LOCAL CONCERNS
Top ten concerns identified by youth as the most important issues they believe are impacting Canada.

1. Climate change
2. Racial inequality
3. Pollution
4. Violence against women
5. Hate crimes
6. Loss of natural resources
7. Gender inequality
8. Violent crimes (e.g. gun violence)
9. Housing affordability
10. Hate speech
Being involved in the community improves society as a whole and improves the well-being of the helper. (Thoits & Hewitt, 2001)

Emotional and sociocognitive competencies (e.g., empathy, prosociality, and future orientation) are bi-directionally linked to both organized and informal forms of civic engagement. (Metzger et al., 2018)

High academic aspirations among youth have been linked to less mental health concerns among youth. Conversely, low aspirations predict the onset of mental health problems. (Almroth et al., 2018)
CROSS-CUTTING DOMAINS

In addition to its five primary dimensions, the YDI measures other strengths-based indicators of positive youth development that transcend the dimensions. Known as cross-cutting domains, these indicators are broadly shaped by a combination of emotional, social, physical, mental competencies and experiences that act as both promoters towards positive trajectories and buffers against adverse youth outcomes.

**POSITIVE CHILDHOOD EXPERIENCES (PCEs)**
PCEs lead to increased resilience to adversity. They include:
- the ability to discuss feelings with family;
- having family support during difficult times;
- participating in community traditions;
- having a sense of belonging in school;
- feeling supported by friends;
- having two invested non-parental adults and;
- feeling safe at home.¹

Results are based on the number of reported PCEs: High (7), Medium (3-6), and Low (0-2).

**POSITIVE MENTAL HEALTH**
Positive mental health was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The WEMWBS is a seven-item scale that asks how frequently youth have experienced clear and healthy thought patterns, positive self-perception, effective problem-solving abilities, autonomous decision-making, etc. in the last two weeks.

Results are based on the sum scores across the seven items in the scale. The maximum score is 35. High (28+), Medium (21-27), and Low (0-20).

¹ Bethell et al 2019
² Tennant et al 2007
IMPACTS OF COVID-19

In light of the ongoing COVID-19 pandemic, the YDI included an extra section asking youth about the impact of the pandemic and associated control measures on their physical and mental health, their relationships, and their quality of life. Giving youth the opportunity to identify areas where they are struggling during the pandemic enables us to take steps towards implementing the appropriate supports and resources. This section draws from questions on the BC Children’s Personal Impacts of COVID-19 survey, co-led by Dr. Evelyn Stewart and Dr. Hasina Samji. For more information about the Person Impacts of COVID-19 survey, visit https://www.bcchr.ca/POP/our-research/pics.

PHYSICAL HEALTH
The percentage of youth rating their physical health as ‘poor’ or ‘fair’ before COVID-19 compared to during COVID-19.

MENTAL/EMOTIONAL HEALTH
The percentage of youth rating their mental/emotional health as ‘poor’ or ‘fair’ before COVID-19 compared to during COVID-19.

QUALITY OF LIFE
The percentage of youth rating their quality of life as ‘poor’ or ‘fair’ before COVID-19 compared to during COVID-19.

RELATIONSHIPS
The percentage of youth rating their relationships as ‘poor’ or ‘fair’ before COVID-19 compared to during COVID-19.
REFERENCES

INTRODUCTION


SOCIAL AND EMOTIONAL DEVELOPMENT


SOCIAL WELL-BEING


Kingsbury, M., Clayborne, Z., Colman, I., & Kirkbride, J. B. (2020). The protective effect of neighbourhood social cohesion on adolescent mental health following stressful life events. *Psychological Medicine*, 50(8), 1292-1299.


**LEARNING ENVIRONMENT AND ENGAGEMENT**


**PHYSICAL AND MENTAL WELL-BEING**


**NAVIGATING THE WORLD**


**CROSS-CUTTING DOMAINS**
