Youth
Development
Instrument

SCHOOL DISTRICT 19 | **Revelstoke**

# SCHOOL DISTRICT REPORT

**2020/2021** PILOT PHASE 2

SFU FACULTY OF HEALTH SCIENCES

CHART
CAPTURING HEALTH AND RESILIENCE TRAJECTORIES

# ACKNOWLEDGEMENTS

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

The Youth Development Instrument (YDI) pilot is supported by funding provided to Dr. Hasina Samji from the British Columbia Center 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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# TABLE OF CONTENTS


**INTRODUCTION TO THE YDI** 5

**YDI DIMENSIONS & DOMAINS** 6

**CONNECTING THE YDI TO THE BC CURRICULUM** 7

**2020/2021 SCHOOL DISTRICT RESULTS** 8

- Demographics 11
- Well-being and Asset Indices 13
- Social and Emotional Development 15
- Social Well-being 18
- Learning Environment and Engagement 20
- Physical and Mental Well-being 23
- Navigating the World 28

**YDI CROSS-CUTTING DOMAINS** 31

- Positive Childhood Experiences 31
- Positive Mental Health 31
- Impacts of COVID-19 32

**REFERENCES** 33

# 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).

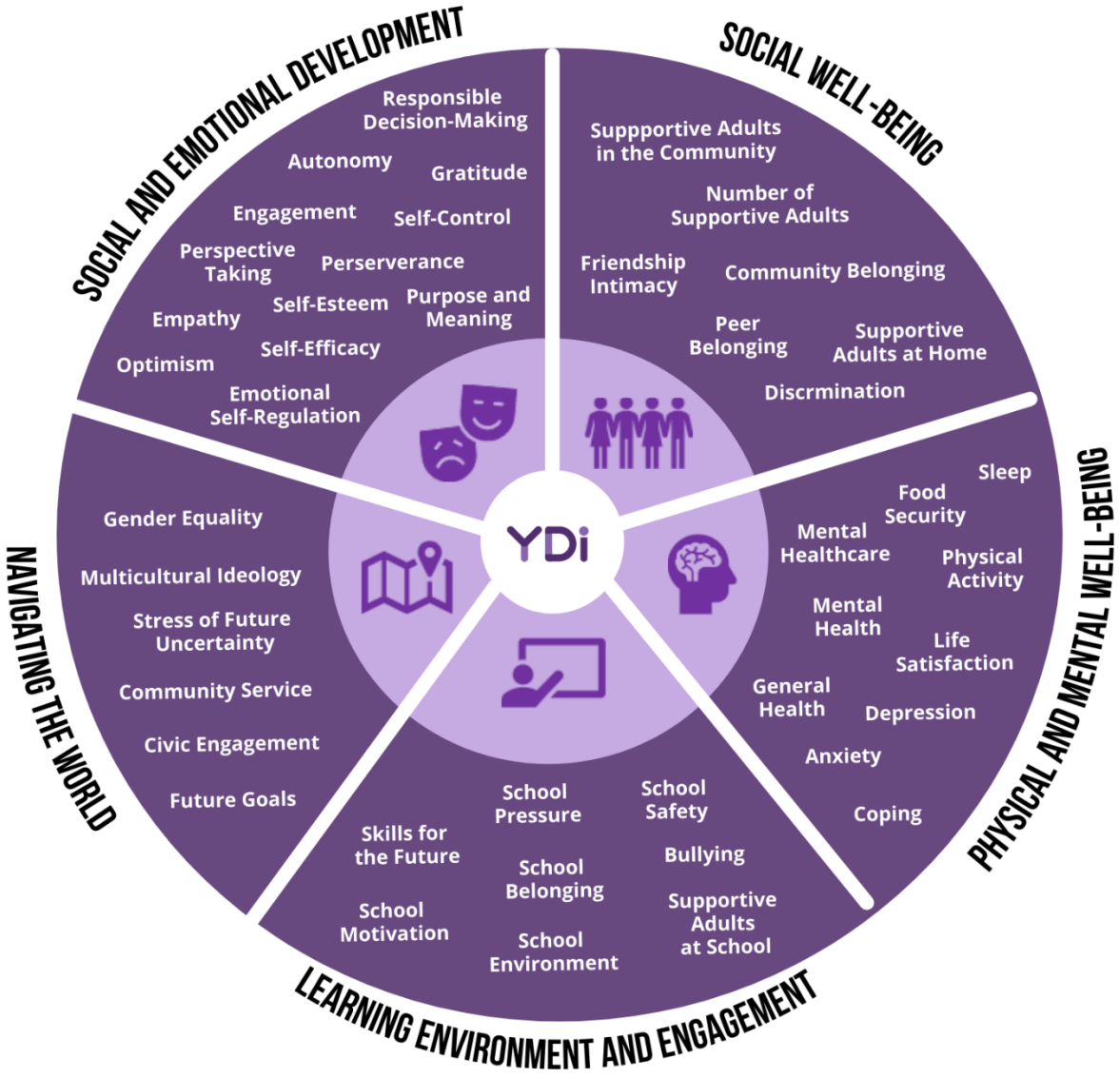
During this transitional period into young adulthood, new social roles and responsibilities are adopted (Scales et al., 2016). While these new roles may be challenging, early conditions that propel young people on positive trajectories can also help negotiate this challenging transition (Scales, 2016). 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 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*




**CROSS-CUTTING DOMAINS**

Positive Childhood Experiences* | Thriving | Positive Mental Health* | COVID-19 (YDI 2021)*

*selected subdomains included in the report

# CONNECTING THE YDI TO THE BC CURRICULUM

The YDI illuminates both youth development and well-being, complementing BC's approach to learning.

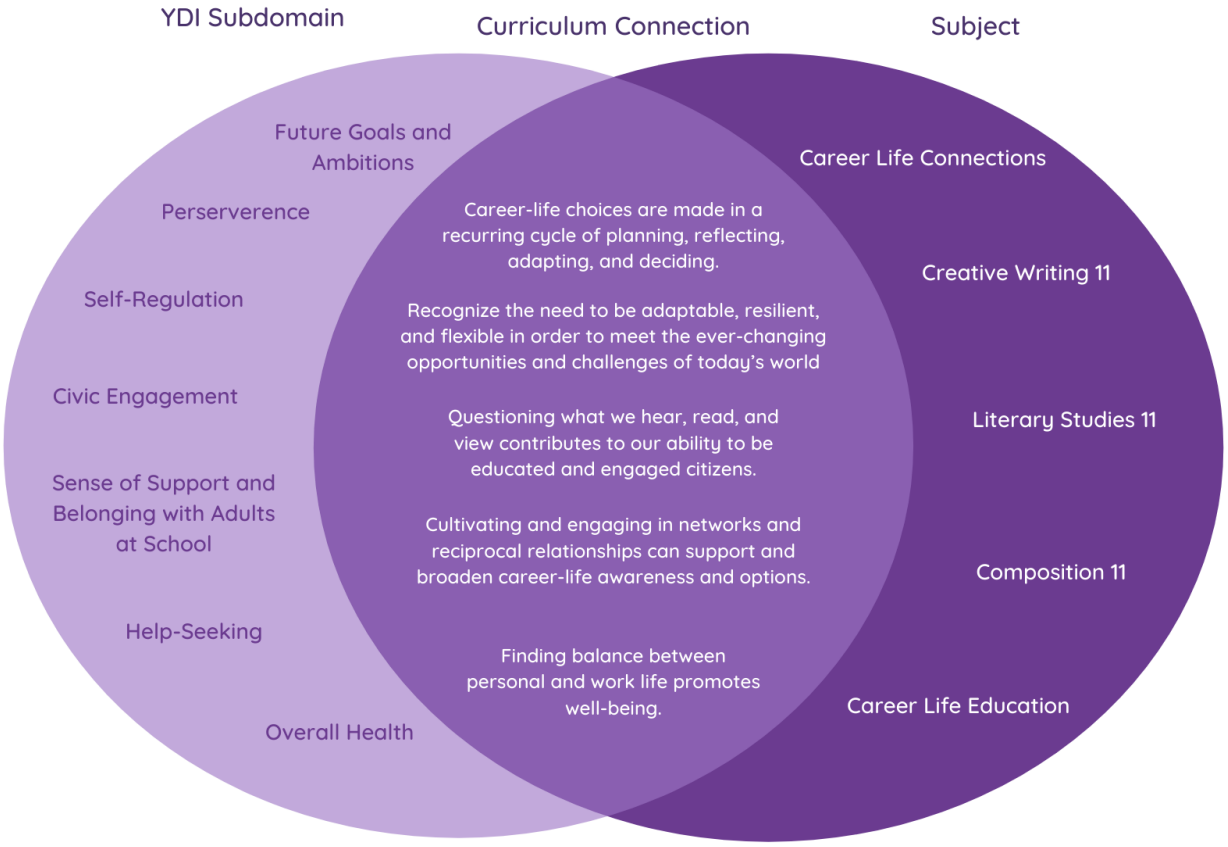



**Figure 1.** Examples of YDI construct connections to BC Curriculum

The YDI also aligns with the BC Ministry of Education's Mental Health in Schools Strategy. Our intention behind collecting YDI data and providing summary reports is to enhance school systems' supports and build their capacity to document current student trends. These data can help evaluate student mental health outcomes and inform decision-making and agenda setting at both the district and school levels.

# SCHOOL DISTRICT 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 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. Both results of youth in your district and youth in all participating districts are reported.

Keep in mind that larger districts' results will be closer to overall results because their students represent a higher proportion of the total YDI sample. 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, and average statistics for all reported districts are displayed instead.

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 stakeholders to best meet their needs and the needs of their students. As well, the report contains YDI subdomains that also appear on the MDI, enabling districts to track the trajectories of their students by comparing MDI results of the same students, if available. 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"*

**EXAMPLE AGREEMENT OPTIONS**

5 = 'Agree a lot'
4 = 'Agree a little'
3 = 'Don't agree or disagree'
2 = 'Disagree a little'
1 = 'Disagree a lot'

***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?*

**EXAMPLE RATING OPTIONS**

5 = 'Excellent'
4 = 'Very good'
3 = 'Good'
2 = 'Fair'
1 = 'Poor'

***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?*

**EXAMPLE FREQUENCY OPTIONS**

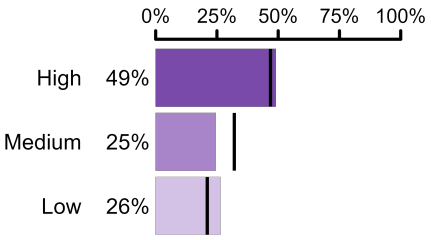
7 = 'Every day'
6 = '6 times a week'
5 = '5 times a week'
4 = '4 times a week'
3 = '3 times a week '
2 = '2 times a week '
1 = '1 time a week'
0 = 'Never'

## HOW TO INTERPRET THE RESULTS

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

**SCORING**

- ***High***: Scores ≥80% of the scale's max value (e.g. ≥12 out of 15)
- ***Medium***: ≥60% and <80% of max value (e.g. ≥9 to <12 out of 15)
- ***Low***: Scores <60% of max value (e.g. <9 out of 15)




*e.g., self-esteem*

***Example interpretation:***
49% of youth reported that they have a high ability to control their emotions. (Filled purple bars indicates school-specific results; black vertical line indicates average of reported districts).

*A note on reverse scoring:*
For reverse-scored subdomains, youth's scores were mirrored across the scale's midpoint to measure how they would think of or identify with an opposing idea. For example, in the Self-Control subdomain, youth who expressed disagreement with the statements "I often forget what I have done" or "It is difficult for me to sit still" are reported in the 'High' category. For interpretation, this means that ≤10% of youth reported high self-control (because they disagreed with statements which represented low self-control). Reverse-scored subdomains are noted in the results section.

# DEMOGRAPHICS

| | | | |
|---|---|---|---|
| **POPULATION** | | | |
| Total Sample | | | 54 |
| **GENDER IDENTITY** | | | |
| Boy | 44% | In another way | N/A |
| Girl | 54% | | |
| **ETHNICITY** | | | |
| Indigenous peoples in Canada | 13% | East Asian | ≤5% |
| White | 85% | Southeast Asian | ≤10% |
| Black | ≤5% | South Asian | ≤5% |
| Latin, Central or South American | ≤5% | Other | ≤5% |
| Middle Eastern | ≤5% | | |
| **IMMIGRATION** | | | |
| Born in Canada | 87% | Born outside of Canada | 13% |
| **LANGUAGES SPOKEN AT HOME** | | | |
| English only | | | 81% |
| English and other language(s) | | | 15% |
| Other language(s) only | | | ≤5% |
| **PARENTAL EDUCATION** | | | |
| Graduate or Professional Degree (e.g., Masters, PhD) | | | 16% |
| University Degree (e.g., Bachelors) | | | 18% |
| College Program (e.g., diploma, certificate, apprenticeship) | | | 29% |
| High school or less | | | 18% |
| I don't know/Not Applicable | | | 18% |
| **FAMILY AFFLUENCE** | | | |
| High | | | 19% |
| Medium | | | 55% |
| Low | | | 26% |

## DEMOGRAPHICS DESCRIPTIONS

**Population:**
Total number of students whose data are included in this report.

**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 (e.g., 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

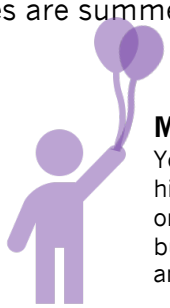
Adolescent well-being can be defined as "[having] the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights" (Ross et al., 2020). The YDI reports on the same indicators of physical, social, and emotional well-being as the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

- Optimism
- Self-Esteem

- Absence of Sadness
- General Health
- Happiness

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

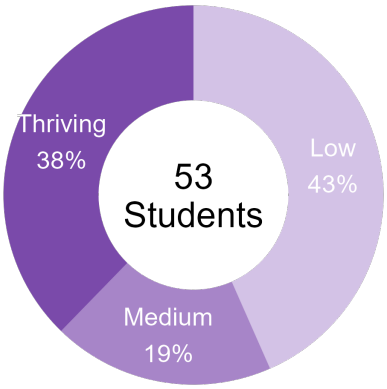
**High Well-Being (Thriving)**
Youth who indicated high scores in a minimum of four measures and have no low scores.



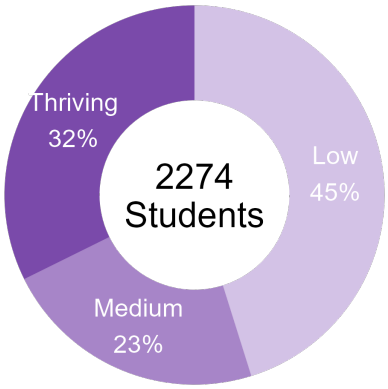
**Medium Well-Being**
Youth who indicated high scores in three or fewer measures, but still did not have any low scores.

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

## Revelstoke

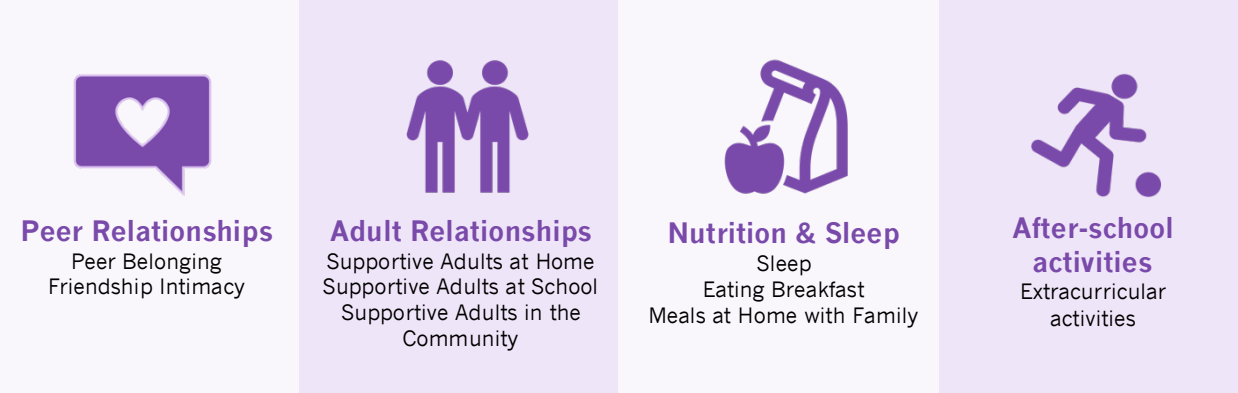



## All Participating Districts

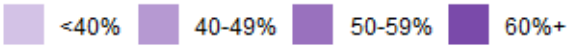


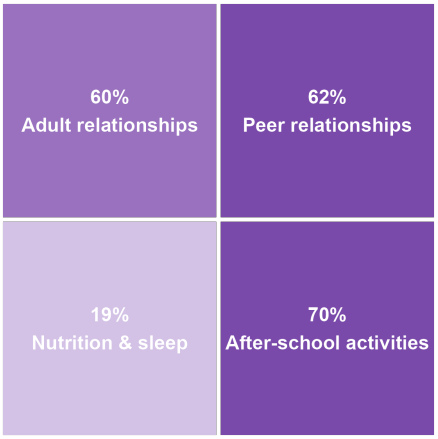
# ASSETS INDEX

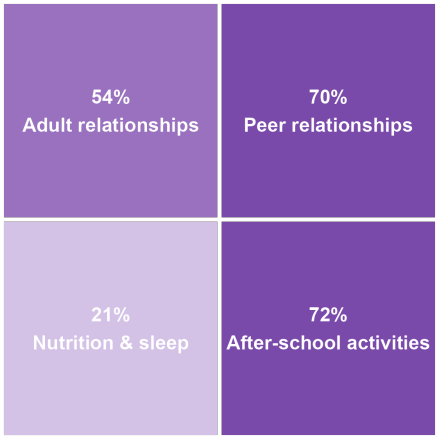
In contrast to the individual-level nature of the well-being indices, assets are more contextual. They are considered experiences or relationships that contribute to healthy trajectories (HELP, 2021). What makes assets especially unique is that they can be modified through changes in youth's environments (HELP, 2021). As such, schools are a key player in cultivating and enhancing students' assets. This Assets Index is reproduced from the MDI and uses equivalent measures. The Assets Index includes the assets represented below: peer administration, adult relationships, nutrition and sleep, and after-school activities. Subdomains within each asset are listed below. 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 20. The adult and peer relationship assets were 'present' if the relevant subdomains had a 'medium' or 'high' score (see page 9). The nutrition and sleep asset was 'present' if the relevant subdomains had a score of 3 or more times a week. The after-school activities asset was 'present' if students participated in at least one extra-curricular activity.




**Revelstoke** **All Participating Districts**



# SOCIAL AND EMOTIONAL DEVELOPMENT

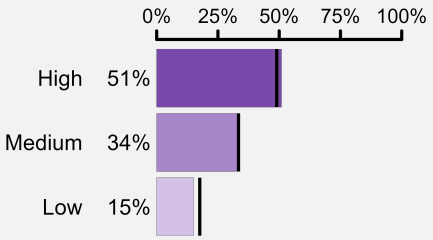
Social and emotional development encompasses the knowledge, attitudes, and skills involved in emotional management, positive goal setting, healthy relationship development, responsible decision-making, and effective problem-solving. These competencies are necessary for successfully navigating the social and emotional challenges 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., "I can calm myself down when I'm excited or upset"

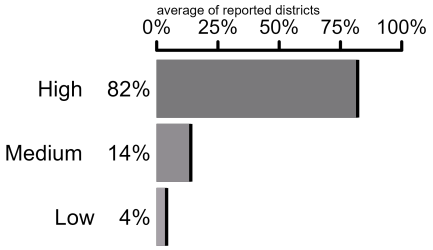
*called Self-Regulation (Short-term) on the MDI




## EMPATHY*

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

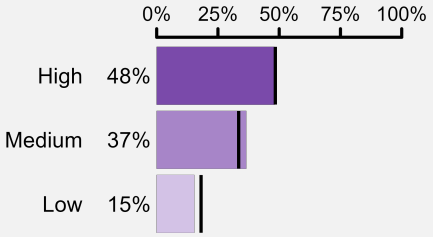
e.g., "I am a person who cares about the feelings of others"




## PERSPECTIVE TAKING

Youth's level of agreement with statements about their ability to imagine a situation from someone else's point of view.

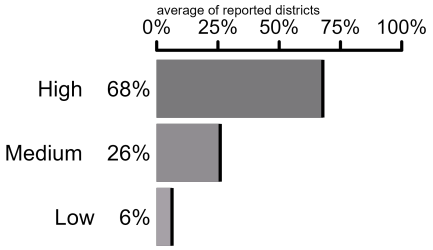
e.g., "When I'm upset with someone, I usually try to put myself in their shoes for awhile"



## RESPONSIBLE DECISION-MAKING*

Youth's level of agreement with statements about whether they consider the impacts and repercussions of their actions.

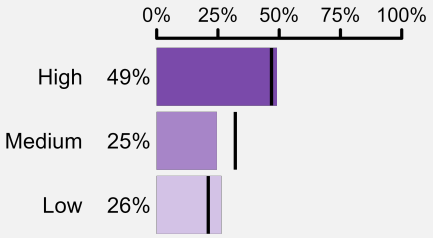
e.g., "When I make a decision, I think about what might happen afterward"




## SELF-ESTEEM*

Youth's level of agreement with statements about how they see and value themselves.

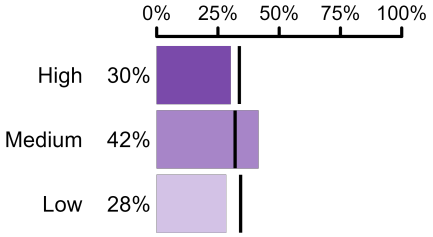
e.g., "In general, I like the way I am"




## PURPOSE AND MEANING

Youth's level of agreement with statements about having a meaningful life.

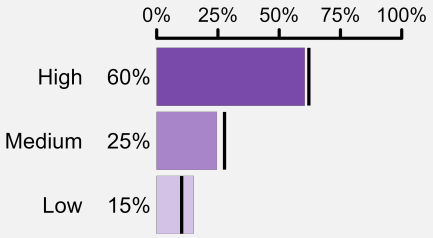
e.g., "My life has a clear sense of purpose"




## SELF-EFFICACY

Youth's level of agreement with statements about their ability to accomplish goals and tasks.

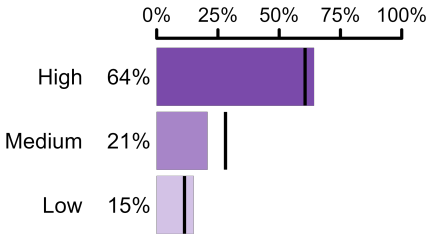
e.g., "I believe that I am capable in most things"




## AUTONOMY

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

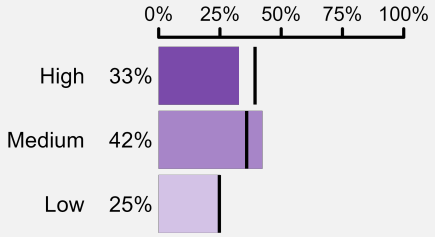
e.g., "I decide most of my life decisions"



## PERSERVERANCE*

Youth's rating of their sense of self-discipline and work ethic.

e.g., "I finish whatever I begin"

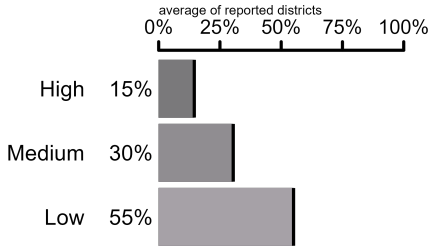



## SELF-CONTROL

Youth's level of agreement with statements about their ability to focus and keep tabs on information related to short-term tasks and activities.

e.g., "I often forget what I have done", "It is difficult for me to sit still"

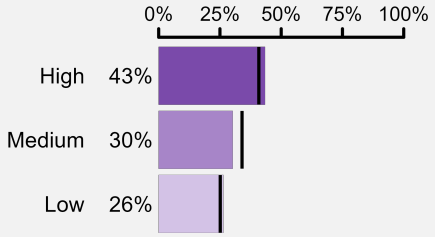
Note: This subdomain is reversed scored, meaning that a higher score indicates greater youth-reported self-control.




## OPTIMISM*

Youth's level of agreement with statements about whether they have a positive outlook on their life.

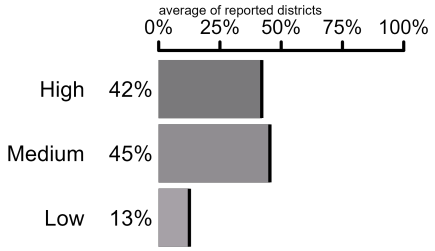
e.g., "I believe more good things than bad things will happen to me"




## ENGAGEMENT

Youth's level of agreement with statements about how invested and enthusiastic they are about their work and activities.

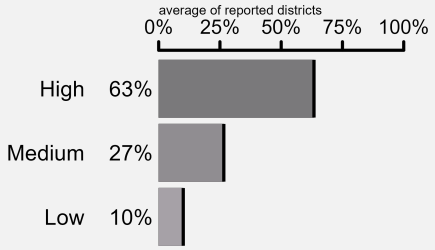
e.g., "I get fully absorbed in the activities I do"




## GRATITUDE

Youth's level of agreement with statements about feeling grateful about things in their lives.

e.g., "I feel thankful for everyday things"



## 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)

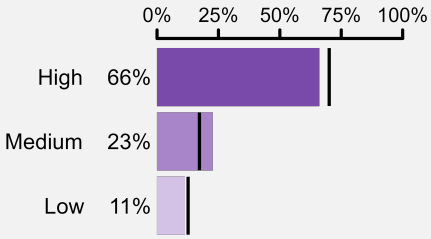
# SOCIAL WELL-BEING

Social well-being assesses the quality and number of meaningful relationships with peers, family, and 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.

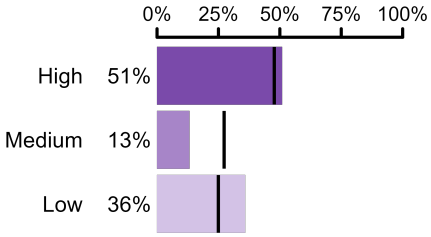
e.g., "I have friends I can tell everything to"




## PEER BELONGING*

Youth's level of agreement with statements about their sense of belonging to a social group.

e.g., "I feel that I usually fit in with other kids around me"

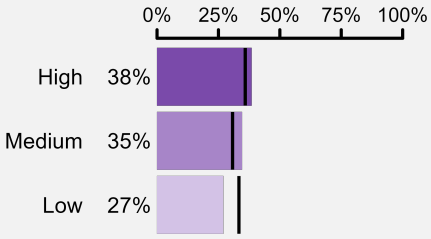



## SUPPORTIVE ADULTS IN THE COMMUNITY*

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"

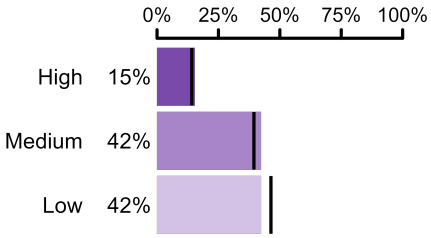
*called Adults in the Neighbourhood/Community on the MDI




## 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?"

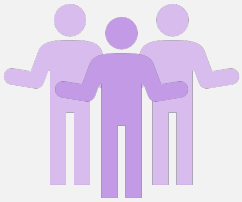



## NUMBER OF SUPPORTIVE ADULTS IN THE COMMUNITY

The number supportive adults in youth's lives, including parents, relatives, school figures, adults from extracurricular activities or other adults.

**89%**
5+ adults

79%
average of reported districts



**≤10%**
3-4 adults

13%
average of reported districts

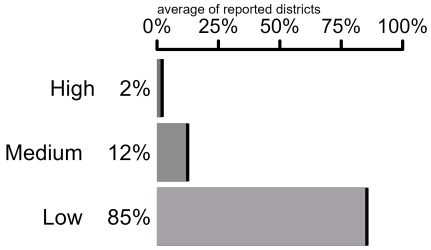
**≤5%**
0-2 adult

≤10%
average of reported districts

## DISCRIMINATION

How frequently youth experience discrimination.

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

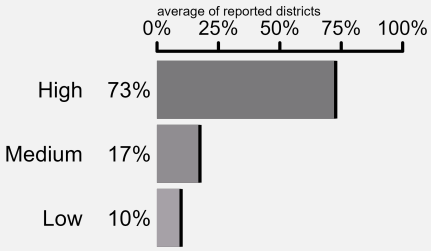



## SUPPORTIVE ADULTS AT HOME*

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




## RESEARCH HIGHLIGHTS

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)

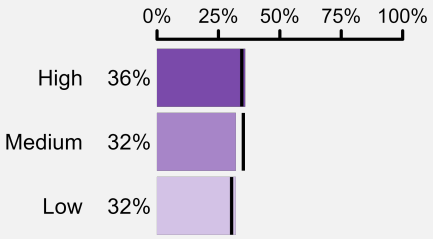
# LEARNING ENVIRONMENT AND ENGAGEMENT

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.

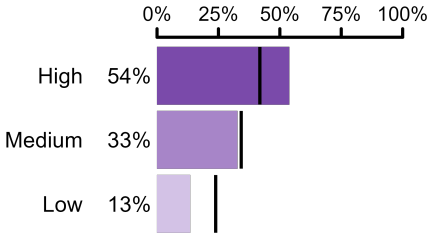
e.g., "I feel like I belong at this school"




## SUPPORTIVE ADULTS AT SCHOOL*

Youth's level of agreement with statements about how supported they feel by the adults at their school.

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

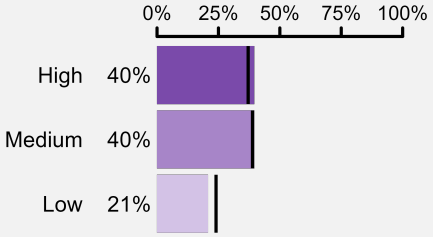



*called Adults at School on the MDI

## SCHOOL ENVIRONMENT*

Youth's level of agreement with statements about the social atmosphere of the school, including the relationships and interactions between and amongst students and staff.

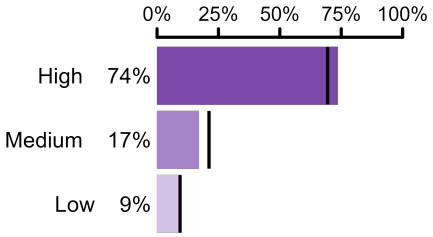
e.g., "Teachers and students treat each other with respect in this school"




*called School Climate on the MDI

## SCHOOL SAFETY

Youth's level of agreement with the statement "I feel safe at my school"




### SCHOOL MOTIVATION

**53%**
agree a lot that getting an education is important to them

67%
average of reported districts

### SCHOOL PRESSURE

**74%**
feel at least some pressure by their schoolwork

80%
average of reported districts

### SKILLS FOR THE FUTURE

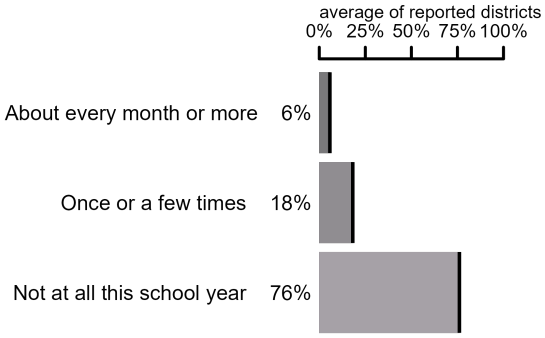
**72%**
agree a lot that they have opportunities to develop job and life skills

75%
average of reported districts

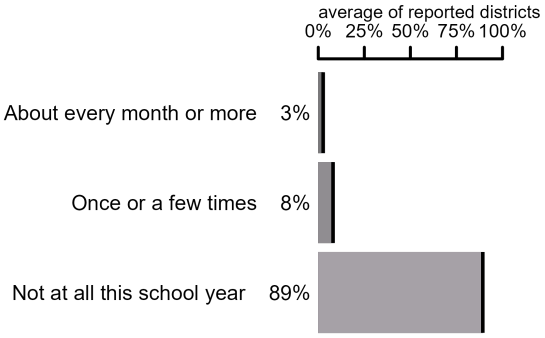
## BULLYING*

How frequently youth experienced bullying or harassment during the school year, including physical, social, verbal, and/or cyberbullying.

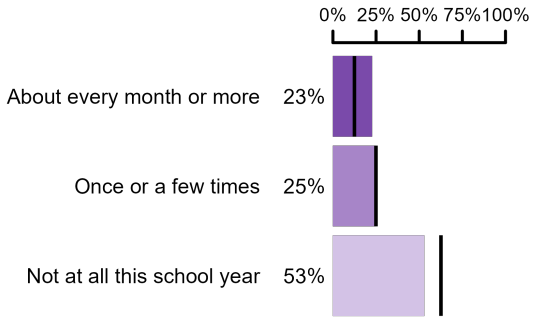
Cyberbullying (e.g., online messaging)



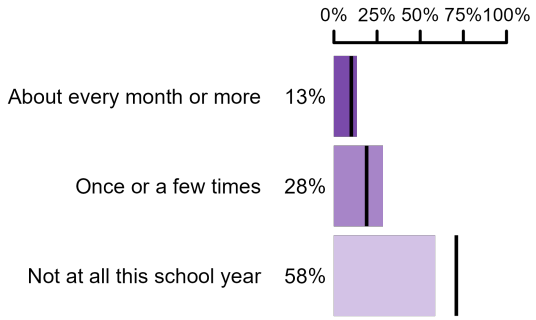

Physical Bullying (e.g., hit or kicked)



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




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




## 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)

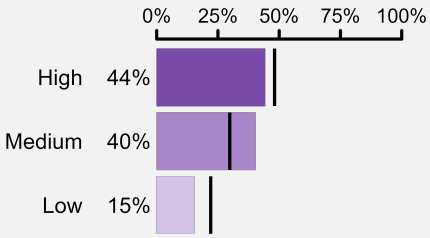
A school climate characterized by supportive adults and anti-bullying attitudes can help prevent bullying. (Wang, Berry, & Swearer, 2013)

# 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.

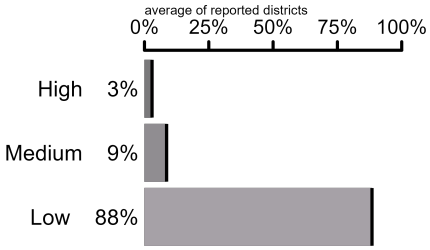
**GENERAL HEALTH***
Youth's rating of their overall health.

e.g., "In general, how would you describe your health?"




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

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




**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?"

**25%**
5-7 nights

22%
average of reported districts

**46%**
3-4 nights

46%
average of reported districts

**29%**
0-2 nights

32%
average of reported districts

## PHYSICAL ACTIVITY*

Number of days a week youth reported being physically active for at least an hour.

**42%**
5-7 days

40%
average of reported districts

**29%**
3-4 days

29%
average of reported districts

**29%**
0-2 days

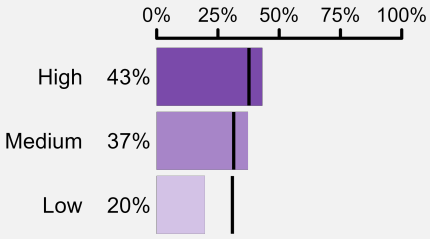
31%
average of reported districts

## LIFE SATISFACTION*

Youth's level of agreement with statements about how content they are with their lives.

e.g., "I am happy with my life"

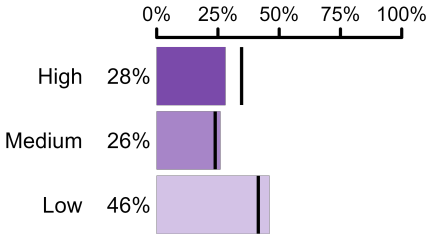
*called Happiness on the MDI




## GENERAL MENTAL HEALTH

Youth's rating of their overall mental health.

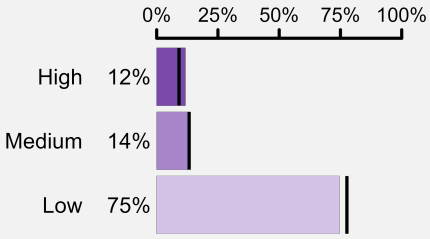
e.g., "In general, would you say your mental health is...?"




## 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 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?"

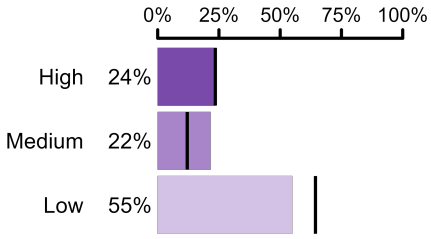



**42%**
screened positive for depression
40%
**average of reported districts**

## 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.

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




**53%**
screened positive on the GAD-2 for generalized anxiety (scored three or above)

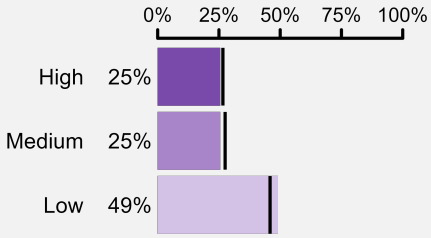
43%
average of reported districts

## 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




## COPING

The percentage of youth who reported engaging in different activities helped them manage distressing events, including COVID-19.

**87%**
connect with family and friends

80%
average for reporting districts

**15%**
seek external support (e.g., teachers, counsellors, Elders)

16%
average for reporting districts

**72%**
exercise or spend time outdoors

67%
average for reporting districts

**63%**
turn to hobbies or extracurricular activities

60%
average for reporting districts

**87%**
use technology or social media

80%
average for reporting districts

**41%**
use another coping mechanism
(e.g., eating more than usual, using substances)

30%
average for reporting districts

## 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.

**46%**
reported an unmet mental healthcare need

40%
average of reported districts

## MENTAL HEALTHCARE NAVIGATION

The percentage of youth who said they would prefer to get help for an emotional problem from the sources below.

**63%**
prefer to get help in person

53%
average of reported districts

**≤10%**
prefer to get help over the phone (helpline)

3%
average of reported districts

**≤10%**
prefer to get help on the Internet

6%
average of reported districts

**26%**
prefer to get to talk over videocall

3%
average of reported districts

**21%**
probably would not seek professional help

24%
average of reported districts

## 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, Puterman, & Lubans, 2018)

Unmet mental health needs can place youth at greater risk for social and economic implications later in life.
(Malla et al, 2018)

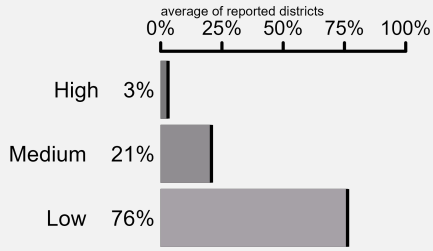
# NAVIGATING THE WORLD

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.

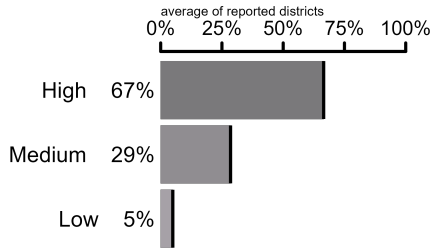
e.g., "On the whole, men make better political leaders than women do"




## VIEWS ON MULTICULTURALISM

Youth's level of agreement with statements about the importance of cultural and ethnic diversity in Canada and within society.

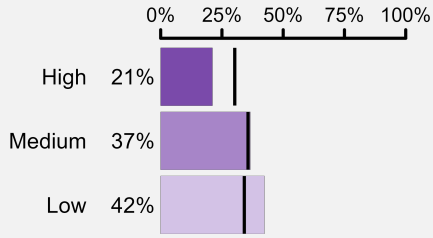
e.g., "We should help ethnic and racial minorities preserve their cultural heritages in Canada"




## STRESS OF FUTURE UNCERTAINITY

Youth's rating of how stressed they feel about decisions regarding their future and financial security.

e.g., "Concern for your future"




## COMMUNITY SERVICE*

The percentage of youth who reported volunteering with any community groups (e.g., service groups, environmental groups, community youth groups, etc.).

*reported as part of Citizenship and Social Responsibility on the MDI

**85%**
have volunteered before

70%
average of reported districts

## 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?"

**68%**
expressed intent to vote in the future

78%
average of reported districts

## FUTURE GOALS*

The percentage of youth who plan to graduate from high school and post-secondary education.

**96%**
plan to graduate from high school

99%
average of reported districts

**84%**
plan to graduate from post-secondary

92%
average of reported districts

*reported as part of School Experiences on the MDI

## RESEARCH HIGHLIGHTS

Being involved in the community improves society as a whole and improves the well-being of the helper.
(Thoits & Hewitt, 2001)

Emotional and sociocogntiive 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

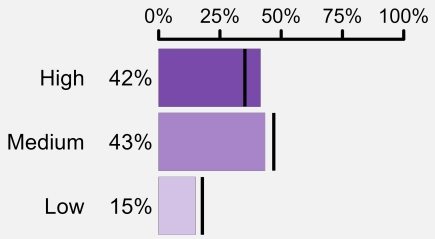
In addition to its five primary dimensions, the YDI measures other strengths-based indicators of positive youth development that transcend the dimensions. Known as cross-cutting domains, these indicators are broadly shaped by a combination of emotional, social, physical, mental competencies and experiences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

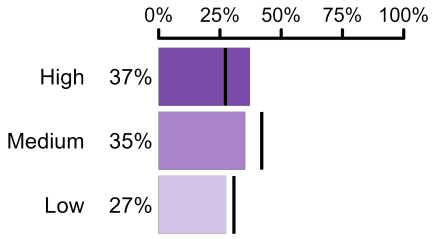
Results are based on the number of reported PCEs: High (7), Medium (3-6), and Low (0-2).




## POSITIVE MENTAL HEALTH

Positive mental health was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS).[2] 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).



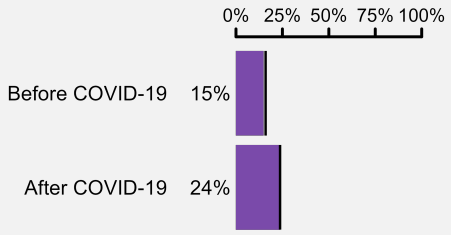

[1] Bethell et al 2019
[2] Tennant et al 2007

# IMPACTS OF COVID-19

In light of the 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.

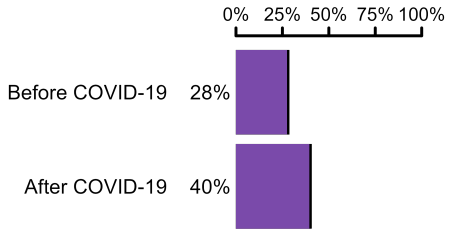
## PHYSICAL HEALTH

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



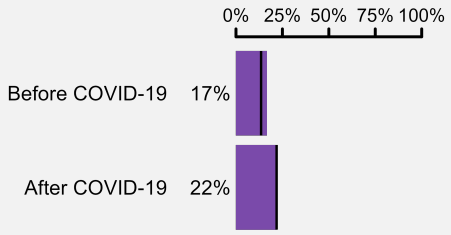

## MENTAL/EMOTIONAL HEALTH

The percentage of youth rating their mental/emotional health as 'poor' or 'fair' before COVID-19 compared to during COVID-19.



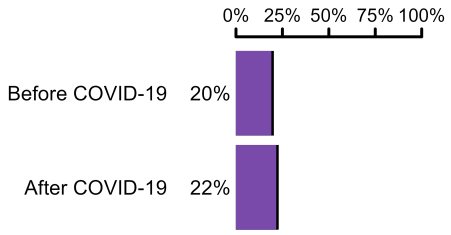

## QUALITY OF LIFE

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

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