

2022/2023 YDI

YDi



SCHOOL DISTRICT REPORT

SCHOOL DISTRICT 54

Bulkley Valley

CHART 
CAPTURING HEALTH AND RESILIENCE TRAJECTORIES

ACKNOWLEDGMENTS |

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

The Youth Development Instrument (YDI) is primarily supported by funding provided to Dr. Hasina Samji from the British Columbia Center for Disease Control, Simon Fraser University, the Canadian Institutes of Health Research, and the Social Sciences and Humanities Research Council.

The YDI follows in the footsteps of the Middle Years Development Instrument (MDI) and other child development 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.

We are grateful for the insight and guidance from the YDI Provincial Policy and Practice Advisory Board which is composed of individuals from education, health and policy sectors including school district staff, public health and adolescent medicine practitioners, and representatives from the BC Ministries of Health, Education and Childcare, and Mental Health and Addictions. We are also grateful to the YDI Youth Advisory Council, composed of youth aged 15-18 years from across the province; these youth provide an important youth lens to the development, implementation, and knowledge translation of the YDI.

We thank all the school districts and independent schools for their participation in the YDI. The support and hard work of the education staff, teachers, and school administrators in all our participating schools is immensely valued.

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 in Population Mental Well-being at the BC Centre for Disease Control.

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TRANSITIONS IN LATE ADOLESCENCE

Adolescence is a critical developmental period between childhood and early adulthood characterized by continued growth, learning, and brain maturation. During this time, youth undergo remarkable physical, neurodevelopmental, emotional, and social changes that may guide future health, social, and well-being trajectories. In turn, these changes impact how youth think, feel, and behave in the world (Dahl, 2003). For instance, youth's abilities to think abstractly, engage in more complex problem-solving, and process information and stimuli in more nuanced ways are all a reflection of significant cognitive changes that occur during this period (Zarrett & Eccles, 2006). Adolescence may concurrently be associated with increased risk-taking behaviours and emotional reactivity (Jaworska & MacQueen, 2015).

Youth also experience important changes in their social relationships during adolescence, 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). At the same time, 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 them navigate this challenging transition (Scales et al., 2016). As such, youth can achieve positive developmental outcomes when they are provided with opportunities, resources, and structures that enable them to establish healthy behaviours and build skills to overcome adversity (Lerner et al., 2021).

PRIORITIZING YOUTH MENTAL HEALTH AND WELL-BEING

Amid such substantive personal and interpersonal changes experienced by youth, adolescence reflects a period of unequivocal strength and resilience; yet adolescence simultaneously represents a time at which peak onset of mental illness is observed (Phillips et al., 2019). A review of the World Health Organization World Mental Health Surveys found that half of all lifetime cases begin by age 14, and three-quarters by age 24 (Kessler et al., 2007). In the Canadian context, prior to COVID-19, mental illness affected one in five children and youth, with 70% of Canadians first experiencing symptoms of mental illness before the age of 18 (Georgiades et al., 2019).

The COVID-19 pandemic has further exacerbated the mental health impacts on youth, with a significant rise in symptoms of anxiety and depression observed among young people—even more so, it appears, than other age groups; disproportionate effects may be attributed, in part, to increased difficulties accessing mental health services and the impacts of school closures (Samji et al., 2022). As such, providing timely, adequate, and appropriate support for youth to foster positive mental health, well-being, and healthy development should be both an immediate and long-term priority.

THE YOUTH DEVELOPMENT INSTRUMENT |

AN INTRODUCTION TO THE YOUTH DEVELOPMENT INSTRUMENT (YDI)

The YDI was developed by the Capturing Health and Resilience Trajectories (CHART) Lab—an interdisciplinary team of researchers led by Dr. Hasina Samji—as a collaboration between the Faculty of Health Sciences at Simon Fraser University, the Human Early Learning Partnership at the University of British Columbia, and the BC Centre for Disease Control.

The YDI collects population-level youth development data that may be broadly used to better understand the developmental trends, health, and well-being of adolescents in British Columbia (BC). The YDI is administered annually in schools across BC. Since piloting in 2020, the CHART Lab has worked to expand capacity to include more school districts; cumulatively, over 26,000 youth in BC have participated in the YDI to date (**Figure 1**).

The development of the YDI has been an iterative process. Each year we seek feedback from youth themselves (through focus groups, student feedback surveys, and our YDI [Youth Advisory Council](#)), our [Provincial Advisory Board](#), and community partners in the fields of education, health care, and youth mental health advocacy to improve the instrument and its relevance. Thus, the YDI is updated from year to year. Any changes from previous years are noted throughout the report.

Extending the work of the Human Early Learning Partnership’s the [Early Development Instrument](#) (EDI) and [Middle Years Development Instrument](#) (MDI), the CHART Lab’s [YDI](#) continues development of a population-level linked dataset that tells the story of BC children’s well-being and how we can act to better support their thriving.

The YDI:

- Is an annual online self-reported questionnaire that aims to gather population-level youth developmental data on their health, well-being, and experiences that may contribute thereto. It is not an individual assessment or diagnostic tool.
- Consists of 5 dimensions related to positive youth development: Social and Emotional Development, Social Well-being, Learning Environment and Engagement, Physical and Mental Well-being, and Navigating the World.
- Is completed by secondary students across the province from January - March of the academic school year.



Figure 1. Annual YDI collection history between 2020 (Phase 1) and 2022/2023 (Phase 4). In 2023, 28 independent schools across the province also took part.

A SNAPSHOT OF THE YDI

The YDI questionnaire collects data across its five developmental dimensions. Each dimension is divided into domains, each of which contain a set of subdomains that ask youth questions about specific emotions, thoughts, perspectives, behaviours, and experiences. This organization is depicted in **Figure 2**. Please note only a select number of subdomains are displayed in the graphic below.

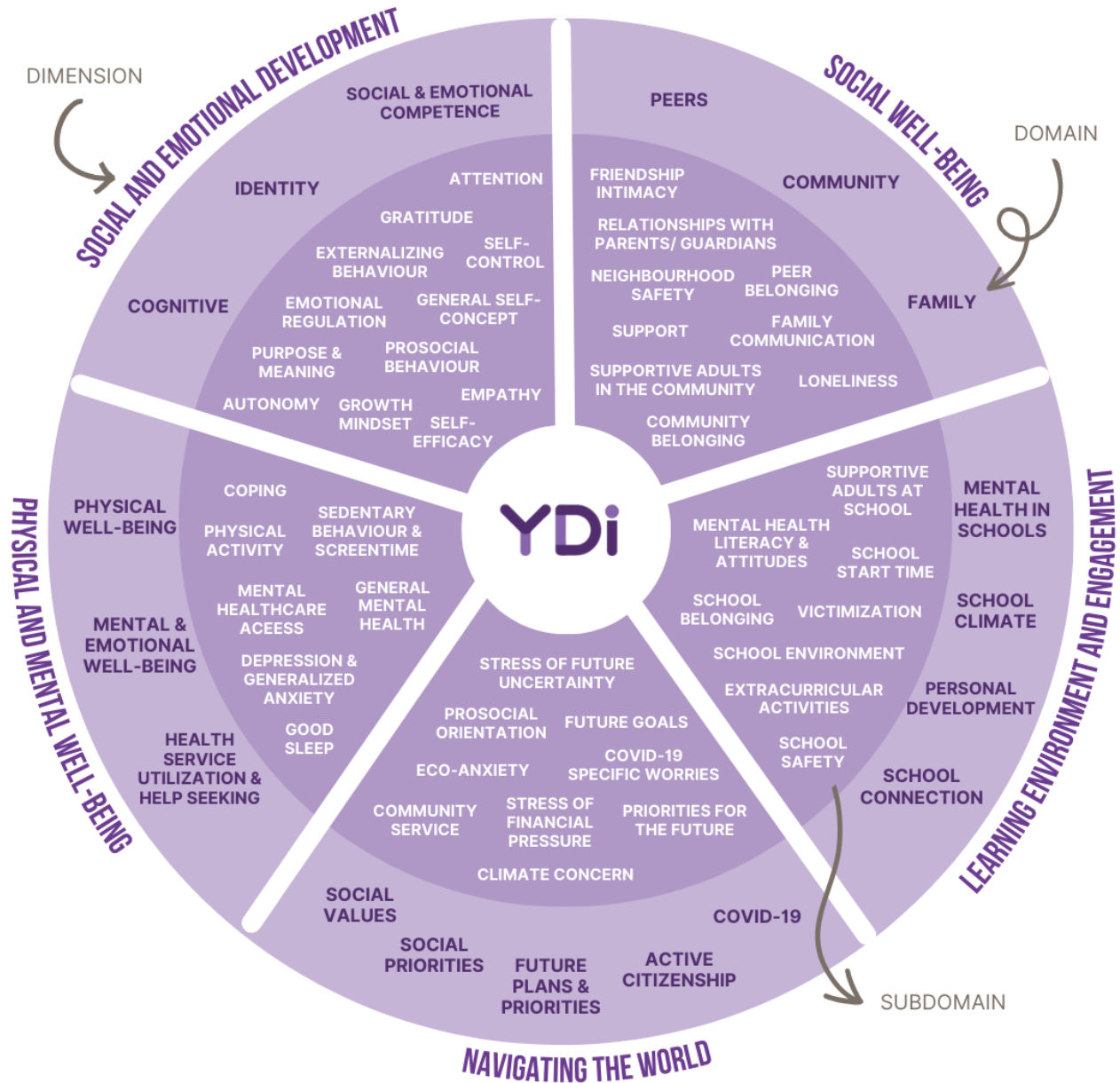


Figure 2. YDI dimensions, domains, and subdomains

MAPPING YOUTH TRAJECTORIES

Creating a series of population-level questionnaires that may be used to collect longitudinal data on youth development enables us to capture information at critical transitional points from birth to young adulthood. The EDI serves as the bedrock for this comprehensive monitoring system, having been used province-wide since 2001 to gather data about children’s development as they enter kindergarten. The MDI and the YDI subsequently follow these youth trajectories throughout middle childhood, early adolescence, and late adolescence (**Figure 3**). Each of these questionnaires provides a deeper understanding of the contexts in which children are living, growing, and learning and how these contexts and experiences relate to their health and well-being over time, creating a child development monitoring system.

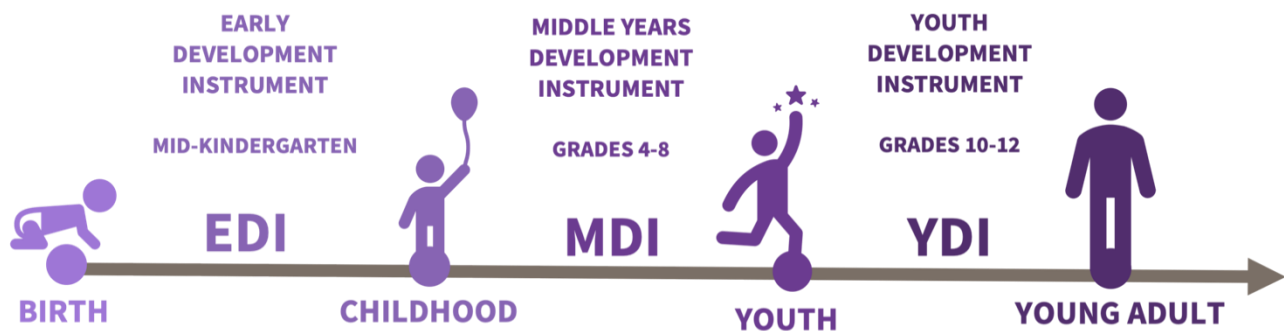


Figure 3. Data collection instruments for youth trajectory mapping.

EARLY DEVELOPMENT INSTRUMENT (EDI)

Completed by Kindergarten teachers for students in their classes in February, the EDI questionnaire gathers data about children’s skills and competencies in five important domains: physical health and well-being, language and cognitive development, emotional maturity, social competence, and communication skills and general knowledge. The EDI questionnaire has been used province-wide since 2001 (Janus & Offord, 2007).

MIDDLE YEARS DEVELOPMENT INSTRUMENT (MDI)

Completed by children in Grades 4 to 8, the MDI questionnaire gathers data about children and early adolescents’ social and emotional development and well-being, connectedness with adults at home, school, and the neighbourhood, peer relationships, nutrition and sleep, school experiences, and time use during after-school hours. It asks them how they think and feel about their experiences both inside and outside of school. Developed in 2006, the MDI is now implemented across BC, Canada, and internationally (Schonert-Reichl et al., 2012).

YOUTH DEVELOPMENT INSTRUMENT (YDI)

Completed by youth in Grades 10 to 12 from January to March, the YDI further explores the environments, experiences, and health and well-being of BC’s youth from youths’ *own* perspectives as they navigate late adolescence and enter young adulthood. This information is essential for a range of decision-makers and service providers, as it provides more detailed insight into the actions that could be taken toward improving youth well-being outcomes. Developed in 2020, the YDI is being implemented in BC school districts and independent schools across all five health authorities.

THE YDI & THE BC CURRICULUM |

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

Table 1. Examples of YDI connections to BC Curriculum

YDI Domain(s) or Subdomain(s)	Curriculum Connection	Subject or Core Competency
<ul style="list-style-type: none"> • Future goals • Purpose and meaning 	A sense of purpose and career life balance support well-being.	<u>Career Life Connections</u>
<ul style="list-style-type: none"> • Growth mindset • Opportunities for skill development 	Lifelong learning fosters career-life opportunities.	<u>Career Life Education</u>
<ul style="list-style-type: none"> • Supportive adults • Peer relationships 	Cultivating networks and reciprocal relationships can support and broaden career-life awareness and options.	
<ul style="list-style-type: none"> • Civic engagement 	Questioning what we hear, read, and view contributes to our ability to be educated and engaged citizens.	<u>Composition 11</u>
<ul style="list-style-type: none"> • Perspective taking • Views on multiculturalism 	People understand text differently depending on their worldviews and perspectives.	
<ul style="list-style-type: none"> • Civic engagement 	Understanding how political decisions are made is critical to being an informed and engaged citizen.	<u>Social Studies 11</u>
<ul style="list-style-type: none"> • Emotional regulation • Externalizing behaviour 	Students who are personally aware and responsible take ownership of their choices and actions. They set goals, monitor progress, and understand their emotions, using that understanding to regulate actions and reactions.	<u>Personal Awareness and Responsibility</u>
<ul style="list-style-type: none"> • General self-concept • Help-seeking 	Students who are personally aware and responsible have a sense of self-worth and a growing confidence in a variety of situations.	

The YDI aligns with the BC Ministry of Education and Child Care’s [Mental Health in Schools Strategy](#). By sharing YDI findings on youth’s development, health, and well-being through these reports, we believe YDI indicators can support schools in assessing overall student health and well-being. We encourage schools and communities to use YDI findings to work with students to implement health and well-being improvement strategies. The YDI can be used to inform budgeting, planning, and allocating of resources for the next school year.

2022/2023 RESULTS |

ABOUT THE DATA

This report contains data from students from 28 school districts and 28 independent schools, primarily in Grade 11, who participated in the 2022/2023 YDI. These participating districts are listed below. Please note that these data are from a select number of districts and are not necessarily representative of all BC students.

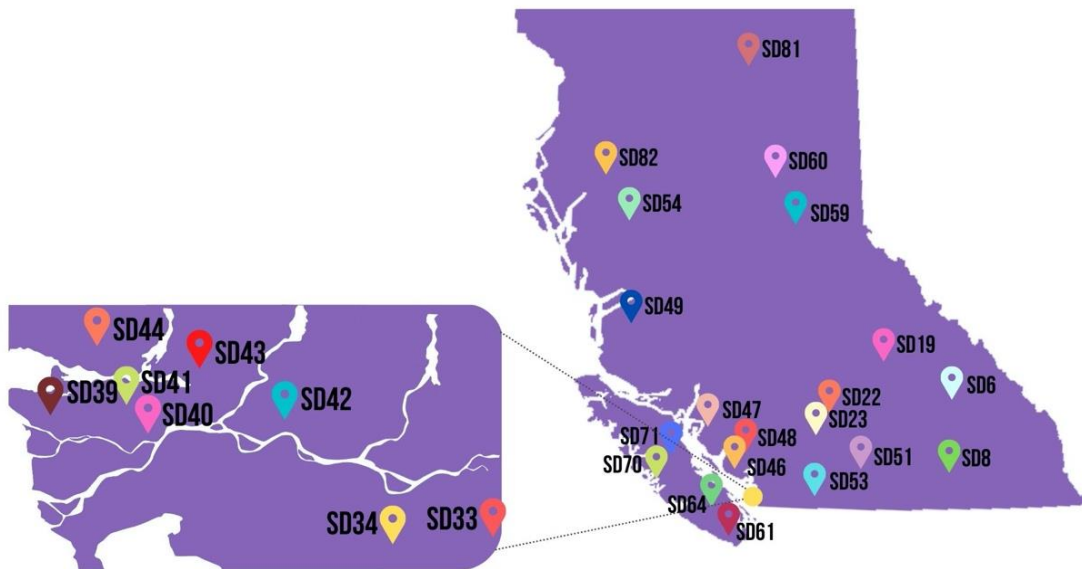


Figure 4. School districts in BC participating in 2022/2023 YDI.

- | | | |
|----------------------------|--------------------------------------|-------------------------------|
| 6 Rocky Mountain | 42 Maple Ridge & Pitt Meadows | 59 Peace River South |
| 8 Kootenay Lake | 43 Coquitlam | 60 Peace River North |
| 19 Revelstoke | 44 North Vancouver | 61 Greater Victoria |
| 22 Vernon | 46 Sunshine Coast | 64 Gulf Islands |
| 23 Central Okanagan | 47 Powell River | 70 Pacific Rim |
| 33 Chilliwack | 48 Sea to Sky | 71 Comox Valley |
| 34 Abbotsford | 49 Central Coast | 81 Fort Nelson |
| 39 Vancouver | 51 Boundary | 82 Coast Mountains |
| 40 New Westminster | 53 Okanagan Similkameen | 99 Independent Schools |
| 41 Burnaby | 54 Bulkley Valley | |

To measure the degree to which youth feel or engage with a certain phenomenon, most of the YDI subdomains use scales drawn from existing measures that have strong reliability and validity evidence for use with youth. A “scale” consists of a set of questions or statements that ask youth to respond with a numeric Likert-type response option.

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. Each report includes subdomain results for youth in a particular school or district as well as youth in all participating schools.

Larger schools or 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. For any subdomain that has fewer than five respondents in high, medium, or low category, we have reported the mean (average) score on the scale for the school or district instead.

Selected subdomains that are statistically different from the other participating schools on average are highlighted in Summary: Strengths & Areas of Focus on page 37. Strengths represent specific subdomains in which your school or district excels, identified by those subdomains on which your school or district's outcomes are statistically higher on average compared to other participating schools. Areas of Focus represent subdomains on which your school or district's outcomes are statistically lower on average compared to other participating schools.

Selected subdomains reported here were chosen in collaboration with our school/district partners. Changes in YDI subdomains from previous years, such as renaming some subdomains or changes to scales are flagged in the Technical Notes on page 40. YDI subdomains that also appear on the MDI are marked with an asterisk (e.g., general self-concept*); a note is included for subdomains that also appear on the MDI, but are named slightly differently (e.g., school environment) or if the subdomain is similar but not the same (e.g., reduced number of items).

HOW THE RESULTS ARE SCORED

The YDI uses three primary categories of questions to measure subdomains: *Agreement Questions*, *Rating Questions*, and *Frequency Questions*. Subdomains containing other unique question scales, for example, the Generalized Anxiety Disorder 2-item (GAD-2) scale, are described in the results section.

AGREEMENT QUESTIONS

Youth may indicate 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"

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

Subdomains may 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?

RATING OPTIONS

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

FREQUENCY QUESTIONS

Subdomains may 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:

How many days in a usual week are you physically active?

EXAMPLE FREQUENCY OPTIONS

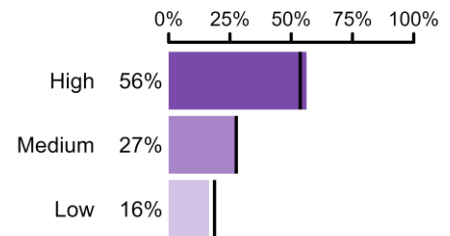
0 days
1 day
2 days
3 days
4 days
5 days
6 days
7 days

HOW TO INTERPRET RESULTS

In most cases, students' subdomain scores are categorized as 'High', 'Medium' or 'Low'.

SCORING

- **High:** Scores $\geq 80\%$ of the scale's max value (e.g. ≥ 12 out of 15)
- **Medium:** $\geq 60\%$ 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-concept

EXAMPLE INTERPRETATION:

54% of youth reported that they have high self-esteem. (Filled purple bars indicates school or district-specific results; black vertical line indicates the average of all participating districts).

FOR SCHOOLS OR DISTRICTS WITH SMALL SAMPLES

In cases where sample sizes were insufficient to report high, medium, and low results for individual school or districts, we reported the mean (average) for student responses on a 11-point scale on which 0 = *Low* and 10 = *High*. For scales that ask about frequencies (days or hours), 0 represents *Never* and 7 represents *Very Often*. If most students participated in the YDI at your school, you can have greater confidence that the average YDI scores in your report are similar to the average in your school population. If only a small number of students took part in the YDI this year, please keep in mind that the average may not reflect the average in your general school population.

DEMOGRAPHICS |

POPULATION	
Total Sample	97
AGE	
	16.7 (0.4) years (<i>mean, SD</i>)
GENDER IDENTITY	
Boy or man	50%
Nonbinary	3%
Girl or woman	47%
In another way	—
SEXUAL ORIENTATION	
Straight or heterosexual	73%
2SLGBTQIA+	27%
RACIAL IDENTITY	
Arab	1%
South Asian	—
Black	1%
Southeast Asian	—
East Asian	—
West Asian	—
Indigenous	23%
White	64%
Latino	3%
Other	8%
NEWCOMERS	
Born in Canada	98%
Born outside of Canada	2%
LANGUAGES	
English only	84%
English and other language(s)	16%
Other language(s) only	—
HEALTH CONDITIONS	
Physical or sensory disability (e.g., use a wheelchair, vision impaired)	7%
Mental health condition (e.g., depression, eating disorder, ADHD)	46%
Learning disability (e.g., in reading, writing, or mathematics)	15%
Chronic health condition	9%
Other condition	8%
No health condition or learning disability	39%
Students could “select all that apply” therefore percentages may add up to greater than 100%	
PARENT/GUARDIAN EDUCATION	
Graduate or Professional Degree (e.g., Masters, PhD)	9%
University degree (e.g., Bachelors)	28%
College program (e.g., diploma, certificate, apprenticeship)	24%
High school or less	14%
I don’t know	24%
FAMILY AFFLUENCE	
High	36%
Medium	46%
Low	18%

DEMOGRAPHICS DESCRIPTIONS

POPULATION

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

GENDER IDENTITY

Youth selected which best describes their current gender identity: “boy or man,” “girl or woman,” “nonbinary,” or “in another way.”

SEXUAL ORIENTATION

Youth selected which best describes their sexual orientation and could select more than one category. 2SLGBTQIA+ includes those who identified as gay or lesbian, bisexual, pansexual, queer, asexual, questioning/unsure, and Indigenous participants who described themselves as two-spirited.

RACIAL IDENTITY

The YDI question about racial identity comes from the [Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#) report from the Canadian Institute for Health Information (2020):

We know that people of different races do not have significantly different genetics. But, our race still has important consequences, including how we are treated by different individuals and institutions. Which race category best describes you? Check all that apply.

Indigenous includes those that identify as First Nations, Métis, or Inuit descent. If Indigenous is selected, youth are invited to share what group they most identify and the name of their nation.

Please note that the YDI project will never publicly report YDI data for Indigenous children, nor use it for comparison, without engagement/approval of Indigenous partners. Data are used to support Indigenous self-determination toward improving developmental outcomes for Indigenous children.

Arab includes, for example, those who identify as Egyptian, Saudi Arabian, or Lebanese descent.

Black includes, for example, those who identify as African, Afro-Caribbean, or African Canadian descent.

East Asian includes, for example, those who identify as Chinese, Korean, Japanese, or Taiwanese descent.

Latino includes, for example, those who identify as Latin American or Hispanic descent.

South Asian includes, for example, those who identify as Indian, Pakistani, Punjabi, Bangladeshi, Sri Lankan, or Indo-Caribbean descent.

Southeast Asian includes, for example, those who identify as Filipino, Vietnamese, Cambodian, Thai, or Indonesian descent.

West Asian includes, for example, those who identify as Afghan, Iranian/Persian, or Turkish descent.

White includes, for example, those who identify as European descent.

Other represents those who identify with categories not listed above.

NEWCOMERS

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

LANGUAGES

Youth select one of the following categories describing their first language(s) learned at home: “English only,” “English and other language(s),” or “Other language(s) only.”

HEALTH CONDITIONS

Youth selected any health condition(s) that they may have, including physical or sensory disabilities, mental health conditions, learning disabilities, and chronic health conditions. Other conditions that do not fall into these four categories may be recorded as “Other condition.”

PARENT/GUARDIAN EDUCATION

Youth selected the highest level of education of at least one parent/guardian. The parent/guardian with the highest-level degree is reported here.

FAMILY AFFLUENCE

Family affluence was measured using the Family Affluence Scale (Currie et al., 2008), a validated scale that contains youth-friendly indicators of socioeconomic status (for example, owning a vehicle, number of family vacations per year). Family affluence is categorized as low, medium, and high based on the sum score across all socioeconomic indicators.

SOCIAL & 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 (Mahoney et al., 2020). These competencies are necessary for successfully navigating the social and emotional challenges that accompany the period of youth and emerging adulthood.

In addition to supporting positive youth development and well-being (Llamas-Díaz et al., 2022), better social and emotional skills are associated with lower levels of mental illness, behavioural disorders, and conflict with others (Sancassiani et al., 2015). References for the survey items can be found in the *Reference* section.

*Subdomains that include the same items as the MDI.

Social and emotional development on the YDI has three domains:

- Social and Emotional Competence
- Identity
- Cognitive Domain

SOCIAL AND EMOTIONAL COMPETENCE

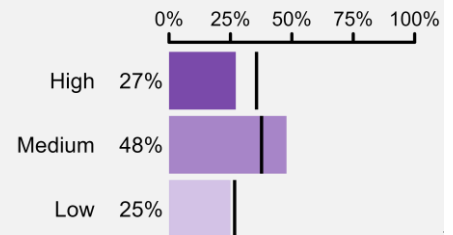
EMOTIONAL SELF-REGULATION*

Youth's level of agreement with statements about how they regulate their emotions.

e.g., "I can calm myself down when I'm excited or upset."

*called Self-Regulation (Short-Term) on MDI

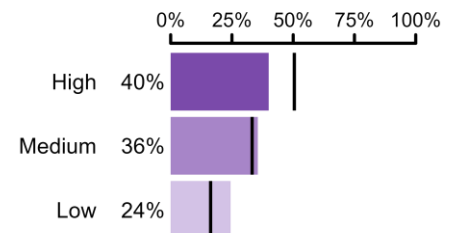
Note: This indicator was measured differently from 2021/2022. Please refer to Technical Notes for change.



PERSPECTIVE TAKING

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

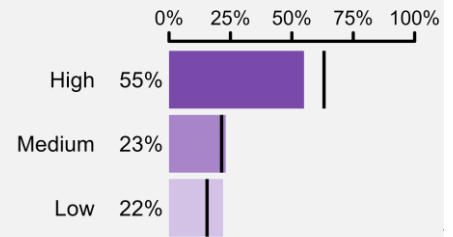
e.g., "When I'm upset with someone, I usually try to put myself in their shoes for a while."



EMPATHY*

Empathy is the experience of understanding and sharing the feelings of others.

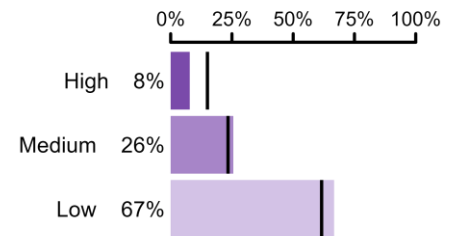
e.g., "I care about the feelings of others."



PROSOCIAL BEHAVIOUR*

Prosocial behaviour refers to actions that benefit others.

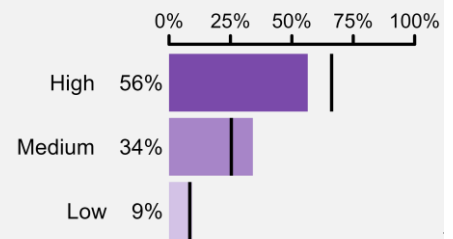
e.g., "I helped someone who was hurt."



GRATITUDE

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

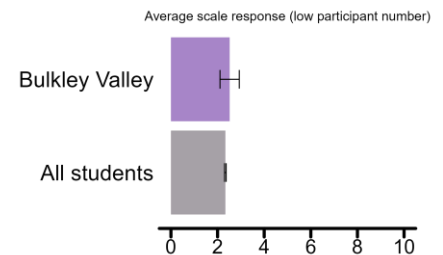
e.g., "I feel thankful for everyday things."



EXTERNALIZING BEHAVIOUR

Youth's level of agreement with statements about exhibiting externalizing behaviour, such as lack of rule-following and physical aggression.

e.g., "I break things on purpose," and "I lose my temper."



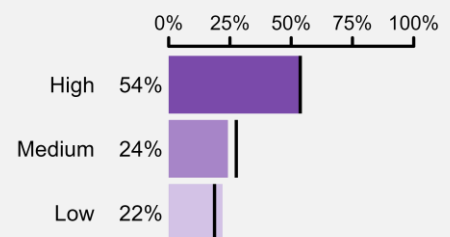
IDENTITY

GENERAL SELF-CONCEPT*

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."

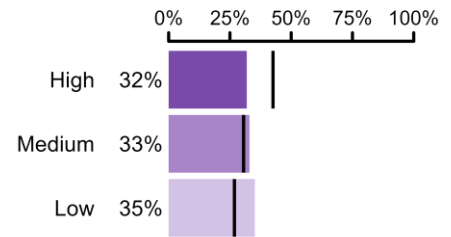
*called Self-Esteem on MDI



PURPOSE AND MEANING

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

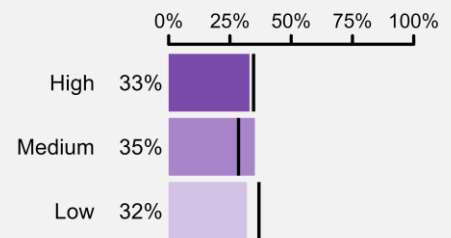
e.g., "My life has a clear sense of purpose."



GROWTH MINDSET

Youth's level of agreement with the statement "My intelligence is something that I can't change very much." (Reverse scored)

*higher percentage = more growth mindset

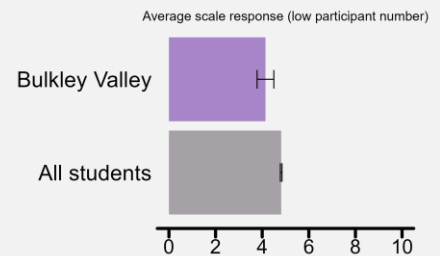


COGNITIVE DOMAIN

EXECUTIVE FUNCTIONING

Youth's level of agreement with statements about higher cognitive skills, such as focused attention, self-control, and working memory.

e.g., "I am easily distracted." (Reverse scored)





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.

Forming and maintaining social relationships has long been considered paramount to motivation and well-being (Michalski et al., 2020). References for the survey items can be found in the *Reference* section.

Social well-being has three domains:

- Peers
- Community
- Family

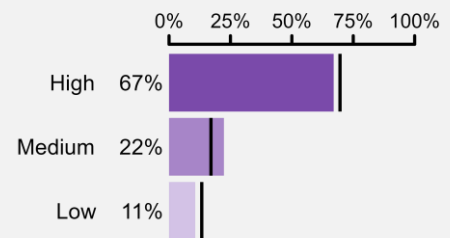
*Subdomains that include the same items as the MDI.

PEERS

FRIENDSHIP INTIMACY*

Youth's level of agreement with statements about the closeness of their friendships.

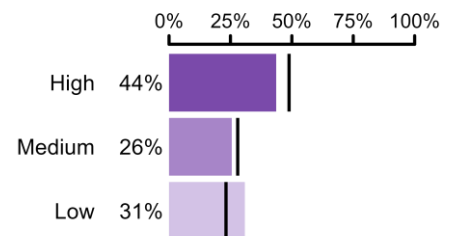
e.g., "I have at least one really good friend I can talk to when something is bothering me."



PEER BELONGING*

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

e.g., "I feel part of a group of friends that do things together."



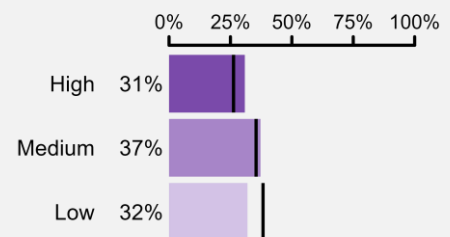
COMMUNITY

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."

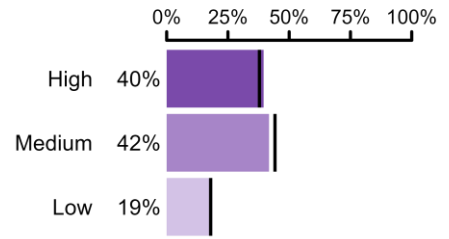
*called Supportive Adults in the Neighbourhood on the MDI



SENSE OF COMMUNITY BELONGING

Youth's rating of their sense of belonging to their community, including geographic community, cultural community, etc.

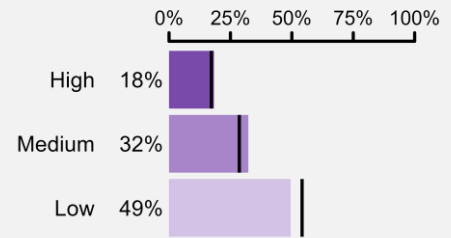
e.g., "I feel a sense of belonging in my community," and "I know where to go in the community to get help."



LONELINESS

Youth's level of agreement with statements about experiencing feelings of exclusion and social isolation.

e.g., "I often feel left out."

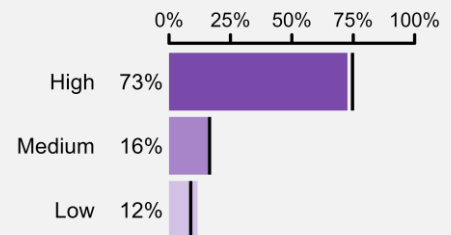


FAMILY

SUPPORTIVE ADULTS AT HOME*

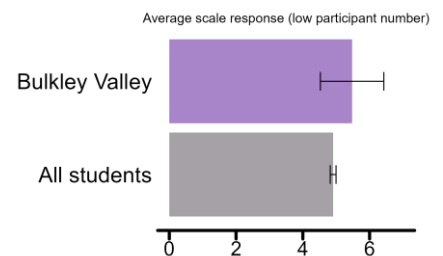
Youth's level of agreement with statements about how supported they feel by the adults at home.

e.g., "In my home, there is a parent or another adult who listens to me when I have something to say."



EATING WITH ADULTS

How often youth reported eating meals (or snacks) with parents or another adult family member.





Given the significant time spent in the learning environment, this dimension seeks to understand youth’s experiences at school, including their academic growth and opportunities, their school environment, and the broader school community. School connectedness has been shown to be important for promoting academic achievement and averting negative behaviours (Center for Disease Control, 2009).

Moreover, it is an actionable area to enact positive changes in youth well-being through increased opportunities, supportive adult-student relationships, and anti-bullying programming. References for the survey items can be found in the Reference section.

*Subdomains that include the same items as the MDI.

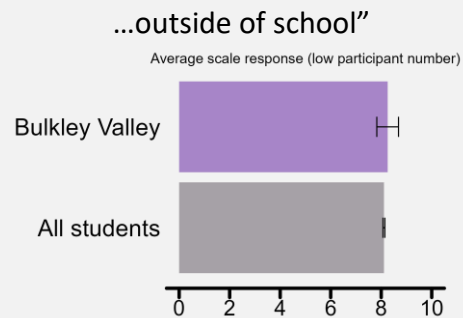
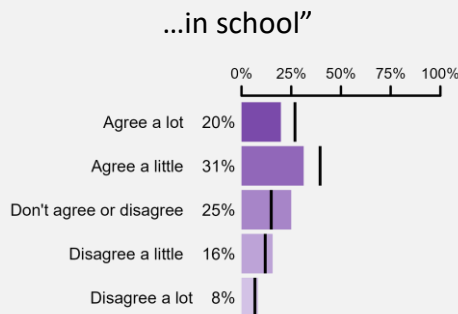
Learning environment and engagement has four domains:

- Personal development
- School climate
- School connection
- Mental health in schools

PERSONAL DEVELOPMENT

OPPORTUNITIES FOR SKILL DEVELOPMENT

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)...



EXTRACURRICULAR ACTIVITIES

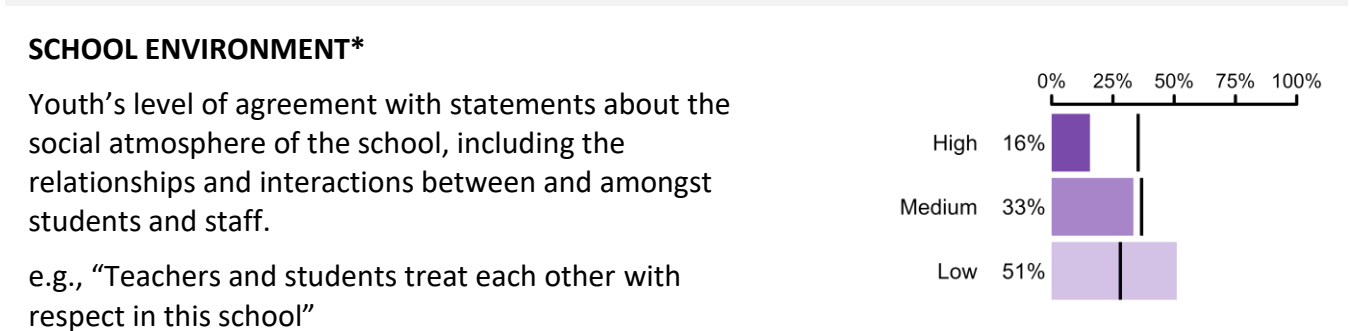
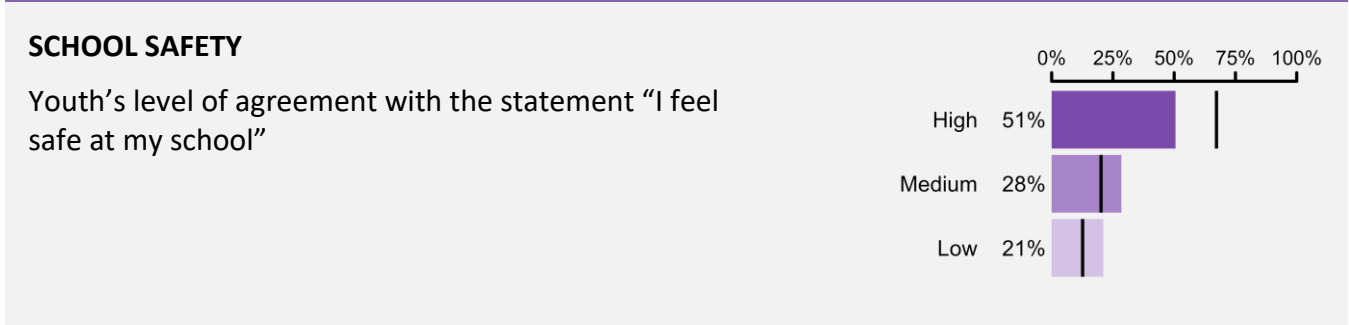
Youth indicated which extracurricular activities they participate in and out of school, as well as activities they *wish* they could partake in.

Activity	I do this activity...		I <i>wish</i> I could do this activity...	
	...in school	...outside of school	...in school	...outside of school
Educational lessons or activities (e.g., tutoring, math, language school)	48%	20%	7%	8%
Playing music/music lessons	19%	33%	2%	7%
Art lessons (e.g., drawing, painting)	37%	15%	6%	5%
Individual sports with a coach or instructor (e.g., swimming, dance, gymnastics, ice skating, tennis)	20%	38%	4%	8%
Team sports with a coach or instructor (e.g., basketball, hockey, soccer, football)	31%	30%	6%	10%
Playing computer/video games	11%	65%	3%	1%
Hanging out with friends in-person	75%	75%	4%	7%
Hanging out with friends online or on the phone	30%	77%	—	3%
Exercising (outside of individual/team sports)	38%	68%	3%	5%
Volunteering	18%	33%	6%	9%

Religious, spiritual, or faith-based activities	3%	15%	—	2%
Reading for fun	33%	45%	4%	5%

SCHOOL PROGRAMS & WELL-BEING		
Percentage of youth who agreed ‘a little’ or ‘a lot’ with the statement “The following school programs add to my well-being:”		
Music 78%	Team sports 88%	Individual sports 97%
Visual arts 89%	Performing arts 77%	Student leadership 62%
Life skills (e.g., trades, cooking) 87%	Special interest clubs 71%	Gender and sexuality alliances clubs* 57% <small>*among 2SLGBTQIA+ students</small>

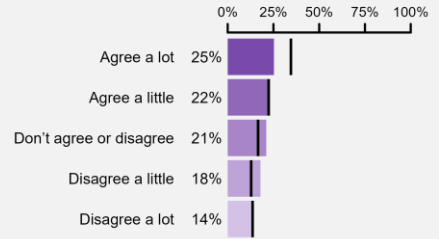
SCHOOL CLIMATE



*called School Climate on the MDI

SCHOOL START TIME

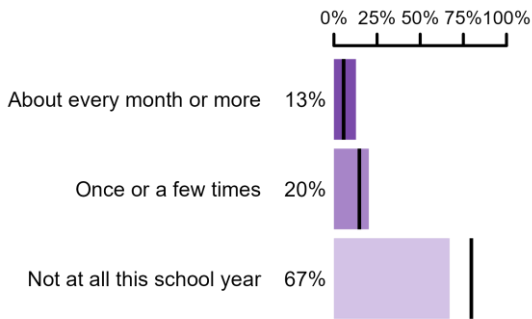
Youth’s level of agreement with the statement “My school start time prevents me from getting enough sleep.”



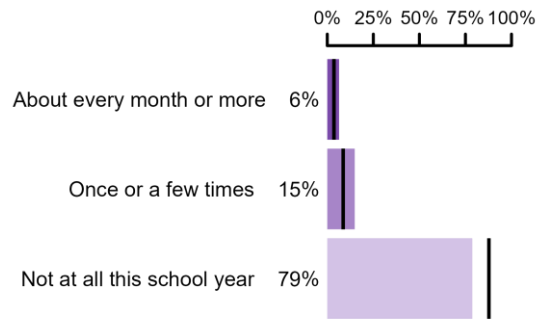
VICTIMIZATION I*

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

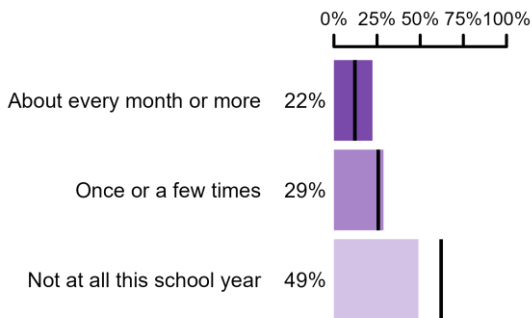
Cyberbullying (e.g., online messaging)



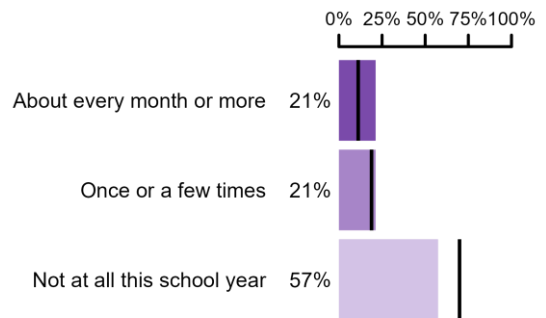
Physical Bullying (e.g., hit or kicked)



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



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



VICTIMIZATION II

Percentage of youth who *witnessed* someone being bullied or harassed this school year.

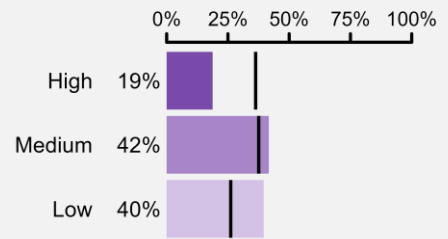
67%
witnessed someone being bullied or harassed this year
44%
average for reporting districts

SCHOOL CONNECTION

SCHOOL BELONGING*

Youth's level of agreement with statements about their sense of belonging at school.

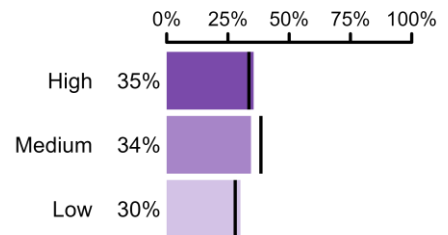
e.g., "I feel like I belong in this school"



SUPPORTIVE ADULTS AT SCHOOL*

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

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

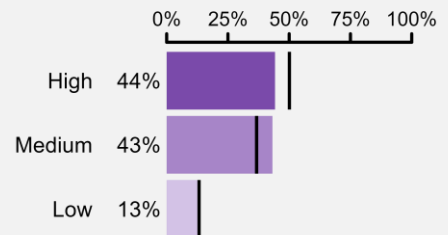


MENTAL HEALTH IN SCHOOLS

PERCEPTIONS ABOUT MENTAL HEALTH IN SCHOOLS

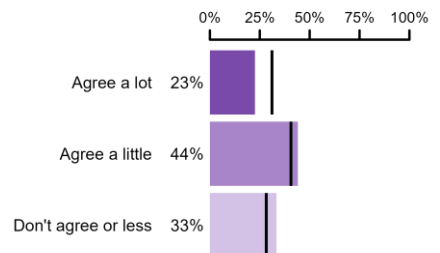
Youth's level of agreement with statements about their school's supportive climate regarding mental health.

e.g., "People at my school talk openly about mental health"



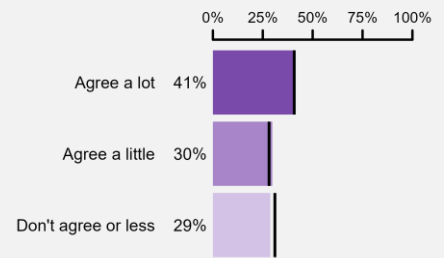
MENTAL HEALTH LITERACY

Youth's level of agreement with the statement "I would know how to help a friend who is constantly feeling worried, nervous, or down all the time."



MENTAL HEALTH ATTITUDES

Youth's level of agreement with the statement "I would be happy to develop a close friendship with someone who has a mental health issue."





The emerging autonomy in adolescence offers youth more decision-making power to dictate their health behaviours (Harris et al., 2005). However, these health decisions also carry long-term implications into adulthood (Fleary et al., 2018). Physical and mental well-being provides insight into how often youth engage with different health and risk behaviours, which may ultimately contribute to future positive or negative health trajectories.

Additionally, subdomains in this section cover youth’s experiences accessing and utilizing healthcare and mental health services—another important area for policy intervention. References for the survey items can be found in the *Reference* section.

*Subdomains that include the same items as the MDI.

Physical and mental well-being has three domains:

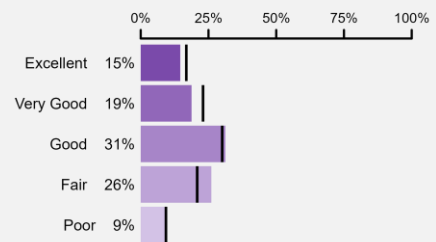
- Physical well-being
- Mental and emotional well-being
- Health service utilization and help-seeking

PHYSICAL WELL-BEING

GENERAL PHYSICAL HEALTH

Youth’s rating of their overall physical health.

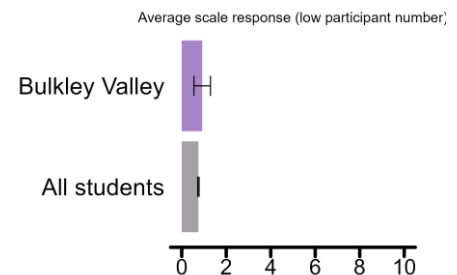
“Overall, how would you rate your **physical health** in the past two weeks?”



FOOD INSECURITY

How frequently youth reported experiencing food insecurity in the past 12 months.

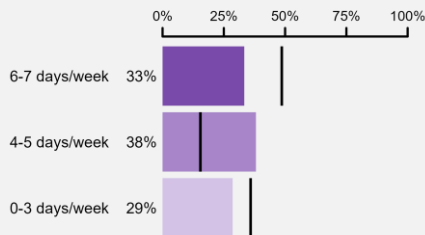
“In the past 12 months, did you [and other household members] worry that food would run out before your family got money to buy more?”



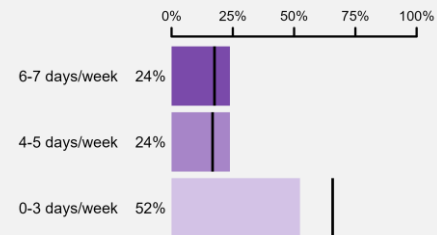
EATING HABITS

How often youth consumed the following in the last week:

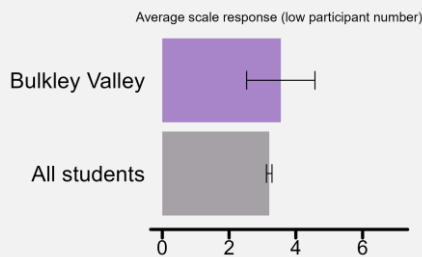
Breakfast



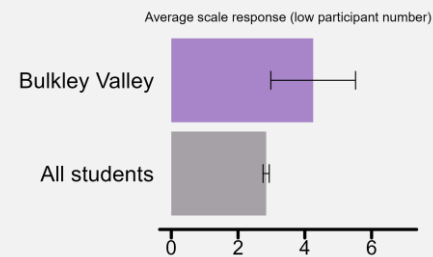
Food prepared outside of the home (e.g., from a cafeteria, a restaurant)



Sugar sweetened beverages (e.g., fruit drinks, sodas, sports drinks, etc.)



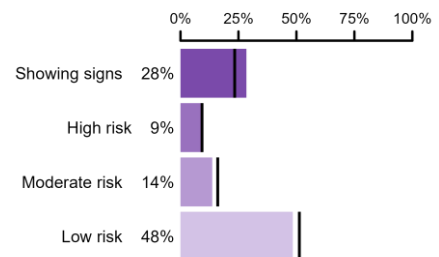
Caffeinated drinks (e.g., coffee, tea, energy drinks, etc.)



EATING BEHAVIOURS

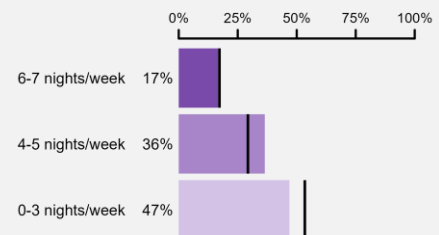
Youth's level of risk of developing an eating disorder based on the *InsideOut Institute Screener* (2018). "Showing signs" indicates the percentage of youth showing signs of an eating disorder.

e.g., "Do you feel like food, weight, or your body shape dominates your life? For example, experiencing constant thoughts about food, weight, or your body."



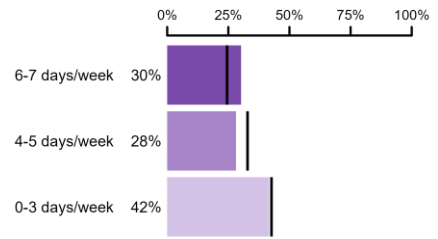
GOOD SLEEP*

Number of nights per week youth reported having a good night's sleep.



PHYSICAL ACTIVITY

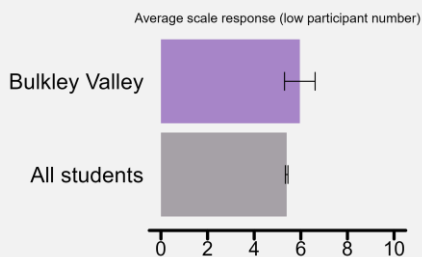
Number of days per week youth reported engaging in moderate to vigorous physical activity for at least half an hour.



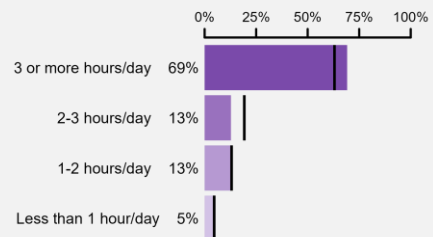
SCREENTIME AND SEDENTARY BEHAVIOUR

In the past week, the number of hours youth reported:

...sitting and watching TV, movies, or videos

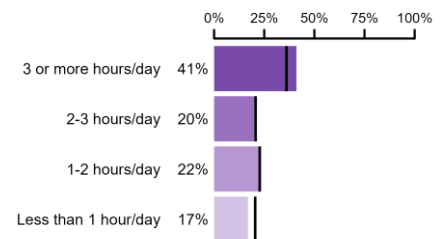


...being on a computer, tablet, or smartphone outside of school hours (i.e., working, surfing the Internet, etc.)



SOCIAL MEDIA USAGE

Number of hours *per day* youth reported spending on social media sites or apps, such as Instagram, Snapchat, Twitter, Facebook, etc.

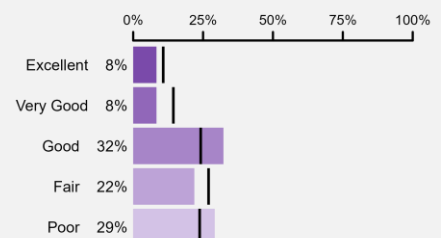


MENTAL AND EMOTIONAL WELL-BEING

GENERAL MENTAL HEALTH

Youth's rating of their overall mental health.

"Overall, how would you rate your mental/emotional health in the past two weeks?"

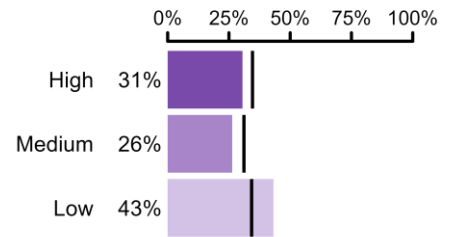


LIFE SATISFACTION*

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

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

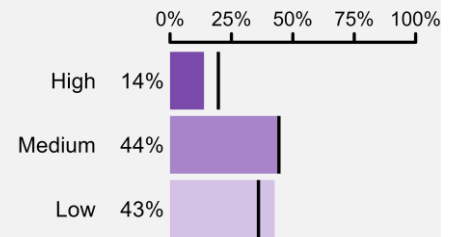
*called Satisfaction with Life (Happiness) on the MDI



POSITIVE MENTAL HEALTH

Positive mental health was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al., 2007). 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, and autonomous decision-making 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).



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 for moderate to severe depression.

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

41%
screened positive
for depression
(scored ten or above)

38%
average of reported districts

GENERALIZED ANXIETY

Generalized anxiety was examined using the Generalized Anxiety Disorder 2-item scale (GAD-2). 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?"

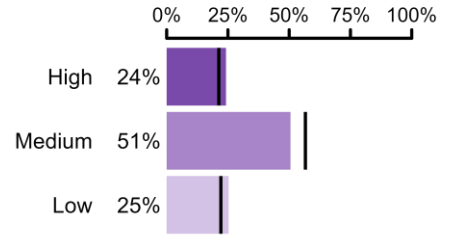
44%
screened positive on the GAD-2 for
generalized anxiety
(scored three or above)

38%
average of reported districts

STRESS

Students' perceptions of their own stress were examined using the short-form, 4-item Perceived Stress Scale (PSS).

e.g., "In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?"



COPING

The percentage of youth who reported engaging in the activities below to help them manage any distressing events, such as the COVID-19 pandemic.

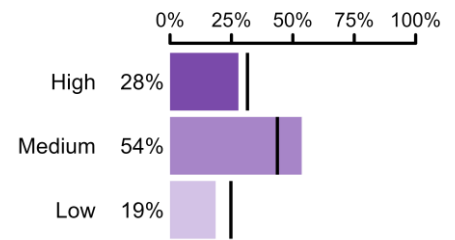
<p>87% connected with family, friends, or romantic partners, or pets</p> <p>81% average for reporting districts</p>	<p>8% sought support from a teacher, school counselor, or other adults at school</p> <p>11% average for reporting districts</p>	<p>14% sought support <i>outside of school</i> (e.g., therapist, psychiatrist, Elders, support groups, etc.)</p> <p>13% average for reporting districts</p>
<p>67% exercised or spent time outdoors</p> <p>69% average for reporting districts</p>	<p>79% engaged in screentime (i.e., watched TV, spent time on a personal device or played video games)</p> <p>76% average for reporting districts</p>	<p>38% turned to their usual extracurricular activities</p> <p>38% average for reporting districts</p>
<p>11% engaged in spiritual or religious practice</p> <p>14% average for reporting districts</p>	<p>36% read books or listened to podcasts</p> <p>35% average for reporting districts</p>	<p>87% listened to or played music</p> <p>72% average for reporting districts</p>
<p>25% learned new subjects or skills</p> <p>21% average for reporting districts</p>	<p>41% used another coping mechanism (i.e., eating more than usual, using substances)</p> <p>27% average for reporting districts</p>	

POSITIVE CHILDHOOD EXPERIENCES (PCEs)

PCEs lead to increased resilience to adversity (Bethell et al., 2019). 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.

Results are based on the number of reported PCEs:
High (6-7), Medium (3-5), and Low (0-2).



HEALTH SERVICE UTILIZATION AND HELP-SEEKING

MENTAL HEALTHCARE ACCESS

The percentage of youth who reported feeling the need for professional help for mental health concerns but did not seek help in the past six months.

38%
reported an unmet mental healthcare need

36%
average of reported districts

MENTAL HEALTHCARE NAVIGATION

The percentage of youth who indicated they prefer to get help for a mental health, emotional, or substance use problem in the following ways.

52%
prefer to get help in person

65%
average of reported districts

19%
prefer to get help over the phone or a helpline

22%
average of reported districts

26%
prefer to get help on the Internet

23%
average of reported districts

24%
prefer to get to talk over videocall

25%
average of reported districts

37%
probably wouldn't seek professional help

36%
average of reported districts



Navigating the world uniquely captures the way youth envision their future and encourages them to reflect on the local and global environment around them. This dimension contains subdomains that ask youth about their social values, social priorities, active citizenship, and future plans and priorities.

As youth begin to navigate early adulthood, it is important to understand their long-term goals, values, and concerns in order to better prepare them for future worldly challenges. References for the survey items can be found in the *Reference* section.

Navigating the world has five domains:

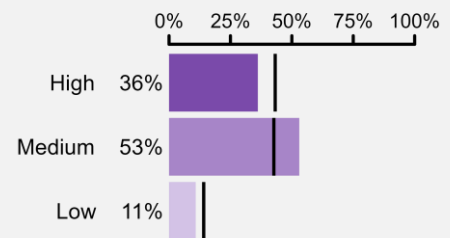
- Social values
- Social priorities
- Active citizenship
- Future plans and priorities
- COVID-19

SOCIAL VALUES, SOCIAL PRIORITIES AND ACTIVE CITIZENSHIP

PROSOCIAL ORIENTATION

Youth's level of agreement with statements about taking care of others to benefit the broader community.

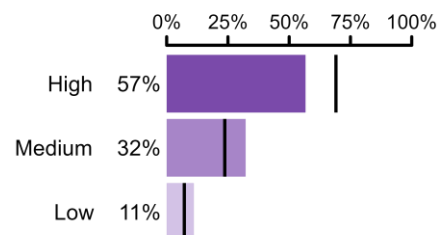
e.g., "Taking care of people who are having difficulty caring for themselves is everyone's responsibility, including mine"



CLIMATE CONCERN

Youth's level of agreement with statements about the severity of climate change.

e.g., "Regarding climate change, I feel that the threat should be taken more seriously"



ECO-ANXIETY

The percentage of youth who reported in the last two weeks, an experience of at least two different manifestations of eco-anxiety for several days or an experience of one manifestation over half the days.

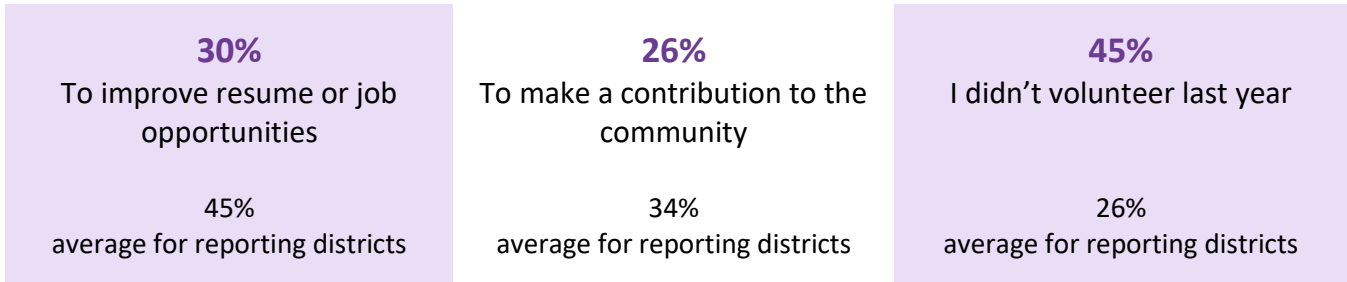
e.g., Over the last 2 weeks, how often have you been bothered by the following problems, when thinking about climate change and other global environmental conditions (e.g., global warming, ecological degradation, resource depletion, species extinction, ozone hole, pollution of the oceans, deforestation)?: "feeling nervous, anxious or on edge"

38%
screened positive for eco-anxiety

49%
average for reporting districts

COMMUNITY SERVICE

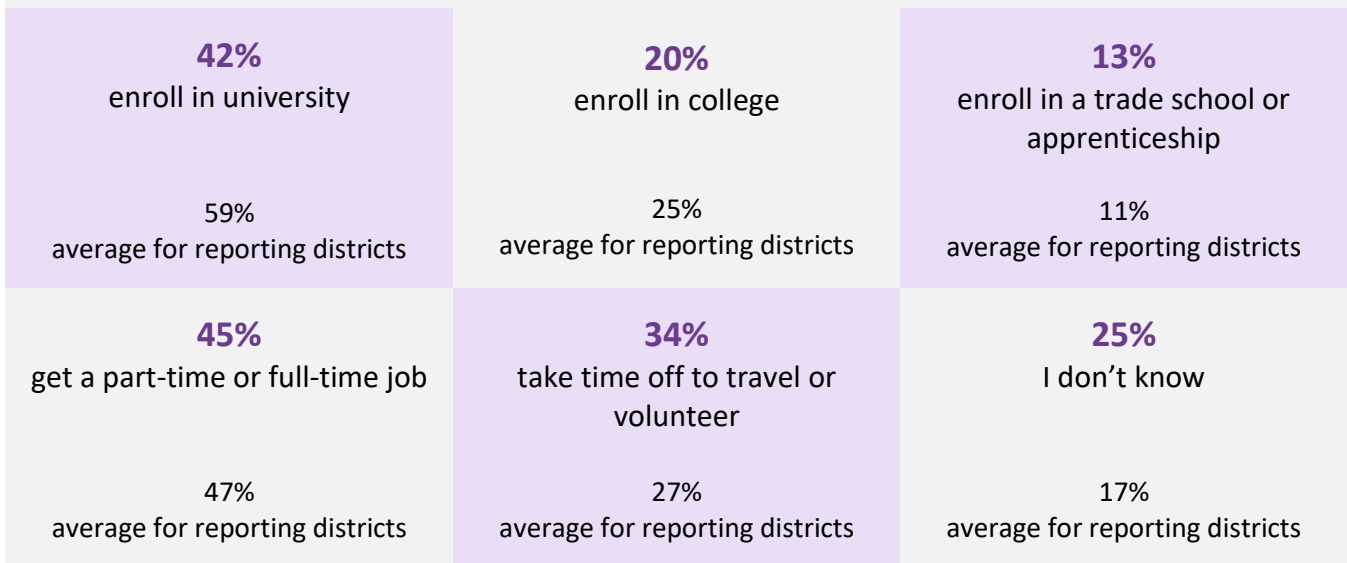
Youth indicated the reason(s) why they volunteered in the past year.



FUTURE PLANS AND PRIORITIES

FUTURE GOALS

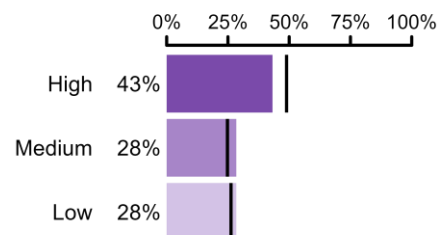
1 in 4 youth were randomly sampled to find out their plans after high school.



STRESS OF FUTURE UNCERTAINTY

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

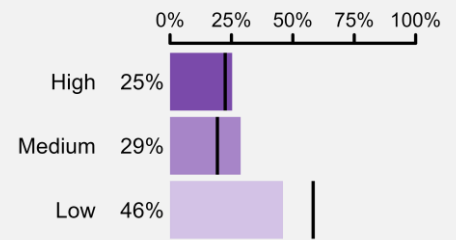
e.g., "e.g., "Please rate whether the following has been a source of stress for you: Having to make decisions about future work or education"



STRESS OF FINANCIAL PRESSURE

Youth's rating of how stressed they feel about their financial security.

e.g., "Please rate whether the following has been a source of stress for you: Not having enough money to buy the things you need."

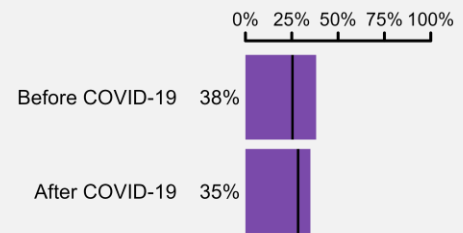




In light of the COVID-19 pandemic, the YDI included an extra section asking youth about the impact of the pandemic and associated public health measures on their physical and mental health, their relationships, and their quality of life. Giving youth the opportunity to identify areas where they are struggling during the pandemic enables us to take steps towards implementing the appropriate supports and resources. This section draws on questions from 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>.

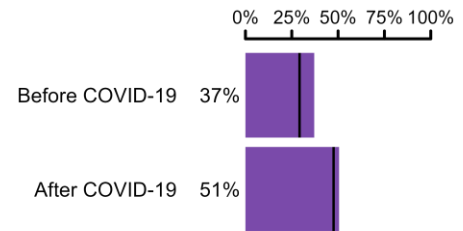
PHYSICAL HEALTH

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



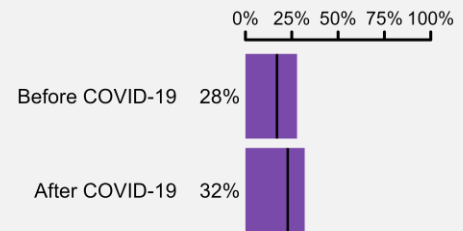
MENTAL/EMOTIONAL HEALTH

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



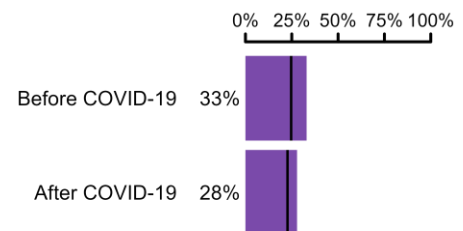
QUALITY OF LIFE

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



RELATIONSHIPS

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



SUMMARY: STRENGTHS & AREAS OF FOCUS |

We have highlighted some areas that differ between your school or district and the average of all participating districts. Please note that these areas may not be related to students' school experiences. Students' experiences with friends, family, and community, and access to assets such as nutritious food, green space, secure housing, extracurricular activities, and safe neighbourhoods may contribute to the differences reported here. Schools may use this information to help better understand the strengths and challenges faced by their students. Note: If the sentence states "trended towards..." it means it was a trend in the data but not a statistically significant difference (which can be influenced by sample size).

STRENGTHS

1. Students trended toward being more likely to report their frequency of adult family members eating meals together '6-7 days/week' in your district compared with students in other districts (71% vs. 52%)
2. Students trended toward being more likely to report participation in art lessons at school in your district compared with students in other districts (37% vs. 25%)
3. Students trended toward being less likely to 'Agree a lot' that school start time prevented them from getting enough sleep in your district compared with students in other districts (25% vs. 35%)

AREAS OF FOCUS

1. Students were less likely to rate school environment (respect, care, support) as 'high' in your district compared with students in other districts (16% vs. 35%)
2. Students were less likely to rate school safety as 'high' in your district compared with students in other districts (51% vs. 67%)
3. Students trended toward being less likely to rate their executive functioning as 'high' in your district compared with students in other districts (<5% vs. 8%)

ACTIONING YOUR YDI DATA |

The YDI measures many aspects of youth health and well-being. The data presented in this report can support a more comprehensive understanding of student health and well-being at your school. We have heard from many educators that these data are necessary to help schools identify areas of focus where students may need additional support within their school community. However, we recognize that determining areas of focus based on the data is not a simple task. As such, we have identified areas of focus your school community may consider supporting based on findings that have emerged from your 2022/2023 YDI data. By pinpointing and understanding these areas of focus, you may consider directing resources to areas of student well-being where they are needed most. If you are interested in learning more about other action ideas to support student health and well-being in each of the five YDI dimensions, check out our new YDI Quick Sheets at chartlab.ca and example discussion activities below.

Importantly, members of our provincial YDI Youth Advisory Council, a group of 19 youth ambassadors, have advocated for the importance of **engaging students**. Therefore, we recommend students be informed of, and engaged in, decisions about the implementation of specific mental health and well-being programs and practices through a forum, survey, open discussion, advisory table, etc.

When reviewing your school's areas of focus and associated action ideas outlined below, please keep the following in mind:

- Consider the **local context** of your school community. We suggest using these identified areas of focus as a stepping-stone for initiating and supporting conversations with your school community around improving the health and well-being of your students.
- Support **meaningful inclusion of students' voices**, where possible, when implementing change to promote student health and well-being in schools. This may increase the likelihood that the programs and practices implemented effectively support students' health and well-being in your school community.

IDEAS FOR DISCUSSION ACTIVITIES WITH STUDENTS

ACTIVITY IDEA 1

Share the YDI school report with students. Working in small groups, invite each group to choose one YDI Dimension to focus on to discuss the following questions. Groups can be invited to present action ideas to the class. Consider if any of the ideas could become a class project.

- What result was most meaningful to you? Why?
- What result was most surprising? Why?
- What kinds of actions do you think our school could take based on these findings to improve the health and well-being of students and staff?

ACTIVITY IDEA 2

Share the Strengths and Areas of Focus section from the YDI report with students. Use [Think, Pair, Share](#) to consider the following questions:

- What do you think our school community is doing well to contribute to our strengths?
- What area of focus do you think is most important for our school community? (It could be one listed in the YDI report or one that you have noticed based on your school experiences).
- What are some positive ways our school might address this area of focus?

Students report back to the larger group identifying one thing the school community is doing well, and one action idea to address an area of focus.

Follow Up Activity: Students form small groups based on discussion to create projects to

- a) build upon the current school community strengths or
- b) take action to address an area of focus.

CHANGES TO THE 2023 YDI SURVEY

Since the first YDI survey was administered in 2021, changes have been made to the 2022 and 2023 YDI surveys as a result of continued validation of the survey, including psychometrics analysis, feedback received from community and respondents, and an effort to reduce the survey length. Thus, changes have been made to the 2023 YDI school and district reports since the previous year's reports.

These changes include revisions in how certain indicators are measured (i.e., scale changes), the removal of certain items within subdomains, and the inclusion of new subdomains based on feedback received from schools and districts as to which types of data are most valuable to them. For example, the language in physical activity question was updated for clarity based on the UK's [#BeeWell Survey](#). Instead of referring to "moderate to vigorous" physical activity as on previous versions of the survey, the new physical activity question asks youth how many days they engage in physical activities "that make you hot, sweaty, and/or breathe faster."

For the 2023 report, several of the subdomain measures have returned to the 2021 YDI survey format so that they are comparable to the MDI. These include Emotional Self-Regulation, Empathy, and Perspective-Taking. Last year, Emotional Regulation was measured using two items from the *Emotion Regulation Questionnaire* (Gross & John, 2003); it is now measured using three items from the *Adolescent Self-Regulatory Inventory* (Moilanen, 2007), which is the scale used on the MDI. In the 2023 survey, we have also piloted the MDI Prosocial Behaviour measure to examine whether it was a reliable measure of prosocial behaviour in older adolescents. Additionally, we returned to using the full five-item *Satisfaction with Life Scale* (Gadernann et al., 2011) that is included in the MDI so that life satisfaction can be compared between the MDI and YDI.

In 2023, we removed the YDI Well-being Index and Assets Index, which were not comparable to the MDI versions of these indices. These two indices are currently under revision for the YDI. All the measures included in each of these indices are included separately throughout the report.

A priority area for the 2023 YDI survey was examining school-related factors that may be related to adolescent health and well-being, such as school start time, school programming, and mental health literacy. In addition to asking about which extracurricular activities students are participating in, we also asked what activities they wish they could participate in. Other new measures added to the 2023 YDI survey include a measure of perceived stress (Warttig et al., 2013) to better understand the amount of stress young are experiencing.

As COVID-19 infections [continue to stabilize](#) in Canada, we have retained the COVID-19 general health and worries section, but we have removed all other questions pertaining to COVID-19 to reduce survey length.

We identified possible strengths and areas of focus using the following strategy: statistical testing with 2x2 chi square tests identified subdomains in this report which had statistically significant differences between your district or school and students in other districts or schools. Odds ratios were computed and ranked to identify the top three strengths and top three potential areas of focus by greatest magnitude of difference between your students and students in other districts or schools.

REFERENCES |

BACKGROUND

- Currie, C., Molcho, M., Boyce, W., Holstein, B., Torsheim, T., & Richter, M. (2008). Research health inequalities in adolescents: the development of the Health Behaviour in School-Aged Children (HBSC) family affluence scale. *Social Science & Medicine*, 66(6), 1429–36. <https://doi.org/10.1016/j.socscimed.2007.11.024>
- Dahl, R. (2003). Beyond raging hormones: The tinderbox in the teenage brain. *Cerebrum: The Dana Forum on Brain Science*, 5(3), 7-22.
- Georgiades, K., Duncan, L., Wang, L., Comeau, J., Boyle, M. H., & 2014 Ontario Child Health Study Team. (2019). Six-month prevalence of mental disorders and service contacts among children and youth in Ontario: Evidence from the 2014 Ontario Child Health Study. *The Canadian Journal of Psychiatry*, 64(4), 246-255. <https://doi.org/10.1177/0706743719830024>
- Jaworska, N., & MacQueen, G. (2015). Adolescence as a unique developmental period. *Journal of Psychiatry and Neuroscience*, 40(5), 291-293. <https://doi.org/10.1503/jpn.150268>
- Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R., Demyttenaere, K., Gasquet, I., DE Girolamo, G., Gluzman, S., Gureje, O., Haro, J. M., Kawakami, N., Karam, A., Levinson, D., Medina Mora, M.E., Oakley Browne, M. A., Posada-Villa, J., Stein, D. J., Adley Tsang, C. H., Aguilar-Gaxiola, S.,... Ustün, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6(3), 168–176.
- Kusche, C.A., Greenberg, M. T., & Beilke, R. (1988). *Seattle Personality Questionnaire for young school-aged children* [Unpublished manuscript]. Department of Psychology, University of Washington.
- Lerner, R. M., Lerner, J. V., Murry, V. M., Smith, E. P., Bowers, E. P., Geldhof, G. J., & Buckingham, M. H. (2021). Positive youth development in 2020: Theory, research, programs, and the promotion of social justice. *Journal of Research on Adolescence*, 31(4), 1114–1134. <https://doi.org/10.1111/jora.12609>
- Noam, G. G., & Goldstein, L. S. (1998). *The resilience inventory*. Unpublished protocol.
- Phillips, S. P., Reipas, K., & Zelek, B. (2019). Stresses, strengths, and resilience in adolescents: A qualitative study. *The Journal of Primary Prevention*, 40, 631-642. <https://doi.org/10.1007/s10935-019-00570-3>
- Samji, H., Dove, N. Ames, M., Barbic, S., Sones, M., & Leadbeater, B. (2021). *Impacts of the COVID-19 pandemic on the health and well-being of young adults in British Columbia: A report by the British Columbia Centre for Disease Control COVID-19 Young Adult Task Force*. BC Centre for Disease Control. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-Impacts/BCCDC_COVID-19_Young_Adult_Health_Well-being_Report.pdf
- Scales, P. C., Benson, P. L., Oesterle, S., Hill, K. G., Hawkins, J. D., & Pashak, T. J. (2016). The dimensions of successful young adult development: A conceptual and measurement framework. *Applied Developmental Science*, 20(3), 150–174. <https://doi.org/10.1080/10826076.2012.695316>

Zarrett, N., & Eccles, J. (2006). The passage to adulthood: Challenges of late adolescence. *New Directions for Youth Development*, 2006(111), 13–28. <https://doi.org/10.1002/yd.179>

DEMOGRAPHICS

Canadian Institute for Health Information (2020). *Guidance and standards for race-based and Indigenous identity data collection and health reporting in Canada*. <https://www.cihi.ca/sites/default/files/document/guidance-and-standards-for-race-based-and-indigenous-identity-data-en.pdf>

Currie, C., Molcho, M., Boyce, W., Holstein, B., Torsheim, T., & Richter, M. (2008). Researching health inequalities in adolescents: The development of the Health Behaviour in School-Aged Children (HBSC) family affluence scale. *Social Science & Medicine*, 66(6), 1429–1436. <https://doi.org/10.1016/j.socscimed.2007.11.024>

DeChants, J., Green, A. E., Price, M. N., & Davis, C. (2021). *Measuring youth sexual orientation and gender identity. The Trevor Project*. <https://www.thetrevorproject.org/wp-content/uploads/2021/07/Measuring-Youth-Sexual-Orientation-and-Gender-Identity.pdf>

Gaetz, S., O’Grady, B., Kidd, S., & Schwan, K. (2016). *Without a home: The National Youth Homelessness Survey*. Canadian Observatory on Homelessness Press. <https://homelesshub.ca/sites/default/files/attachments/WithoutAHome-final.pdf>

SOCIAL AND EMOTIONAL DEVELOPMENT

Aviles, A. M., Anderson, T. R., & Davila, E. R. (2006). Child and adolescent social-emotional development within the context of school. *Child and Adolescent Mental Health*, 11(1), 32–39. <https://doi.org/10.1111/j.1475-3588.2005.00365.x>

Deighton, J., Tymms, P., Vostanis, P., Belsky, J., Fonagy, P., Brown, A., Martin, A., Patalay, P., & Wolpert, M. (2012). The development of a school-based measure of child mental health. *Journal of Psychoeducational Assessment*, 31(3), 247–257. <https://doi.org/10.1177/0734282912465570>

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85, 348–362.

Mahoney, J. L., Weissberg, R. P., Greenberg, M. T., Dusenbury, L., Jagers, R. J., Niemi, K., Schlinger, M., Schlund, J., Shriver, T. P., VanAusdal, K., & Yoder, N. (2021). Systemic social and emotional learning: Promoting educational success for all preschool to high school students. *American Psychologist*, 76(7), 1128–1142. <https://doi.org/10.1037/amp0000701>

Marsh, H. W. (1988). *Self-Description Questionnaire: A theoretical and empirical basis for the measurement of multiple dimensions of preadolescent self-concept: A test manual and a research monograph*. The Psychological Corporation.

Moilanen, K. L. (2007). The Adolescent Self-Regulatory Inventory: The development and validation of a questionnaire of short-term and long-term self-regulation. *Journal of Youth and Adolescence*, 36(6), 835–848. <https://doi.org/10.1007/s10964-006-9107-9>

- Sancassiani, F., Pintus, E., Holte, A., Paulus, P., Moro, M. F., Cossu, G., Angermeyer, M. C., Carta, M. G., & Lindert, J. (2015). Enhancing the emotional and social skills of the youth to promote their wellbeing and positive development: A systematic review of universal school-based randomized controlled trials. *Clinical Practice & Epidemiology in Mental Health*, *11*(1), 21–40. <https://doi.org/10.2174/1745017901511010021>
- Schonert-Reichl, K. A., Guhn, M., Gadermann, A. M., Hymel, S., Sweiss, L., & Hertzman, C. (2013). Development and validation of the Middle Years Development Instrument (MDI): Assessing children’s well-being and assets across multiple contexts. *Social Indicators Research*, *114*(2), 345–369. <https://doi.org/10.1007/s11205-012-0149-y>
- Su, R., Tay, L., & Diener, E. (2014). The development and validation of the Comprehensive Inventory of Thriving (CIT) and the Brief Inventory of Thriving (BIT). *Applied Psychology: Health and Well-Being*, *6*(3), 251–279. <https://doi.org/10.1111/aphw.12027>
- Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichl, K. A. (2018). Measuring social-emotional development in middle childhood: The Middle Years Development Instrument. *Journal of Applied Developmental Psychology*, *55*, 107–118. <https://doi.org/10.1016/j.appdev.2017.03.005>
- West, M. R., Buckley, K., Krachman, S. B., & Bookman, N. (2018). Development and implementation of student social-emotional surveys in the CORE Districts. *Journal of Applied Developmental Psychology*, *55*, 119–129. <https://doi.org/10.1016/j.appdev.2017.06.001>
- Van der Elst, W., Ouweland, C., van der Werf, G., Kuyper, H., Lee, N., & Jolles, J. (2012). The Amsterdam Executive Function Inventory (AEFI): Psychometric properties and demographically corrected normative data for adolescents aged between 15 and 18 years. *Journal of Clinical and Experimental Neuropsychology*, *34*(2), 160–171. <https://doi.org/10.1080/13803395.2011.625353>

SOCIAL WELL-BEING

- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, *173*(11), e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>
- Center for Surveillance and Applied Research, Public Health Agency of Canada (2020). *Physical Activity, Sedentary Behaviour and Sleep (PASS) Indicators Data Tool, 2020 Edition*. Public Health Infobase. Public Health Agency of Canada. <https://health-infobase.canada.ca/pass/>
- Constantine, N.A., & Benard, B. (2001). *California Healthy Kids Survey Resilience Assessment Module: Technical report*. Public Health Institute. https://www.researchgate.net/profile/Kristin-Holland/publication/233901606_Trajectories_of_Physical_Dating_Violence_from_Middle_to_High_School_Association_with_Relationship_Quality_and_Acceptability_of_Aggression/links/58d86ea492851c44d4ad2edb/Trajectory
- Liebenberg, L., Ungar, M., & LeBlanc, J. C. (2013). The CYRM-12: A brief measure of resilience. *Canadian Journal of Public Health*, *104*(2), 131-135. <https://doi.org/10.1037/t78882-000>

- Michalski, C. A., Diemert, L. M., Helliwell, J. F., Goel, V., & Rosella, L. C. (2020). Relationship between sense of community belonging and self-rated health across life stages. *SSM - Population Health*, *12*, 100676. <https://doi.org/10.1016/j.ssmph.2020.100676>
- Schonert-Reichl, K. A., Guhn, M., Gadermann, A. M., Hymel, S., Sweiss, L., & Hertzman, C. (2013). Development and validation of the Middle Years Development Instrument (MDI): Assessing children's well-being and assets across multiple contexts. *Social Indicators Research*, *114*(2), 345–369. <https://doi.org/10.1007/s11205-012-0149-y>
- Su, R., Tay, L., & Diener, E. (2014). The development and validation of the Comprehensive Inventory of Thriving (CIT) and the Brief Inventory of Thriving (BIT). *Applied Psychology: Health and Well-Being*, *6*(3), 251–279. <https://doi.org/10.1111/aphw.12027>
- Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichl, K. A. (2018). Measuring social-emotional development in middle childhood: The Middle Years Development Instrument. *Journal of Applied Developmental Psychology*, *55*, 107–118. <https://doi.org/10.1016/j.appdev.2017.03.005>
- Ungar, M., & Liebenberg, L. (2011). Child and Youth Resilience Measure (CYRM-28). *PsycTESTS Dataset*. <https://doi.org/10.1037/t23633-000>

LEARNING ENVIRONMENT AND ENGAGEMENT

- Centers for Disease Control and Prevention (2009). *School Connectedness: Strategies for Increasing Protective Factors Among Youth*. US Department of Health and Human Services. <https://www.cdc.gov/healthyouth/protective/pdf/connectedness.pdf>
- Center for Surveillance and Applied Research, Public Health Agency of Canada (2020). *Physical activity, sedentary behaviour and sleep (PASS) indicators data tool, 2020 Edition: Public Health Infobase*. Public Health Agency of Canada. <https://health-infobase.canada.ca/pass/>
- Kutcher, S. & Wei, Y. (2017). *Mental Health and High School Curriculum Guide*. <http://mentalhealthliteracy.org/schoolmhl/wp-content/uploads/2015/09/Mental-Health-High-School-Curriculum-Guide.pdf>
- Liebenberg, L., Ungar, M., & LeBlanc, J. C. (2013). The CYRM-12: A brief measure of resilience. *Canadian Journal of Public Health*, *104*(2), 131-135. <https://doi.org/10.1037/t78882-000>
- Livingston, J. D., Tugwell, A., Korf-Uzan, K., Cianfrone, M., & Coniglio, C. (2012). Evaluation of a campaign to improve awareness and attitudes of young people towards mental health issues. *Social Psychiatry and Psychiatric Epidemiology*, *48*(6), 965–973. <https://doi.org/10.1007/s00127-012-0617-3>
- Roeser, R. W., Midgley, C., & Urdan, T. C. (1996). Perceptions of the school psychological environment and early adolescents' psychological and behavioral functioning in school: The mediating role of goals and belonging. *Journal of Educational Psychology*, *88*(3), 408–422. <https://doi.org/10.1037/0022-0663.88.3.408>
- Schonert-Reichl, K. A., Guhn, M., Gadermann, A. M., Hymel, S., Sweiss, L., & Hertzman, C. (2013). Development and validation of the Middle Years Development Instrument (MDI): Assessing children's well-being and assets across multiple contexts. *Social Indicators Research*, *114*(2), 345–369. <https://doi.org/10.1007/s11205-012-0149-y>

- Thomson, K. C., Oberle, E., Gadermann, A. M., Guhn, M., Rowcliffe, P., & Schonert-Reichl, K. A. (2018). Measuring social-emotional development in middle childhood: The Middle Years Development Instrument. *Journal of Applied Developmental Psychology, 55*, 107–118. <https://doi.org/10.1016/j.appdev.2017.03.005>
- Wheaton, A. G., Chapman, D. P., & Croft, J. B. (2016). School start times, sleep, behavioral, health, and academic outcomes: A review of the literature. *Journal of School Health, 86*(5), 363–381.. <https://doi.org/10.1111/josh.12388>

PHYSICAL AND MENTAL WELL-BEING

- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics, 173*(11), e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>
- Boak, A., Elton-Marshall, T., Mann, R.E., Henderson, J. L., & Hamilton, H.A. (2020). *The mental health and well-being of Ontario students, 1991-2019: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS)*. Centre for Addiction and Mental Health. <https://www.camh.ca/-/media/files/pdf---osduhs/osduhs-mh-report2019-pdf.pdf>
- Bryant, E., Miskovic-Wheatley, J., Touyz, S. W., Crosby, R. D., Koreshe, E., & Maguire, S. (2021). Identification of high risk and early stage eating disorders: First validation of a digital screening tool. *Journal of Eating Disorders, 9*(1), 109. <https://doi.org/10.1186/s40337-021-00464-y>
- Fleary, S. A., Joseph, P., & Pappagianopoulos, J. E. (2018). Adolescent health literacy and health behaviors: A systematic review. *Journal of Adolescence, 62*, 116–127. <https://doi.org/10.1016/j.adolescence.2017.11.010>
- Kroenke, K., Strine, T. W., Spitzer, R. L., Williams, J. B. W., Berry, J. T., & Mokdad, A. H. (2009). The PHQ-8 as a measure of current depression in the general population. *Journal of Affective Disorders, 114*(1–3), 163–173. <https://doi.org/10.1016/j.jad.2008.06.026>
- Smith, A., Forsyth, K., Poon, C., Peled, M., Saewyc, E., & McCreary Centre Society (2019). *Balance and connection in BC: The health and well-being of our youth*. McCreary Centre Society. https://www.mcs.bc.ca/pdf/balance_and_connection.pdf
- Staples, L. G., Dear, B. F., Gandy, M., Fogliati, V., Fogliati, R., Karin, E., Nielsen, O., & Titov, N. (2019). Psychometric properties and clinical utility of brief measures of depression, anxiety, and general distress: The PHQ-2, GAD-2, and K-6. *General Hospital Psychiatry, 56*, 13–18. <https://doi.org/10.1016/j.genhosppsych.2018.11.003>
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes, 5*(1), 63. <https://doi.org/10.1186/1477-7525-5-63>
- University of Manchester (2022). *#BeeWell Survey*. <https://gmbeewell.org/wpcontent/uploads/2021/09/BeeWell-Questionnaires-Booklet.pdf>

Warttig, S. L., Forshaw, M. J., South, J., & White, A. K. (2013). New, normative, English-sample data for the Short Form Perceived Stress Scale (PSS-4). *Journal of Health Psychology, 18*(12), 1617–1628. <https://doi.org/10.1177/1359105313508346>

Hogg, T. L., Stanley, S. K., O'Brien, L. V., Wilson, M. S., & Watsford, C. R. (2021). The Hogg eco-anxiety scale: development and validation of a multidimensional scale. *Global Environmental Change, 71*(102391), 1-10. <https://www.sciencedirect.com/science/article/abs/pii/S0959378021001709>

NAVIGATING THE WORLD

Hogg, T. L., Stanley, S. K., O'Brien, L. V., Wilson, M. S., & Watsford, C. R. (2021). The Hogg eco-anxiety scale: Development and validation of a multidimensional scale. *Global Environmental Change, 71* (102391), 1-10. <https://www.sciencedirect.com/science/article/abs/pii/S0959378021001709>

McKay, M., Andretta, J., & Perry, J. (2019). The shortened version of the Adolescent Stress Questionnaire (ASQ-S; Sweden): A validation study in United Kingdom adolescents. *Scandinavian Journal of Child and Adolescent Psychiatry and Psychology, 7*(1), 81–87. <https://doi.org/10.21307/sjcapp-2019-011>

Prairie Research Associates (2005). *Survey of secondary school students*. Canada Millennium Scholarship Foundation. https://library.carleton.ca/sites/default/files/find/data/surveys/pdf_files/millennium_rs-24_2005-12_en.pdf

Scales, P., & Benson, P.L. (2003, March 12-13). *Indicators of positive youth development: Prosocial orientation and community service*. Paper presented at Indicators of Positive Youth Development Conference. Washington, DC. https://www.childtrends.org/wp-content/uploads/2013/05/Child_Trends-2003_03_12_PD_PDConfScaBen.pdf

Statistics Canada (2020). *Youth Community Involvement Survey*. <https://www.statcan.gc.ca/en/survey/household/5309>