2023/2024 YDI

SCHOOL DISTRICT REPORT

SCHOOL DISTRICT **33**

Chilliwack

CHART
CAPTURING HEALTH AND RESILIENCE TRAJECTORIES

ACKNOWLEDGMENTS

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) is primarily supported by funding provided to Dr. Hasina Samji from the British Columbia Centre 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 the 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, Child and Family Development, 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 that participated in the YDI. We immensely value the support and hard work of the education staff, teachers, and school administrators in all of our participating schools.

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.

The Youth Development Instrument was approved by the Behavioural Research Ethics Board, University of British Columbia, ID#: H20-02544.

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SFU FACULTY OF HEALTH SCIENCES

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Canada

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This report can be found at: http://www.chartlab.ca/.

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SUGGESTED CITATION

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BACKGROUND

ADOLESCENCE: A CRITICAL PERIOD

Adolescence is a period of substantive personal and social transitions (Dahl et al., 2018). During this time, youth undergo remarkable physical, neurodevelopmental, emotional, and social changes that 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). 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).

PRIORITIZING YOUTH MENTAL HEALTH AND WELL-BEING

Adolescence is characterized by strength and resilience but also cognitive and social changes that can leave youth vulnerable to increased risk-taking behaviours and emotional reactivity (Jaworska & MacQueen, 2015). Adolescence also represents a time of peak onset of mental illness (Phillips et al., 2019). It has been estimated that 62.5% of people living with mental illness have onset of symptoms before the age of 25 (Solmi et al., 2022). Globally, 11.6% of children and youth live with a diagnosable mental illness (Kieling et al., 2024). In Canada, before the pandemic, mental illness affected one in five children and youth, with 70% of Canadians first experiencing symptoms of mental illness before the age of 18 (Mental Health Commission of Canada, 2017). In BC, the incidence of mood and anxiety disorders among children and youth has been increasing since 2010 (Office of the Provincial Health Officer, 2022). YDI data from 2022 and 2023 showed that self-reported mental well-being was lowest among BC adolescents with adverse experiences and those from systemically marginalized groups, for example, girls, 2SLGBQA, and non-binary people (Samji et al., 2023; 2024). These findings are consistent with systematic reviews including international studies (Madigan et al., 2023; Samji et al., 2022).

Recent studies point to worsening mental health among youth after the COVID-19 pandemic (Madigan et al., 2023; Mansfield et al., 2022), with a rise in symptoms of anxiety and depression observed among young people (Samji et al., 2022). Negative impacts of the pandemic seem to have had a disproportionate effect on young people when compared to other age groups, which may be attributed, in part, to increased difficulties accessing mental health services and the impacts of school closures (Samji et al., 2022). In this period of recovery, providing timely, adequate, and appropriate support for youth to foster positive mental health, well-being, and healthy development should be both immediate and long-term priorities. 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).

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 43,000 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 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 - April of the academic school year.

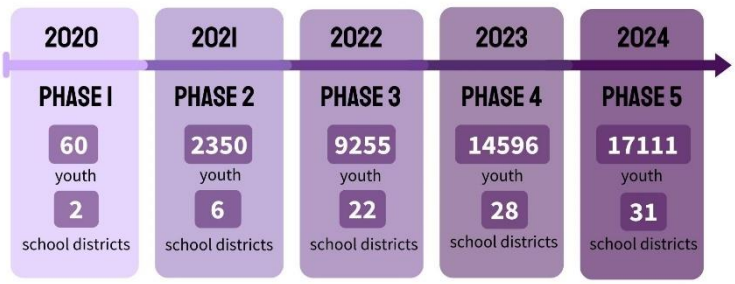


Figure 1. Annual YDI collection history between 2020 (Phase 1) and 2023/2024 (Phase 5). In 2024, 31 independent schools across the province also took part.

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.

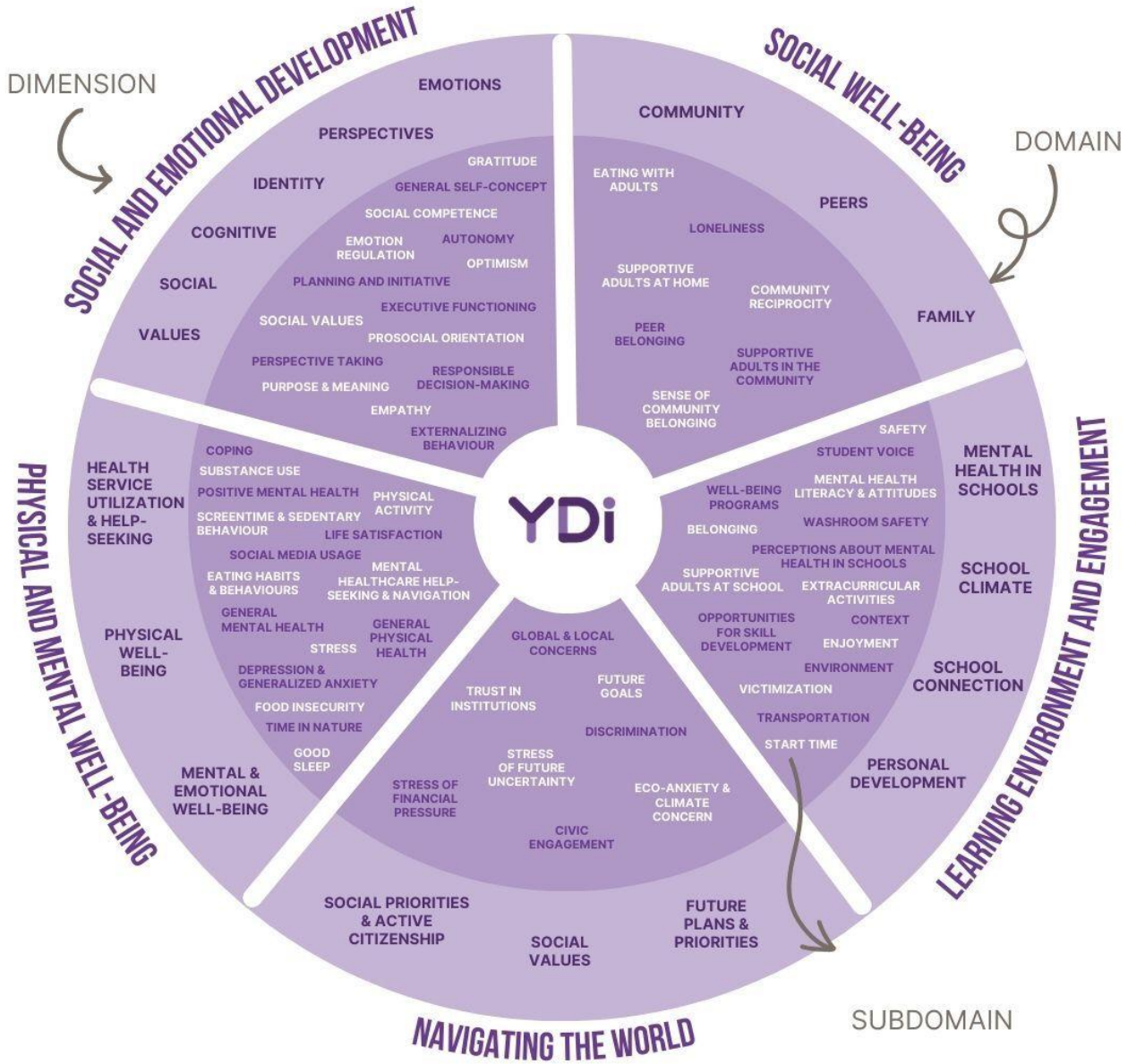


Figure 2. YDI dimensions, domains, and subdomains

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 transition 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.

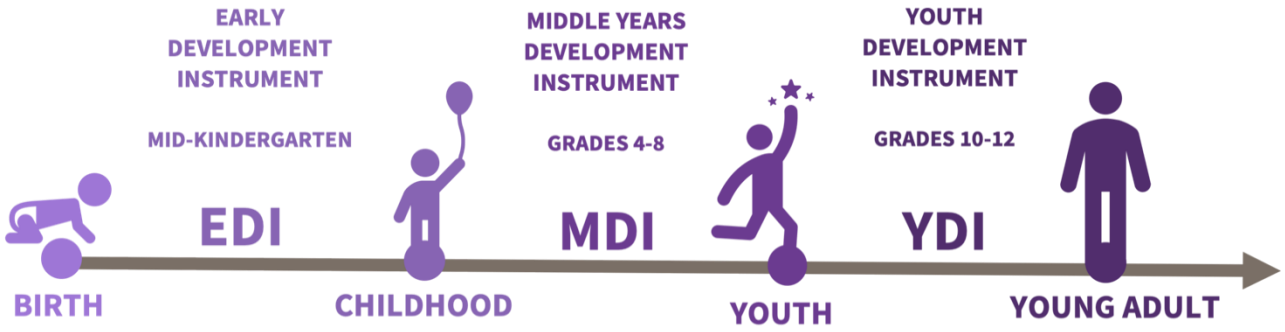


Figure 3. Data collection instruments for youth trajectory mapping

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 April, the YDI further explores the environments, experiences, and health and well-being of BC's youth from youth's *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 BC 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
• Future goals • Purpose and meaning • Planning & initiative	A sense of purpose and career-life balance support well-being. Career-life development includes ongoing cycles of exploring, planning, reflecting, adapting, and deciding	Career Life Connections
• Growth mindset • Opportunities for skill development • School enjoyment	Lifelong learning fosters career-life opportunities.	Career Life Education
• Supportive adults • Peer relationships	Cultivating networks and reciprocal relationships can support and broaden career-life awareness and options.	
• Civic engagement	Questioning what we hear, read, and view contributes to our ability to be educated and engaged citizens.	Composition 11
• Perspective taking • Views on multiculturalism	People understand text differently depending on their worldviews and perspectives.	
• Civic engagement • Views on multiculturalism	Understanding how political decisions are made is critical to being an informed and engaged citizen. Understanding the diversity and complexity of cultural expressions in one culture enhances our understanding of other cultures.	Social Studies 11
• Emotional regulation • Social competence • 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.	Personal Awareness and Responsibility – Self-regulating
• 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.	Personal Awareness and Responsibility – Self-advocating

• Physical activity • Eating Habits/Behaviours • Good Sleep • Screen time and sedentary behaviour • Social Media • Mental Health Literacy • Coping	Students who are personally aware and responsible recognize factors that affect their holistic wellness and take increasing responsibility for caring for themselves. They keep themselves healthy and stay active, manage stress, and express a sense of personal well-being. They make choices that contribute to their safety in their communities, including their online communities and use of social media. They recognize their personal responsibility for their happiness and have strategies that help them find peace in challenging situations.	Personal Awareness and Responsibility – Well-being

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 inform intersectoral partners whose work supports adolescent health and well-being. We encourage organizations to use YDI findings to work collaboratively with young people to implement health and well-being improvement strategies. The YDI can be used to inform budgeting, planning, and allocation of resources.

2023/2024 RESULTS

ABOUT THE DATA

This report contains data from students from 32 school districts and 31 independent schools, from Grades 10−12, who participated in the 2023/2024 YDI. These participating districts are listed below. Please note that these data are not necessarily representative of all BC students.

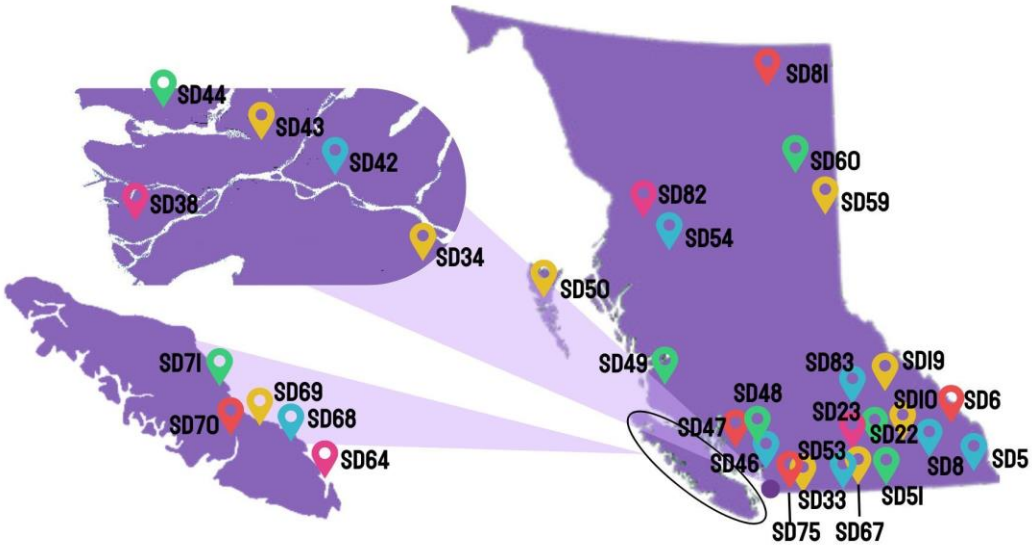


Figure 4. School districts in BC participating in 2023/2024 YDI

5 Southeast Kootenay
6 Rocky Mountain
8 Kootenay Lake
10 Arrow Lakes
19 Revelstoke
22 Vernon
23 Central Okanagan
33 Chilliwack
34 Abbotsford
38 Richmond
42 Maple Ridge – Pitt Meadows
43 Coquitlam
44 North Vancouver
46 Sunshine Coast
47 Powell River
48 Sea to Sky
49 Central Coast
50 Haida Gwaii
51 Boundary
53 Okanagan Similkameen
54 Bulkley Valley
59 Peace River South
60 Peace River North
67 Okanagan Skaha
68 Nanaimo-Ladysmith
69 Qualicum
70 Pacific Rim
71 Comox Valley
81 Fort Nelson
82 Coast Mountains
83 North Okanagan-Shuswap
99 Independent Schools

HOW THE RESULTS ARE SCORED

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. Selected subdomains reported here were chosen in collaboration with our community partners. Changes in YDI subdomains from previous years, such as renaming some subdomains or changes to scales, are flagged in the Technical Notes at the end of the report. YDI subdomains that also appear on the MDI are marked with a dagger symbol (e.g., empathy†); 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).

A "scale" consists of a set of questions or statements that ask youth to respond with a numeric Likert-type response option (see below for example response options). Youth's responses to these scales are summarized by 1) converting their answers to each question into a numeric score and 2) adding these scores across the questions included in the scale.

The 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?

FREQUENCY OPTIONS

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

MISSING OR EXCLUDED DATA

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 cut down on survey length, some subdomains were randomly assigned to a subset of students, and are indicated by a ‡. 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. For any result presented as a percentage that had fewer than five respondents, the result will be masked (seen as < *n*%). If no students responded to a given question, this will be indicated by a dash ("—"). Note that larger schools or districts' results will be closer to overall results because their students represent a higher proportion of the total YDI sample.

STRENGTHS AND AREAS OF FOCUS

Statistically significantly differences with the average of other participating school districts are highlighted in *Summary: Strengths & Areas of Focus* on page 59. Strengths represent specific subdomains in which your district excels, identified by those subdomains on which your district's positive outcomes are statistically higher on average compared to other participating districts. Areas of Focus represent subdomains on which your district's outcomes have a significantly lower average compared to other participating districts.

HOW TO INTERPRET RESULTS

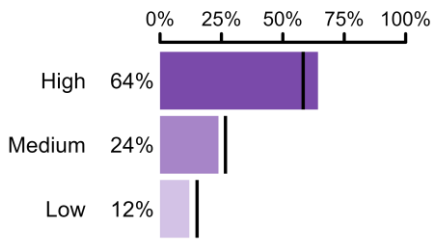
In most cases, students' subdomain scores are categorized as 'High', 'Medium', or 'Low'.

SCORING

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

EXAMPLE: Self-Concept

64% of youth reported that they have high self-concept (filled purple bars) compared to an average of 58% for all participating districts (black vertical line).



DEMOGRAPHICS

For sections marked with an "#", students could "select all that apply" therefore percentages may add up to greater than 100%

PARTICIPANTS			
Total Sample			715
AGE & GRADE			
Average age (SD)			16.8 (0.6) years
Grade 10			6%
Grade 11			84%
Grade 12			11%
GENDER IDENTITY			
Boy or man	49%	Nonbinary youth	4%
Girl or woman	44%	In another way	4%
SEXUAL ORIENTATION AND GENDER DIVERSITY			
Non-2SLGBTQIA+ (Cis-heterosexual)	72%	2SLGBTQIA+	28%
RACIAL IDENTITY#			
Arab	2%	South Asian	3%
Black	4%	Southeast Asian	6%
East Asian	6%	West Asian	1%
Indigenous	12%	White	78%
Latin American	4%	Other	5%
NEWCOMER STATUS			
Born in Canada	82%	Born outside of Canada	18%
FIRST LANGUAGE(S)			
English only			74%
English and other language(s)			18%
Other language(s) only			8%
HEALTH CONDITIONS#			
Physical or sensory disability (e.g., use a wheelchair, vision impaired)			3%
Mental health condition (e.g., depression, eating disorder, ADHD)			35%
Learning disability (e.g., in reading, writing, or mathematics)			10%
Chronic health condition			7%
Other condition			9%
No health condition or learning disability			42%
PARENT/GUARDIAN EDUCATION			
Graduate or Professional Degree (e.g., Masters, PhD)			20%
University degree (e.g., Bachelors)			27%
College program (e.g., diploma, certificate, apprenticeship)			22%
High school or less			16%
I don't know			15%
FAMILY AFFLUENCE			
High			16%
Medium			61%
Low			23%

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 AND GENDER DIVERSITY

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, Indigenous participants who described themselves as two-spirited, intersex people, trans participants, and those who identify as non-binary or in another way.

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 the group with which 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.

Latin American 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.

FIRST LANGUAGE(S)

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

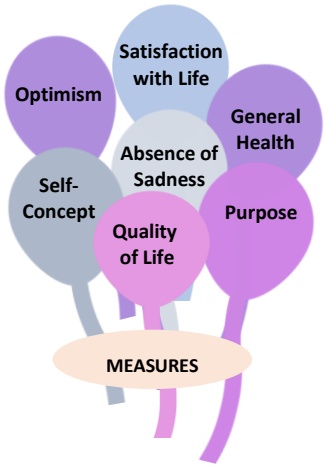
Family affluence was measured using the Family Affluence Scale (FAS; Currie et al., 2008), a validated scale that contains youth-friendly indicators of socioeconomic status (for example, owning a vehicle, number of family vacations per year). The FAS scale was calculated using ridit scores to identify the thresholds for low (lowest 20%) and high (highest 20%) affluence, as recommended by Corell et al. (2021).

RURAL OR URBAN

Rural designations are based on participant postal code. Canada Post’s (2021) addressing guidelines indicate that postal codes with the second character 0 are rural postal codes.

THRIVING 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; Su et al., 2014). For the 2023-2024 year, the YDI report has brought back an updated well-being index – now referred to as the *Thriving Index* - similar to the MDI to encourage trajectory mapping. While there is some general overlap, the two indices should not be compared due to the different ages of the populations and constructs included. Scores from these seven measures are summed and categorized into three levels: High Thriving, Moderate Thriving, and Low Thriving support.



High Thriving
Youth who indicated high scores on the 7 measures

Moderate Thriving
Youth who indicated average scores across the 7 measures

Low Thriving
Youth who indicated low scores across the 7 measures
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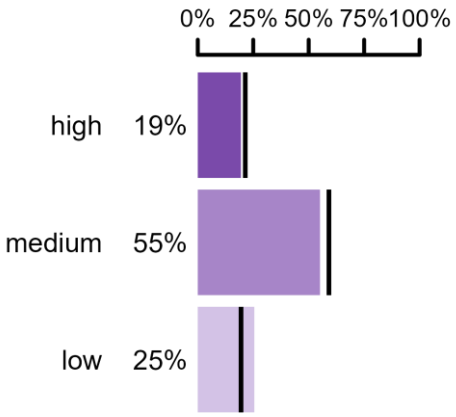
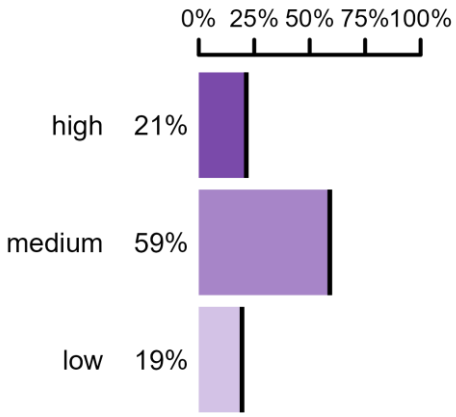
Chilliwack



All Participating Districts



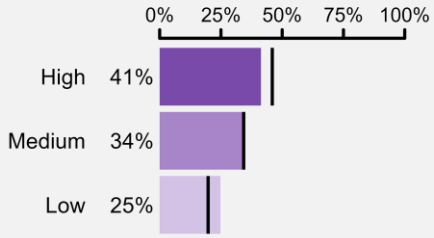
THRIVING INDEX COMPONENTS

†Subdomains that include the same items as the MDI.
‡Subdomains to which only a subset of students were randomly assigned.

OPTIMISM

Youth's level of agreement with statements that suggest an optimistic outlook.

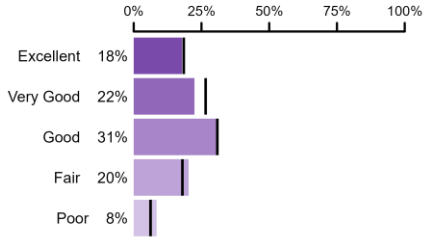
e.g., "I have more good times than bad times" and "I start most days thinking I will have a good day."



GENERAL PHYSICAL HEALTH

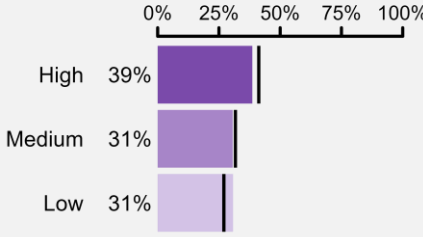
Youth's rating of their overall physical health.

"Overall, how would you rate your physical 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



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?"

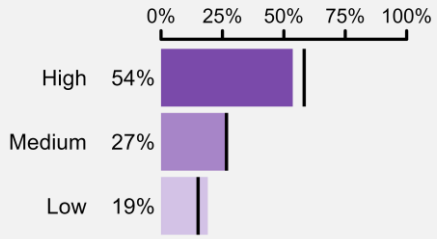
42%
screened positive
for depression

(scored ten or above)

36%
average of reported districts

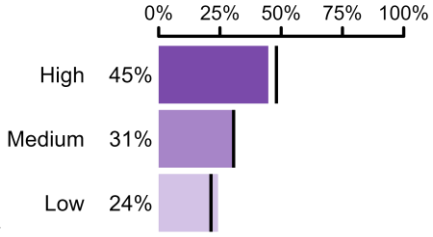
GENERAL SELF-CONCEPT†

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

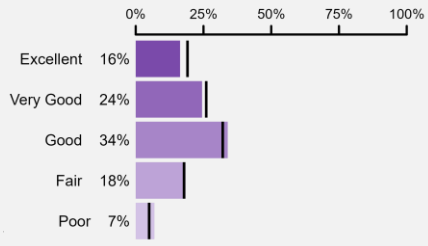
Youth's level of agreement with statements about having a meaningful life.
e.g., "My life has a clear sense of purpose."



QUALITY OF LIFE

Youth's rating of their overall quality of life.

"Overall, how would you rate your quality of life in the past two weeks?"



POSITIVE SOCIAL EXPERIENCES & HEALTH ASSETS

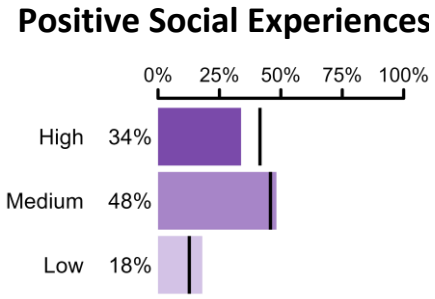
In contrast to the individual-level nature of the thriving index, assets are more contextual. They are considered experiences or relationships that contribute to healthy trajectories (HELP, 2021). What makes assets especially important is that they can be modified through changes in youth's environments (HELP, 2021). As such, schools have been identified as a key player in cultivating and enhancing students' assets. We have created two asset indices: A *Positive Social Experiences* Index and a *Health Assets* Index. These assets were specifically designed with adolescents in mind and differ from those included in the MDI.

POSITIVE SOCIAL EXPERIENCES

Our *Positive Social Experiences Index* identifies positive social experiences that are strongly linked to well-being in YDI data and in the research literature. It builds on research that shows Positive Childhood Experiences (PCEs) lead to increased resilience to adversity (Bethell et al., 2019). Using YDI data, we have found that having six or more of these experiences during adolescence also promotes mental well-being and protects against depression and anxiety (Samji et al., 2024). These experiences 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.

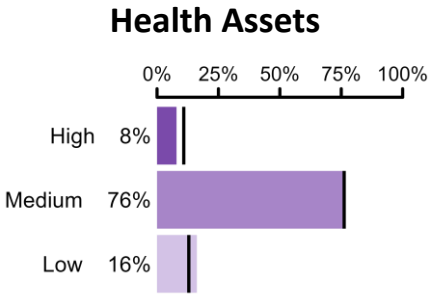
Results are based on the number of these reported experiences: High (6-7), Medium (3-5), and Low (0-2).



HEALTH ASSETS INDEX

Our *Health Assets Index* identifies other key protective factors for health and well-being identified in YDI data and the research literature. Scores from these 5 measures are summed and categorized into three levels: High, Medium, and Low:

- Good sleep
- Physical activity
- Food security
- Financial security



How can we tell if health and well-being is improving in our community?
Look for:

- Decreases in the proportion of students in the "low" well-being category
- Increases in the proportion of students with 6+ positive social experiences
- Increase in the proportion of students in the "high" health assets category

- Discrimination

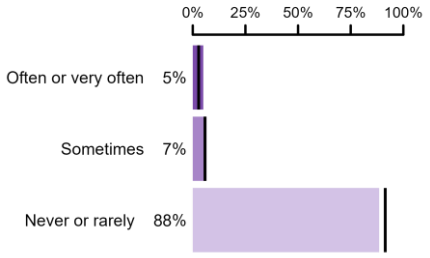
HEALTH INDEX COMPONENTS

†Subdomains that include the same items as the MDI.
‡Subdomains to which only a subset of students were randomly assigned.

FOOD INSECURITY

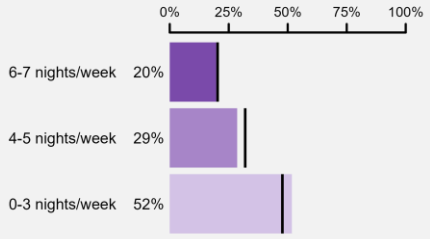
How frequently youth reported experiencing food insecurity in the past 12 months.

"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?"



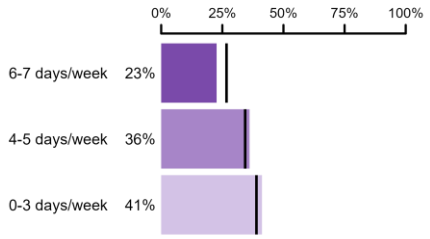
GOOD SLEEP†

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



PHYSICAL ACTIVITY

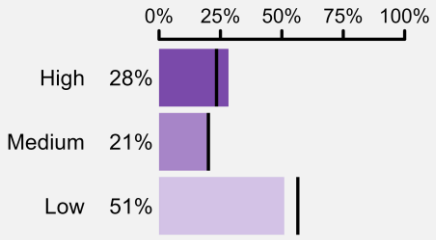
Number of days per week youth reported engaging in moderate to vigorous physical activity for at least half an hour.



STRESS OF FINANCIAL PRESSURE

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

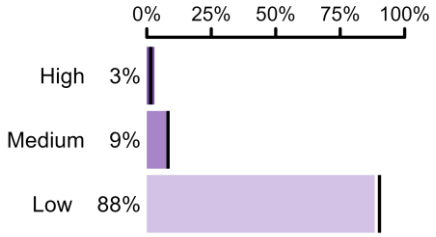
e.g., "Please rate whether the following has been a source of stress for you: Not having enough money to buy the things you need."



DISCRIMINATION

Youth's description of how often they experience discrimination based on aspects of their identity in their day-to-day lives.

e.g., "You are treated with less courtesy or respect than other people" and "you are threatened or harassed."



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.

We have included the six domains of social and emotional learning identified by the Taxonomy Project´s Ecological Approaches to Social and Emotional Learning (EASEL) Lab at Harvard University:

- Emotions
- Perspectives
- Identity
- Cognitive
- Social
- Values

†Subdomains that include the same items as the MDI.
‡Subdomains to which only a subset of students were randomly assigned.

EMOTION DOMAIN

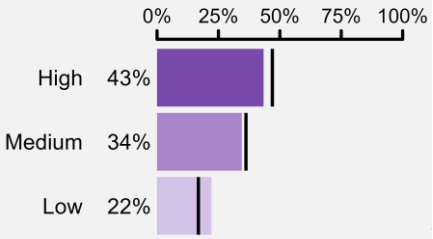
EMOTION REGULATION†

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

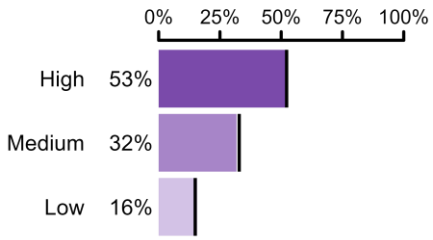
Note: This indicator was measured differently from 2021/2022. Please refer to Technical Notes for change.



PERSPECTIVE TAKING

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

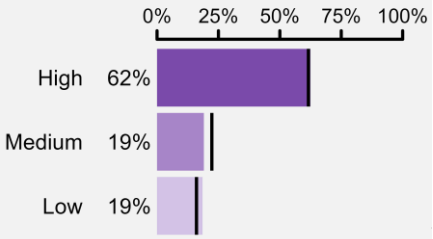
e.g., "When I'm upset with someone, I usually try to put myself in their shoes for a while."



EMPATHY[†]

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

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

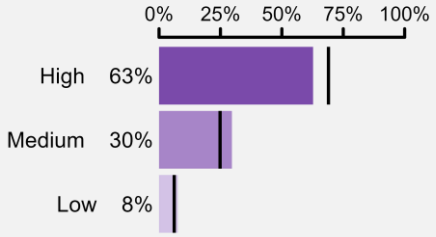


PERSPECTIVES DOMAIN

GRATITUDE[‡]

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

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



OPTIMISM

Youth's level of agreement with statements that suggest an optimistic outlook.

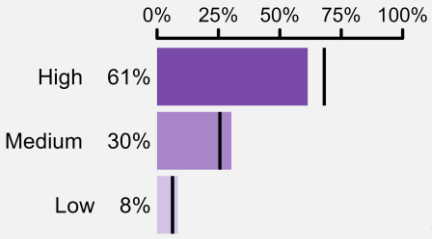
e.g., "I have more good times than bad times" and "I start most days thinking I will have a good day."

***See Thriving Index on p. 19**

AUTONOMY

Youth's level of agreement with statements that suggest a sense of autonomy.

e.g., "I decide what I can and cannot do."



IDENTITY DOMAIN

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

***See Thriving Index on p. 20**

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."

***See Thriving Index on p. 20**

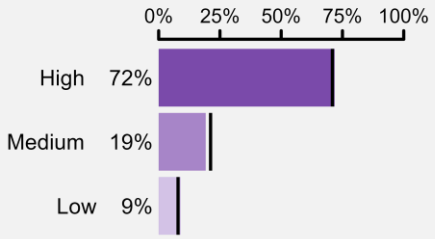
COGNITIVE DOMAIN

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)

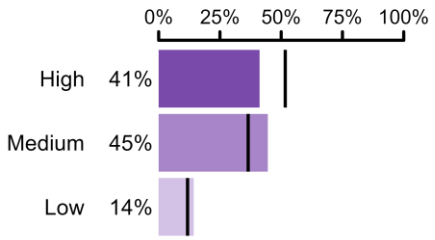
*High category means those with better executive functions.



PLANNING AND INITIATIVE‡

Youth's level of agreement with statements such as…

e.g., "It is easy for me to come up with a different solution if I get stuck when solving a problem" and "I am curious, I want to know how things work."

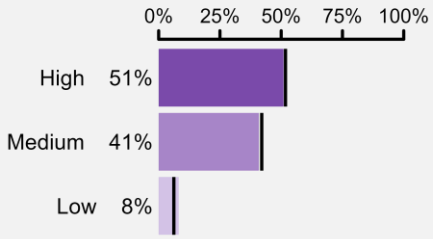


SOCIAL DOMAIN

SOCIAL COMPETENCE

A 6-item social competence scale comprising social awareness, conflict resolution, and overall social competence.

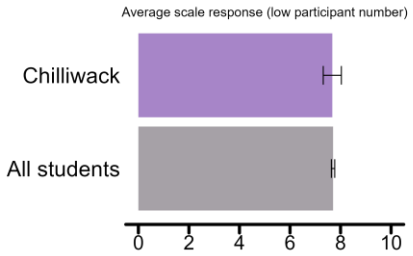
e.g., “I get along with people who are different from me.”



RESPONSIBLE DECISION-MAKING‡

Youth’s level of agreement with statements about making decisons responsibly.

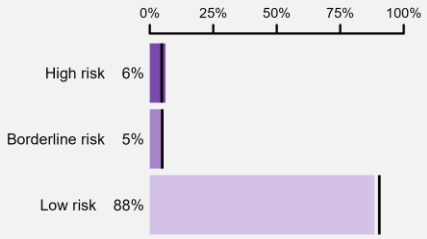
e.g, “When I make a decision, I think about what might happen afterward.”



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.”

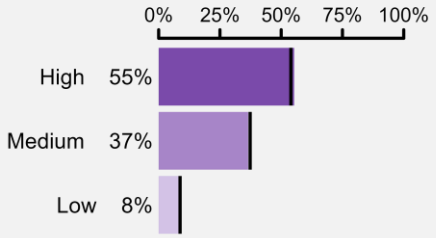


VALUES DOMAIN

PROSOCIAL ORIENTATION

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

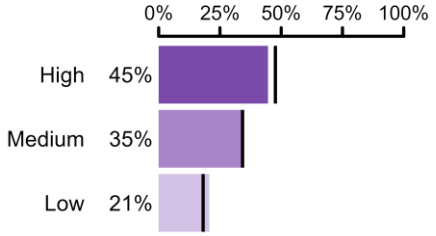
e.g., "Taking care of people who are having difficulty caring for themselves is everyone's responsibility, including mine."



SOCIAL VALUES‡

Youth's level of agreement with statements about their contributions to the world.

e.g., "I try to make this world a better place."



SOCIAL WELL-BEING

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

Forming and maintaining social relationships supports adolescents' 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

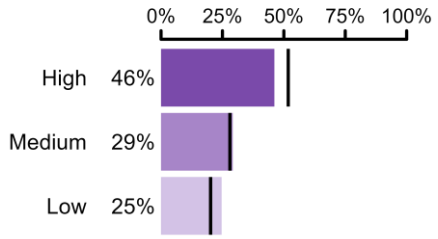
†Subdomains that include the same items as the MDI.
‡Subdomains to which only a subset of students were randomly assigned.

PEERS

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."



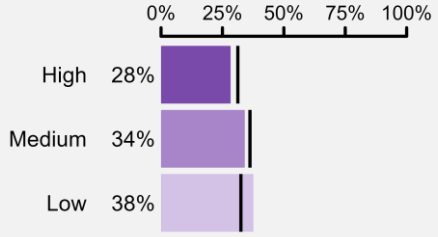
COMMUNITY

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."

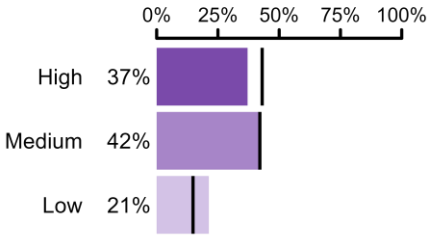
†called Supportive Adults in the Neighbourhood on the MDI



SENSE OF COMMUNITY BELONGING

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

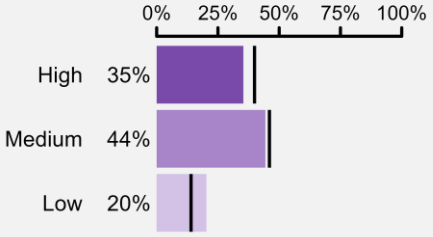
e.g., "I feel a sense of belonging in my community" and "I know where to go in the community to get help."



COMMUNITY RECIPROCITY

Youth's level of agreement with statements about their sense of participation and support in the community.

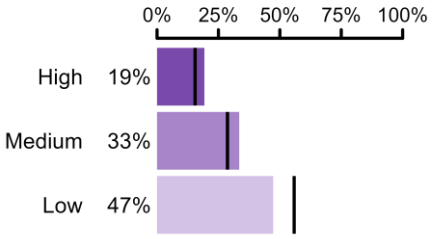
e.g., "I play a positive role in my community."



LONELINESS

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

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

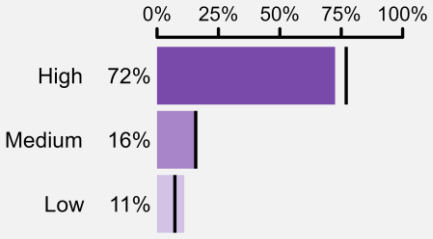


FAMILY

SUPPORTIVE ADULTS AT HOME[†]

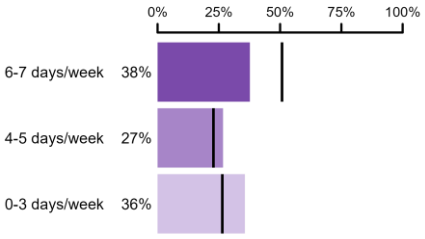
Youth's level of agreement with statements about how supported they feel by the adults at home.

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.



LEARNING ENVIRONMENT & ENGAGEMENT

Given the significant amount of time youth spend in learning environments, this dimension seeks to understand youth's experiences at school, including their academic growth and opportunities, their school environment, and with their broader school community. School connectedness is 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 skill development opportunities, supportive adult-student relationships, and programs that promote well-being. References for the survey items can be found in the *Reference* section.

Learning environment and engagement has four domains:

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

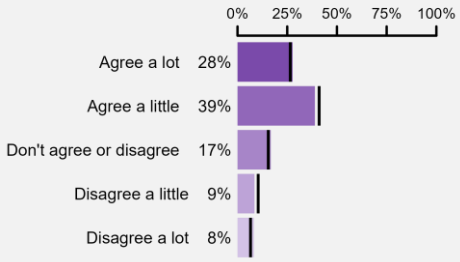
†Subdomains that include the same items as the MDI.
‡Subdomains to which only a subset of students were randomly assigned.

PERSONAL DEVELOPMENT

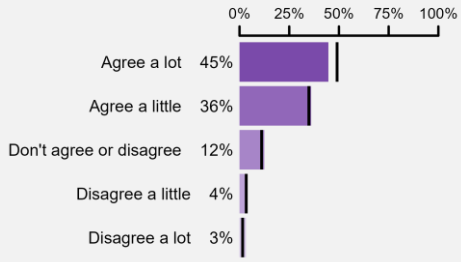
OPPORTUNITIES FOR SKILL DEVELOPMENT

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)...

…in school"



…outside of school"



ORGANIZED EXTRACURRICULAR ACTIVITIES[†] Youth indicated which organized extracurricular activities they participate in, in a typical week.	
*Note: Students could "select all that apply;" therefore percentages add up to greater than 100%.	
Educational lessons or activities (for example, tutoring, math, language school, or something else)	18%
Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)	20%
Youth organizations (for example, cadets, leadership groups)	14%
Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, ice skating, tennis)	22%
Team sports with a coach or instructor (for example, basketball, hockey, soccer, football, etc.)	34%

UNSTRUCTURED EXTRACURRICULAR ACTIVITIES[†] Youth indicated which unstructured activities they participate in, in a typical week.	
*Note: Students could "select all that apply;" therefore percentages add up to greater than 100%.	
Sports and/or exercise for fun (for example, biking, swimming)	55%
Homework	55%
Reading for fun	32%
Hanging out with friends	69%
Religious, spiritual, or faith-based activities	15%
Cultural activities	5%
Volunteering (either at school or in the community)	21%
Working for pay (for example, babysitting, after-school job, or something else)	38%

Students were asked to think about activities they want to do outside of school.	I am already doing the activities I want to be doing **56%**	I wish I could do additional activities **21%**	I am doing some of the activities I want, but I wish I could do more **23%**

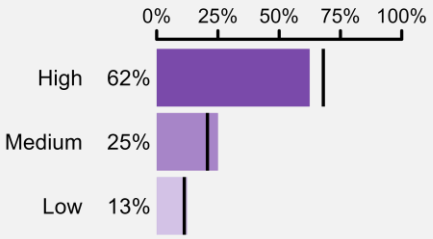
WISHES FOR EXTRACURRICULAR ACTIVITIES[†] Youth who selected that they wished to do additional activities were then asked to select which activities they wished they could do.	
*Note: Students could "select all that apply;" therefore percentages add up to greater than 100%.	
Sports and/or outdoor activities (for example, basketball, volleyball, swimming, hockey, skating, dancing, gymnastics, hiking, biking)	40%
Hanging out with friends	48%
Music and arts (for example, playing a musical instrument, singing, drawing, painting, theatre, arts and crafts classes, baking, pottery)	36%
Computer/Videogames/TV	20%
Learning new things (for example, learning a new language, coding, reading, math, chess, programming)	36%
Time with family at home	27%
Free time/relaxing	48%
Working	50%
Volunteering	25%

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…". Students could select multiple responses; therefore, percentages add up to greater than 100%.		
Music 66%	Team sports 80%	Individual sports 70%
Visual arts 73%	Performing arts 64%	Student leadership 64%
Life skills (e.g., trades, cooking) 78%	Special interest clubs 63%	Gender and sexuality alliances clubs* 50% *among 2SLGBTQIA+ students

SCHOOL CLIMATE

SCHOOL SAFETY

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

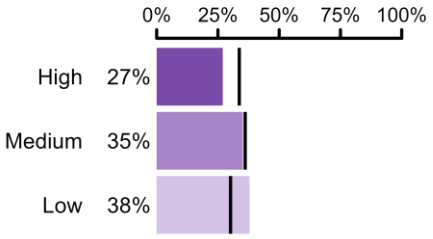


SCHOOL ENVIRONMENT†

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.

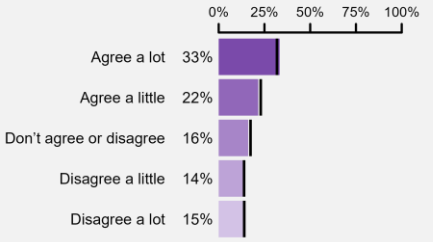
e.g., "Teachers and students treat each other with respect in this school."

†called School Climate on the MDI



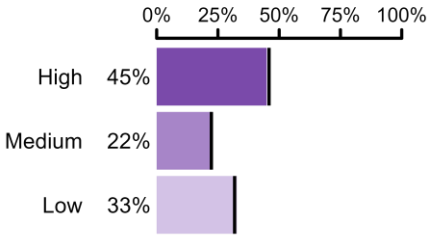
SCHOOL START TIME

Youth's level of agreement with the statement "My school start time prevents me from getting enough sleep."



SCHOOL ENJOYMENT

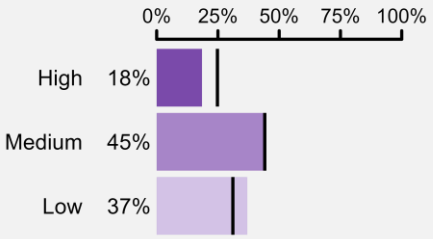
Youth's level of agreement with the statement "I like school."



STUDENT VOICE

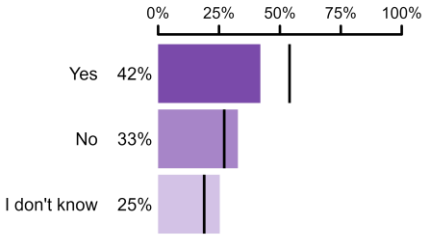
Youth's level of agreement with statements about how much their school includes student voice in decision-making.

e.g., "Students are often asked what they think the school is doing well and what the school could do better."



WASHROOM SAFETY

Percentage of youth who feel safe using their school's washrooms.



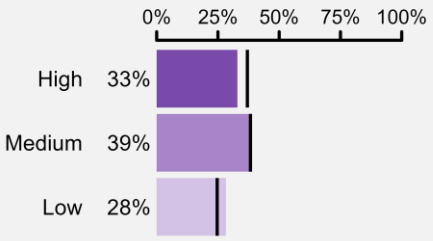
SCHOOL CONTEXT Students at school say...		
They have access to a quiet space if they need it 64%	*They have downtime in their school day* 55%	*Their school has an active community garden* 15%
They have access to healthy and affordable food 43%	*They can talk to teachers/school admins about things that matter to them (racism, queerphobia, ableism, mental health stigma)* 41%	*They learn strategies to promote their own mental well-being* 26%
	They have a mental health/well-being club at their school 17%	

SCHOOL CONNECTION

SCHOOL BELONGING†

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

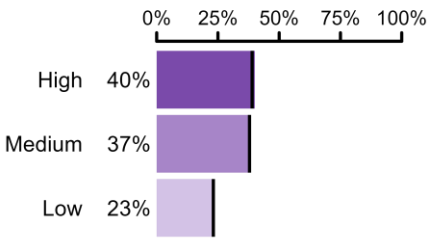
e.g., "I feel like I belong in this school."



SUPPORTIVE ADULTS AT SCHOOL†

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

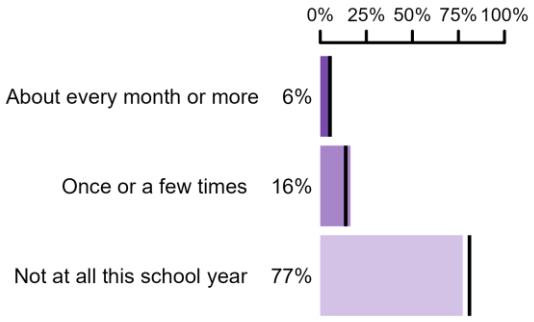
e.g., "At my school, there is an adult who really cares about me."



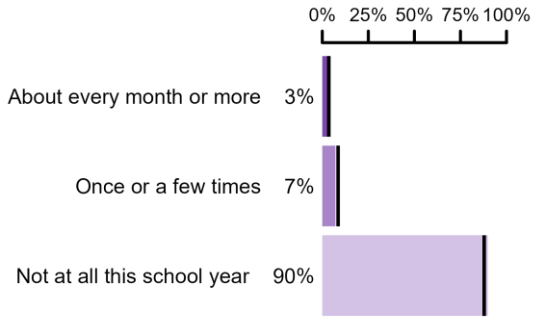
VICTIMIZATION I[†]

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

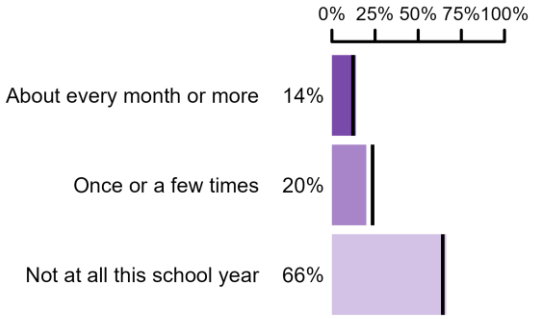
Cyberbullying (e.g., online messaging)



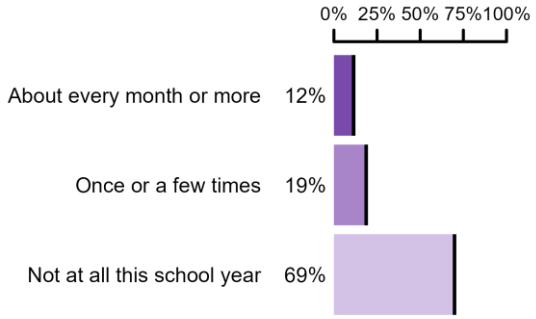
Physical Bullying (e.g., hit or kicked)



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.

45%

witnessed someone being bullied or harassed this year

45%

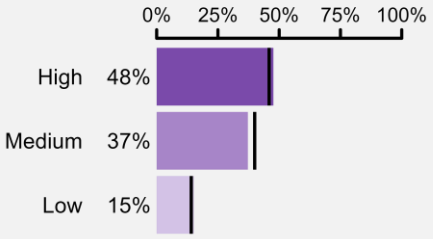
average for reporting districts

MENTAL HEALTH IN SCHOOLS

PERCEPTIONS ABOUT MENTAL HEALTH IN SCHOOLS

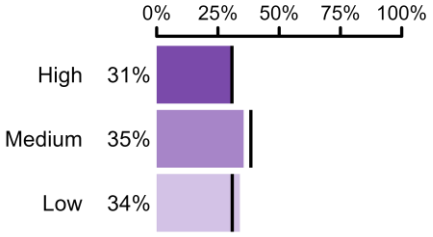
Youth's level of agreement with statements about their school's supportive climate regarding mental health.

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



MENTAL HEALTH LITERACY

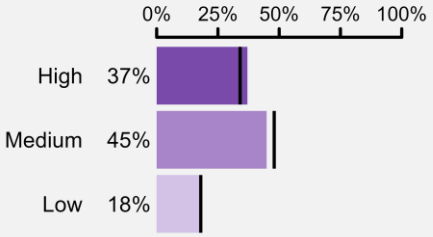
Youth's level of agreement with the statement "I would know how to help a friend who is constantly feeling worried, nervous, or down all the time."



MENTAL HEALTH ATTITUDES

Youth's level of agreement with statements about their mental health attitudes.

e.g., "I would be happy to develop a close friendship with someone who has a mental health issue."



TRANSPORTATION TO SCHOOL		
Mode of Transportation	**I usually get to and from school by…**	**I *wish* I could get to and from school by…**
Car (passenger)	**71%**	**9%**
Car (driver)	**18%**	**48%**
School bus	**19%**	**3%**
Public transportation (public bus, train, or ferry)	**15%**	**4%**
Walk	**42%**	**6%**
Bicycle, Roll (e.g., skateboard, scooter, rollerblade), or E-Bike/E-Scooter	**8%**	**8%**
Other	**2%**	**2%**

PHYSICAL & MENTAL WELL-BEING

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.

Physical and mental well-being has three domains:

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

†Subdomains that include the same items as the MDI.
‡Subdomains to which only a subset of students were randomly assigned.

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?"

***See Thriving Index on p. 19**

FOOD INSECURITY

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

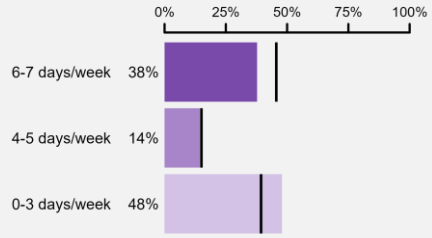
"In the past 12 months, did you [and other household members] worry that food would run out before your family got money to buy more?"

***See Health Assets Index on p. 22**

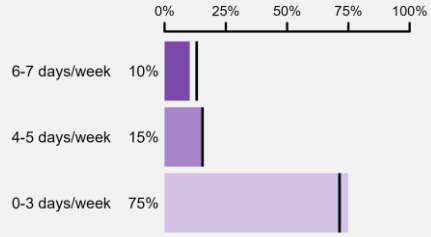
EATING HABITS

How often youth consumed the following in the last week:

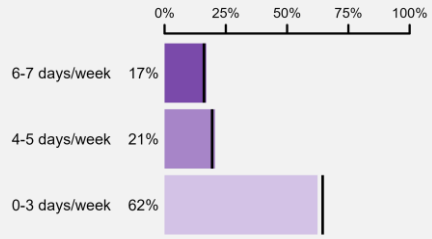
Breakfast



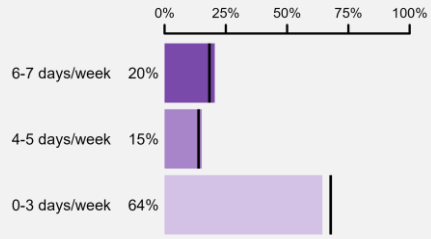
Food prepared outside of the home
(e.g., from a cafeteria, a restaurant)



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



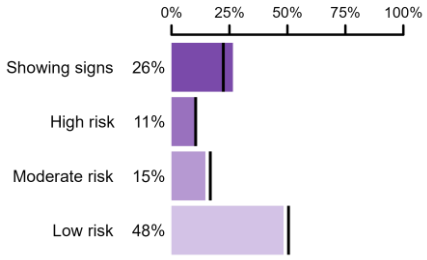
Caffeinated drinks
(e.g., coffee, tea, energy drinks, etc.)



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.

***See Health Assets Index on p. 22**

PHYSICAL ACTIVITY

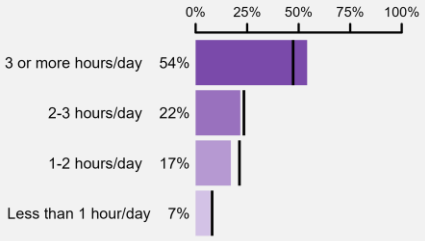
Number of days per week youth reported engaging in moderate to vigorous physical activity for at least half an hour.

***See Health Assets Index on p. 22**

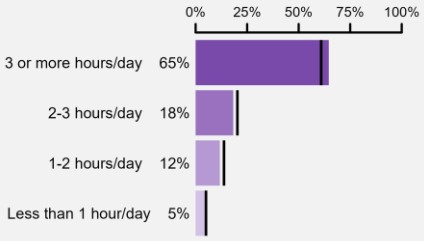
SCREENTIME AND SEDENTARY BEHAVIOUR

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

…sitting and watching TV, movies, or videos.

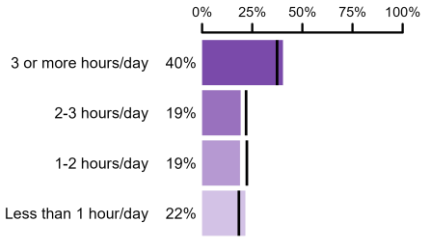


…being on a computer, tablet, or smartphone outside of school hours (i.e., working, surfing the Internet, etc.).



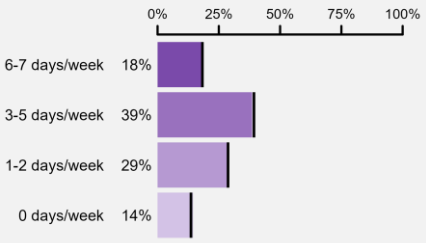
SOCIAL MEDIA USAGE

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



TIME IN NATURE

Number of days per week youth reported spending 30 minutes or more in nature.

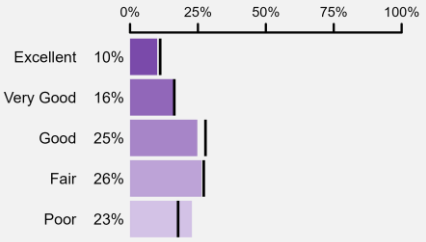


MENTAL AND EMOTIONAL WELL-BEING

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."

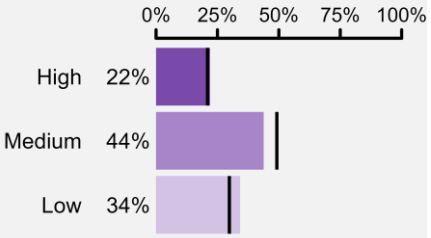
†called Satisfaction with Life (Happiness) on the MDI

***See Thriving Index on p. 19**

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?"

***See Thriving Index on p. 19**

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?"

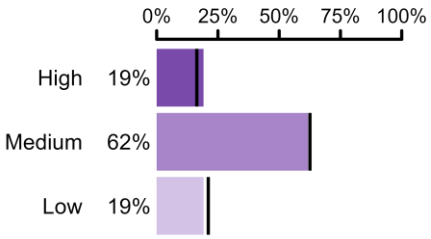
42%
screened positive on the GAD-2 for generalized anxiety
(scored three or above)

36%
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. Students could "select all that apply;" therefore, percentages add up to greater than 100%.

80% connected with family, friends, romantic partners, or pets	**13%** sought support from a teacher, school counselor, or other adults at school	**6%** sought support *outside of school* (e.g., therapist, psychiatrist, Elders, support groups, etc.)
52% exercised or spent time outdoors	**68%** engaged in screentime (i.e., watched TV, spent time on a personal device or played video games)	**20%** turned to their usual extracurricular activities
14% engaged in spiritual or religious practice	**33%** read books or listened to podcasts	**67%** listened to or played music
14% learned new subjects or skills	**26%** used another coping mechanism (i.e., eating more than usual, using substances)	

SUBSTANCE USE
The percentage of youth who reported the following substance use behaviours. Students could "select all that apply;" therefore percentages add up to greater than 100%.

Behaviour	…ever	…in the past 4 weeks
Drunk alcohol (liquor, wine, beer, coolers)	**49%**	**21%**
Had 5 or more alcoholic drinks on the same occasion	**29%**	**11%**
Used cannabis/marijuana	**28%**	**14%**
Vaped (e-cigarettes)	**27%**	**15%**
Smoked tobacco cigarettes (not e-cigarettes)	**15%**	**7%**
Used anything else to get high ("anything else" includes recreational drugs, over the counter and prescription drugs, and things that you sniff or "huff")	**10%**	**4%**

HEALTH SERVICE UTILIZATION AND HELP-SEEKING

MENTAL HEALTHCARE HELP-SEEKING

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.

34%
reported needing but not seeking mental healthcare in the last 6 months

29%
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. Students could "select all that apply;" therefore, percentages add up to greater than 100%.

63% prefer to get help in person	**18%** prefer to get help over the phone or a helpline	**19%** prefer to get help on the Internet	**21%** prefer to talk over videocall	**35%** probably wouldn't seek professional help

NAVIGATING THE WORLD

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 priorities, active citizenship, future plans and priorities, and social values.

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 four domains:

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

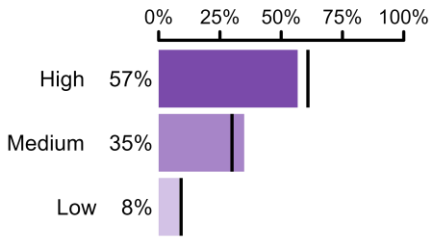
†Subdomains that include the same items as the MDI.
‡Subdomains to which only a subset of students were randomly assigned.

SOCIAL PRIORITIES AND ACTIVE CITIZENSHIP

CLIMATE CONCERN

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

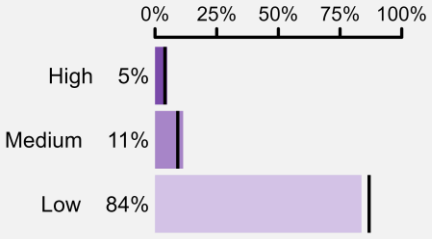
e.g., "Regarding climate change, I feel that the threat should be taken more seriously."



ECO-ANXIETY

Youth's level of agreement with statements about anxiety over climate change.

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"



DISCRIMINATION

Youth's description of how often they experience discrimination based on racial identity in their day-to-day lives.

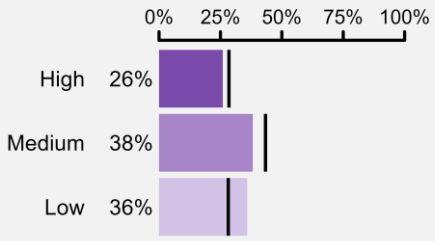
e.g., "You are treated with less courtesy or respect than other people" and "you are threatened or harassed."

***See Health Assets Index on p. 23**

CIVIC ENGAGEMENT

Youth's level of agreement with statements about various aspects of civic engagement, such as voting, politics, current events, charity, and activism.

e.g., "When you're old enough, do you plan to vote in local or national (federal) elections?"



LOCAL CONCERNS‡

The percentage of youth who selected the following issues as important issues facing **Canada**.
The 5 most frequently selected issues are reported below.

Housing affordability **48%**	Loss of natural resources **27%**	Hate crimes **26%**
Climate change **25%**	Income inequality **25%**	

GLOBAL CONCERNS‡

The percentage of youth who selected the following issues as important issues facing **the world**.
The 5 most frequently selected issues are reported below.

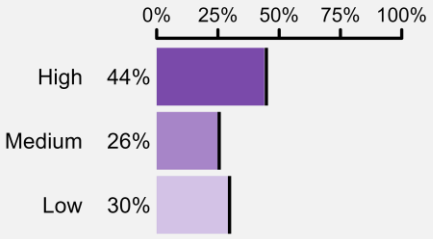
Climate change **90%**	Racial inequality **83%**	Violence against women **83%**
Lack of access to quality healthcare **82%**	Hate speech **81%**	

FUTURE PLANS AND PRIORITIES

STRESS OF FUTURE UNCERTAINTY

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

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."

***See Health Assets Index on p. 23**

FUTURE GOALS

1 in 4 youth were randomly sampled to find out their plans after high school. Students could "select all that apply;" therefore, percentages add up to greater than 100%.

48% enroll in university	**21%** enroll in college	**13%** enroll in a trade school or apprenticeship
45% get a part-time or full-time job	**25%** take time off to travel or volunteer	**16%** I don't know

SOCIAL VALUES

TRUST IN INSTITUTIONS‡
Percentage of youth who agreed 'a little' or 'a lot' with the statement: "I have a lot of trust in…."
Students could "select all that apply;" therefore, percentages add up to greater than 100%.

The police **40%**	The justice system and courts **31%**	The school system **25%**
The government **19%**	Major corporations **11%**	The Canadian media **18%**
Scientists **59%**		

SUBPOPULATION ANALYSES

Research has found that health and well-being can differ significantly for students who identify as 2SLGBTQIA+ (Madireddy & Madireddy, 2022), students of different gender identities (Buspavanich et al., 2021), students living in rural vs. urban areas (Howard et al., 2022), and students with pre-existing mental health conditions (Zijlmans et al., 2021). In the next few pages, we present subgroup analyses to highlight strengths and areas of interest for these subpopulations in BC. Please use caution when interpreting these results, as there could be other factors that contribute to these differences. **Numbers below represent the percentage of students who scored "high" on a given variable, unless otherwise indicated in brackets**. Asterisks (*) indicate a significant difference between groups (p <. 05). When there are < 10 participant responses in a given cell, the results are masked, denoted by a §.

2SLGBTQIA+

POPULATION							
2SLGBTQIA+							193
Non-2SLGBTQIA+							492
MENTAL HEALTH							
Depression (*% screening positive*)	70%	31%	*	Life Satisfaction	18%	47%	*
Generalized Anxiety (*% screening positive*)	65%	33%	*	Positive Mental Health	11%	26%	*
IDENTITY							
Self-Concept	35%	62%	*	Life Purpose & Meaning	29%	51%	*
SOCIAL WELL-BEING				**BELONGING**			
Supportive Adults at Home	59%	79%	*	Peer Belonging	30%	54%	*
Supportive Adults in the Community	22%	31%	*	School Belonging	26%	35%	*
Loneliness	31%	14%	*	Community Belonging	22%	43%	*
PHYSICAL HEALTH							
Good Sleep (*% getting good sleep 6-7 days/week*)	§	§	*	Physical Activity (*% getting physical activity 6-7 days/week*)	12%	27%	*
Food Security	87%	96%	*				
LEARNING ENVIRONMENT & ENGAGEMENT							
School Environment					23%	29%	
School Safety					58%	65%	
NAVIGATING THE WORLD							
Future Uncertainty					60%	37%	*
Financial Pressure					36%	25%	*
Discrimination					4%	3%	*

GENDER

POPULATION									
Girls or Women									305
Non-binary youth or youth who describe their gender in another way									52
Boys or Men									344
MENTAL HEALTH									
Depression (*% screening positive*)	49%	70%	32%	*	Life Satisfaction	37%	11%	45%	*
Generalized Anxiety (*% screening positive*)	53%	64%	28%	*	Positive Mental Health	15%	15%	30%	*
IDENTITY									
Self-Concept	55%	26%	57%	*	Life Purpose & Meaning	47%	17%	46%	*
SOCIAL WELL-BEING					**BELONGING**				
Supportive Adults at Home	75%	56%	73%		Peer Belonging	46%	31%	50%	
Supportive Adults in the Community	35%	16%	24%	*	School Belonging	33%	31%	33%	
Loneliness	20%	26%	18%		Community Belonging	42%	17%	36%	*
PHYSICAL HEALTH									
Good Sleep (*% getting good sleep 6-7 days/week*)	§	§	§	*	Physical Activity (*% getting physical activity 6-7 days/week*)	14%	§	32%	*
Food Security	93%	85%	95%						

LEARNING ENVIRONMENT & ENGAGEMENT				
School Environment	23%	33%	30%	
School Safety	57%	63%	67%	
NAVIGATING THE WORLD				
Future Uncertainty	53%	62%	34%	*
Financial Pressure	36%	31%	21%	*
Discrimination	§	§	4%	*

PRE-EXISTING MENTAL HEALTH (MH) CONDITIONS

POPULATION							
Students with pre-existing MH conditions							240
Students with no pre-existing MH conditions							475
MENTAL HEALTH							
Depression (*% screening positive*)	71%	25%	*	Life Satisfaction	20%	50%	*
Generalized Anxiety (*% screening positive*)	66%	28%	*	Positive Mental Health	7%	30%	*
IDENTITY							
Self-Concept	32%	66%	*	Life Purpose & Meaning	27%	55%	*
SOCIAL WELL-BEING				**BELONGING**			
Supportive Adults at Home	61%	79%	*	Peer Belonging	28%	57%	*
Supportive Adults in the Community	22%	32%	*	School Belonging	25%	37%	*
Loneliness	30%	13%	*	Community Belonging	24%	45%	*
PHYSICAL HEALTH							
Good Sleep (*% getting good sleep 6-7 days/week*)	§	§	*	Physical Activity (*% getting physical activity 6-7 days/week*)	15%	27%	*
Food Security	88%	96%	*				
LEARNING ENVIRONMENT & ENGAGEMENT							
School Environment					18%	32%	*
School Safety					51%	69%	*
NAVIGATING THE WORLD							
Future Uncertainty					60%	35%	*
Financial Pressure					38%	23%	*
Discrimination					5%	2%	*

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 less likely to report their frequency of eating food not prepared at home '6-7 days/week' in your district compared with students in other districts (10% vs. 13%)

2. Students trended toward being more likely to rate mental health attitudes in their school as 'high' in your district compared with students in other districts (37% vs. 34%)

3. Students trended toward being more likely to rate their perception about mental health support in schools as 'high' in your district compared with students in other districts (48% vs. 46%)

AREAS OF FOCUS

1. Students were less likely to report doing homework outside of school in your district compared with students in other districts (55% vs. 73%)

2. Students were less likely to report participation in educational lessons or activities at school in your district compared with students in other districts (18% vs. 31%)

3. Students were less likely to report feeling safe using their school's washrooms in your district compared with students in other districts (42% vs. 55%)

ACTIONING 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 in your district. We have heard from many educators that these data are necessary to help schools and districts 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 district may consider supporting based on findings that have emerged from your 2023/2024 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.

Importantly, members of our provincial YDI Youth Advisory Council, a group of 25 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 district's areas of focus and associated action ideas outlined above, please keep the following in mind:

- Consider the **local context** of schools in your district. We suggest using these identified areas of focus as a stepping-stone for initiating and supporting conversations in your district around improving the health and well-being of students.

- Support **meaningful inclusion of students' voices**, where possible, when implementing change to promote student health and well-being in schools and districts. This may increase the likelihood that the programs and practices implemented effectively support students' health and well-being in your district.

TECHNICAL NOTES

CHANGES TO THE 2024 YDI SURVEY

Since the first YDI survey was administered in 2020-2021, changes have been made 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 2024 YDI reports from previous years.

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, for the question asking students about their transportation options and wishes, additional transportation options were provided in the 2024 survey, based on feedback from youth and transit partners. Options such as e-bikes and e-scooters and driving or being a passenger in a car were updated to better reflect students' realities. In an effort to shorten the length of the YDI, some items and constructs were removed. Due to subpar reliability of some items, we removed five items from the executive function construct (e.g., "I can make fast decisions" and "I am well-organized. For example, I am good at planning what I need to do during the day"). We also removed friendship intimacy, as we found loneliness and peer belonging were more strongly related to mental health and well-being outcomes in our data.

For the 2024 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 and Empathy. 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 2022-2023 survey, we returned to using the full five-item *Satisfaction with Life Scale* (Gadermann et al., 2011) that is included in the MDI so that life satisfaction can be compared between the MDI and YDI.

In 2024, mental health attitudes and mental health literacy variables were updated to include additional items from these full scales.

For this 2024 report, we have added a new YDI Thriving index and two new Assets Indices to provide a high-level overview of how students in our schools and districts are doing. These indices were created to reflect key, developmentally-relevant indicators of secondary students' well-being and thriving. More information about these indices can be found on p. 18-19 of the report.

A priority area for the 2024 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 2024 YDI survey include students' feelings of safety using school washrooms, how much students feel their voices are listened to at school (student voice), where students' spend their time outside of school (community spaces), and the amount of time students spend in nature (time in nature).

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