

2025/2026 YDI

YDi



SCHOOL DISTRICT REPORT

SCHOOL DISTRICT 34

Abbotsford

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, Səlílwətał (Tsleil-Waututh), and kʷikʷəłəm (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 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, and Child and Family Development. 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, Associate 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.

This report draws on research supported by:



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada



Canada

PROJECT TEAM

Dr. Hasina Samji, Principal Investigator
Dr. Jenna Whitehead, Implementation Coordinator
Judy Wu, Research Assistant
Julia Kaufmann, Research Assistant
Giulia de Arruda Maluf, Lab Coordinator
Andrew Fullerton, Epidemiologist
Harnoor Dhaliwal, Research Assistant
Brenna Ayliffe, Research Assistant

2025-2026 YOUTH ADVISORY COUNCIL

Anaya Vij
Andy Huang
Arman Tavakol
Benjamin Kraushar
Caitlyn Lui
Elan Chow
Emilie Shin
Evelyn Fortt
Hanna Grover
Hannah Kang
Isabella Wen
Jeffrey Vu
Jessica Wang
Joanna Zhao
Karmun Brar
Levi Cottrell
Luvish Verma
Lux Gorjao
Manleen Dhaliwal
Navya Garg
Rozlyn Giroux
Rio Zwart
Tish Serap
Zoe Romero

CONTACT INFORMATION

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

For any additional questions about the
YDI or its data, please contact:
ydi@sfu.ca.

SUGGESTED CITATION

Samji, H., Whitehead, J., Kaufmann, J.,
de Arruda Maluf, G., Fullerton, A.J.,
Ayliffe, B., Dhaliwal, H., & Wu, J. (2026).
Youth Development Instrument School
District Report: Abbotsford. Burnaby,
BC: Simon Fraser University.

TABLE OF CONTENTS

TABLE OF CONTENTS	4
BACKGROUND	6
BACKGROUND	6
ADOLESCENCE: A CRITICAL PERIOD.....	6
PRIORITIZING YOUTH MENTAL HEALTH AND WELL-BEING.....	6
THE YOUTH DEVELOPMENT INSTRUMENT	7
AN INTRODUCTION TO THE YOUTH DEVELOPMENT INSTRUMENT (YDI).....	7
A SNAPSHOT OF THE YDI	8
MAPPING YOUTH TRAJECTORIES	9
THE YDI & THE BC CURRICULUM	11
2025/2026 RESULTS	13
ABOUT THE DATA	13
HOW THE RESULTS ARE SCORED.....	14
MISSING OR EXCLUDED DATA.....	15
HOW TO INTERPRET RESULTS	15
COMPARING ACROSS YEARS.....	15
DEMOGRAPHICS	16
DEMOGRAPHICS DESCRIPTIONS	17
THRIVING INDEX	19
POSITIVE SOCIAL EXPERIENCES & HEALTH ASSETS	22
SOCIAL & EMOTIONAL DEVELOPMENT	25
SOCIAL WELL-BEING	28

LEARNING ENVIRONMENT & ENGAGEMENT	31
PHYSICAL & MENTAL WELL-BEING	41
NAVIGATING THE WORLD	54
SUBPOPULATION ANALYSES	56
2SLGBTQIA+.....	56
GENDER	57
PRE-EXISTING MENTAL HEALTH (MH) CONDITIONS	58
ACTIONING YDI DATA	59
TECHNICAL NOTES	60
CHANGES TO THE 2026 YDI SURVEY.....	60
REFERENCES	61

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).

Studies pointed to worsening mental health among youth during the COVID-19 pandemic and recovery period (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). As we continue to move forward, it is important that we gather up-to-date information about the status of youth development, well-being, and mental health so that we can provide timely, adequate, and appropriate support. 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 is a provincial study developed by the Capturing Health and Resilience Trajectories (CHART) Lab, an interdisciplinary team of researchers led by Dr. Hasina Samji at Simon Fraser University.

The YDI collects population-level data from youth to better understand the developmental trends, health, and well-being of adolescents in British Columbia (BC). The YDI bridges the public health and education sectors and was designed to identify the resources, opportunities, and practices that support positive youth development. The YDI is administered bi-annually in schools across BC. Since piloting in 2020, the CHART Lab has worked to expand capacity to include more school districts; cumulatively, 66,922 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 a bi-annual online self-reported questionnaire that aims to gather population-level youth developmental data from youth 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.

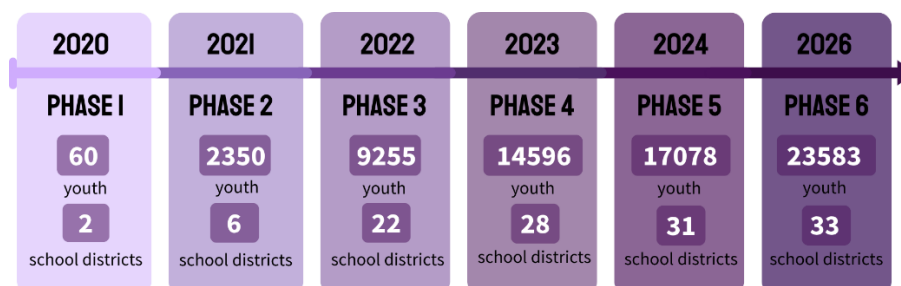


Figure 1. Annual YDI collection history between 2020 (Phase 1) and 2025/2026 (Phase 6). In 2026, 43 independent schools across the province also took part in the YDI.

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.

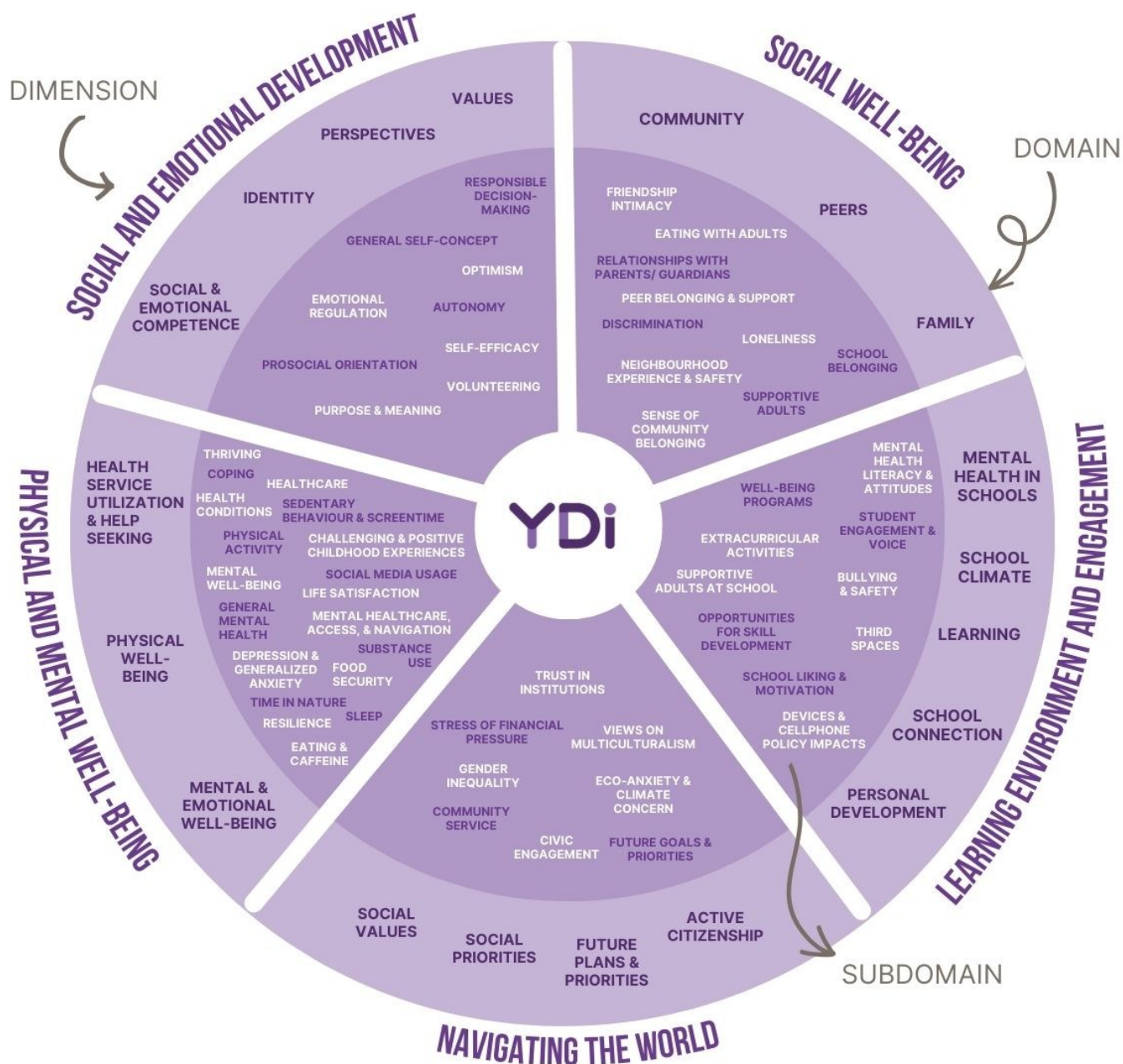


Figure 2. YDI dimensions, domains, and subdomains

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.

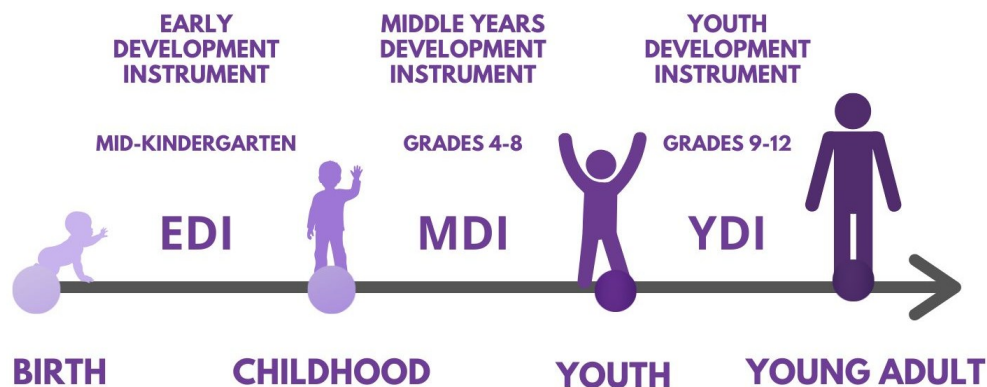


Figure 3. Data collection instruments for youth trajectory mapping

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 9 to 12 biannually, the YDI further explores the environments, experiences, and health and well-being of BC's youth from their *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 (Samji et al., 2025).

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	<u>Career Life Connections</u>
• Growth mindset • Opportunities for skill development • School enjoyment	Lifelong learning fosters career-life opportunities.	<u>Career Life Education</u>
• 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.	<u>Composition 11</u>
• 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.	<u>Social Studies 11</u>
• 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.	<u>Personal Awareness and Responsibility – Self-regulating</u>
• 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.	<u>Personal Awareness and Responsibility – Self-advocating</u>

• 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.	<u>Personal Awareness and Responsibility – Well-being</u>
--	---	--

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. Some examples of how schools and other organizations have used the YDI data include: to inform budgeting, planning, and allocation of resources.

2025/2026 RESULTS

ABOUT THE DATA

This report contains data from students from 33 school districts and 43 independent schools, from Grades 9–12, who participated in the 2025/2026 YDI. These participating districts are listed below. Please note that these data are not necessarily representative of all BC students.

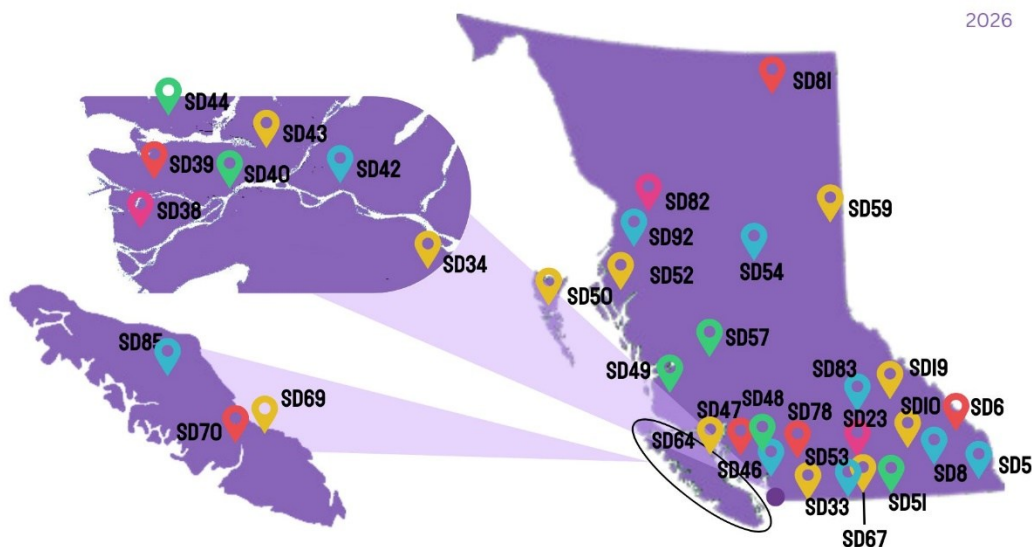


Figure 4. School districts in BC participating in 2025/2026 YDI

Interior Health

- 5 Southeast Kootenay
- 6 Rocky Mountain
- 8 Kootenay Lake
- 10 Arrow Lakes
- 19 Revelstoke
- 23 Central Okanagan
- 51 Boundary
- 53 Okanagan Similkameen
- 67 Okanagan Skaha
- 83 Ɓwasaltƙnéws ne
Secwepemcúl'ecw

Nisga'a Valley

- 92 Nisga'a

Vancouver Coastal

- 38 Richmond
- 39 Vancouver
- 40 New Westminster
- 44 North Vancouver
- 46 Sunshine Coast
- 47 qathet
- 48 Sea to Sky
- 49 Central Coast

Vancouver Island

- 69 Qualicum
- 70 Pacific Rim

Northern Health

- 50 Haida Gwaii
- 52 Prince Rupert
- 54 Bulkley Valley
- 57 Prince George
- 59 Peace River South
- 81 Fort Nelson
- 82 Coast Mountains

Fraser Health

- 33 Chilliwack
- 34 Abbotsford
- 42 Maple Ridge–Pitt Meadows
- 43 Coquitlam
- 78 Fraser-Cascade

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., positive 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”

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?

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?

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 OPTIONS

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

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 ‡. These subdomains are not reported in the school reports, but they are included in the provincial and health authority reports. 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 compared to the provincial mean score (grey bar) 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.

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)

■

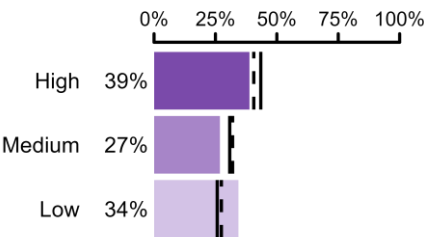
Medium: Scores ≥60% and <80% of max value (e.g. ≥9 to <12 out of 15)

■

Low: Scores <60% of max value (e.g. <9 out of 15)

EXAMPLE: Self-concept sample data

39% of youth reported that they have high self-concept (filled purple bars) compared to an average of 46% for all participating districts (black vertical line) and an average of 42% for all participating grade 11 students in the province (dashed vertical line).



COMPARING ACROSS YEARS

When comparing YDI results across years, please note that the 2026 survey included students in Grades 9-12 whereas previous years focused mainly on Grade 11 students. This means that some differences in results may reflect the broader age range of participants. Please also note that larger schools or districts’ results represent a higher proportion of the total YDI sample and will be closer to the overall results.

DEMOGRAPHICS

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

PARTICIPANTS

Total Sample	988
--------------	-----

AGE & GRADE

Average age (SD)	16.9 (0.4) years
Grade 9	≤1% Grade 11
Grade 10	≤1% Grade 12

GENDER IDENTITY

Boy or man	52%	Nonbinary youth	2%
Girl or woman	44%	In another way	3%

SEXUAL ORIENTATION AND GENDER DIVERSITY

Non-2SLGBTQIA+ (Cis-heterosexual)	83%	2SLGBTQIA+	17%
-----------------------------------	-----	------------	-----

RACIAL IDENTITY[#]

Arab	2%	South Asian	31%
Black	5%	Southeast Asian	7%
East Asian	10%	West Asian	2%
Indigenous	9%	White	44%
Latin American	3%	Other	3%

NEWCOMER STATUS

Born in Canada	72%	Born outside of Canada	28%
----------------	-----	------------------------	-----

FIRST LANGUAGE(S)

English only	46%
English and other language(s)	42%
Other language(s) only	12%

HEALTH CONDITIONS[#]

Physical or sensory disability (e.g., use a wheelchair, vision impaired)	3%
Mental health condition (e.g., depression, eating disorder)	15%
Learning disability (e.g., in reading, writing, or mathematics)	6%
Neurodevelopmental condition (e.g., ADHD, Autism spectrum)	10%
Chronic health condition	5%
Other condition	4%
No health condition or learning disability	50%

PARENT/GUARDIAN EDUCATION

Graduate or Professional Degree (e.g., Masters, PhD)	18%
University degree (e.g., Bachelors)	23%
College program (e.g., diploma, certificate, apprenticeship)	21%
High school or less	18%
I don't know	19%

FAMILY AFFLUENCE

High	16%
Medium	62%
Low	22%

DEMOGRAPHICS DESCRIPTIONS

PARTICIPANTS

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

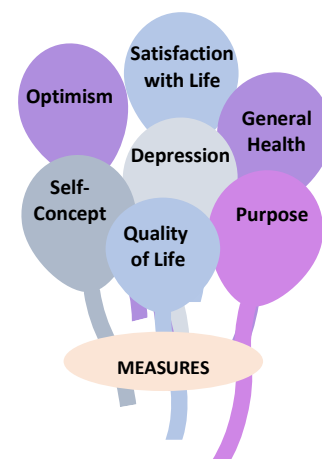
Family affluence was measured using the Family Affluence Scale (FAS; Currie et al., 2008), a validated scale that contains youth-friendly indicators of socioeconomic status (for example, owning a vehicle, number of family vacations per year). The FAS scale was calculated using ridit scores to identify 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. These data are not presented in the table above but used in the subpopulation analyses on pages 53-55.

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). The YDI report includes a well-being index – 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 across the 7 measures



Moderate Thriving

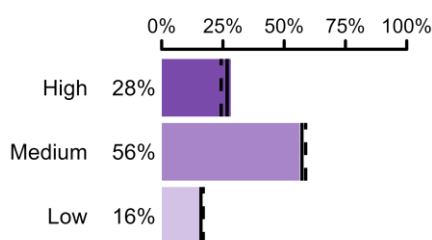
Youth who indicated average scores across the 7 measures



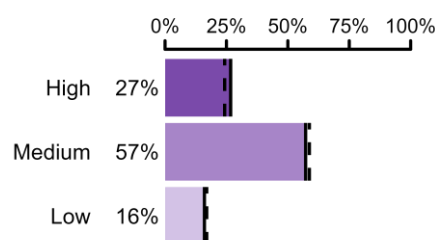
Low Thriving

Youth who indicated low scores across the 7 measures

Abbotsford



All Participating Districts



THRIVING INDEX COMPONENTS

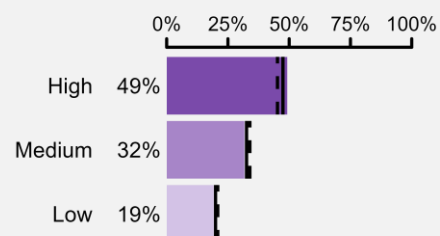
*Subdomains that include the same items as the MDI.

‡Subdomains to which only a subset of students were randomly assigned.

OPTIMISM

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

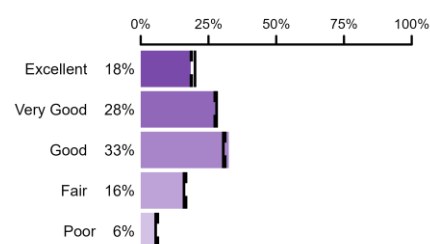
e.g., "I have more good times than bad times" and "I start most days thinking I will have a good day."



GENERAL PHYSICAL HEALTH

Youth's rating of their overall physical health.

"Overall, how would you rate your physical health in the past two weeks?"

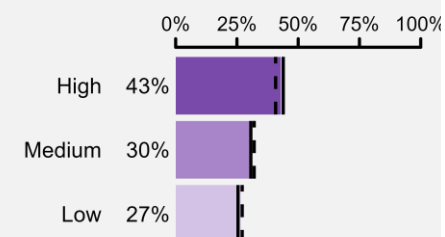


LIFE SATISFACTION†

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?"

31%
screened positive
for depression
(scored ten or above)

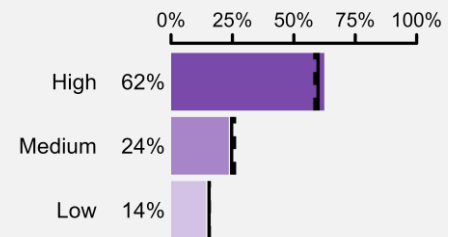
30%
average of
reported districts

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."

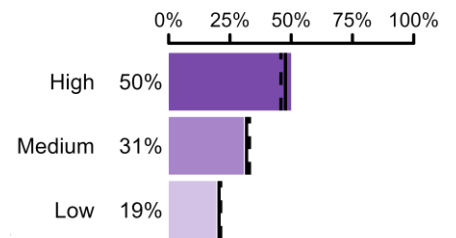
† called Self-Esteem on MDI



PURPOSE AND MEANING

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

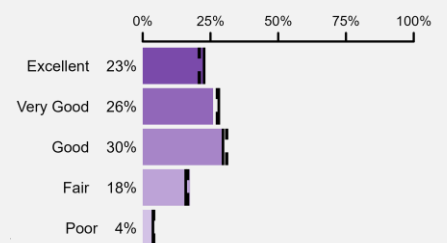
e.g., "My life has a clear sense of purpose."



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.

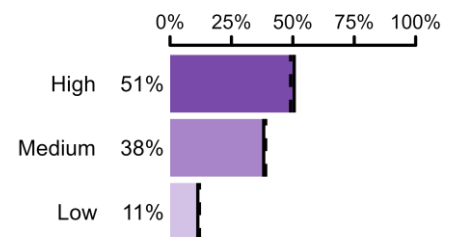
POSITIVE SOCIAL EXPERIENCES

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).

Positive Social Experiences

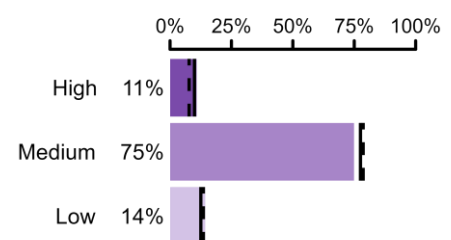


HEALTH ASSETS INDEX

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
- Discrimination

Health Assets



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

HEALTH INDEX COMPONENTS

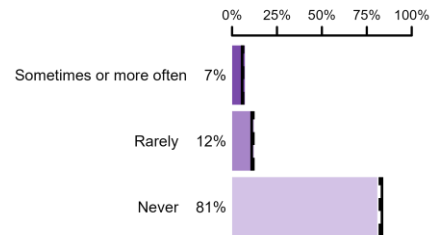
[†]Subdomains that include the same items as the MDI.

^{*}Subdomains to which only a subset of students were randomly assigned.

FOOD INSECURITY

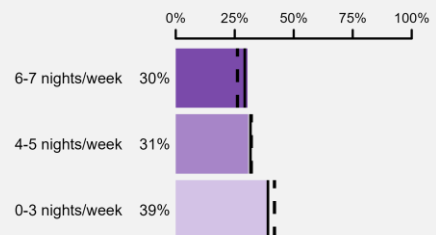
How frequently youth reported experiencing food insecurity in the past 12 months.

“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?”



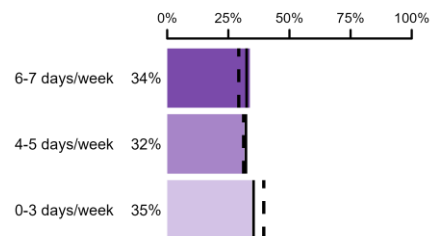
GOOD SLEEP[†]

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



PHYSICAL ACTIVITY

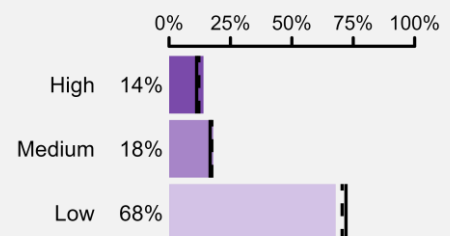
Number of days per week youth reported engaging in moderate to vigorous physical activity for at least half an hour.



STRESS OF FINANCIAL PRESSURE

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

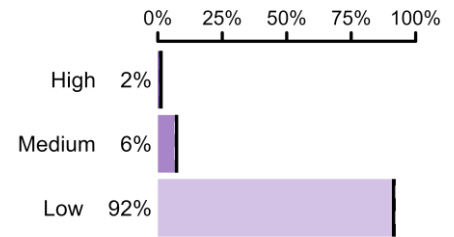
e.g., “Please rate whether the following has been a source of stress for you: Not having enough money to buy the things you need.”



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.

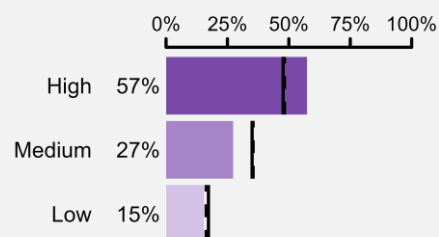
EMOTION DOMAIN

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



PERSPECTIVES DOMAIN

OPTIMISM

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

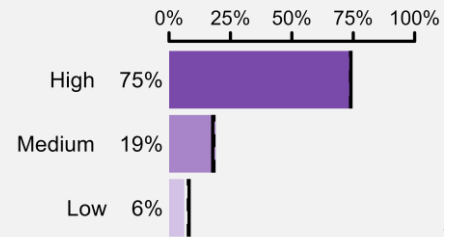
e.g., "I have more good times than bad times" and "I start most days thinking I will have a good day."

***See THRIVING INDEX**

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**

PURPOSE AND MEANING

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

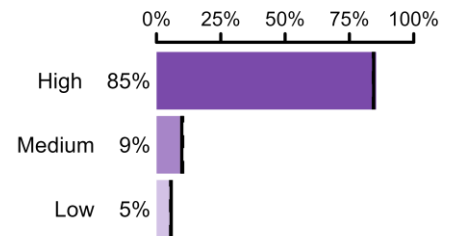
e.g., "My life has a clear sense of purpose."

***See THRIVING INDEX**

SOCIAL DOMAIN

RESPONSIBLE DECISION-MAKING[‡]

Youth's level of agreement with statement: "When I make a decision, I think about what might happen afterward."

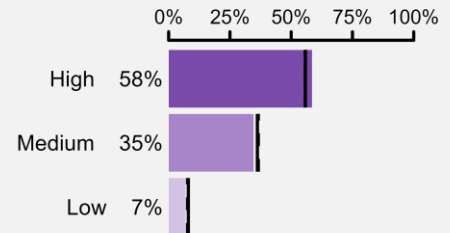


VALUES DOMAIN

PROSOCIAL ORIENTATION

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

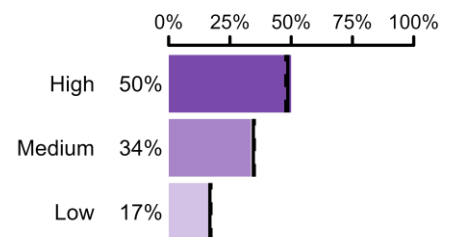
e.g., "Taking care of people who are having difficulty caring for themselves is everyone's responsibility, including mine."



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.

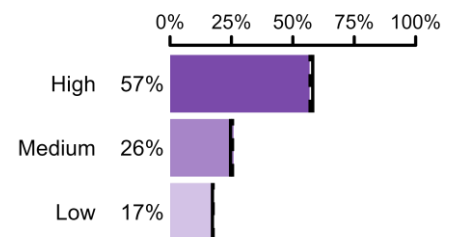
[‡]Subdomains to which only a subset of students were randomly assigned.

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."



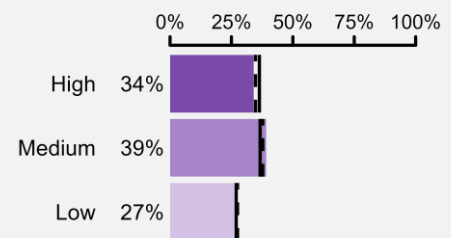
COMMUNITY

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."

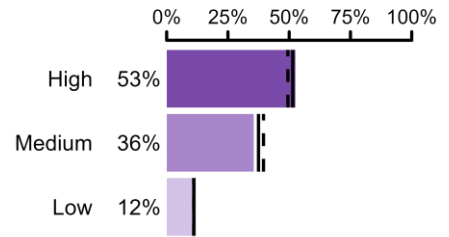
[†]called Supportive Adults in the Neighbourhood on the MDI



SENSE OF COMMUNITY BELONGING

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

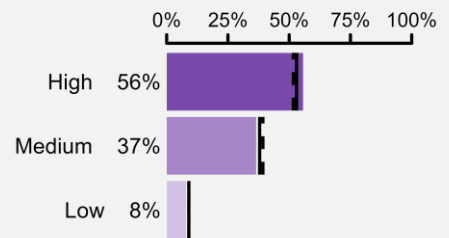
e.g., "I feel a sense of belonging in my community" and "I know where to go in the community to get help."



COMMUNITY RECIPROCITY

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

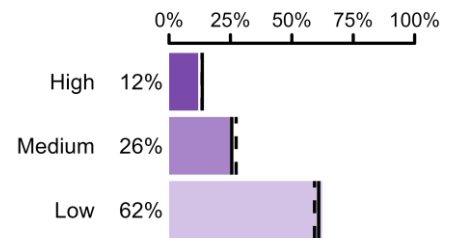
e.g., "I play a positive role in my community."



LONELINESS

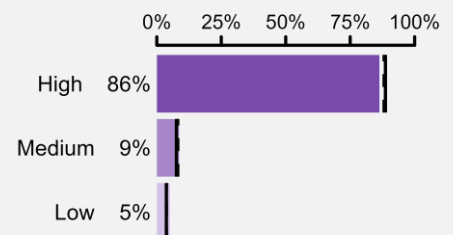
Youth's level of agreement with statements about experiencing feelings of exclusion and social isolation.
High = high loneliness.

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



NEIGHBOURHOOD SAFETY

Youth's level of agreement with statement: "I feel safe in the area where I live"



COMMUNITY SPACES[‡]

Students' responses to: *In a typical week, where do you go to hang out with friends outside of school hours?* Students could "select all that apply", therefore percentages add up to greater than 100%.

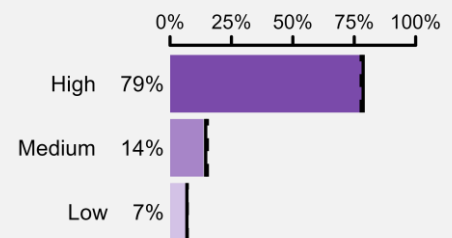
Community Centre	Recreation Facility	Parks
7%	20%	39%
Friend's house	My house	Mall
69%	56%	49%
Movie theatre	Foundry	YMCA
28%	1%	1%
School	Library	Other
34%	12%	20%

FAMILY

SUPPORTIVE ADULTS AT HOME[†]

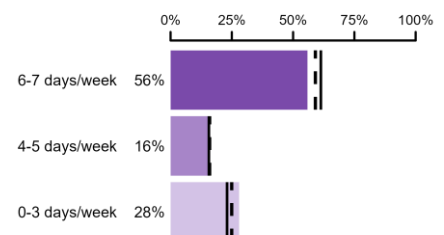
Youth's level of agreement with statements about how supported they feel by the adults at home.

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.

[†]Subdomains that include the same items as the MDI.

^{*}Subdomains to which only a subset of students were randomly assigned.

Learning environment and engagement has four domains:

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

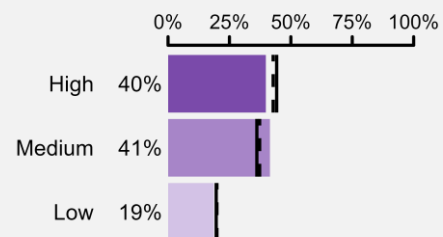
*Not included in report

SCHOOL CONNECTION

SCHOOL BELONGING[†]

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

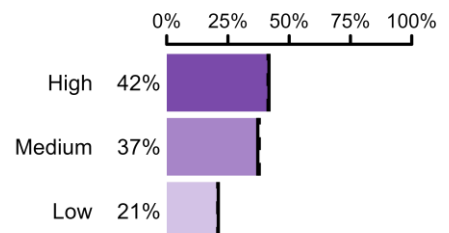
e.g., "I feel like I belong in this school."



SUPPORTIVE ADULTS AT SCHOOL[†]

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

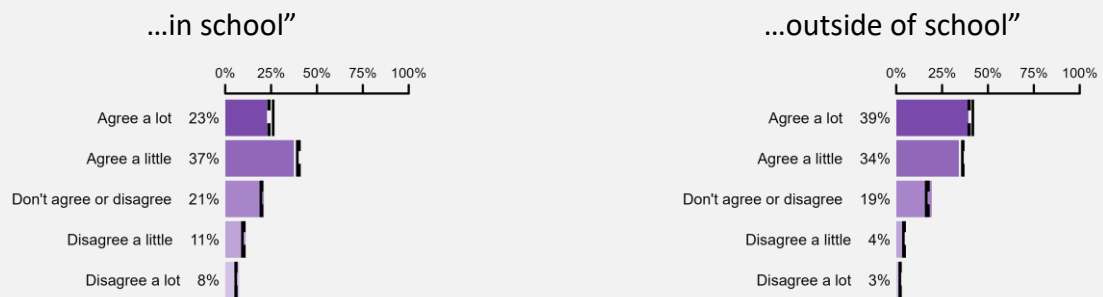
e.g., "At my school, there is an adult who really cares about me."



PERSONAL DEVELOPMENT

OPPORTUNITIES FOR SKILL DEVELOPMENT

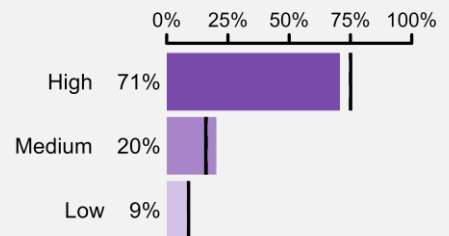
Youth's level of agreement with the statement "I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)..."



SCHOOL CLIMATE

SCHOOL SAFETY

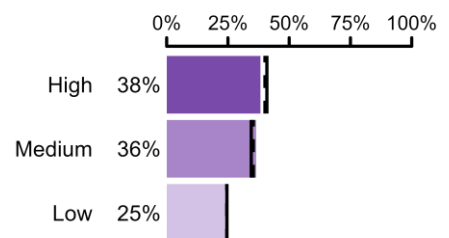
Youth's level of agreement with the statement "I feel safe at my school."



POSITIVE 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.

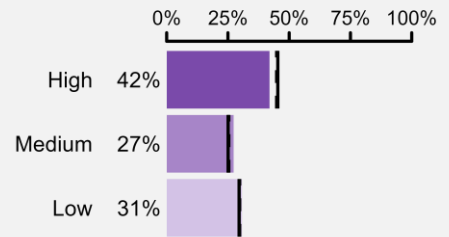
e.g., "Teachers and students treat each other with respect in this school."



[†]called School Climate on the MDI

SCHOOL ENJOYMENT

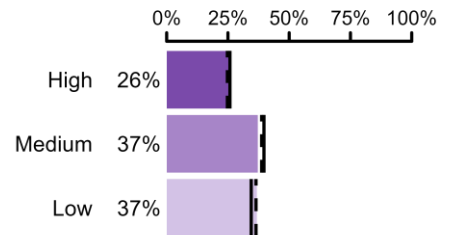
Youth's level of agreement with the statement "I like school."



STUDENT VOICE

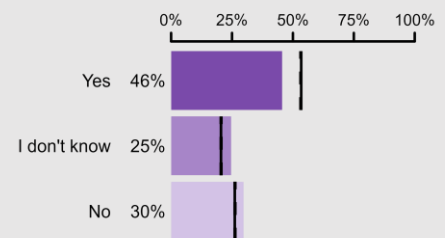
Youth's level of agreement with statements about how much their school includes student voice in decision-making.

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.



ORGANIZED EXTRACURRICULAR ACTIVITIES[†]

Youth indicated which organized extracurricular activities they participate in, within 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)	27%
Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)	21%
Youth organizations (for example, cadets, leadership groups)	20%
Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, ice skating, tennis)	26%
Team sports with a coach or instructor (for example, basketball, hockey, soccer, football, etc.)	36%

UNSTRUCTURED EXTRACURRICULAR ACTIVITIES[†]

Youth indicated which unstructured activities they participate in, within 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)	57%
Homework	68%
Reading for fun	23%
Hanging out with friends	67%
Religious, spiritual, or faith-based activities	22%
Cultural activities	9%
Volunteering (either at school or in the community)	24%
Working for pay (for example, babysitting, after-school job, or something else)	30%
Participating in Clubs	25%
Arts-based activities (for example, baking, music, cooking, visual arts, theatre)	12%

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)	27%
Hanging out with friends	39%
Music and arts (for example, playing a musical instrument, singing, drawing, painting, theatre, arts and crafts classes, baking, pottery)	16%
Computer/Videogames/TV	14%
Learning new things (for example, learning a new language, coding, reading, math, chess, programming)	19%
Time with family at home	16%
Free time/relaxing	37%
Working	29%
Volunteering	15%
Participating in Clubs	23%
Arts-based activities (for example, baking, music, cooking, visual arts, theatre)	6%
I am already doing the activities I want to be doing	11%

BARRIERS TO EXTRACURRICULAR ACTIVITIES[†]

Youth shared what prevents them from doing the extracurriculars they want to.

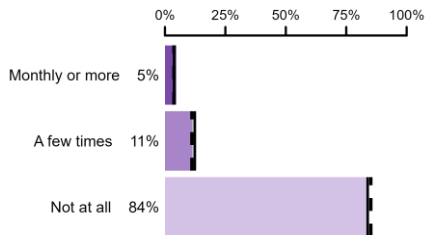
*Note: Students could “select all that apply”, therefore percentages add up to greater than 100%.

I have to go straight home after school	12%
It is too difficult to get there	11%
The activity I want is not offered	7%
The schedule doesn't fit the times that I can attend	24%
It's not safe for me to go	1%
I have too much homework to do	26%
My parents do not approve	4%
It costs too much	14%
I need to take care of a family member or do other things at home	6%
I'm afraid I will not be good enough in that activity	13%
I'm too busy	28%
I don't know what is available	11%
None of my friends are interested or want to go	11%
Other	9%

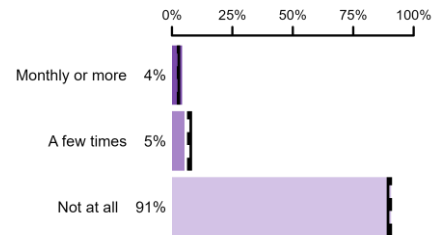
VICTIMIZATION I†

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

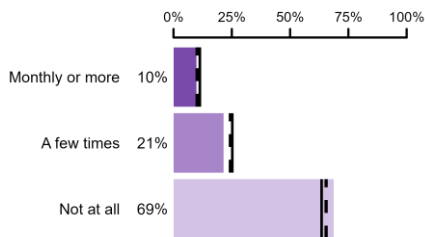
Cyberbullying (e.g., online messaging)



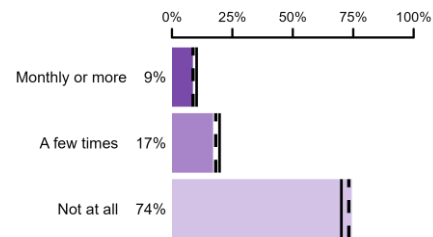
Physical Bullying (e.g., hit or kicked)



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.

38%

witnessed someone being bullied or harassed this year

41%

average for reporting districts

DEVICES

Students reported on the devices they have for their personal use, and which devices were their first devices. Below are also the average age(s) students started using each device.

Basic cellphone (no internet)

8%
have this device for personal use
10%
got this as their first device

Average age they got this device:
9

Smart phone

84%
have this device for personal use
23%
got this as their first device

Average age they got this device:
10

Smart watch

19%
have this device for personal use
≤1%
got this as their first device

Average age they got this device:
10

Tablet / iPad

30%
have this device for personal use
41%
got this as their first device

Average age they got this device:
10

Laptop

66%
have this device for personal use
7%
got this as their first device

Average age they got this device:
10

Desktop computer

26%
have this device for personal use
1%
got this as their first device

Average age they got this device:
10

Gaming Device

49%
have this device for personal use
16%
got this as their first device

Average age they got this device:
9

Other

5%
have this device for personal use
3%
got this as their first device

Average age they got this device:
9

DEVICES AT SCHOOL

Students reported on how they use each device at school.

Basic cellphone (no internet) 63% Use this device for school purposes at school 63% Use this device for personal purposes at school	Smart phone 73% Use this device for school purposes at school 76% Use this device for personal purposes at school	Smart watch 16% Use this device for school purposes at school 28% Use this device for personal purposes at school
Tablet / iPad 81% Use this device for school purposes at school 25% Use this device for personal purposes at school	Laptop 89% Use this device for school purposes at school 25% Use this device for personal purposes at school	Desktop computer 44% Use this device for school purposes at school 6% Use this device for personal purposes at school
Gaming Device 14% Use this device for school purposes at school 41% Use this device for personal purposes at school	Other 64% Use this device for school purposes at school 45% Use this device for personal purposes at school	

SCHOOL PHONE POLICY

At schools that enacted phone restrictions, students reported impacts of these policies. Restrictions ranged from fully banning cellphones on school premises (%) to only restricting during class time (%). The top five impacts reported by students are presented below.

51%
Nothing has really changed for me.

13%
I have used my phone more before and after school.

13%
I have focused better in class.

13%
I have spent less time on my phone.

12%
I have had fewer distractions.



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.

*Subdomains that include the same items as the MDI.

*Subdomains to which only a subset of students were randomly assigned.

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?"

***See THRIVING INDEX**

FOOD INSECURITY

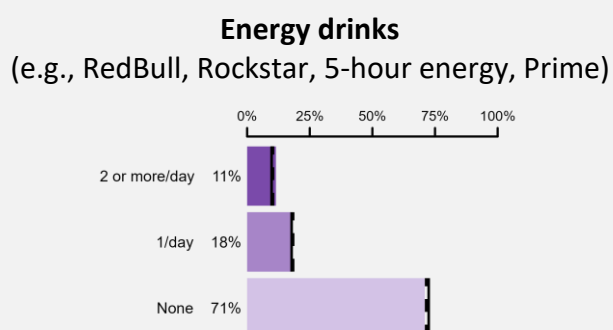
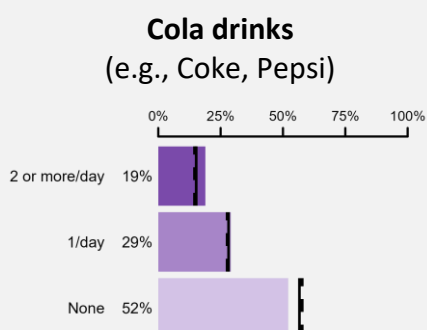
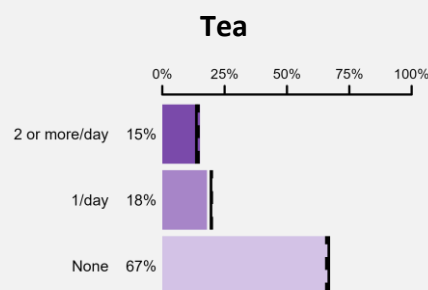
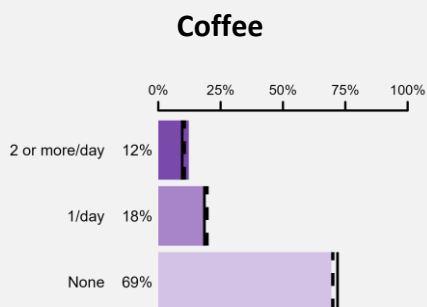
How frequently youth reported experiencing food insecurity in the past 12 months.

"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 POSITIVE SOCIAL EXPERIENCES & HEALTH ASSETS**

CAFFEINE HABITS

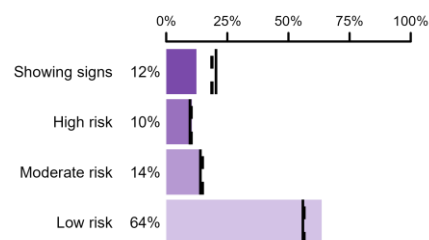
How much youth consume (in cups/bottles) of the following, daily:



DISORDERED EATING*

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 (i.e., *very high risk*).

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."



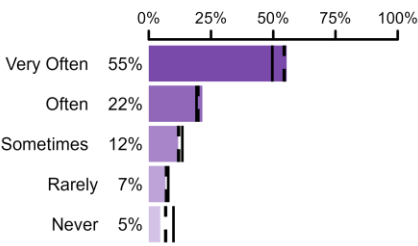
GOOD SLEEP†

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

***See POSITIVE SOCIAL EXPERIENCES & HEALTH ASSETS**

DEVICES BEFORE BED

In the past 7 days, how often did you use an electronic device in your bedroom before falling asleep?



PHYSICAL ACTIVITY

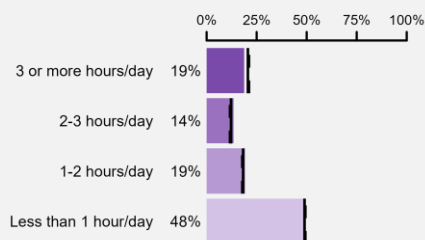
Number of days per week youth reported engaging in moderate to vigorous physical activity for at least **an hour**.

***See POSITIVE SOCIAL EXPERIENCES & HEALTH ASSETS**

SCREENTIME, SEDENTARY BEHAVIOUR, & SOCIAL MEDIA †

In the past week, the number of hours per day youth reported for each form of screentime. We also report their wishes regarding each form of screentime.

...gaming (video games, computer games).

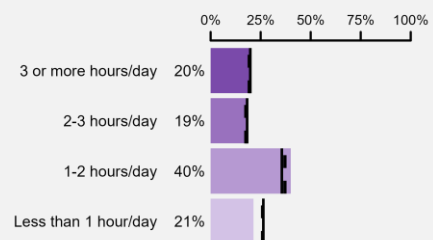


15% wish they spent less time on this

74% feel comfortable with the amount of time they spend

4% wish they could spend more time on this

...watching TV/Movies/YouTube

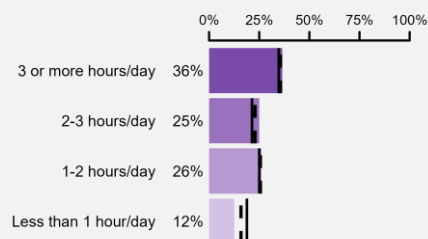


16% wish they spent less time on this

76% feel comfortable with the amount of time they spend

3% wish they could spend more time on this

...on social media (e.g., Instagram, Snapchat, Twitter/X, Facebook)



43% wish they spent less time on this

53% feel comfortable with the amount of time they spend

2% wish they could spend more time on this

Top 3 reasons for using social media

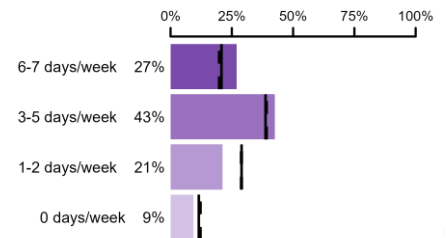
62.5%
To be entertained

56.2%
Because I'm bored

53.1%
Gives me information

TIME IN NATURE

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

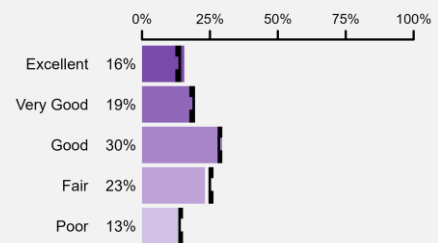


MENTAL AND EMOTIONAL WELL-BEING

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."

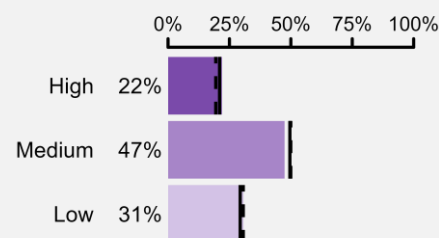
[†]called Satisfaction with Life (Happiness) on the MDI

***See THRIVING INDEX**

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**

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?”

31%

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

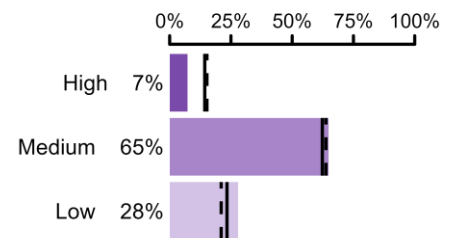
32%

average of reported districts

STRESS[†]

Students’ perceptions of their own stress were examined using the short-form, 4-item Perceived Stress Scale (PSS). High = high levels of stress.

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%.

68%

connected with family, friends, romantic partners, or pets

8%

sought support from a teacher, school counselor, or other adults at school

9%

sought support *outside of school* (e.g., therapist, psychiatrist, Elders, support groups, etc.)

56%

exercised or spent time outdoors

58%

engaged in screentime (i.e., watched TV, spent time on a personal device or played video games)

21%

turned to their usual extracurricular activities

17%

engaged in spiritual or religious practice

17%

read books or listened to podcasts

58%

listened to or played music

18%

used another coping mechanism (i.e., eating more than usual, using substances)

SUBSTANCE USE PREVALENCE

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%. The second column percentages (“...in the past month”) is drawn from the subset of students who reported using that substance in the past year.

Behaviour	...in past year	...in the past month	Average age of first substance use
Drunk alcohol (liquor, wine, beer, coolers)	21%	62%	13 years old
Had 5 or more alcoholic drinks on the same occasion	12%	N/A	N/A
Used cannabis/marijuana (smoking, vaping, or in food)	12%	86%	14 years old
Vaped (e-cigarettes)	8%	87%	13 years old
Smoked tobacco cigarettes (not e-cigarettes)	7%	82%	13 years old
Used anything else to get high (“anything else” includes recreational drugs, over the counter and prescription drugs, and things that you sniff or “huff”)	3%	100%	13 years old

SUBSTANCE USE DISORDER

Substance Use Disorder (SUD) was examined using the CRAFFT (Car, Relax, Alone, Forget, Family/Friends, Trouble) screener. While not a diagnostic instrument, a sum score of two or greater flags an individual as high risk for a SUD.

11%

flagged as ‘high risk’ for substance use disorder (scored two or above)

13%

(average across all districts)

e.g., Do you ever use alcohol or drugs while you are by yourself, or alone?

SUBSTANCE USE

Below we list the most common way students are accessing each substance.

Substance	How they are getting the substance
Alcohol (liquor, wine, beer, coolers)	A family member gives them to me (39%)
Cannabis/marijuana (smoking, vaping, or in food)	I get them from my friends or schoolmates (40%)
Vaping products (e-cigarettes)	I get them from my friends or schoolmates (37%)
Tobacco cigarettes (not e-cigarettes)	I get them from my friends or schoolmates (49%)
Anything else to get high (“anything else” includes recreational drugs, over the counter and prescription drugs, and things that you sniff or “huff”)	I buy them in a store (38%)

HEALTH SERVICE UTILIZATION AND HELP-SEEKING

MENTAL HEALTHCARE HELP-SEEKING

The percentage of youth who reported seeking mental healthcare in the past year, and the percentage of youth who felt they needed mental healthcare but did not seek help.

16%

reported seeking mental healthcare in the past year when they needed it

15%

average of reported districts

17%

reported *needing* but not seeking mental healthcare in the past year

67%

reported *not needing* (and therefore not seeking) mental healthcare in the past year

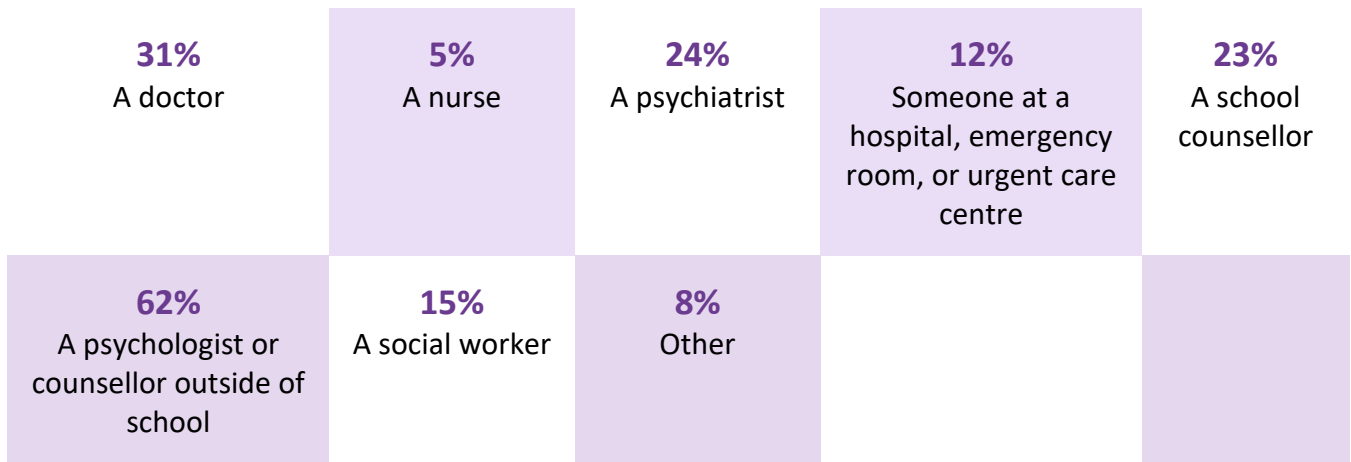
REASONS FOR NOT SEEKING HELP, WHEN NEEDED

Of those who did NOT get help in the past year, student shared the reasons they did not get help. Students could “select all that apply”, therefore percentages add up to greater than 100%.

70% I thought I could manage it myself.	28% I didn't know where to get help.	36% I never got around to it (for example, too busy).	15% It would have been too hard to schedule.	5% I tried but the wait was too long.
3% I am on a waitlist.	31% I didn't think professional help would do any good.	27% It was going to cost too much.	6% Getting there was a problem.	25% I was afraid of what others would think of me.
15% My parent/guardian(s) would not take me.	48% I didn't want my parent/guardian(s) to know.	13% Past negative experience(s) when trying to help.	11% Other	

MENTAL HEALTHCARE PROFESSIONALS

Of those who did get help in the past year, students shared who they received help from. Students could “select all that apply”, therefore, percentages add up to greater than 100%.



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.

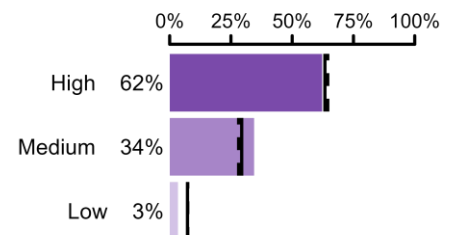
^{*}Subdomains to which only a subset of students were randomly assigned.

SOCIAL PRIORITIES AND ACTIVE CITIZENSHIP

CLIMATE CONCERN[‡]

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

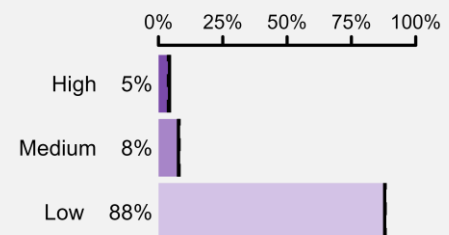
e.g., "Regarding climate change, I feel that the threat should be taken more seriously."



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.

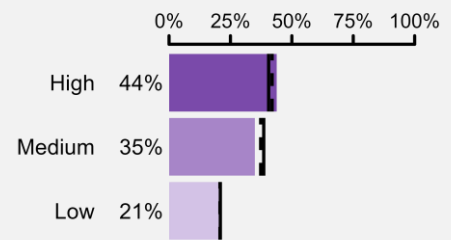
e.g., "You are treated with less courtesy or respect than other people" and "you are threatened or harassed."

***See POSITIVE SOCIAL EXPERIENCES
& HEALTH ASSETS**

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? or "How often do you talk about current events or things you have heard about in the news with your family and friends?"



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 POSITIVE SOCIAL EXPERIENCES
& HEALTH ASSETS**

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 50%	The justice system and courts 39%	The school system 35%
The government 28%	Major corporations 22%	The Canadian media 24%
Scientists 60%	Social media 14%	

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+						165	
Non-2SLGBTQIA+						798	
MENTAL HEALTH							
Depression (% screening positive)	55%	26%	*	Life Satisfaction	23%	47%	*
Generalized Anxiety (% screening positive)	52%	27%	*	Positive Mental Health	9%	25%	*
IDENTITY							
Self-Concept	42%	67%	*	Life Purpose & Meaning	30%	54%	*
SOCIAL WELL-BEING				BELONGING			
Supportive Adults at Home	66%	82%	*	Peer Belonging	39%	61%	*
Supportive Adults in the Community	29%	35%		School Belonging	25%	43%	*
Loneliness	23%	10%	*	Community Belonging	33%	57%	*
PHYSICAL HEALTH							
Good Sleep (% getting good sleep 6-7 days/week)	23%	32%	*	Physical Activity (% getting physical activity 6-7 days/week)	20%	37%	*
Food Security	93%	96%					
LEARNING ENVIRONMENT & ENGAGEMENT							
Positive school environment					30%	40%	*
School Safety					64%	72%	
NAVIGATING THE WORLD							
Financial Pressure					20%	13%	*
Discrimination					4%	1%	*

GENDER

POPULATION									
Girls or Women									422
Non-binary youth or youth who describe their gender in another way									41
Boys or Men									496
MENTAL HEALTH									
Depression (% screening positive)	37%	67%	23%	*	Life Satisfaction	40%	15%	48%	*
Generalized Anxiety (% screening positive)	42%	55%	19%	*	Positive Mental Health	15%	§	29%	*
IDENTITY									
Self-Concept	64%	29%	64%	*	Life Purpose & Meaning	47%	18%	55%	*
SOCIAL WELL-BEING					BELONGING				
Supportive Adults at Home	77%	53%	83%	*	Peer Belonging	51%	43%	63%	*
Supportive Adults in the Community	36%	24%	33%		School Belonging	39%	24%	42%	
Loneliness	12%	30%	10%	*	Community Belonging	54%	22%	54%	*
PHYSICAL HEALTH									
Good Sleep (% getting good sleep 6-7 days/week)	25%	§	37%	*	Physical Activity (% getting physical activity 6-7 days/week)	24%	18%	44%	*
Food Security	97%	88%	94%	*					
LEARNING ENVIRONMENT & ENGAGEMENT									
Positive school environment						36%	22%	41%	
School Safety						69%	55%	74%	
NAVIGATING THE WORLD									
Financial Pressure						12%	22%	15%	
Discrimination						§	§	2%	*

PRE-EXISTING MENTAL HEALTH (MH) CONDITIONS

POPULATION							
Students with pre-existing MH conditions						145	
Students with no pre-existing MH conditions						843	
MENTAL HEALTH							
Depression (% screening positive)	68%	24%	*	Life Satisfaction	16%	48%	*
Generalized Anxiety (% screening positive)	66%	24%	*	Positive Mental Health	6%	25%	*
IDENTITY							
Self-Concept	31%	69%	*	Life Purpose & Meaning	25%	55%	*
SOCIAL WELL-BEING				BELONGING			
Supportive Adults at Home	60%	83%	*	Peer Belonging	35%	61%	*
Supportive Adults in the Community	24%	36%	*	School Belonging	20%	44%	*
Loneliness	30%	8%	*	Community Belonging	31%	57%	*
PHYSICAL HEALTH							
Good Sleep (% getting good sleep 6-7 days/week)	12%	34%	*	Physical Activity (% getting physical activity 6-7 days/week)	22%	36%	*
Food Security	90%	96%	*				
LEARNING ENVIRONMENT & ENGAGEMENT							
Positive school environment					26%	41%	*
School Safety					55%	74%	*
NAVIGATING THE WORLD							
Financial Pressure					23%	12%	*
Discrimination					§	1%	*

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 2025/2026 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 YDI Quick Sheets at chartlab.ca.

Importantly, members of our provincial YDI Youth Advisory Council, a group of 23 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.

CHANGES TO THE 2026 YDI SURVEY

We have updated the YDI every year since we launched the survey in 2020-2021, based on validation efforts, including psychometric analyses, feedback received from community and youth, and to reduce the survey length.

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, districts, and health partners as to which types of data are most valuable to them. For example, additional spaces (e.g., coffee shops, walking around town) were added to where students spend time (third space), after feedback from youth.

Some priority areas for the 2026 YDI survey included substance use, devices and social media, and social connection. Some new constructs investigated were:

- Trust in social media.
- Age of first substance use, as well as how students obtain substances.
- Device use during school and the impacts of new cellphone policies on their well-being.
- Use of artificial intelligence.

Other changes to the survey included:

- In addition to asking about which extracurricular activities students are participating in, we also asked about any barriers students experience when it comes to participating in extracurriculars.
- Students reported more specifics around their consumption of caffeine (coffee, tea, cola drinks, energy drinks).
- To more accurately define and report more granularly, ADHD and other neurodevelopmental conditions (e.g., SPD, CP) were separated from “mental health conditions” under which they were previously categorized and a new category, “neurological or developmental conditions”, was created. Follow-up questions also allowed for more granular reporting of conditions such as autism spectrum (ASD), ADHD, and sensory processing disorders (SPD).

A subset of students was randomly assigned new pilot questions about sexual healthcare access and topics taught in school (reported in Health Authority reports), as well as wishes around device usage and screentime.

Evaluation Module

An evaluation module was piloted for the 2026 YDI, which collected students’ feedback about the [well-being](#) and [social connection](#) initiatives that occurred at their schools in the past year, as well as any interactions they may have had with Foundry.

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., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
- 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>
- Mental Health Commission of Canada. (2017). Children and Youth. <https://mentalhealthcommission.ca/what-we-do/children-and-youth/>
- Noam, G. G., & Goldstein, L. S. (1998). *The resilience inventory*. Unpublished protocol.
- Office of the Provincial Health Officer (2022). Crude Incidence per 100,000 Population at Risk for Mood & Anxiety Disorders (Age1+) in British Columbia, 2001/02 to 2021/22, for Both Sexes, by Age. *BC Chronic Diseases Registry*. <https://www.bccdc.ca/health-professionals/data-reports/chronic-disease-dashboard>
- 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

- Samji, H., Delgado-Ron, J., Schornet-Reichl, K., Guhm, M., Long D., Whitehead, J. et al. (2025) Development and validation of the youth development instrument (YDI): A comprehensive survey of adolescent health and well-being. *Children and Youth Services Review*, 179, 108557. <https://doi.org/10.1016/j.childyouth.2025.108557>
- 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

- Buspavanich, P., Lech, S., Lerner, E., Fischer, M., Berger, M., Vilsmaier, T., et al. (2021) Well-being during COVID-19 pandemic: A comparison of individuals with minoritized sexual and gender identities and cis-heterosexual individuals. *PLoS ONE*, 16(6): e0252356. <https://doi.org/10.1371/journal.pone.0252356>
- 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>
- Corell, M., Chen, Y., Friberg, P., Petzold, M., & Lofstedt, P. (2021). Does the family affluence scale reflect actual parental earned income, level of education, and occupational status? A validation study using register data in Sweden. *BMC Public Health*, 21 (1), 1995-1995. <https://doi.org/10.1186/s12889-021-11968-2>
- 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>
- Howard, A. K., Holyfield-Moss, B., & Murty, K. S., (2022). Health disparities for rural youth. *Journal of Public Health Issues and Practices*, 6(1), 207. <https://doi.org/10.33790/jphip1100207>
- Madireddy, S., & Madireddy, S. (2022). Supportive model for the improvement of mental health and prevention of suicide among LGBTQ+ youth. *International Journal of Adolescence and Youth*, 27(1), 85–101. <https://doi.org/10.1080/02673843.2022.2025872>

Zijlmans, J., Teela, L., van Ewijk, H., Klip, H., van der Mheen, M., Ruisch, H., ... & Polderman, T. J. (2021). Mental and social health of children and adolescents with pre-existing mental or somatic problems during the COVID-19 pandemic lockdown. *Frontiers in Psychiatry*, 12, 692853

THRIVING INDEX AND WELL-BEING ASSETS

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>

Human Early Learning Partnership (HELP). (2021, April). Middle Years Instrument (MDI) Quicksheet. https://www.discovermdi.ca/wpcontent/uploads/2020/11/Quicksheets_combined.pdf

Ross, D. A., Hinton, R., Melles-Brewer, M., Engel, D., Zeck, W., Fagan, L., ...& Mohan, A. (2020). Adolescent well-being: A definition and conceptual framework. *Journal of Adolescent Health*, 67(4), 472-476.

Samji, H., Long, D., Herring, J., Correia, R., & Maloney, J. (2024). Positive childhood experiences serve as protective factors for mental health in pandemic-era youth with adverse childhood experiences. *Child Abuse & Neglect*, 106640-106640. <https://doi.org/10.1016/j.chiabu.2024.106640>

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>

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 WELL-BEING 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., Gadernann, 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., Gadernann, 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/healthyyouth/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., Gadernann, 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., Nielssen, 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>

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>