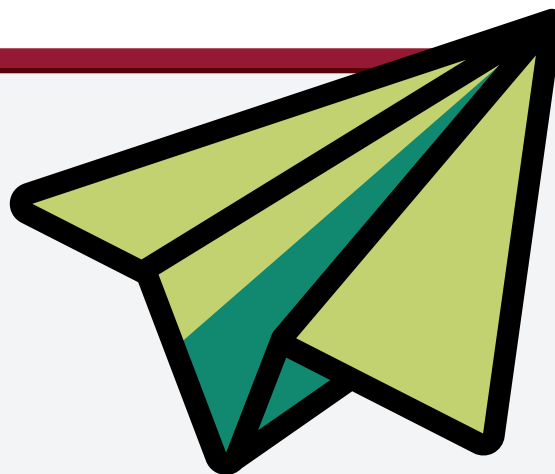


THE MENTAL HEALTH OF BC YOUTH WITH GOVERNMENT CARE EXPERIENCE:

A YOUTH RESEARCH ACADEMY REPORT



McCreary
Centre Society



YOUTH
RESEARCH
ACADEMY



To us, paper airplanes symbolize relaying messages, imagination, and moving forward. By using paper airplanes throughout this report, we are hoping to imagine and inspire a better, more hopeful future where youth with care experience are supported with their mental health so they can thrive and soar to new heights – *Members of McCreary's Youth Research Academy*

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ISBN: 978-1-926675-85-5

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**McCreary
Centre Society**



**YOUTH
RESEARCH
ACADEMY**

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Suggested citation:

McCreary Centre Society's Youth Research Academy (2022). The mental health of BC youth with government care experience: A Youth Research Academy report.

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Acknowledgments:

We acknowledge that McCreary Centre Society is located on the ancestral, traditional, and unceded territory of the Coast Salish Peoples, including the territories of the xwməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓íl̓wətaʔ/Selilwitulh (Tsleil-Waututh) Nations. We also acknowledge the ancestral and continuing connection to this land of the Métis Nation.

Funding for this report was provided by the BC government.

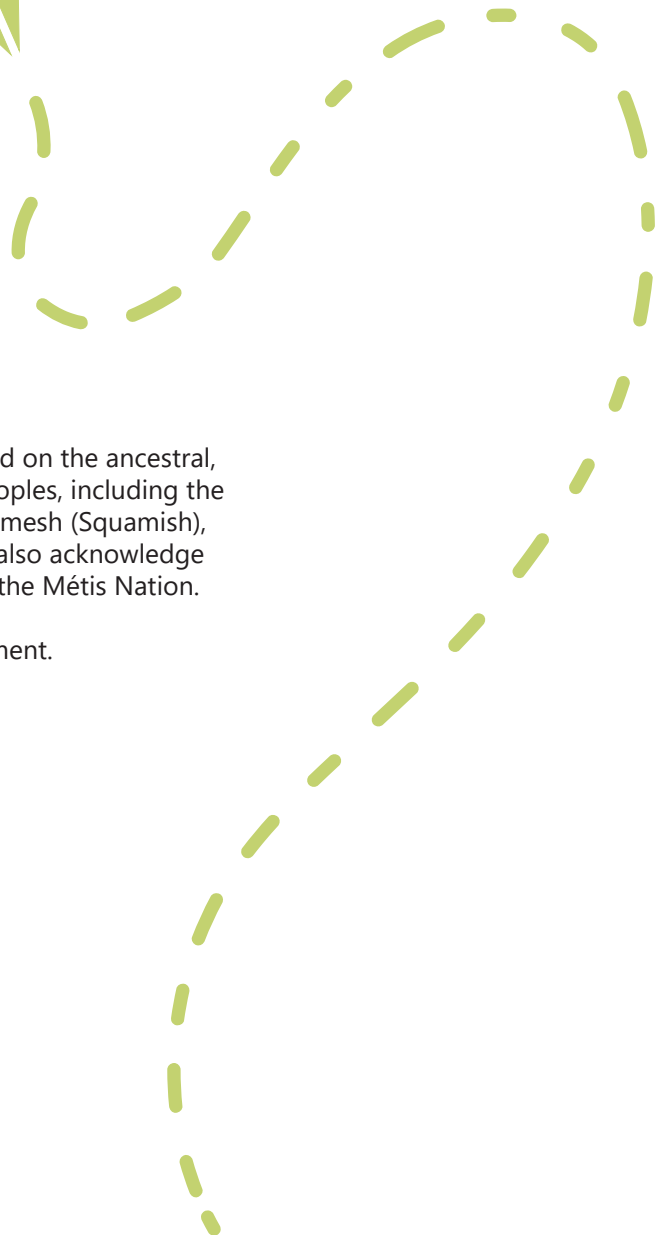


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INTRODUCTION

Background

The Youth Research Academy (YRA) is a group of young people aged 16 to 24 with experience of the government care system. We are trained to carry out research projects that can help benefit youth in and from care throughout BC. Our cohort has been meeting online twice a week since June 2021, and includes two peer mentors who took part in previous YRA cohorts.

For this report, our group planned what analyses to carry out on the topic of mental health among youth with care experience. The analyses were based on questions from the 2018 BC Adolescent Health Survey (BC AHS), and we also analyzed changes across survey years over the past decade. In addition, we looked at protective factors among youth with care experience that were linked to better mental health and well-being.

We analyzed the findings using SPSS and documented the results. We then reflected on the results and identified key findings. Our reflections are included throughout this report.

About the BC Adolescent Health Survey (BC AHS)

Over 38,000 students in Grades 7–12 completed the 2018 BC AHS in public schools across British Columbia, including more than 1,600 students who had ever been in government care or an alternative to care. Students answered 139 questions about their health and about the risk and protective factors in their lives. The survey has been carried out every five years since 1992. More information about the BC AHS can be found at www.mcs.bc.ca.

Data from the BC AHS is considered representative of students in Grades 7–12 attending mainstream schools in BC. It does not include youth who were in most alternative schools, independent schools, were home-schooled, or were not in school on the day the survey was administered. Some youth may also have been excluded because the survey was only available in paper form and in English.

Analyses

For analyses within the 2018 BC AHS, youth ever in care included those who had experienced the following types of care or alternatives to care: foster care, group home, Youth Agreement, Agreement with Young Adults (AYA), kith and kinship agreement, or custody centre. Youth may have received services from the BC Government or through a delegated agency.

Percentages for trends (changes across survey years) were among youth with experience in the types of government care that were asked about on all three BC AHS surveys over the past decade (2008, 2013, and 2018)—specifically, foster care, group homes, and Youth Agreements.

Non-binary youth were included in all 2018 BC AHS analyses but due to the small percentage of youth who identified as non-binary, results could not always be reported separately. Additionally, trends could only be reported for males and females as these were the only available gender responses in previous survey years.

All analyses were carried out using SPSS Complex Samples. Associations included in this report are statistically significant at least at $p < .05$. This means there is up to a 5% likelihood the results occurred by chance. Statistically significant associations indicate a relationship between two variables. This does not prove causation or show the direction of the relationship.

Any percentage that is marked with an asterisk (*) should be interpreted with caution because its standard error is higher than others but is still within a releasable range.

Analyses were carried out among youth in and from government care, unless otherwise noted.



KEY FINDINGS



Youth with care experience were more likely than youth never in care to report poorer mental health, including a greater likelihood of self-harming (39% vs. 17%) and attempting suicide (16% vs. 4%) in the past year.



Among youth in and from care, there were gender differences in mental health, with males the most likely to report positive mental health and well-being. For example, males were more likely than females and non-binary youth to feel happy and satisfied with their life, and were less likely to experience extreme stress and despair in the past month.



There were also gender differences in mental health trends. For example, females were less likely than five years earlier to rate their mental health as good or excellent (57% in 2013 vs. 39% in 2018), while there was no decrease for males (75% in 2018). Also, females were more likely than in previous survey years to have missed out on needed mental health services (e.g., 31% missed out in 2013 vs. 46% in 2018), whereas males were less likely to have done so (21% in 2008 vs. 14% in 2018).



Some youth use substances to cope with mental health challenges. Around 4 in 10 youth with care experience reported last using substances because of stress (43% vs. 23% of youth never in care; among youth who had used substances) and because they felt down or sad (39% vs. 19%).



A range of protective factors were identified among youth with care experience that were linked to positive mental health, including having supportive adults in their life. For example, youth were less likely to miss out on needed mental health services in the past year if they had an adult who helped them with making appointments (32% missed out vs. 49% of those who did not have this type of adult support) and getting to appointments (33% vs. 43%).



Youth who felt safe at school, like a part of their school, and that school staff cared about them and expected them to do well reported better mental health. For example, youth with care experience who felt their teachers cared about them were less likely than those who did not feel this way to have self-harmed in the past year (31% vs. 58%).



Having close friends and spending time with them was protective for youth with care experience. For example, youth who reported they spent enough time with their friends were more likely to feel their life was going well (56% vs. 34% of youth who felt they spent insufficient time with their friends).



Self-care—in the form of exercising, getting enough sleep, and eating regularly—was associated with positive mental health. For example, youth with care experience who slept eight or more hours the night before completing the survey were more likely to report good or excellent mental health than those who slept fewer hours (67% vs. 41%).



There was a link between taking part in regular activities in the community and positive mental health. For example, youth who took part in weekly organized sports (e.g., soccer, swim teams) were more likely than those who took part less often to feel hopeful for their future (56% vs. 44%).



Youth with care experience who felt meaningfully engaged in their activities, and that their ideas were listened to and valued, reported better mental health. For example, 63% who felt listened to reported good or excellent mental health, compared to 41% who did not feel listened to.

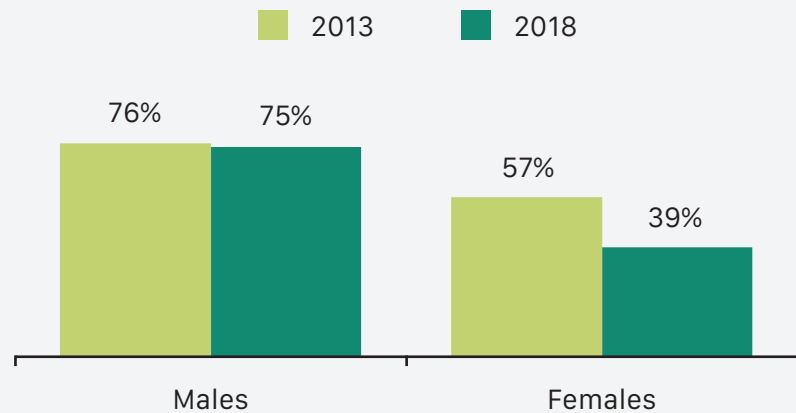
MENTAL HEALTH PROFILE

Mental health ratings

Around half of youth with care experience (53%) described their mental health as good or excellent (vs. 73% of youth never in care). There were gender differences, with males more likely than females and non-binary youth to rate their mental health positively.

Females were less likely than five years earlier to rate their mental health as good or excellent, while males' ratings were similar across survey years.

GOOD/EXCELLENT MENTAL HEALTH RATINGS (among youth with care experience)



Note: For males, the difference between 2013 and 2018 was not statistically significant.

YRA reflection

Our experience with our peers is that males tend to be less open to talking about their emotions and mental health challenges, and seem to be less likely to identify and understand their feelings compared to females. Some of our male friends have told us that they grew up to feel ashamed of their emotions, and therefore learned to deny how they felt. This might be why the findings show lower rates of mental health challenges among males. However, it might also be that females and non-binary youth struggle more with mental health challenges compared to males for a variety of reasons (including society's unrealistic beauty standards and impacts of social media), rather than males simply being less likely to acknowledge and report their challenges.

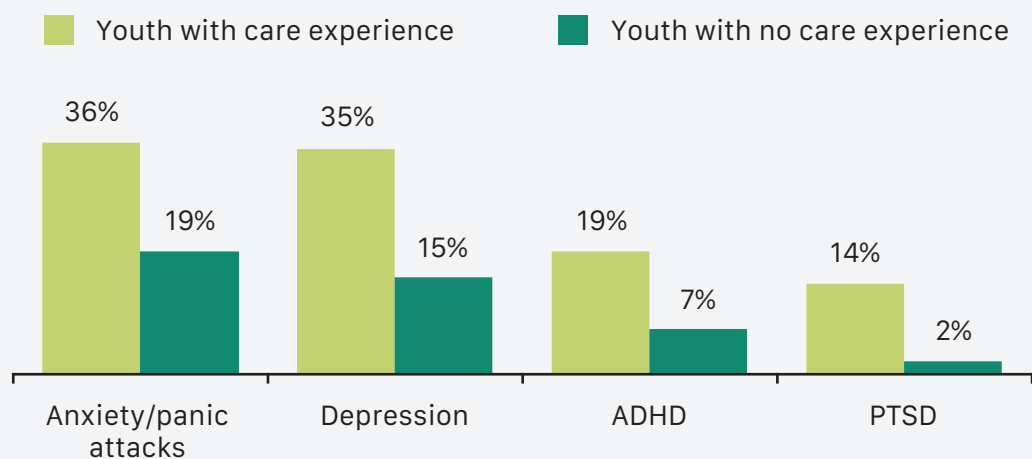
The findings suggest that gender-sensitive mental health supports should be available to youth. While the goal of the supports might be similar, the language and delivery could be different for different genders in order to get buy-in and continued engagement.

Mental health conditions

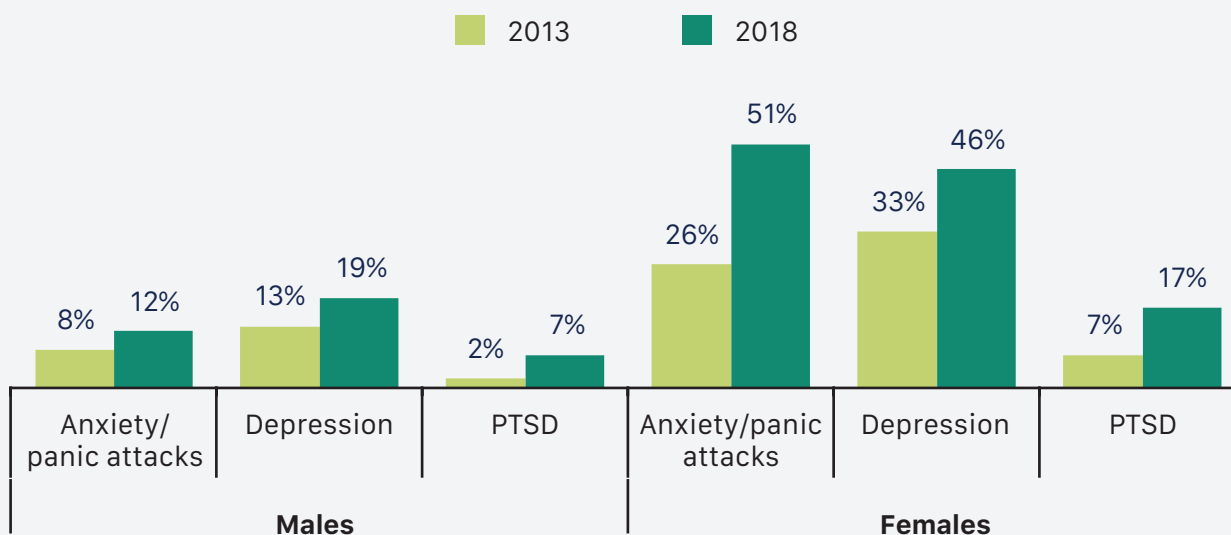
The most commonly reported mental health conditions among youth in and from care were anxiety/panic attacks and depression, which were also the most commonly reported conditions among youth never in care. Among youth with care experience, males were generally the least likely to report having a mental health condition.

For both males and females, there were increases from five years earlier in reported rates of anxiety/panic attacks, depression, and PTSD. For example, females were around twice as likely as in 2013 to report having anxiety/panic attacks, and males and females were more than twice as likely to report having PTSD.

MENTAL HEALTH CONDITIONS



MENTAL HEALTH CONDITIONS (among youth with care experience)



YRA reflection

For both males and females with care experience, mental health conditions have gone up from five years earlier. We wonder if this might be a result of youth in general feeling more comfortable talking about and acknowledging their mental health challenges, and therefore more likely to report such challenges on the 2018 BC AHS, or whether their mental health has actually declined, or if it's a combination of the two.

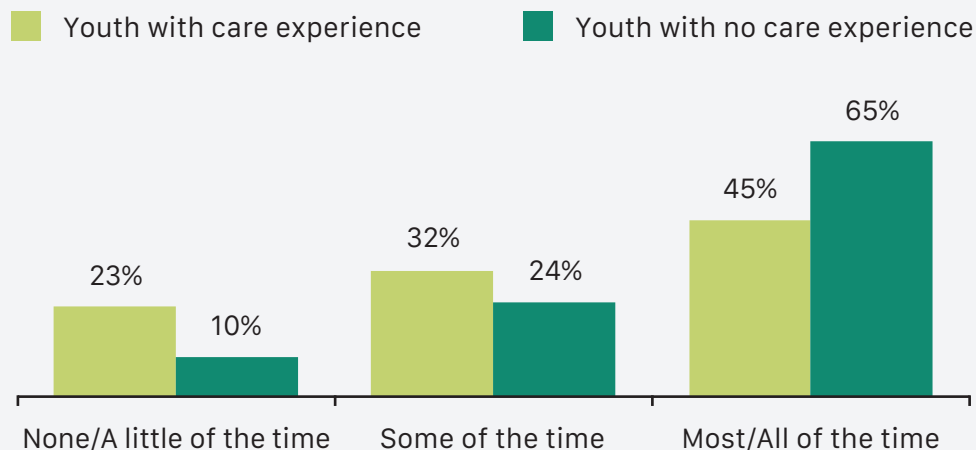
Regardless of the possible reasons for the higher reported rates of mental health conditions, youth in and from care should be supported with their mental health starting at an early age. For example, mental health education should be integrated into the standard school curriculum and should be taught in all schools. This could contribute to reducing stigma around mental health challenges, to helping students better understand and identify their feelings, and to increasing students' awareness of where they can access needed supports.

Happiness

Youth with care experience were less likely than those never in care to feel happy in the past month.

Females were less likely than five years earlier to feel happy most or all the time (34% in 2018 vs. 41% in 2013), while the percentage among males was comparable across survey years (61% in 2018).

HOW OFTEN YOUTH FELT HAPPY IN THE PAST MONTH



YRA reflection

Youth in and from care might be more likely to experience despair and less likely to feel happy than youth never in care because of the living circumstances, environment, and traumas they have experienced. Adults in youth's lives should gain an understanding of these experiences, and how they may affect a youth, to know how to best support them.

Despair

Among youth with care experience, 18% reported extreme despair in the past month (compared to 7% of youth never in care). Females and non-binary youth were more likely than males to experience extreme despair.

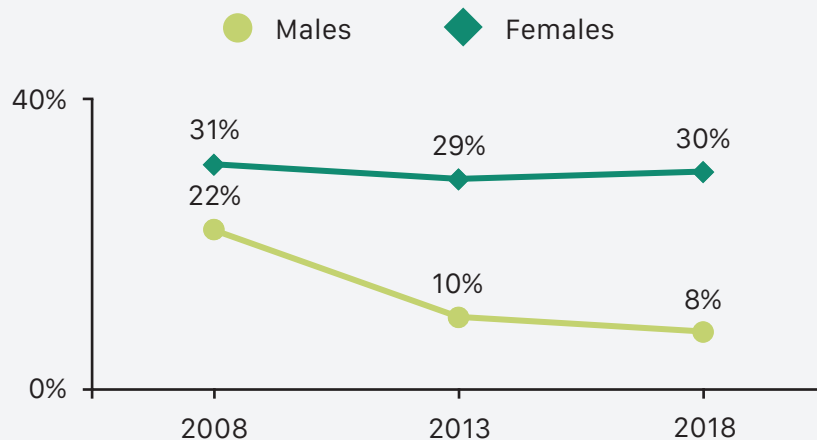
For males, there was a decrease in extreme despair over the past decade, from 14% in 2008 to 7% in 2018, whereas for females the percentage in 2018 (23%) was similar to 2008 and 2013.

Stress and coping

Youth in and from care were around twice as likely as youth never in care to experience extreme stress in the past month (23% vs. 11%), meaning they had these feelings to the point they could not do their work or deal with things.

Among youth with care experience, males were the least likely to experience this level of stress. For males, extreme stress decreased compared to ten years earlier, whereas females' rate of extreme stress remained stable.

EXTREME STRESS IN THE PAST MONTH (among youth with care experience)



Note: For females, the percentages were not significantly different across survey years. For males, the percentage in 2013 was not significantly different from 2018.

Youth in and from care were less likely to manage stress well or very well than youth never in care (41% vs. 54%). Among youth with care experience, males were more likely than females and non-binary youth to report managing their stress well or very well (e.g., 52% vs. 34% of females).

YRA reflection

Females are more likely to experience extreme stress so it makes sense that females would have a harder time than males managing their stress, seeing as it tends to be more extreme.

Subjective well-being

Around half of youth in and from care indicated having a good life (53% vs. 81% of youth never in care) and that their life was going well (49% vs. 74%). Just over a third felt they had what they wanted in life (37% vs. 60% of youth never in care), and a third wished they had a different life (33% vs. 16%). Males were the most likely to feel satisfied with their life (e.g., 64% felt their life was going well vs. 39% of females and a similar percentage of non-binary youth).

Hopefulness

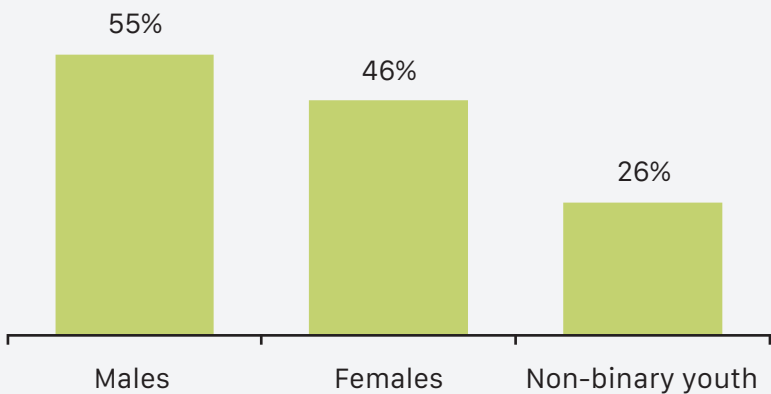
Around half of youth ever in care felt quite or very hopeful for their future (48% vs. 67% of youth never in care). Males were the most likely to feel hopeful.

Self-confidence and sense of competence

Around 4 in 10 youth with care experience usually felt good about themselves (39% vs. 59% of youth never in care). Males were the most likely to feel this way (57% vs. 28% of females and a similar percentage of non-binary youth).

Also, the majority of youth could identify something they were good at (73% vs. 79% of those never in care), with males the most likely to do so. Males were more likely than five years earlier to feel they were good at something (80% vs. 74% in 2013), while the percentage for females was comparable to 2013 but lower than a decade earlier (70% in 2018 vs. 83% in 2008).

YOUTH WHO FELT QUITE/VERY HOPEFUL FOR THEIR FUTURE (among those with care experience)



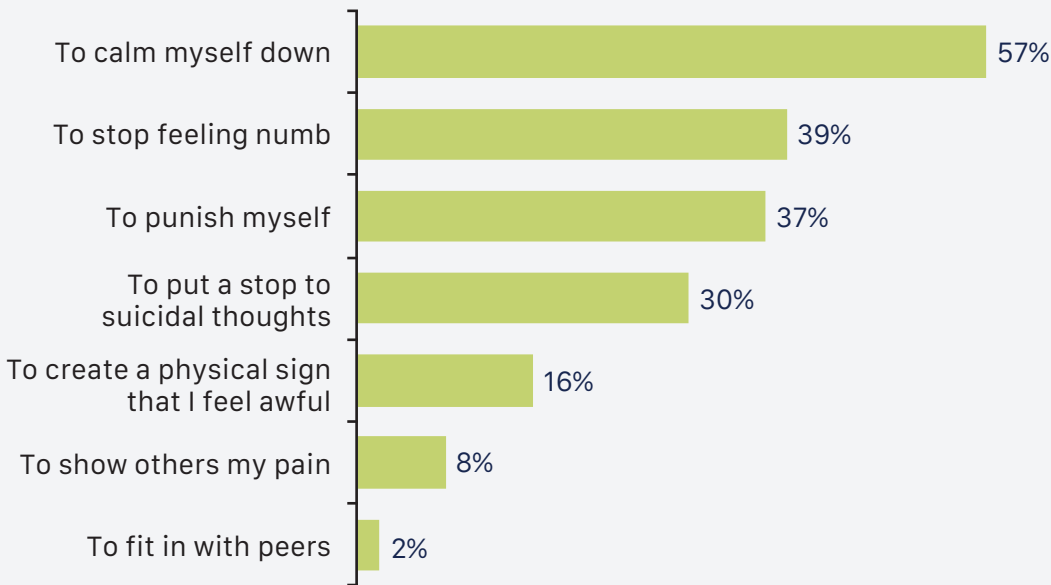
Self-harm

Around 4 in 10 youth from care (39%) had self-harmed on purpose without trying to kill themselves in the past year (vs. 17% among youth never in care). Males were the least likely to have self-harmed (23% vs. around half of females and non-binary youth).

Among youth from care who self-harmed, most reported having done so the last time to calm themselves down. They were more likely than youth never in care to have self-harmed to stop feeling numb (39% vs. 30%) and to put a stop to suicidal thoughts (30% vs. 20%).

Females were more likely than males to have self-harmed to calm themselves down (62% vs. 42%) and to stop feeling numb (44% vs. 26%). Also, females and non-binary youth were more likely than males to have self-harmed to put a stop to suicidal thoughts (e.g., 32% of females vs. 23% of males). Non-binary youth were the most likely to have self-harmed to create a physical sign of how awful they felt (e.g., 31% vs. 16% of females).

REPORTED REASONS YOUTH HAD SELF-HARMED THE LAST TIME (among youth with care experience who self-harmed)



Note: Youth could mark all that applied.

YRA reflection

Self-harm can be seen as a type of coping mechanism. We suspect that self-harm could look different for different youth. For example, cutting might be more common among females, while problematic drinking could also be a form of self-harm and more common among males. Disordered eating, such as purging, might also be a form of self-harm for some youth.

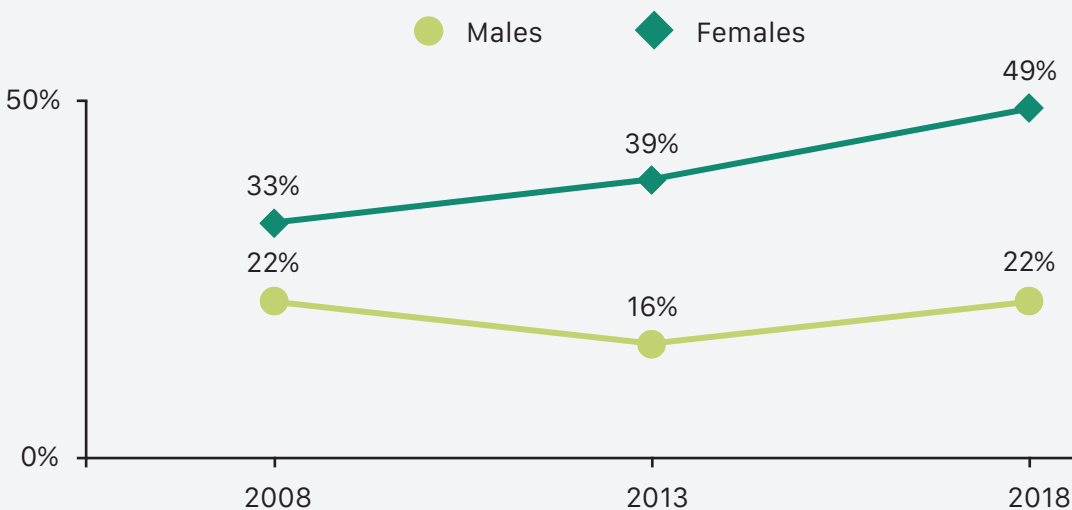
Adults should engage in non-judgmental conversations with young people who self-harm, to explore why the youth might self-harm and to discuss alternative coping mechanisms.

Suicide ideation and attempts

Around 4 in 10 youth (38%) with care experience had seriously considered suicide in the past year (vs. 17% of youth without care experience), and 16% had attempted suicide (vs. 4% of youth never in care). Females and non-binary youth had a higher likelihood of considering suicide and/or attempting suicide compared to males.

Seriously considering suicide went up for both males and females, compared to five years earlier. However, suicide attempts went down for females (from 28% in 2013 to 21% in 2018) and remained the same for males compared to five years earlier (10% in 2018).

YOUTH WHO HAD SERIOUSLY THOUGHT ABOUT SUICIDE IN THE PAST YEAR (among those with care experience)



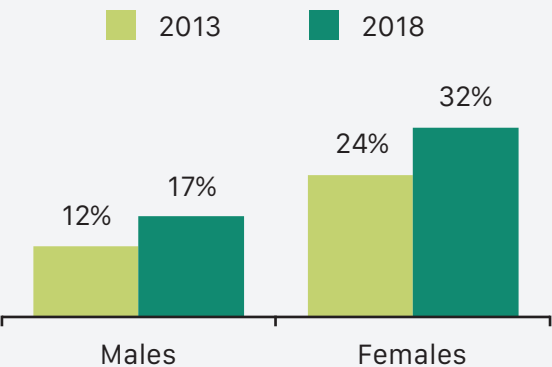
Note: For females, the difference between 2008 and 2013 was not statistically significant.

Purging

A quarter of youth from care had vomited on purpose after eating in the past year (25% vs. 11% of youth never in care), including 5% who had purged once a week or more (vs. 1% among youth never in care). Females and non-binary youth were the most likely to have purged (e.g., 31% of non-binary youth had purged at least once in the past year).

Compared to five years earlier, purging rates went up for both males and females from care, which was similar to the pattern among youth never in care.

YOUTH WITH CARE EXPERIENCE WHO PURGED IN THE PAST YEAR

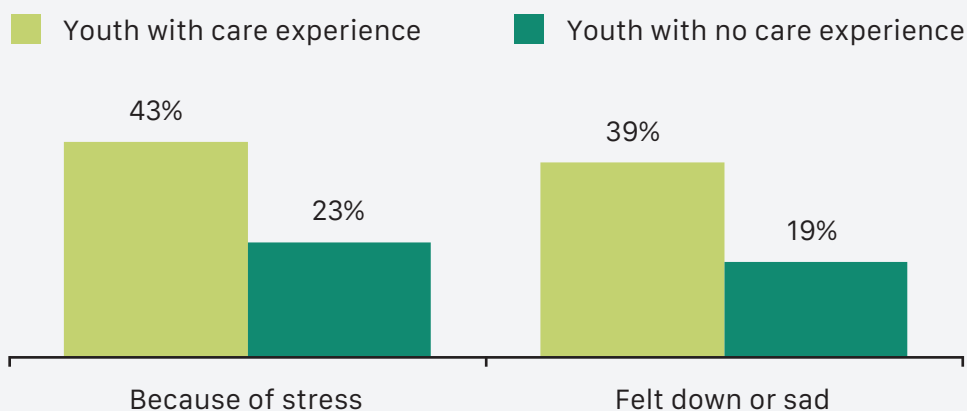


Substance use and mental health

Youth might use substances to cope with mental health challenges. Youth with care experience were more likely than those never in care to have last used substances because they were stressed and because they felt sad.

REASONS YOUTH USED SUBSTANCES THE LAST TIME

(among those who had used substances)



Among youth ever in care, females and non-binary youth were more likely than males to have used substances because they were stressed or sad. For example, 49% of females compared to 31% of males reported they had last used substances because of stress (among those who had used substances).

Also, 10% of youth with care experience reported having an addiction to alcohol or other substances (vs. 2% of youth never in care), with no gender differences.

YRA reflection

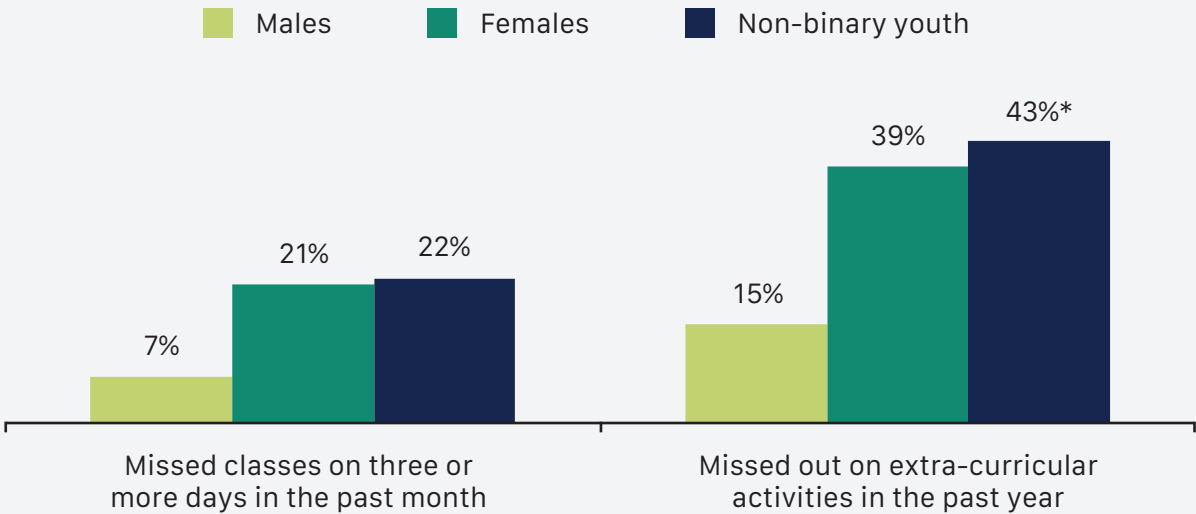
Not all youth with care experience have substance use challenges or use substances to deal with their emotions, but some might use substances as a coping mechanism. It is important for adults to support youth in understanding why they might engage in problematic substance use or have an addiction to alcohol or other drugs. Youth should also be supported to understand other types of addictive behaviours they might engage in, such as in relation to social media (e.g., it might serve as an escape from reality). Youth should receive supports to manage their addictive behaviours and to work through the underlying reasons behind them.

Missed classes and extra-curricular activities due to mental health

Youth in and from care were more likely than those never in care to miss school in the past month because of their mental health (35% vs. 15%), and to miss three or more days of class for this reason (15% vs. 5%). They were also more likely to not participate in extra-curricular activities in the past year due to feeling anxious and/or depressed (30% vs. 14% of youth never in care).

Females and non-binary youth were more likely than males to miss classes and extra-curricular activities because of their mental health.

YOUTH WITH CARE EXPERIENCE WHO MISSED OUT ON SCHOOL AND EXTRA-CURRICULAR ACTIVITIES DUE TO MENTAL HEALTH CHALLENGES



Note: The differences between females and non-binary youth were not statistically significant.
*The standard error was higher than others but still within the releasable range.

YRA reflection

Social anxiety is a barrier that youth in and from care might experience to taking part in extra-curricular activities. It is good to offer them a range of activity options so they can choose the ones they feel most comfortable doing. Also, giving them an option to bring a friend can help to ease their anxiety. In addition, to help reduce a youth's anxiety they could be given a rough plan for the session or activity ahead of time, so they have a better idea of what to expect.

Youth can also be supported to attend groups with people who share similar interests, so it is easier to connect and talk about a particular topic.

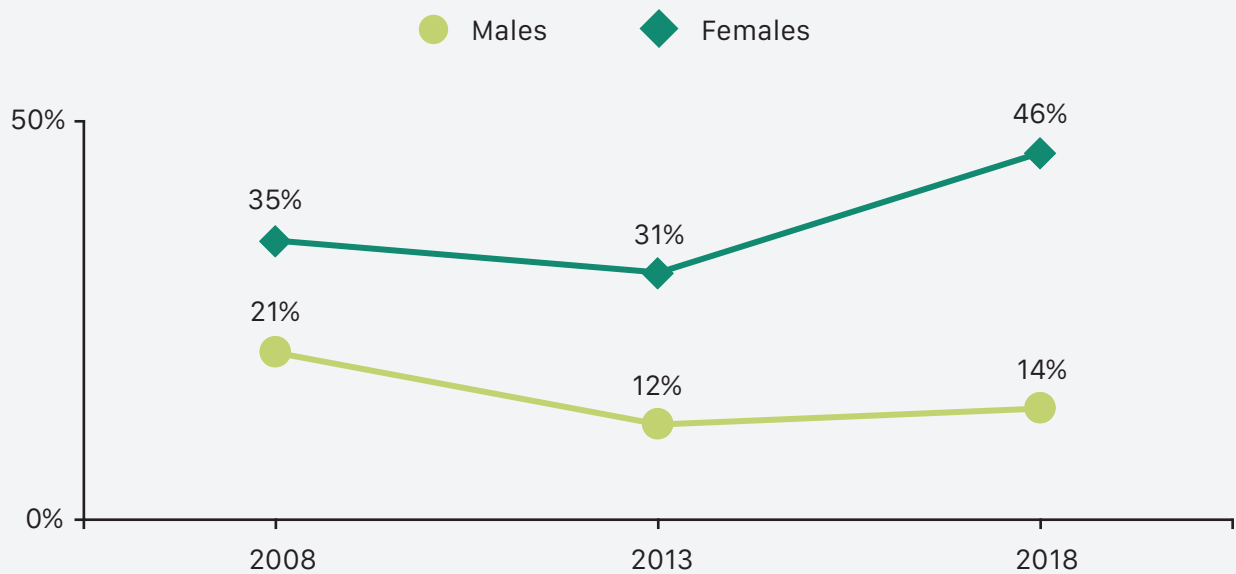
Lack of transportation and activity costs are other barriers that often prevent youth with care experience from taking part in extra-curricular activities. These barriers should be addressed to facilitate youth's participation.

Missed out on accessing needed mental health services

Around a third of youth had missed out on accessing needed mental health services in the past year (35% vs. 18% of youth never in care), with females and non-binary youth more likely than males to have missed out. For example, around half of non-binary youth (52%) had not accessed mental health services they thought they needed in the past year.

Females were more likely than in previous survey years to have missed out on these needed services, whereas males were less likely than a decade earlier to have missed out on accessing the mental health care they needed.

YOUTH WHO HAD MISSED OUT ON NEEDED MENTAL HEALTH SERVICES IN THE PAST YEAR (among those with care experience)



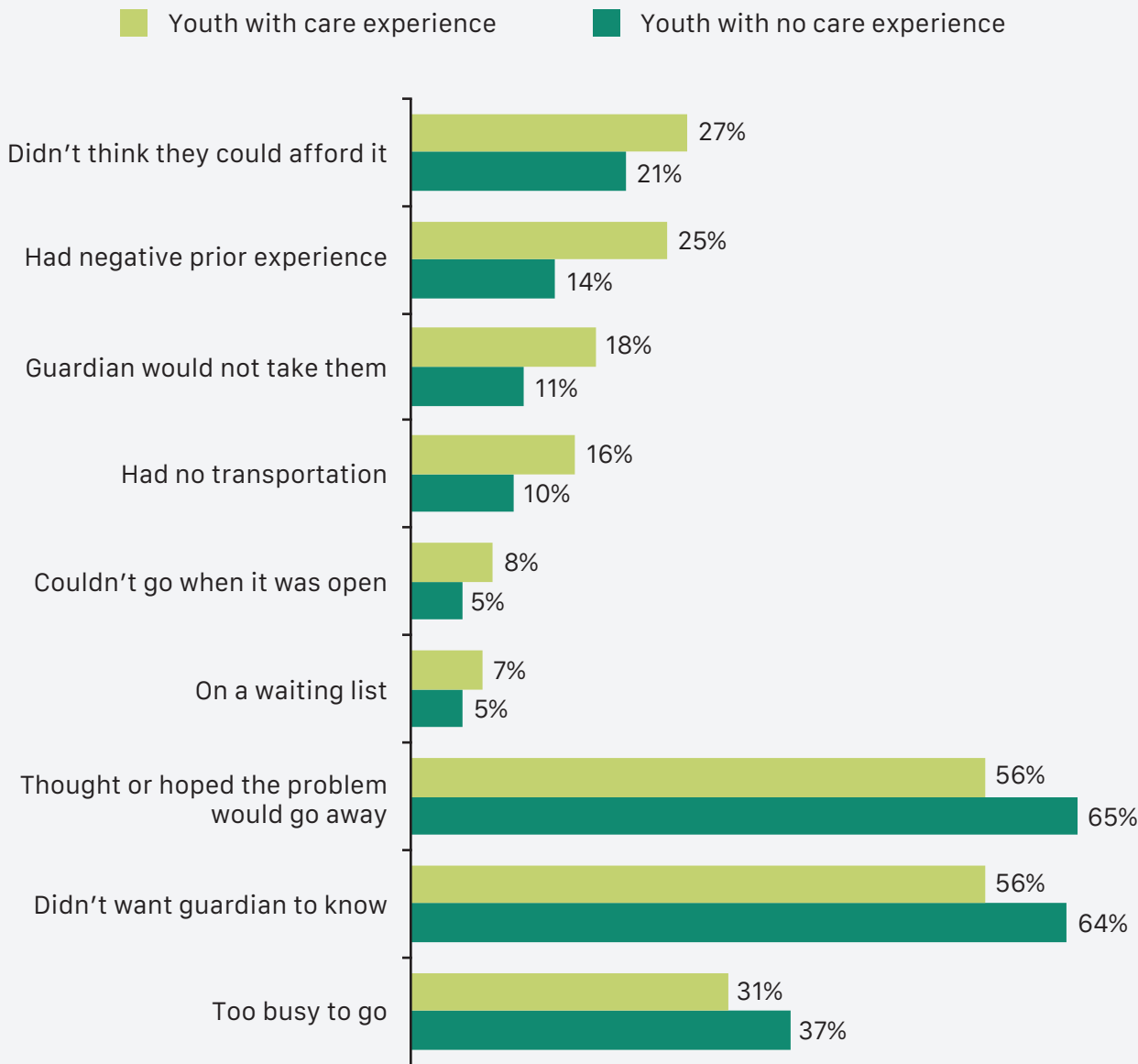
Note: For males, the difference between 2013 and 2018 was not statistically significant.
Note: For females, the difference between 2008 and 2013 was not statistically significant.



When asked for their reasons for having missed out on needed mental health services, youth with care experience were more likely than those never in care to report accessibility barriers (e.g., having no transportation, not being able to go when the service was open, and thinking they could not afford it). Percentages were comparable to those five years earlier.

Among youth ever in care, females and non-binary youth were more likely than males to identify certain reasons for missing out on needed services. These included concerns and fears, such as fear of being seen by someone they knew (40% of females vs. 27% of males), not wanting their guardian to know (59% of females vs. 41% of males), and fear of what the mental health professional would tell them (51% vs. 34%).

**REASONS FOR MISSING OUT ON MENTAL HEALTH SERVICES
IN THE PAST YEAR** (among youth who felt they needed these services)



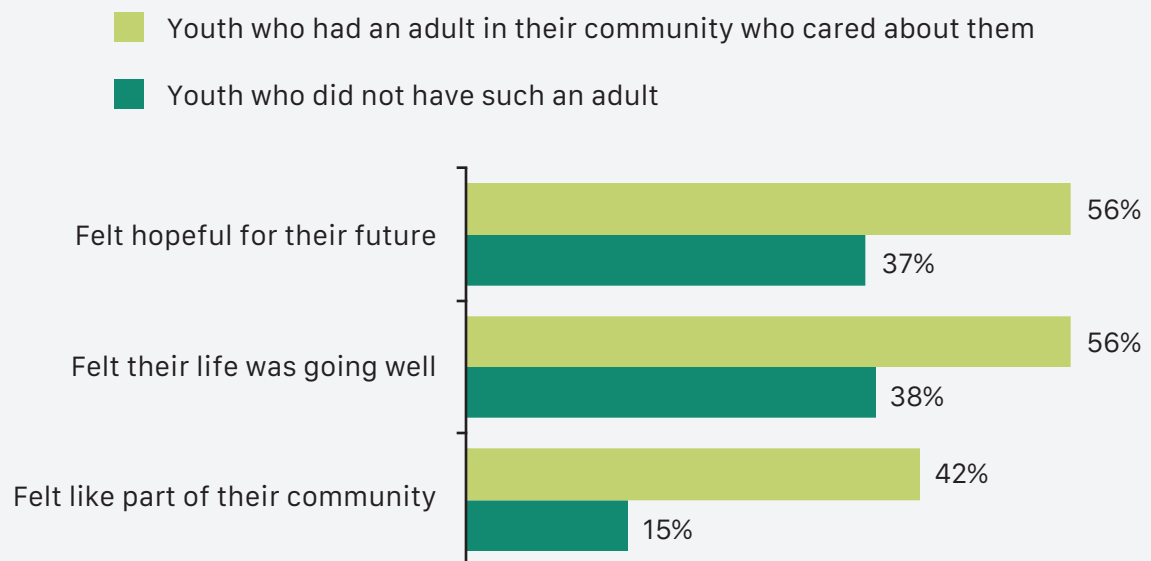
PROTECTIVE FACTORS

The patterns of findings in this section were generally consistent for all genders. Therefore, results were combined and reported among all youth with care experience.

Supportive adults

Youth who felt there was an adult in their neighborhood or community who cared about them were more likely than those who did not have such an adult to report positive mental health and well-being, and to feel connected to their community.

HAVING AN ADULT IN THE COMMUNITY WHO CARED IN RELATION TO POSITIVE MENTAL HEALTH (among youth with care experience)



Finding supports helpful

Youth who had approached various adults for help in the past year and found them helpful were more likely to experience positive mental health than youth who did not find the support helpful. For example, they were more likely to feel their life was going well and to be hopeful for their future. There were similar findings among Indigenous youth with care experience who found an Aboriginal Education worker helpful.



YRA reflection

It's validating and not surprising that telephone helplines are near the bottom of the list. While these can be helpful for some youth in and from care, adults shouldn't assume that helplines will be useful for all youth, and the default shouldn't be to refer youth to helplines.

Youth with care experience might feel that adults are constantly referring them to different health care professionals, and that the youth are passed from one mental health professional to another. This experience can feel like a series of rejections.

Rather than referring out to different professionals, having a consistent youth worker can be very helpful and therapeutic if the youth worker is able to spend time with the youth, is open to having conversations with them, and listens to them. If youth are able to have a sustained relationship with a consistent and dependable adult, such as a youth worker, they can develop trust and a sense of security, and might feel less worried about experiencing another rejection.

YOUTH WHO WERE HOPEFUL FOR THEIR FUTURE

(among youth with care experience who had approached adults for help in the past year)

Adults youth approached:	Hopefulness among youth who found the support helpful	Hopefulness among youth who did not find the support helpful
Sports coach	64%	34%*
School staff other than teacher	64%	33%
Teacher	63%	30%*
Family member	60%	34%
Friends' parent	58%	39%*
School counsellor	55%	27%
Nurse	55%	33%*
Doctor	54%	34%*
Social worker	53%	25%
Online community/support group	52%	31%*
Youth worker	50%	29%
Telephone helpline	47%*	31%
Mental health counsellor	41%	27%

*The standard error was higher than others but still within the releasable range.

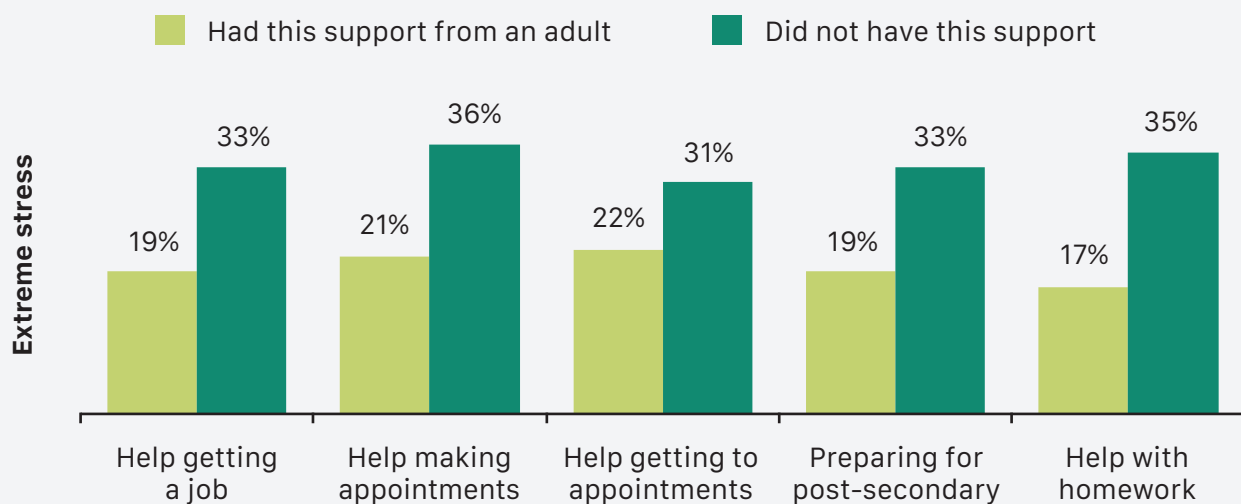
Adults who helped with tasks

Youth who had an adult to help them with things like getting a job, making appointments, getting to appointments, preparing for post-secondary, and with their homework were more likely to rate their mental health as good or excellent, and were less likely to report extreme stress in the past month, than youth who did not have these adult supports.



HELPFUL ADULTS AND EXTREME STRESS IN THE PAST MONTH

(among youth with care experience)



Also, youth were less likely to miss out on needed mental health services in the past year if they had an adult who helped them with making appointments (32% missed out vs. 49% of those who did not have this type of adult support) and with getting to appointments (33% vs. 43%).

Youth with an adult who helped them with their homework were more likely to plan to finish high school, as well as to continue their education after high school (72% planned to pursue post-secondary vs. 65% of those without an adult to help with homework), as were youth who had an adult who helped them prepare for post-secondary (80% vs. 56%).

YRA reflection

Youth in and from care might not have an adult to guide them in how to prepare for high school graduation or post-secondary. Not having this support can lead youth to feel alone and that they have to fend for themselves, which can take a toll on their mental health. Youth might be told to reach out to adults to get this support, but it can be difficult to approach adults for help. It's therefore beneficial to have an adult who actively checks in with youth. This adult should help youth to set and achieve their goals, in a supportive way without putting excessive pressure on them.

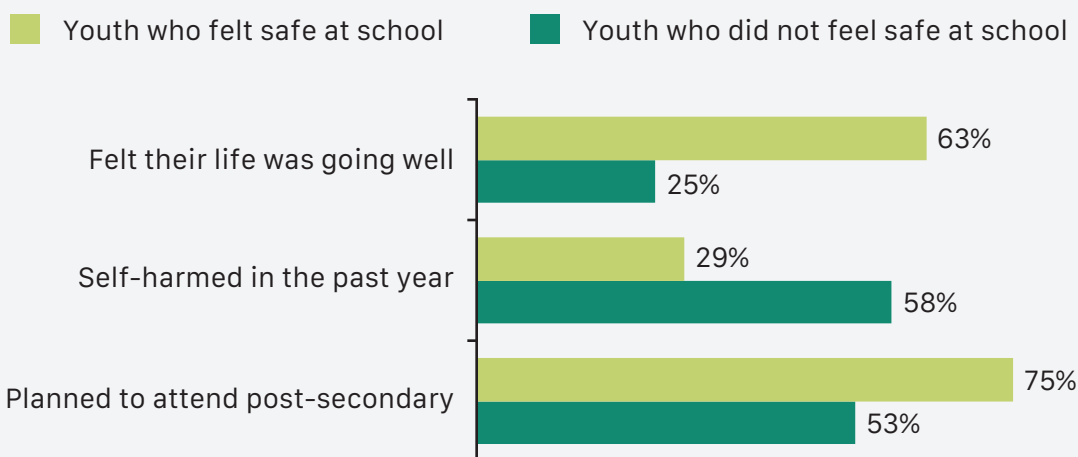
School experiences

Youth who felt safe at school, happy to be there, like a part of their school, that their teachers cared about them, and that school staff expected them to do well were more likely to report positive mental health and well-being. For example, youth who felt their teachers cared were more likely than those who did not feel this way to report their life was going well (61% vs. 25%), and were less likely to have self-harmed in the past year (31% vs. 58%).

Youth were also more likely to plan to finish high school and to continue their education after high school if they felt positively about school, including if they felt like a part of their school (75% vs. 58% of youth who did not feel this way), their teachers cared about them (76% vs. 59%), and school staff expected them to do well (74% vs. 41%).

FEELING SAFE AT SCHOOL AND POSITIVE WELL-BEING

(among youth with care experience)



YRA reflection

It resonates with us that feeling safe and cared about at school are protective for youth with care experience. Also, it works well when school staff have high but achievable expectations for youth, because it provides accountability without creating too much pressure. The expectations should be tailored to each youth's unique circumstances.

There should be flexibility in the type of education that youth may pursue (e.g., online or in person; alternative education or mainstream program), to address each youth's individual needs and circumstances. Also, the curriculum should be self-paced, and youth should be provided with any life-skills support they may need.

School staff should not make assumptions about the education needs of youth in and from care. An assessment should be done for each youth to see whether any academic challenges a youth might experience are the result of learning difficulties or a result of emotional upsets stemming from their past experiences and current circumstances. Also, school staff should receive more training and education (including on trauma), to ensure they have a better understanding of how to optimally work with and support students in and from care.

Friends

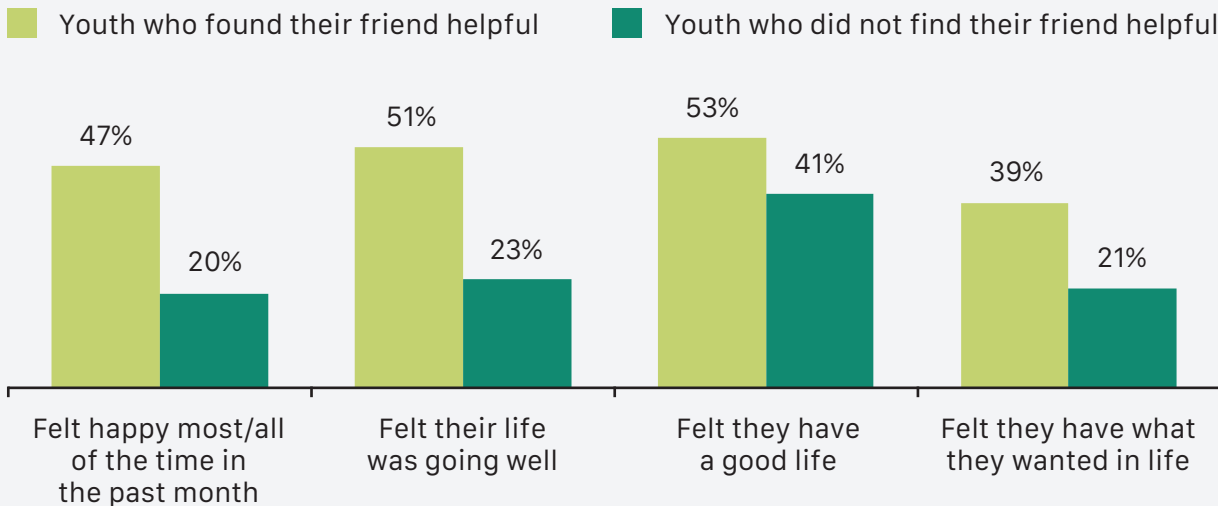
Having close friends in their school or neighborhood was protective for youth with care experience. For example, youth with at least one close friend were more likely than those without any friends to feel happy in the past month (46% vs. 32%).

Being able to spend the right amount of time with friends was associated with positive mental health and well-being. For example, these youth were more likely than youth who did not think they spent enough time with friends to feel their life was going well (56% vs. 34%) and to report having what they wanted in life (45% vs. 23%).

Also, finding their friends helpful when they asked for help increased the likelihood that youth would report better mental health and feel satisfied with their life.

HELPFUL FRIENDS AND POSITIVE MENTAL HEALTH

(among youth with care experience who asked a friend for help in the past year)



YRA reflection

To us, a helpful friend is someone who is trustworthy and authentic, and with whom you can hang out and be yourself. They have integrity—for example, they don't gossip—and are honest without being mean. It's someone you "click" with and who is interested in learning about you, but they don't pry and they respect your boundaries if there are things you don't feel comfortable talking about. A helpful friend is there to support you during challenging times and knows how to communicate and validate your experiences.

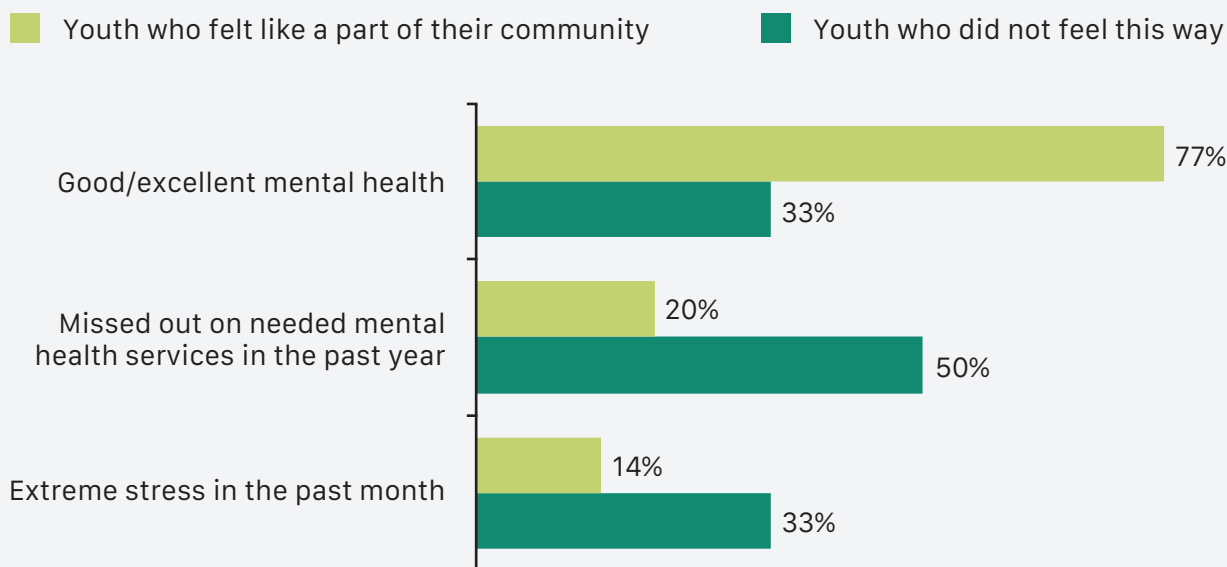
Sometimes youth's friends can come across as dismissing of a youth's emotions. If youth have a hard time acknowledging their own emotions, they'll likely have a difficult time acknowledging and validating others' emotions. It's important for all youth to learn how to identify and accept their feelings, because this is not only beneficial to their own well-being but also to supporting the well-being of their friends.

Community connection and involvement

Youth who felt connected to their community were more likely to report positive mental health and were less likely to have missed out on needed mental health services in the past year.

Taking part in community activities was linked to feeling connected to the community. For example, youth who participated in cultural or traditional activities at least once a week were more likely to feel like a part of their community than youth who took part less often (42% vs. 30%).

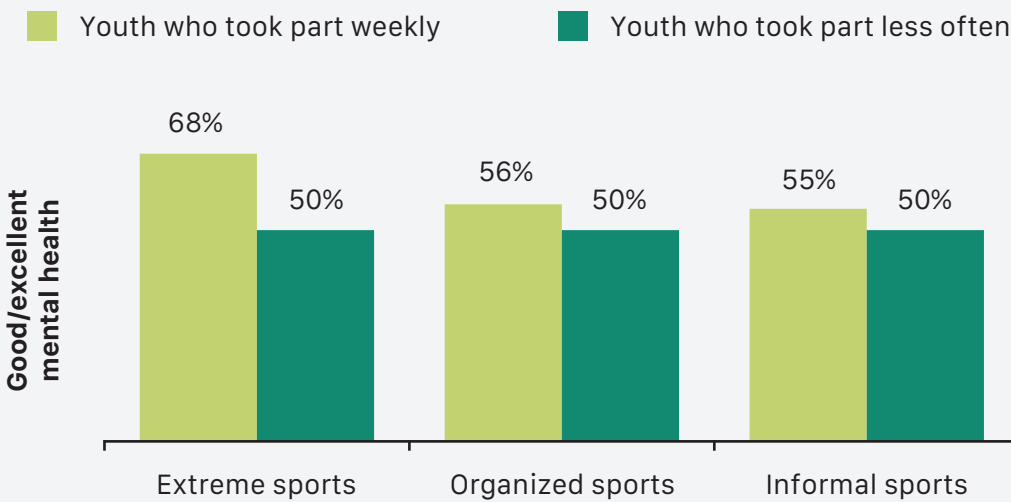
FEELING LIKE A PART OF THE COMMUNITY AND YOUTH'S MENTAL HEALTH (among those with care experience)



Youth who took part in weekly extreme sports, such as in BMXing or backcountry skiing, were more likely to feel like a part of their community (42% felt connected to their community vs. 29% of youth who took part less than weekly).

Taking part in weekly activities in the community was also associated with positive mental health. For example, youth who took part in weekly organized sports, such as soccer or swim teams, were more likely than those who took part less often to feel hopeful for their future (56% vs. 44%). Findings were similar for taking part in weekly informal sports, such as hiking or skateboarding (54% felt hopeful vs. 44% of youth who took part less than weekly).

GOOD/EXCELLENT MENTAL HEALTH AND INVOLVEMENT IN SPORTS IN THE PAST YEAR (among youth with care experience)



YRA reflection

It's important to support youth with care experience to take part in organized activities in the community. The activities should be low-barrier while at the same time providing youth with some structure and an opportunity to socialize with others to the extent they feel comfortable doing so.

Meaningful engagement

Beyond taking part in community activities, youth who felt their activities were meaningful to them, and those who felt listened to while taking part, were more likely to report better mental health and well-being. For example, youth who felt their ideas were listened to in their activities were more likely than those who did not feel this way to report good or excellent mental health (63% vs. 41%), to feel happy (57% vs. 34%), and that their life was going well (63% vs. 36%).

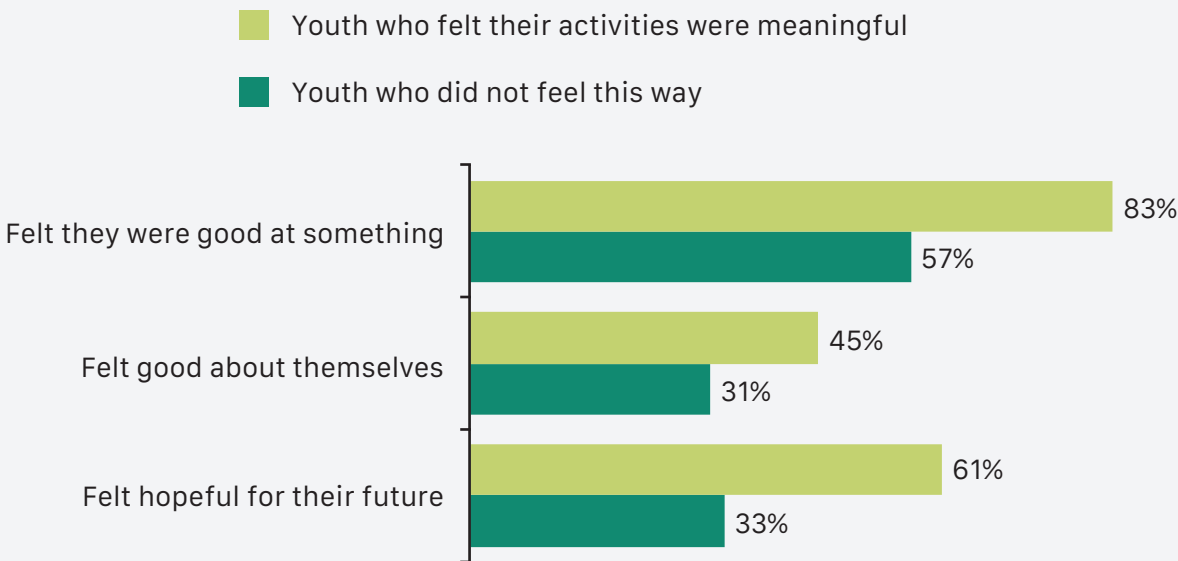
Youth who felt their activities were meaningful were also more likely to feel good about themselves, that they were good at something, and hopeful for their future.

YRA reflection

These findings show how important it is to support meaningful youth engagement among youth with care experience, and for youth to feel heard and valued. Youth should have a voice in all decisions that affect them, for example not only within their extra-curricular activities, but also relating to their education and the types of mental health supports they access.

MEANINGFUL ENGAGEMENT IN ACTIVITIES

(among youth with care experience)



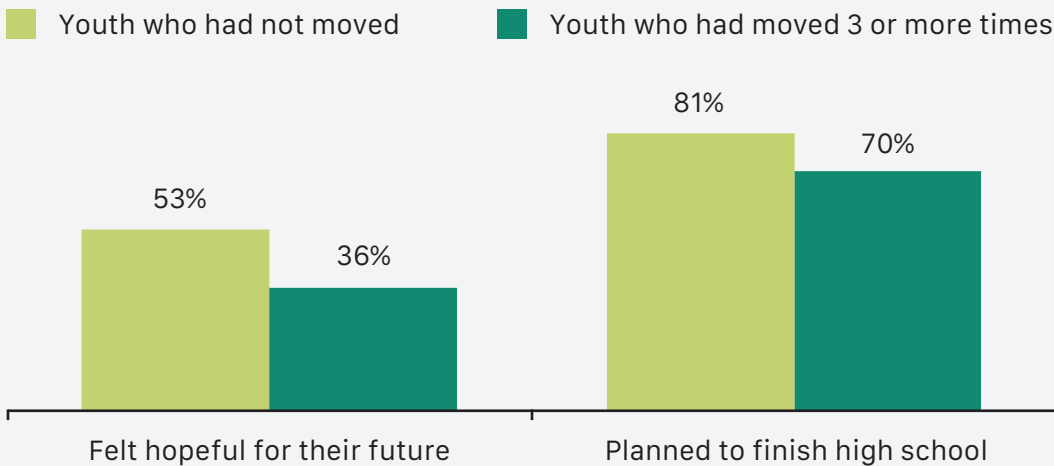
Stable housing

Youth who experienced stable housing were more likely to report positive mental health and well-being. For example, those who had not moved in the past year were more likely than youth who had moved multiple times to feel hopeful for their future and to plan to finish high school.

YRA reflection

Stable housing is essential for youth with care experience. It is also important that youth have access to needed mental health supports even if they do not have stable housing.

MOVES IN THE PAST YEAR AND POSITIVE MENTAL HEALTH (among youth with care experience)



Connection to land and culture

Youth who felt connected to the land or nature were more likely than those who were not connected to report feeling happy in the past month (50% vs. 38%).

Also, youth who felt they spent the right amount of time in nature were more likely to report better mental health than those who felt they did not spend enough time in nature. For example, they were more likely to feel happy (51% vs. 34%) and were less likely to experience extreme stress (18% vs. 30%) in the past month.

Eating traditional foods from their background may be a sign that youth felt connected to their culture. Youth who ate traditional foods the day before completing the survey were more likely to report good or excellent mental health than youth who did not eat these foods (65% vs. 48%).

Self-care

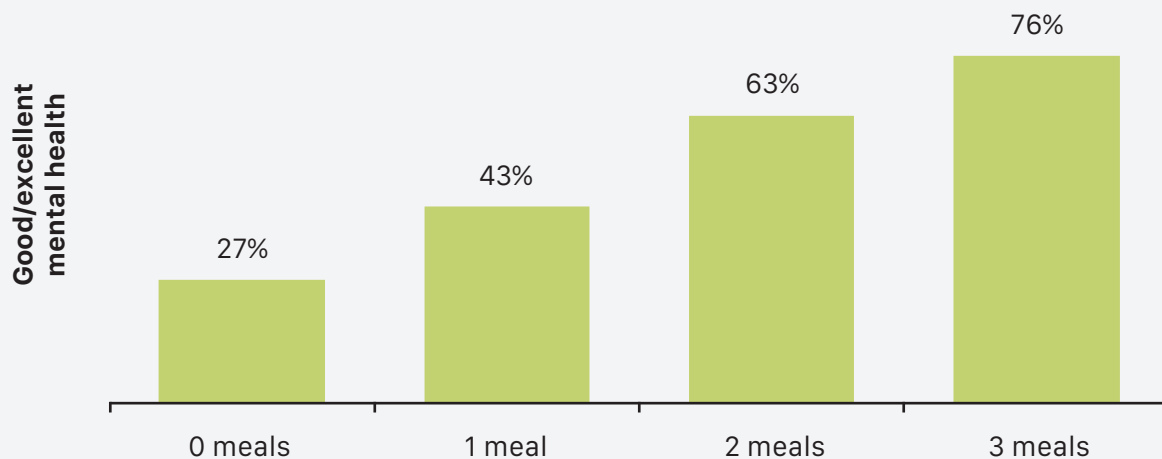
Exercising, getting enough sleep, and eating regularly were all associated with positive mental health and well-being among youth with care experience.

For example, youth who participated in at least 60 minutes of physical activity on three or more days in the past week were more likely to report good or excellent mental health compared to youth who participated less often (55% vs. 47%). Similarly, youth who slept eight or more hours the night before completing the survey were more likely to report good or excellent mental health than youth who slept fewer hours (67% vs. 41%).

Youth who managed their stress well or very well were more than twice as likely as youth who managed their stress only fairly well or poorly to report good or excellent mental health (74% vs. 32%), and were less likely to experience extreme stress in the past month (9% vs. 35%).



GOOD/EXCELLENT MENTAL HEALTH AND THE NUMBER OF MEALS YOUTH ALWAYS ATE ON SCHOOL DAYS (among those with care experience)



YRA reflection

It's important for youth with care experience to be supported in creating an environment that allows them to engage in self-care. Self-care can look different for different youth; for example, for some, self-care might mean relaxing at home, while for others it might mean working to complete a task that needs to get done. It can be helpful for youth to have an adult who supports them with creating a vision of what self-care means to them, and then for the adult to check in with them to ensure they are implementing their self-care strategies.

Also, to help youth in and from care in the area of self-care, adults can connect them to exercise equipment, gym memberships, sports activities, and other opportunities to be physically active. For example, providing youth with opportunities to go on hikes enables them to spend time outdoors, take part in physical activity, and learn healthy habits. The activities should be low-barrier and not too demanding or stressful on youth, but should also involve some accountability and expectations to ensure that youth show up and participate.

Part of self-care is setting limits with social media and avoiding comparing the reality of one's own life with the idealized images youth see on social media. A mentor or adult support can help in this area, by talking with youth about the possible effects of social media on young people's mental health, and by helping youth to create healthy boundaries. The supportive adult should be familiar with young people's use of social media and technology, and aware of how it can negatively impact mental health, in order to best support youth.









FINAL THOUGHTS

Findings in this report show that youth in and from care are more likely to experience mental health challenges than youth never in care. The findings also show clear gender differences among youth with care experience, with males the most likely to report positive mental health. Also, the mental health of females seems to have worsened across survey years, in more areas than for males.

The results highlight the role that supportive adults and peers can play in contributing to better mental health and well-being in the lives of youth with care experience. The results also demonstrate the importance of youth feeling connected to school and of having the opportunity to meaningfully participate in community life.

Below is a summary of our recommendations for how youth with care experience can be best supported with their mental health.

YRA reflection

-  Gender-sensitive mental health supports should be available to all youth.
-  Youth in and from care should be supported with their mental health starting at an early age, and mental health education should be integrated into the standard school curriculum.
-  School staff and other supportive adults should learn about the issues and challenges affecting youth in and from government care, including trauma and how that may impact a young person.
-  Listen to youth and support them in having a voice in decisions that affect them, including which mental health services they access.
-  Adults should take the time to get to know each youth, rather than making assumptions about their needs and wants. Adults should set high yet realistic expectations for each youth in and from care, based on their individual circumstances, strengths, and needs.
-  Consistency is important in the lives of youth with care experience, and having a consistent adult support, such as a youth worker, can benefit youth's mental health. The adult should not assume that the youth will approach them for support, and instead should initiate regular check-ins with the youth.
-  Adults should have non-judgmental conversations with youth about self-harm, substance use, and any other behaviour they may engage in as a coping mechanism to deal with their mental health challenges. Adults could support youth to explore the reasons behind their behaviours, and help youth to find healthier alternatives.
-  Youth in and from care should be supported to access a variety of healthy activities in the community. Potential participation barriers, such as lack of transportation and the cost of activities, should be addressed so that youth are more likely to take part and to benefit.

RESOURCES

Youth Research Academy

If you would like to schedule a presentation of these results or to learn more about the YRA, please email yra@mcs.bc.ca. If you are interested in joining the YRA, please visit mcs.bc.ca/youth_research_academy.

Examples of other reports produced by the YRA:

Youth transitioning out of care in BC: A preliminary report shares the preliminary findings from the YRA's longitudinal study of youth aging out of care in BC. Download the report at mcs.bc.ca/pdf/youth_transitioning_out_of_care_preliminary_report.pdf.

To learn more about the study or to participate, visit mcs.bc.ca/youth_transitioning_out_of_care_study.

Supports in the Spotlight was produced by the YRA using data from the 2013 and 2018 BC Adolescent Health Surveys (BC AHS) to identify protective factors that can support youth in and from government care to achieve positive health and well-being. Download the report at mcs.bc.ca/pdf/supports_in_the_spotlight.pdf.

Grants

The Trevor Coburn Memorial Grants are available to BC youth (up to age 29) wanting to carry out projects to support BC youth facing barriers, including youth with experience of homelessness, substance use challenges, and government care experiences. For more information or to apply, visit mcs.bc.ca/trevor_coburn_memorial_grants.

Youth Action Grants (YAGs) were created by McCreary's Youth Advisory & Action Council (YAC) to provide BC youth (ages 12–19) the opportunity to deliver a project to improve youth health in their school or community. For more information or to apply, visit mcs.bc.ca/youth_action_grants.

BC AHS

A range of reports, fact sheets, and infographics using BC AHS data are available. These include:

Balance and Connection in BC: The health and well-being of our youth shares provincial findings of the 2018 BC AHS, which was completed by 38,015 Grade 7–12 students in schools across British Columbia. The report is available for download at mcs.bc.ca/pdf/balance_and_connection.pdf.

Doing OK? Checking in on the mental health of BC youth shares findings on the mental health of BC youth from the 2018 BC Adolescent Health Survey. Download the report at mcs.bc.ca/pdf/doing_ok.pdf.

Violence exposure: The victimization experiences of male, female, and non-binary youth in BC considers various types of victimization experiences among over those who completed the 2018 BC AHS. The report is available at mcs.bc.ca/pdf/violence_exposure.pdf.

Community resources

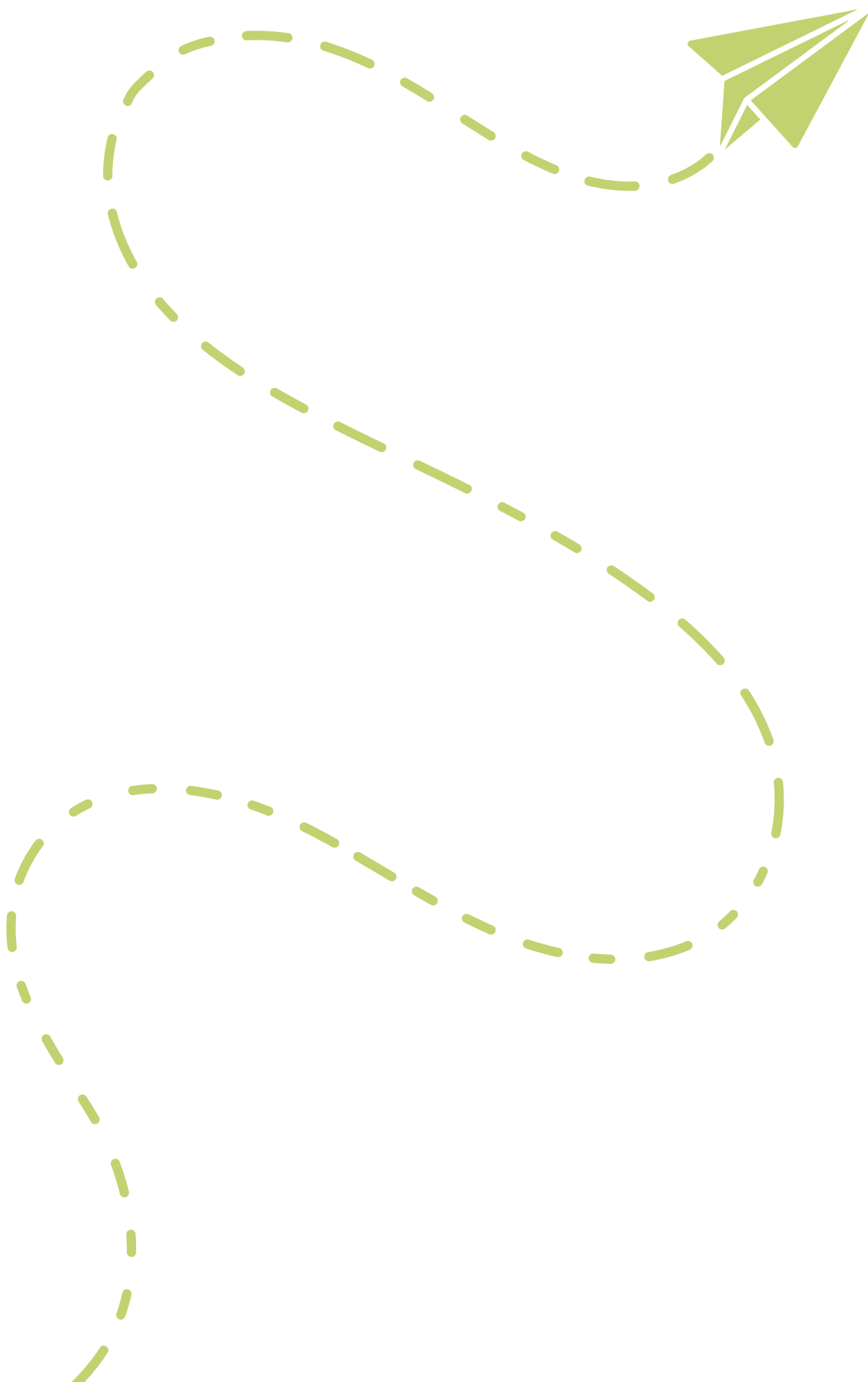
AgedOut.com is an online database of information, resources, and services to support young adults transitioning out of government care.

Federation of BC Youth in Care Networks provides programs and support for youth with government care experience at fbcyicn.ca.

Foundry offers virtual and in-person health and wellness resources, services, and support for young people ages 12–24 at foundrybc.ca.

YouthInBC.com provides mental health resources and services for youth up to 25, including an online crisis chat service.

Kids Help Phone has 24/7 virtual mental health services for young people across Canada available at kidshelpphone.ca.





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