



Ta Saantii

A profile of Métis youth health in BC



McCreary
Centre Society

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YOUTH HEALTH • YOUTH RESEARCH • YOUTH ENGAGEMENT

Founded in 1977, McCreary Centre Society is a non-governmental not-for-profit organization committed to improving the health of BC youth through research, evaluation, and youth engagement projects.

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ISBN: 978-1-926675-48-0

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Special thanks are due to the Métis youth who completed the survey.

Quotes from Métis youth who completed the BC Adolescent Health Survey or took part in discussions about the results are included throughout the report.

Photos provided by Métis Nation BC.

Funding for this report was provided by Métis Nation BC and the Ministry of Aboriginal Relations and Reconciliation.

Funding for the 2013 BC Adolescent Health Survey was provided by the BC Ministry of Children and Family Development, BC Ministry of Health, and BC Office of the Representative for Children and Youth.

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Citation

Tourand, J., Smith, A., Poon, C., Stewart, D. & McCreary Centre Society (2016). *Ta Saantii: A profile of Métis youth health in BC*. Vancouver, BC: McCreary Centre Society.

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Foreword

We at Métis Nation British Columbia, want to thank all of the Métis youth that participated in the school based 2013 BC Adolescent Health Survey. With this report we have special insight into the successes and challenges that Métis youth ages 12–19 face in BC. Special thanks also to the Métis Youth Advisory group that reviewed and gave valuable input into this report.

Métis identity, history and culture is not as easily accessible for our youth as we would like.

It's important to identify the number of Métis students in schools, so that appropriate funding is spent in supporting Métis youth in a culturally appropriate way.

As a first step, we recommend that schools begin/scale up their Métis cultural components in the Aboriginal programs in each and every elementary school and high school, so Métis youth feel included and represented in Aboriginal programming.

Métis youth need to be acknowledged as a distinct Aboriginal people, and they require these supports to strengthen their Métis identity and in turn their mental wellness.

Funding for this report was through the Off Reserve Aboriginal Action Plan (ORAAP).



Tanya Davoren
Métis Nation British Columbia, Director of Health



Key findings

- ∞ Among the 30,000 youth aged 12 to 19 who completed the 2013 BC Adolescent Health Survey, 3% identified as Métis. Métis youth made up almost a third (32%) of Aboriginal youth who completed the survey, which was an increase from 24% in 2008.
- ∞ There were improvements in Métis youth's health in a number of areas when compared to five years earlier. For example, 64% had tried alcohol in 2013, which was a decrease from 70% in 2008; and the percentage who had tried marijuana dropped from 48% in 2008 to 41% in 2013. Also, females were less likely to have ever smoked, and males were less likely to become daily smokers.
- ∞ Métis youth were less likely than five years previous to expect to drop out of high school before graduating, and 80% planned to continue to post-secondary education.
- ∞ Rates of physical sexual harassment decreased for both males (20% in 2008 vs. 13% in 2013) and females (45% in 2008 vs. 35% in 2013), as did the percentage of females who had been physically abused (30% in 2008 vs. 23% in 2013).
- ∞ Despite these improvements, there were concerning disparities between the health of Métis youth and their non-Métis peers. For example, Métis youth were more likely than non-Métis youth to experience a serious injury and a concussion, to go to bed hungry, and to miss out on needed medical and mental health care. A closer look at these disparities showed that the gap between Métis youth health and that of their peers was not closing.
- ∞ Among Métis youth, females reported poorer mental health than males. For example, there was a decrease in the percentage of males who had ever deliberately cut or injured themselves without trying to kill themselves (from 21% in 2008 to 13% in 2013), whereas there was an increase among females who had done so (from 27% in 2008 to 36% in 2013).
- ∞ There were differences in the health profile of youth attending school in rural areas and those in urban areas. For example, rural youth were more likely to report they could not access needed mental health services because they were unavailable in their community, but were also more likely to have an adult in their community they could turn to for help and one whom they felt cared about them.
- ∞ The percentages of youth experiencing in-person bullying (teasing, social exclusion, and physical assault) and cyberbullying remained unchanged from 2008, as did the percentage who reported being the victim of dating violence. Although there was no gender difference in experiencing dating violence, females were more likely than males to report experiences of teasing, social exclusion, cyberbullying, discrimination, sexual harassment, physical abuse and sexual abuse.

- ∞ Métis youth who had caring and supportive adults in their lives reported better physical and mental health. For example, youth who felt an adult cared about them were less likely to have attempted suicide (10% vs. 19% who did not feel an adult cared).
- ∞ Also, youth who felt connected to their school and had positive relationships with peers, teachers and other school staff reported better health. For example, among youth who had been abused, 96% of those with higher school connectedness rated their mental health as good or excellent, compared to 37% with lower school connectedness.
- ∞ Compared to five years earlier, youth were more likely to report that their peers had healthy attitudes toward risky behaviours (such as fighting or dropping out of school), and this appeared to be associated with making healthier choices. For example, youth who had friends who would be upset with them if they got drunk were less likely to have tried alcohol (27% vs. 82% whose friends would not disapprove).
- ∞ Cultural connectedness is also important to Métis youth health. Students who engaged in traditional or cultural activities in the past year were more likely to feel like a part of their community, to have volunteered regularly and to rate their mental health as good or excellent.



Introduction

This report was created using data from the BC Adolescent Health Survey (BC AHS). The BC AHS is a voluntary and anonymous pencil and paper survey administered to students in Grades 7 to 12 in mainstream public schools across the province. The survey has been conducted every five years since 1992. In 2013, almost 30,000 students in 56 of BC's 59 school districts completed the survey.

For the 2013 provincial and regional results and details of the survey methodology, visit www.mcs.bc.ca.

Since 1998, McCreary has worked in partnership with Aboriginal researchers and community Elders, youth, and adults to produce a specific report about the health of Aboriginal youth who complete the BC AHS. *Raven's Children IV: Aboriginal youth health in BC* was published in March 2016.

The two most recent surveys have asked youth specifically about Métis heritage. During community consultations for *Raven's Children III* there was great interest in creating a profile of Métis youth health, and a short report was produced. There was similar interest during the creation of *Raven's Children IV*. As a result of this interest we were able to secure funding from Métis Nation BC (MNBC) to produce BC's first ever in-depth look at the health of Métis youth.

The report contains data from the 2008 and 2013 BC AHS, along with the views of Métis community members. Community members reviewed a draft of findings from this report and provided context for the results. Participants in the consultations included Métis youth, Elders and service providers from across the province.

We are indebted to these community members and to the advisory committee who helped to guide the analyses and ensured the report is as culturally sensitive as possible.



A fact sheet which profiles the health of Métis youth aged 12–19 who identified as homeless or street-involved was created using data from the 2014 Homeless and Street-Involved Youth Survey. It can be accessed at www.mcs.bc.ca.

Analyses for this report

All associations and comparisons presented in this report are statistically significant at $p < .05$. This means there is up to a 5% likelihood that the results occurred by chance.

All graphs and charts in this report relate to Métis youth in Grades 7 to 12 (aged 12–19) unless otherwise stated. Graphs and charts show frequencies that are not necessarily statistically significant at every point. Where this is not obvious, it is indicated in the text below the graph.

The report includes some comparisons between the health pictures of Métis and non-Métis youth. Where these occur, the non-Métis sample includes non-Aboriginal, Aboriginal, First Nations, and Inuit students.

Where an asterisk (*) appears beside a percentage, this figure should be interpreted with caution as the standard error was relatively high but still within a releasable range.

Limitations

As with all surveys there are limitations to the BC AHS. Most significantly, the BC AHS was not designed as a Métis-specific survey, asked few culturally-specific questions, and was only administered within BC's mainstream public school system.

The survey only captures the health picture of Métis youth who were in school on the day the survey was administered.



Definitions used in this report

For the purpose of this report, the following definitions are used:

ABORIGINAL | Any student who self-identified as Aboriginal, First Nations, Métis, or Inuit on the survey.

GOVERNMENT CARE | Youth in the care of the BC government (in a foster home, group home) or on a Youth Agreement (which is considered an alternative to care).

HEAVY SESSIONAL DRINKING | Consumed five or more drinks within a couple of hours.

IN-PERSON BULLYING | Teased, socially excluded, or physically assaulted by another youth while at school or on the way to or from school.

MÉTIS | Youth who self-identified as Métis. The Métis are recognized as one of the three Aboriginal Peoples in Canada.

PARENT | Student's parent(s) or guardian(s).

RURAL | Youth completed the survey in a school located in a community of less than 10,000 residents.

SEXUALLY ABUSED | Youth who reported that they had been sexually abused, forced into sexual activity against their will, or were the younger of an illegal age pairing the first time they had sex.

TWO-SPIRIT | An umbrella term used within some Aboriginal communities to refer to diverse gender identities, gender presentations, and sexual orientations. For many Aboriginal people, connections to land, culture, and spirituality are key aspects of Two-Spirit identity.

URBAN | Youth completed the survey in a school located in a community of 10,000 or more residents.

YOUTH AGREEMENT | An alternative to government care which supports youth to live independently. It is for young people aged 16 to 18 who are homeless and cannot live with their family, and for whom government care is not an option.

YOUTH OR STUDENT | Refers to those who self-identified as Métis, unless otherwise specified.

Who are the Métis?

The National Aboriginal Health Organization¹ defines “Métis” as a French word meaning “mixed blood.” The term is used to describe people with mixed First Nations and European ancestry. The Métis are recognized as one of the three Aboriginal Peoples in Canada, alongside the First Nations and Inuit.

In 2002, the Métis National Council² adopted the following definition: “Métis” means a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation.

On April 14, 2016, the Supreme Court of Canada ruled that the federal government has a constitutional and jurisdictional responsibility to Métis people under s. 91(24) of the Constitution Act, 1867. Although it is still unclear how this decision might influence Métis people's benefits in areas such as medical benefits, housing, and tax exemptions, it is considered a huge victory for all Métis people.

¹ For more information, visit www.naho.ca/publications/topics/terminology.

² For more information, visit www.metisnation.ca/index.php/who-are-the-metis/citizenship.

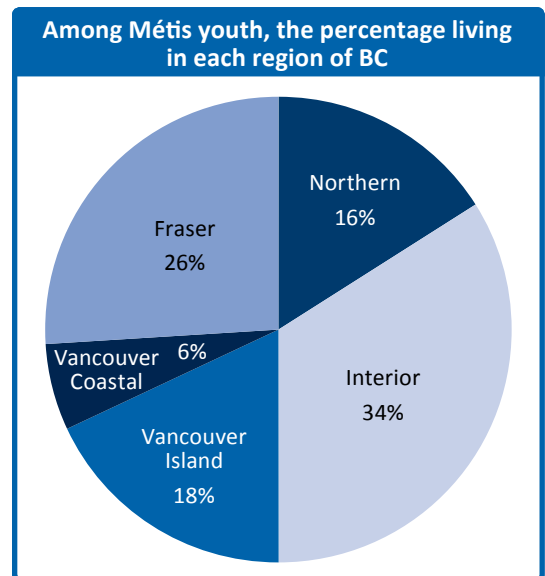
Métis youth in BC

All analyses are among Métis youth, unless otherwise specified.

Three percent of all 12- to 19-year-olds who completed the 2013 BC Adolescent Health Survey (BC AHS) identified as Métis. Among Aboriginal youth, almost a third (32%) reported they were of Métis heritage which was an increase from 2008 (24%).

Consistent with non-Métis youth, the average age of youth who identified as Métis on the survey was 15 years old.

Regionally, Métis youth made up 7% of all students who completed the survey in the North, 6% in the Interior, 4% on Vancouver Island, 2% in the Fraser, and 1% in Vancouver Coastal. Compared to 2008, the percentage of Métis youth in the North, Interior, and Vancouver Island increased, while the percentage in Vancouver Coastal and Fraser remained consistent.



One in five youth (20%) completed the survey in a rural school and 80% in an urban one.



“I’ve met a lot of people in my school who are Aboriginal. We go around schools and teach kids about being Métis and other cultures. I’ve met a lot who say ‘Oh yeah, I’ve heard something about [Métis culture].”

—YOUTH CONSULTATION PARTICIPANT

Sexual orientation and gender identity

The majority of Métis youth (78%) identified as completely straight, which was consistent with the rate in 2008. Females were twice as likely as males to report a sexual minority orientation.

Two percent of Métis youth identified as Two Spirit. The percentage of youth who identified as transgender was too small to report.

Sexual orientation	
Completely straight	78%
Mostly straight	10%
Lesbian, gay, or bisexual	7%
Questioning	2%
No attractions	3%

Government care experience

Consistent with 2008, 8% of Métis youth had ever lived in foster care, a group home, or on a Youth Agreement, and 4% had done so in the past year. Also, 3% were currently in care, with over half (55%) of these youth aged 16 years or older. Métis youth were more likely than their non-Métis peers to have government care experience (8% vs. 3%) and to currently be in care (3% vs. 1%).

Among those with care experience, about a quarter (26%) had experienced multiple types of care. Overall, 76% had been in foster care, 32% had stayed in a group home, and 27% had lived on a Youth Agreement.

Transportation

Almost a third of Métis youth (32%) indicated they had a driver's licence.

Two percent of females and 5% of males reported hitchhiking in the month prior to taking the survey, and 1% usually hitchhiked to school.

Technology use

Most youth (92%) reported they had a cell-phone or similar portable device. Females were more likely than males to have a cellphone (95% vs. 87%). Among youth with a phone, virtually all (98%) had used it the day before taking the survey.

Females were more likely than males to use their phone to connect with friends (93% vs. 87%) or chat online or social network (81% vs. 74%), while males were more likely to engage in sexting (21% vs. 11%) or bully others.

In consultations, technology was seen as a low-cost and effective way to engage in community-building, especially across larger geographical areas. Young people felt technology allowed them to connect with their peers, develop community networks, share cultural knowledge, and arrange both formal and informal events.

On last school day, Métis youth used a cellphone to...	
Communicate with friends	90%
Play games/music/entertainment	83%
Communicate with parents	82%
Chat online or social network	78%
Find information	74%
Engage in sexting	15%
Communicate with teachers	9%
Bully others	2%

Note: Youth could choose more than one response.

Home and family

Similar to 2008, the majority of Métis youth lived with at least one parent. However, there was a decrease in the percentage who lived with their mother (87% in 2008 vs. 81% in 2013).

Who Métis youth lived with most of the time	
Mother or stepmother	81%
Father or stepfather	64%
Sibling(s) or stepsibling(s)	54%
Grandparents	7%
Other related adults	3%
Other non-related adults	2%
Foster parents	2%
Other children or youth	2%
Live alone	1%
Own child(ren)	NR
Two mothers/fathers	NR

Note: Youth could choose more than one response.
NR: Not releasable due to risk of deductive disclosure.

Housing stability

Previous McCreary research has shown that housing instability can be a risk factor for a number of negative health outcomes. In the past year, over a quarter of Métis youth (27%) had moved from one home to another, with 7% moving three or more times. Also during this time, 16% (19% of females vs. 12% of males) had run away from home.

Youth who had been in government care in the past year were more likely to have moved during that year (66%* vs. 26% of Métis youth not in care), and to have moved three or more times (28%* vs. 6%). They were also more likely to have run away (31%* vs. 15% of those not in care) and to have run away multiple times in the past year.

Youth who had not moved or run away in the past year were more likely to report positive mental health. For example, 80% of youth who had stayed in the same home rated their mental health as good or excellent, compared to 55% who had moved or run away. These youth were also less likely to report experiencing extreme stress (10% vs. 33% who moved or ran away) or despair (7% vs. 25%) in the past month.



Parental presence

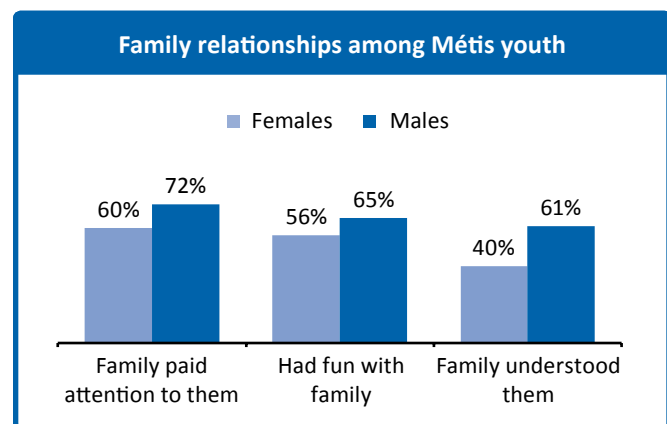
The majority of Métis youth (90%) had at least one parent who worked locally, while 16% had parents who worked elsewhere in BC or Canada, and 2% had parents who worked outside Canada. Five percent reported that their parents did not work.

Most youth reported that their family paid attention to them (65%) and they had fun together (60%). About half (49%) felt their family understood them.

Seventy-one percent of students reported that their parents mostly or always knew what they were doing in their free time, and 69% ate their evening meal with their parents most or all of the time. Females were less likely than males to regularly eat dinner with their parents.

Youth whose parents knew what they were doing in their free time were less likely to have skipped class in the past month (24% vs. 50%) or to be doing something (such as texting or gaming) after the time they were supposed to be asleep (83% vs. 93% whose parents rarely or never knew).

Youth whose parents ate dinner with them were more likely to report feeling happy (66% vs. 37% whose parents rarely or never ate with them) and calm (51% vs. 25% most or all of the time in the past month, and to feel good about themselves.



Note: Percentages are for students who responded “quite a bit” or “very much.”



Helpful family

Around two-thirds (67%) of Métis youth had an adult in their family they felt comfortable turning to if they had a serious problem (62% of females vs. 73% of males). Also, 63% had approached a family member for support in the past year, with the majority (87% of females vs. 95% of males) finding this support helpful.

Among youth who approached a relative for support, those who found the experience helpful were more likely to rate their mental health as good or excellent (81% vs. 40%* who asked a relative for help but did not find the experience helpful) and to envision only positive circumstances in their future (91% vs. 70%*). They were also less likely to have attempted suicide (7% vs. 27%*) or self-harmed (16% vs. 57%*) in the past year.

Caretaking responsibilities

Most students (77%) had some caretaking responsibilities on an average school day, including 72% who took care of pets or other animals; 22% who cared for a relative, including younger siblings; and 2% who took care of their own child or children. Females were more likely than males to care for pets (76% vs. 67%) and there were no other gender differences.

Hunger

The percentages of Métis youth going to bed hungry because there was not enough money for food at home did not change between 2008 and 2013. Eighty-seven percent never went to bed hungry (compared to 93% of non-Métis youth), while 11% went to bed hungry sometimes, and 3% often or always.

Also, 6% of Métis youth who did not eat breakfast at home on school days missed that meal because there was no food in the house.

Youth who went to bed hungry at least some of the time were less likely to have slept for at least eight hours on the night before taking the survey (31% vs. 52% who never went to bed hungry), and they were more likely to report feeling extreme stress (44% vs. 14%) and despair (32% vs. 10%) in the past month.



Overall health

Consistent with 2008, four out of five Métis students (80%) rated their health as good or excellent. Females were less likely than males to rate their health this way (77% vs. 84%). In comparison to non-Métis youth, Métis youth were less likely to rate their health as good or excellent (80% vs. 87%).

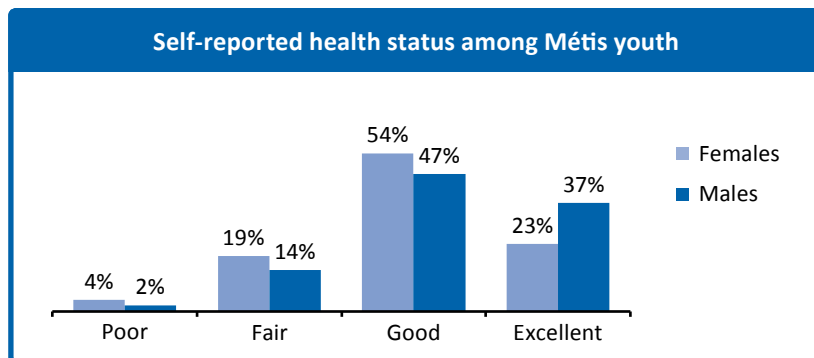
Health conditions

Thirty-nine percent of youth (45% of females vs. 32% of males) indicated having at least one health condition or disability. The most common was a mental or emotional health condition (19%) or a long-term or chronic medical condition (15%). Females were more than twice as likely as males to report a mental or emotional health condition (25% vs. 11%). Other conditions included a behavioural condition (7%), learning disability (6%), sensory disability (5%), severe allergy (3%), and physical disability (1%).

Among those with a health condition or disability, over half of females (54%) and a third of males (33%) reported that it prevented them from participating in activities their friends were doing.

Youth with any sort of health condition or disability were more likely than their peers without a condition to report experiencing extreme stress (34% vs. 7%) or despair (26% vs. 5%) in the past month, and to have self-harmed in the past year (43% vs. 13%).

However, if youth with health conditions or disabilities had supportive relationships in their lives, they were less likely to report challenges. For example, 30% of youth with a health condition or disability who had a supportive adult inside or outside their family whom they could turn to for support reported self-harming in the past year, compared to 61% without adult support. Additionally, those with a health condition who had three or more close friends were less likely to report extreme stress (29% vs. 47%* who had fewer friends) or despair in the past month (20% vs. 41%*).



Note: The difference between females and males for poor health was not statistically significant.

Injuries and injury prevention

Consistent with five years previous, a third of Métis youth (27% of females vs. 40% of males) were seriously injured in the past year. This rate was higher than among non-Métis youth (33% vs. 27%).

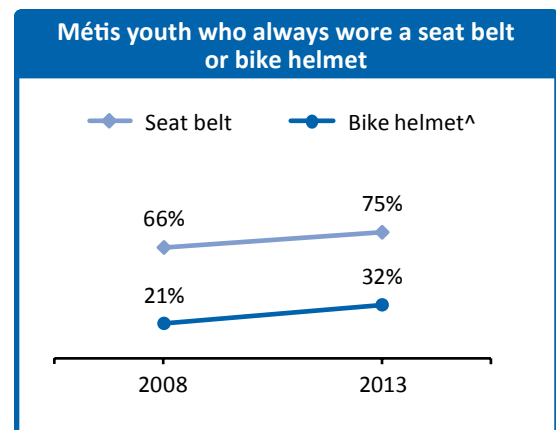
For both females and males, their most serious injuries occurred while they were playing or training for sports or other recreational activities (54%).

Métis youth were more likely than their non-Métis peers to have experienced a concussion in the past year (25% vs. 16%). Among Métis youth, males were more likely than females to have had a concussion (21% of females vs. 31% of males).

The most common symptoms experienced by youth who had a concussion were headaches (73%), dizziness or balance problems (75% of females vs. 60% of males), blurred vision (53%), and memory loss (51%).

There were improvements in injury prevention behaviours from five years earlier, including the percentage of Métis youth who always wore a seat belt when riding in a vehicle and the percentage of cyclists who always wore a helmet.

Youth who felt the most connected to their family were more likely to engage in injury prevention behaviours, such as always wearing a seat belt (90% vs. 65% who were least connected) or bike helmet (53%* vs. 18%; among those who rode a bike). These youth were also less likely to have driven under the influence of alcohol or marijuana.



[^]Among Métis youth who had ridden a bicycle in the past year.



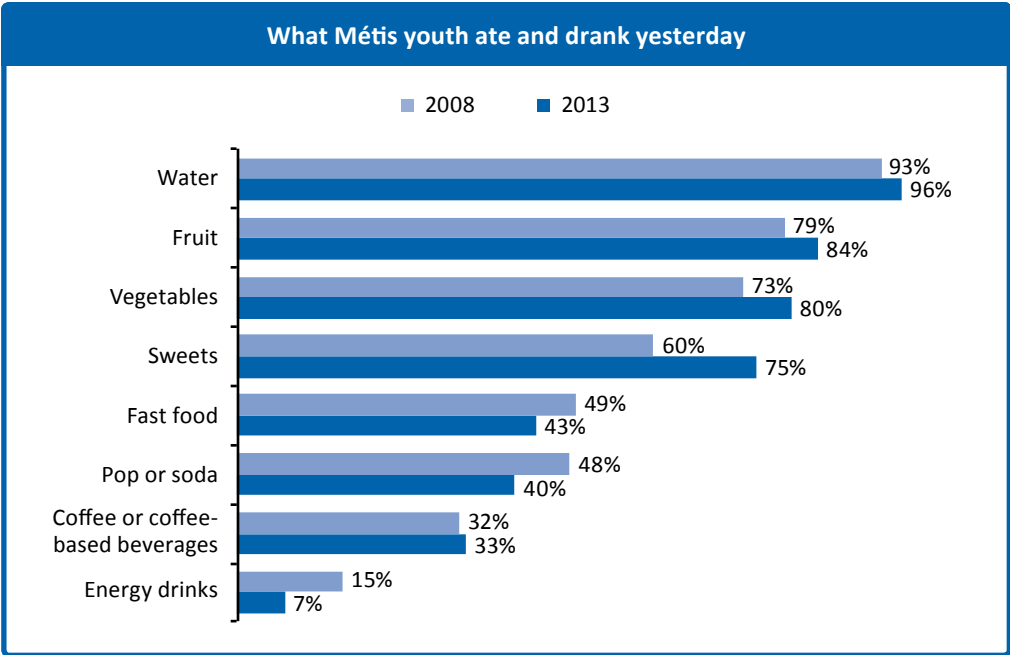
Nutrition

Reflecting the improvement in nutrition seen among non-Métis youth, Métis youth were more likely to eat fruit and vegetables on the day before completing the survey than their peers in 2008. Compared to five years earlier, Métis youth were also more likely to drink water and less likely to drink pop or soda and energy drinks. However, they were more likely to eat sweets.

Males were more likely than females to have had fast food (49% vs. 38%), pop or soda (48% vs. 34%), food grown or caught by them or their family (23% vs. 14%), and traditional foods (21% vs. 10%).

Young people we spoke with in community consultations identified school curriculum on nutrition and community events such as potlucks as opportunities to learn more about good nutrition, expand their cooking skill set, and share healthy recipes.

Youth who ate fruit and/or vegetables three or more times on the day before completing the survey were more likely than those who ate fewer servings to rate their health as good or excellent (86% vs. 72%), to have exercised on three or more days in the past week (78% vs. 64%), and to feel good about themselves (77% vs. 62%).



Note: The difference for coffee or coffee-based beverages was not statistically significant.

Eating traditional foods was linked to positive mental health. For example, students who ate traditional foods the previous day were more likely to rate their mental health as good or excellent (79% vs. 70% who did not have traditional foods) and to feel calm (57% vs. 41%) and happy (67% vs. 58%), and were less likely to experience extreme stress (12% vs. 19%) in the past month.

In consultations, youth expressed an interest in more opportunities to learn about and engage in traditional hunting-gathering activities, particularly in collaboration with local First Nations communities.

The percentage of Métis youth who always ate breakfast on school days did not change between 2008 and 2013 (43%). This percentage was lower than that seen among non-Métis youth (55%).

Younger youth were more likely than older ones to always eat breakfast (49% of youth aged 14 or younger vs. 39% of older youth), as were males in comparison to females (49% vs. 39%).

Half of males (50%) and 40% of females indicated they ate breakfast at home. Among those who did not, the most common reasons were not having time (71%), not being hungry in the morning (50%), and feeling sick if they ate breakfast (30%).

Females were more likely than males to report they did not eat breakfast because they were trying to control their weight. Additionally, females were more likely to identify getting breakfast at school, not being hungry in the morning, feeling sick when they ate breakfast, and having nothing they liked to eat at home as reasons they did not eat breakfast at home.

Eight percent of Métis students who did not eat breakfast at home reported getting their breakfast at school, with youth in the North the most likely to do so (20%).



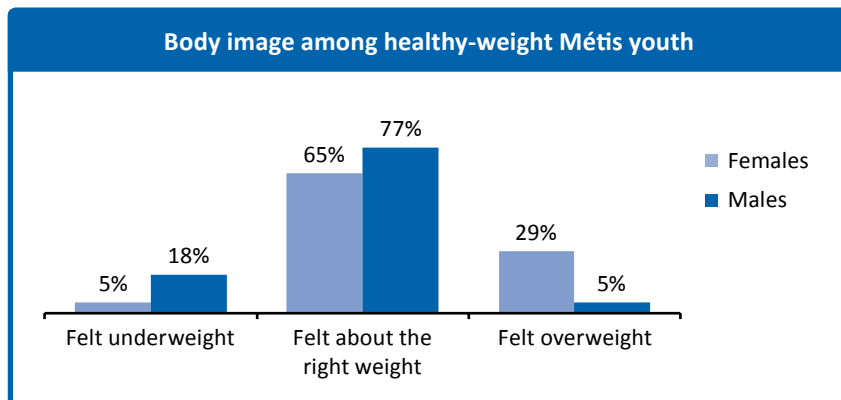
Weight and body image

Based on student's BMI (Body Mass Index) calculated from self-reported height and weight, 69% of Métis youth were a healthy weight, 19% were overweight, 9% were obese, and 2% were underweight. This was consistent with rates from five years previous. Females were more likely than males to be a healthy weight (73% vs. 64%). There were no other gender differences.

Among Métis youth whose BMI indicated they were a healthy weight, 10% thought they were underweight and 20% thought they were overweight. Over half (53%) of healthy-weight females were trying to lose weight (vs. 13% of males), and 38% of healthy-weight males were trying to gain weight (vs. 4% of females).

Eating behaviours

In the past year, a third of students (39% of females vs. 24% of males) had binge eaten to the point where they were embarrassed or felt out of control, with 11% of females and 7% of males having done so on a weekly basis. Additionally, 12% of females and 6% of males had vomited on purpose after eating (purged), with 3% having done so on a weekly basis.



Note: Percentages for females do not equal 100% due to rounding.

"I am fairly strong now yet I feel like I can lose some weight to be in the best shape I can be."

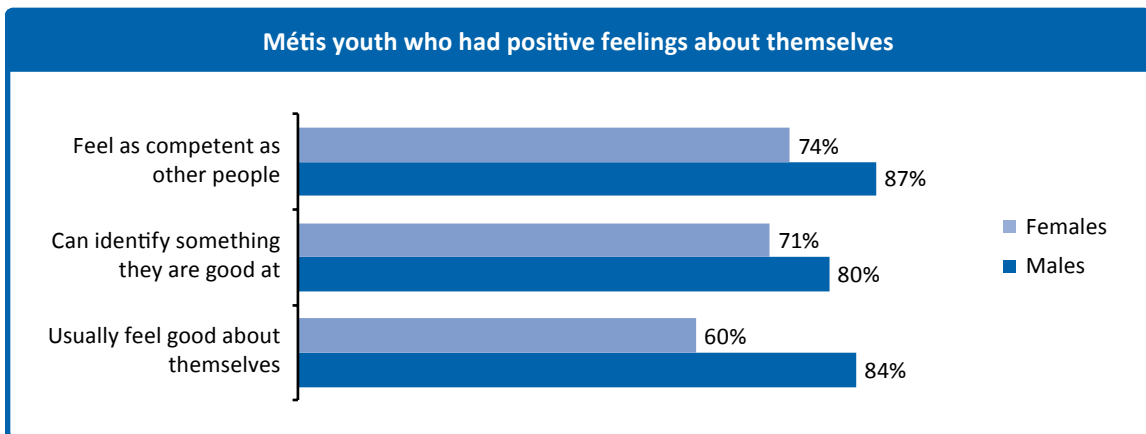
—BC AHS PARTICIPANT

Mental health

In community consultations, mental health was a major concern for both youth and adults. They recommended improving the general availability of mental health services, providing mental health services specific to Aboriginal contexts, increasing the availability and awareness of mental health resources within schools, increasing the number of Métis health care providers and Métis-specific outreach programs, and offering more opportunities to develop cultural and community connectedness.

The majority (71%) of Métis youth rated their mental health as good or excellent (compared to 81% of non-Métis youth). As with physical health, males were more likely than females to rate their mental health positively (80% vs. 65%).

Most Métis youth were able to identify something they were good at and reported feeling good about themselves and their abilities.



“Depression is a big deal for me. I’m not open with it at all and have little idea on where to go to get help.”

—BC AHS PARTICIPANT

Youth were asked if they had felt so much stress or despair in the past month that it had interfered with their functioning. Females were more likely than males to experience this level of stress and despair. Females were also more likely to have experienced extreme despair than in 2008 (18% in 2013 vs. 12% in 2008), while rates for males were unchanged. Rates of extreme stress were similar to 2008 for both females and males, and higher than seen among non-Métis youth (17% of Métis youth vs. 9% of non-Métis youth).

Mental health conditions

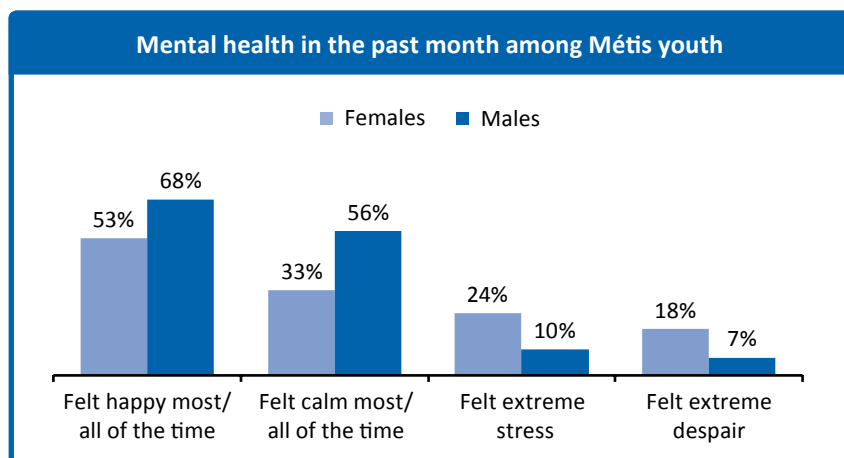
Thirty-five percent of Métis youth (39% of females vs. 29% of males) reported having at least one mental health condition. The most common were Depression (24% of females vs. 11% of males), Anxiety Disorder or panic attacks (25% of females vs. 8% of males), and Attention Deficit Hyperactivity Disorder (13%). Five percent of youth indicated they had an alcohol or drug addiction and 2% reported having Post-Traumatic Stress Disorder.

Youth with a mental health condition were less likely than those without such a condition to report feeling happy (34% vs. 72%) or calm (23% vs. 53%) most or all of the time in the past month, and were more likely to have attempted suicide in the past year (32% vs. 4%).

However, if these youth had supportive adults in their lives or were engaged in their community, they reported better health. For example, 19% of youth with a mental health condition who had a supportive adult inside their family had attempted suicide in the past year, compared to 46% without such an adult in their family.

Among youth with a mental health condition, those who felt they were listened to quite a bit or very much in their extracurricular activities were less likely to report extreme despair in the past month (17% vs. 36% who did not feel listened to) or to attempt suicide in the past year (21% vs. 44%).

Also, 43% of youth with a mental health condition who had three or more close friends felt happy most or all of the time in the past month (vs. 14% with fewer friends), and 27% felt calm this often (vs. 12%).



“[I] was suffering from minor depression but I [sought] out help and now I’m better.”

—BC AHS PARTICIPANT

Self-harm, suicidal thoughts, and suicide attempts

There was a decrease from 2008 in the percentage of males who had ever deliberately cut or injured themselves without trying to kill themselves (21% in 2008 to 13% in 2013), and an increase among females who had done so (27% in 2008 to 36% in 2013). Among those who had ever self-harmed, most had done so recently, with 35% of females and 11% of males deliberately hurting themselves in the past year.

Twenty-three percent of Métis youth seriously considered suicide in the past year and over half (55%) of these youth made a suicide attempt during that time.

As in 2008, females were more likely than males to consider suicide (30% vs. 15%) or make a suicide attempt (18% vs. 9%). Females were also more likely than their peers five years ago to consider suicide and twice as likely to attempt (19% of females considered suicide and 9% attempted in 2008), while rates among males were consistent over time.

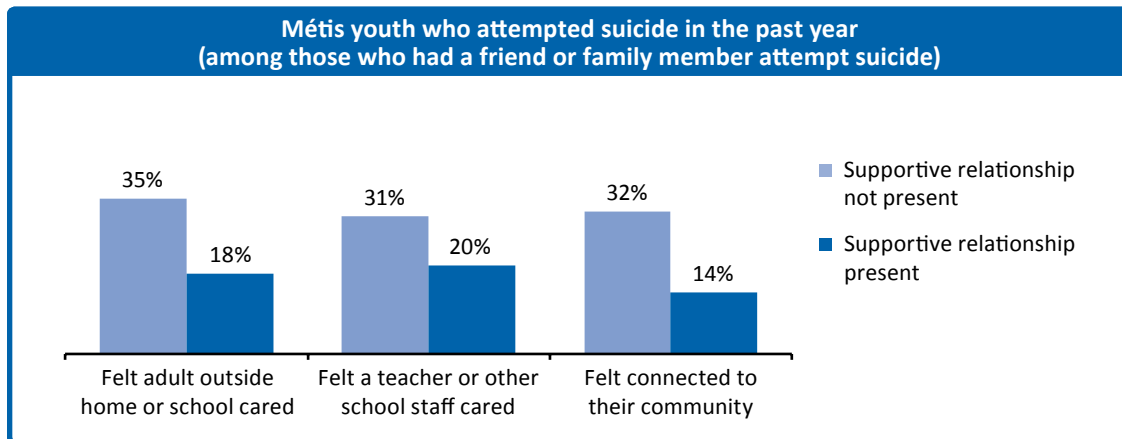
Métis youth were more likely than their peers to consider or attempt suicide or to self-harm, with the gap between Métis and non-Métis females widening since 2008.

Having a friend or family member attempt or die by suicide is a known risk factor for youth attempting suicide. Overall, 45% of youth reported having family or friends who had attempted suicide (52% of females vs. 36% of males), with 28% having this experience in the past year (35% of females vs. 19% of males). Those who had a family member or friend attempt suicide were more likely to have self-harmed (40% vs. 11% who did not have a family member or friend attempt suicide), considered suicide (38% vs. 11%), and attempted suicide (25% vs. 5%) in the past year.



However, if these youth felt like a part of their community or felt cared for by an adult at school or in their community, they reported better mental health. For example, among those who had a friend or family member attempt suicide, 30% of youth who felt quite a bit or very much like a part of their community had self-harmed in the past year, compared to 42% who felt very little or not at all a part of their community. Also, 18% of youth who could identify a caring adult in their community attempted suicide in the past year, compared to 35% who could not identify such an adult.

Being physically and/or sexually abused, experiencing discrimination, and experiencing in-person bullying all increase the risk that youth would have self-harmed in the past year, but the presence of supportive relationships appeared to mitigate that risk. For example, if youth reported having at least two supportive relationships in their lives (such as a supportive adult in their family and an adult who cared about them in their community), they were less likely to self-harm, even if multiple risk factors were present. In fact no youth who had been abused, discriminated against and bullied who also had a supportive adult in the family, three close friends, positive school relationships and a caring adult in their community had self-harmed in the past year.



Access to services and support

Among Métis youth, females were more likely to have missed out on needed mental health care than medical care, which was a difference not seen among males.

In comparison to non-Métis youth, Métis youth were more likely to have missed out on needed medical care (14% vs. 8%) and mental health care (18% vs. 11%) in the past year.

“[I did not access medical care because] I was afraid my parents would brush it off as overdramatic, or not believe me.”

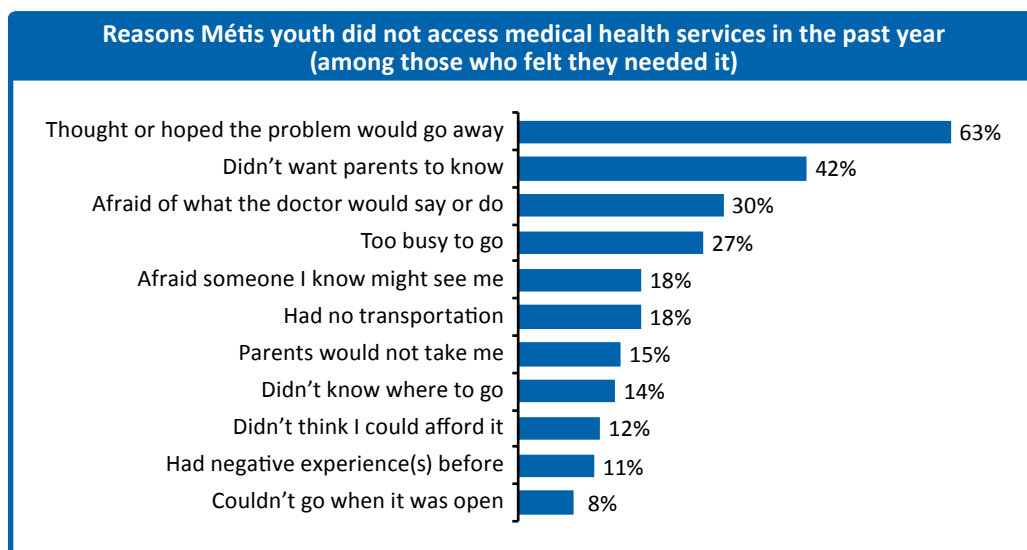
—BC AHS PARTICIPANT

Access to needed medical care

Unlike in 2008 when there was no gender difference, females were more likely than males to have missed out on needed medical services in the past year (17% vs. 11%). In 2013, males were less likely than their peers five years ago to have missed out on needed medical care, while the rate among females was unchanged.

Similar to 2008, the most common reason for not accessing needed medical care was thinking or hoping the problem would go away. Females were more likely than males to report not knowing where to go, being afraid of what the doctor would say or do, thinking or hoping the problem would go away, and having had negative experiences in the past.

Métis youth in 2013 were more likely than their peers in 2008 to report not accessing care because they did not want their parents to know (42% vs. 18%).



Note: Youth could choose more than one response.

“I haven’t told any doctors or my mom about [my mental health] because I don’t want to deal with all the trouble.”

—BC AHS PARTICIPANT

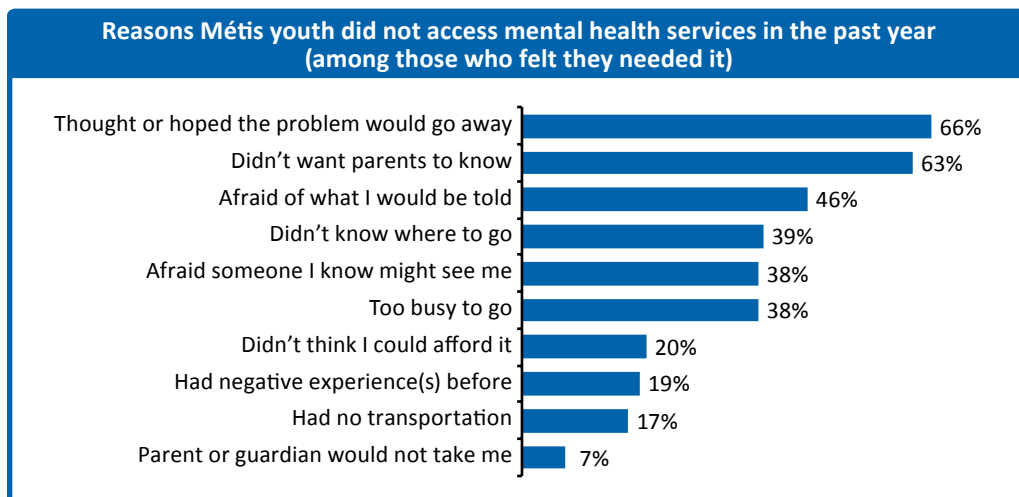
Access to needed mental health care

Consistent with five years previous, 24% of females and 11% of males did not access mental health care they felt they needed in the past year. As with medical care, the most common reasons were thinking or hoping the problem would go away and not wanting their parents to know.

There was an increase in youth missing out on care because they did not want their parents to know (63% vs. 40% in 2008), because they were afraid someone they knew might see them (38% vs. 22%), and because they did not have transportation to get there (17% vs. 9%).

Females were more likely than males to report not accessing mental health services because they did not want their parents to know.

Métis youth who discussed these results talked about being concerned about the reaction of their parents if they told them they were struggling with mental health issues, and the impact this might have on other areas of their life such as autonomy to make decisions and socializing. They were also worried that people might think they were faking or exaggerating their problems.



Note: Youth could choose more than one response.

Some were also concerned about the lack of cultural awareness within the health care system, and were cautious about approaching health care professionals for fear of encountering racism. They felt culturally-specific services and the availability of health care professionals who identified as Métis would help to reduce their reluctance to seek help.

Some Métis youth were at greater risk of missing out on needed medical or mental health care in the past year. For example, youth who had experienced in-person bullying in the past year were at least four times as likely as those without this experience to have missed out on needed medical care (20% vs. 5%) or mental health services (27% vs. 6%) over the same time period. Other youth who were more likely to have forgone medical or mental health care included those who had been abused, sexually harassed, discriminated against, or cyberbullied.

Youth who felt highly connected to their family, school, or community were less likely to have missed out on health care than their peers who did not feel this way. For example, 7% of youth who were most highly connected to school had missed out on needed mental health services, compared to 35% who were least connected. Similarly, youth who felt quite a bit or very much like a part of their community were less likely to have missed out on medical care (9% vs. 21% who felt very little or not at all like a part of their community).

Dentist

Four out of five Métis youth (80%) had visited the dentist in the past 12 months, while 19% had last seen a dentist more than a year ago. One percent of youth had never seen a dentist. Among those who had ever seen a dentist, 12% (14% of females vs. 10% of males) reported their last visit was for pain.



“[There should be] more workshops specific to Métis students, such as self-esteem, managing anxiety and depression, and more support systems and groups.”

—YOUTH CONSULTATION PARTICIPANT

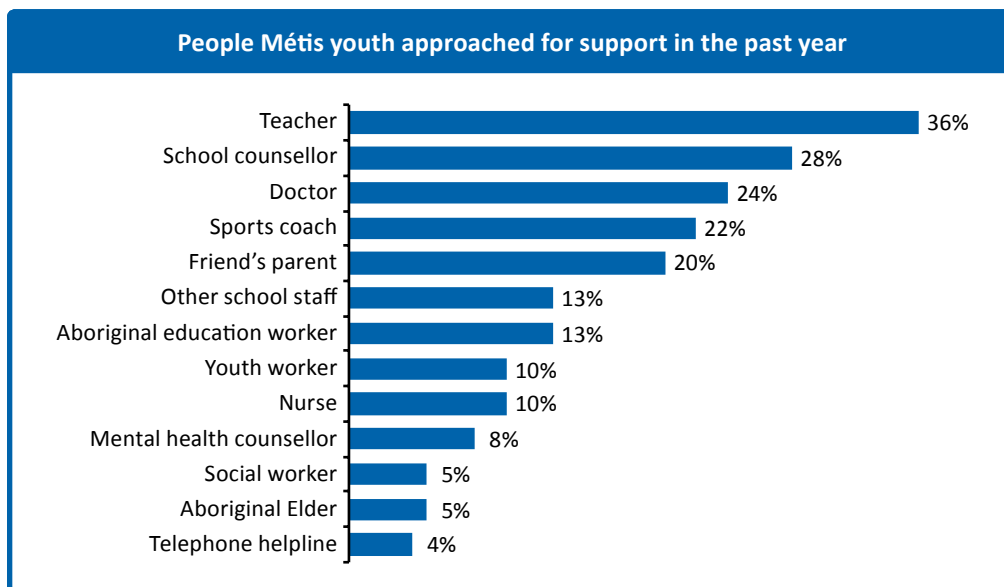
Help-seeking

Métis youth approached a variety of people for support in the past year, including professionals such as teachers, school counsellors, and doctors.

Females were more likely than males to have approached a school counsellor (31% vs. 24%), a mental health counsellor (10% vs. 5%), and a social worker (7% vs. 4%) for help, while males were more likely to have asked a teacher (41% vs. 32% of females) and a sports coach (27% vs. 18%).

The majority of youth who approached people for help found them helpful. For example, 89% of youth who asked a doctor for help found the assistance helpful, and 94% found a sports coach helpful.

Helpful assistance was linked to positive health. For example, youth who found a doctor's assistance helpful were more likely to rate their mental health as good or excellent (74% vs. 40%* who did not find a doctor helpful), and were less likely to have considered suicide (24% vs. 52%*) or to have attempted suicide (13% vs. 44%*) in the past year.



Note: Youth could choose more than one response.

Sleep

The National Sleep Foundation recommends that youth aged 12 to 19 sleep a minimum of eight and a half hours a night.

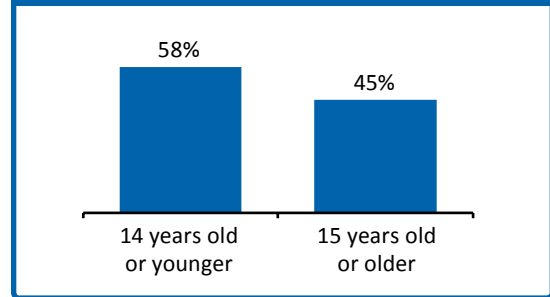
Among Métis youth, 43% of females and 58% of males slept for at least eight hours on the night before taking the survey. As youth got older, they were less likely to get a full night's sleep.

Some youth were at greater risk of not getting enough sleep, including youth who did not exercise in the week prior to taking the survey (33%* vs. 51% who exercised on one or more days), and those who ate two or fewer servings of fruit and vegetables the day before (44% vs. 53% who ate three or more servings).

The majority of youth (85%) reported doing something after the time they were supposed to be asleep, including chatting or texting (65%), social networking (59%), surfing the Internet (59%), doing homework (41%), or online gaming (32%).

Females were more likely than males to chat online or social network (65% vs. 52%), chat or text on their phone (70% vs. 58%), or do homework (45% vs. 34%), while males were more likely to be online gaming (46% vs. 21%) after their expected bedtime.

Métis youth who slept eight or more hours last night



Youth who were engaging with technology or doing homework after the time they were supposed to be asleep were less likely to get eight or more hours of sleep the night before completing the survey, compared to youth who had not been involved in these activities (46% vs. 67%).

Sleep was associated with positive mental health. For example, youth who got at least eight hours of sleep were more likely to rate their mental health as good or excellent (85% vs. 59% who slept fewer hours), and were less likely to have seriously considered suicide (13% vs. 33%) or self-harmed (15% vs. 33%) in the past year.



Substance use

Compared to five years previously, Métis students were less likely to have tried substances such as alcohol and marijuana, although rates of trying these substances were higher than among non-Métis youth. Participants in community consultations confirmed there had been improvements in substance use in recent years. Targeting specific areas of concern (i.e., tobacco use), offering a broad range of extracurricular activities and youth-friendly spaces, and improving cultural and community connectedness were seen as ways to support youth to make healthier choices in relation to substance use.

Tobacco

Just over a third of Métis students (34%) had tried smoking. Among these youth, 52% had smoked in the past month, with 9% having done so daily. Consistent with 2008, the most common age for first trying smoking was 13 or 14 years old. However, youth were less likely to have first smoked at age 11 or 12 (10% vs. 17% in 2008) and were more likely to wait until they were 17 or older.

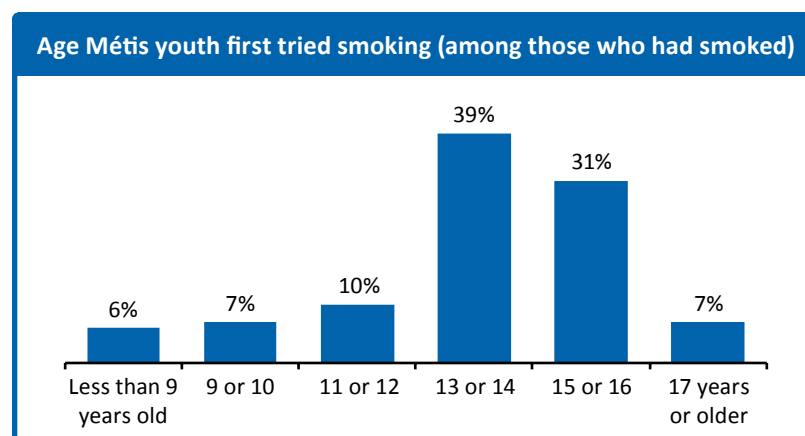
Females in 2013 were less likely than females in 2008 to have tried smoking (32% vs. 42%). The rate among males was similar to females and was consistent over time, although males were less likely than five years previous to become daily smokers (8% in 2013 vs. 17% in 2008; among those who had tried smoking).

Among those who had tried smoking, 51% smoked cigarettes in the past month, while 39% smoked cigars or cigarillos, 18% used a hookah, 18% used an electronic cigarette, and 16% had used chewing tobacco. Males were more likely than females to have smoked cigars (50% vs. 30%) or used chewing tobacco (27% vs. 8%).

Among youth who had smoked, nearly a quarter (23%) successfully quit in the past year while 17% quit but started again.

Smoke exposure

The percentage of Métis youth who were exposed to second-hand smoke in their home or family vehicle decreased, and the percentage who were never exposed increased from 54% in 2008 to 64% in 2013.



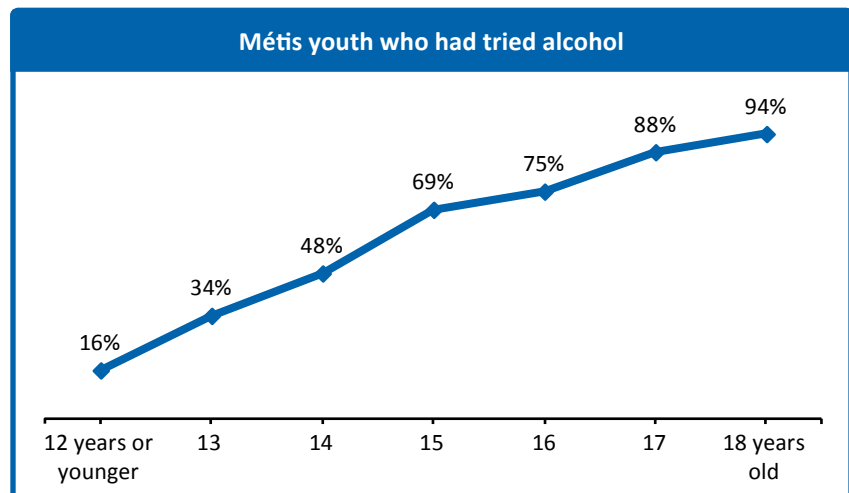
Alcohol

There was a decrease in the percentage of youth who had tried alcohol, from 70% in 2008 to 64% in 2013. Similar to 2008, the most common age for first drinking was 13 or 14 years.

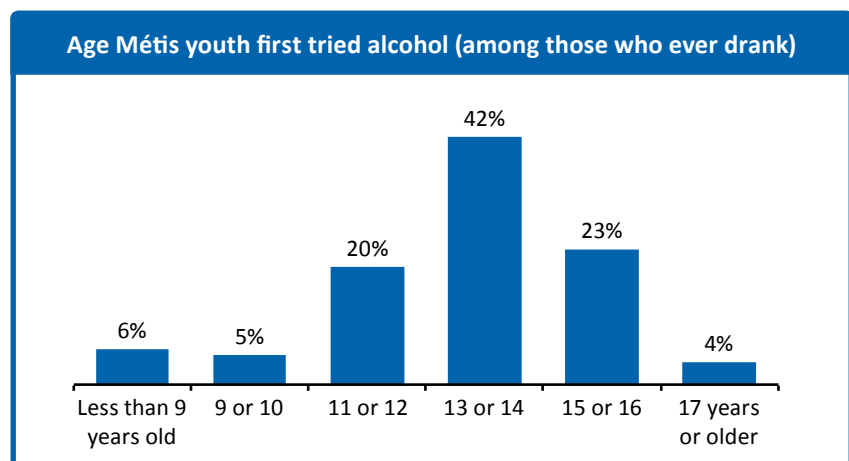
Among students who had tried alcohol, 65% drank in the past month, with 46% engaging in heavy sessional drinking and 8% drinking this heavily on six or more days in the past month. The percentage of youth who drank in the past

month dropped from 73% in 2008, but rates of heavy sessional drinking and regular heavy sessional drinking (on six or more days in the past month) were unchanged from 2008.

Binge drinking refers to females who consume three or more alcoholic drinks and males who consume four or more on a single occasion. Overall, 37% of Métis youth binge drank the Saturday before taking the survey, with similar rates between females and males.



Note: The differences between ages 15 and 16 and between 17 and 18 were not statistically significant.



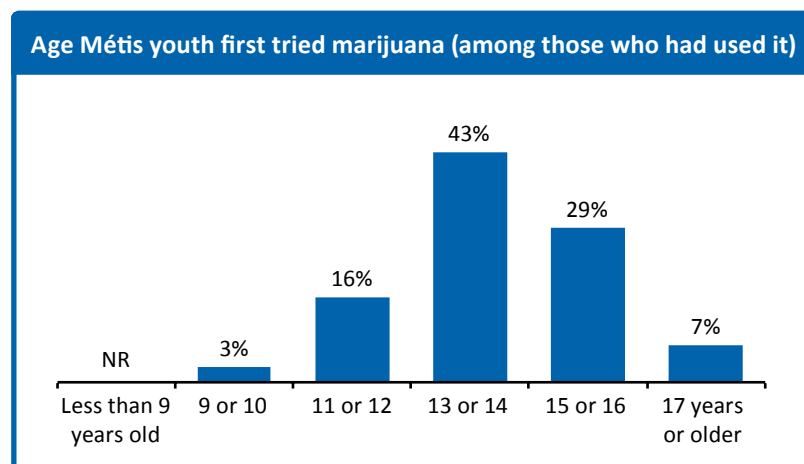
Marijuana

The percentage of Métis youth who had tried marijuana decreased from 48% in 2008 to 41% in 2013. The most common age for first trying marijuana was 13 or 14 years old, which was similar to the age for first trying alcohol and to marijuana findings five years ago.

Among youth who had tried marijuana, males were more likely than their peers five years ago to have used it in the past month (72% vs. 61%), while rates remained consistent for females.

Males were more likely than females to have used marijuana in the past month (72% vs. 55% among those who had tried marijuana) and to have used it on 20 or more days (21% vs. 10%).

The majority of youth who had tried marijuana (78%) reported that their most recent source of marijuana was a youth outside their family.



NR: The percentage of youth who reported first trying marijuana at younger than 9 years old was not releasable due to the risk of deductive disclosure.



Patrick Parenteau/DVPix

Other substances

Over a quarter of Métis students (27%) had used a substance other than alcohol or marijuana. The most common were prescription pills without a doctor's consent, mushrooms, and hallucinogens. Youth were less likely to have used various substances in 2013 than five years previous.

Females were more likely than males to have used prescription pills without a doctor's consent or inhalants, while males were more likely to have used crystal meth or steroids without a doctor's consent.

As in 2008, 2% of Métis youth had injected an illegal substance, with more males than females having done so.

Métis youth who had tried substances other than alcohol or marijuana		
	2013	2008
Prescription pills without a doctor's consent	18%	23%
Mushrooms	12%^	15%
Hallucinogens	9%^	11%
Ecstasy/MDMA	9%	15%
Inhalants	5%	8%
Cocaine	4%	7%
Amphetamines	3%	5%
Steroids without a doctor's consent	3%^	3%
Heroin	2%^	2%
Crystal meth	1%	3%

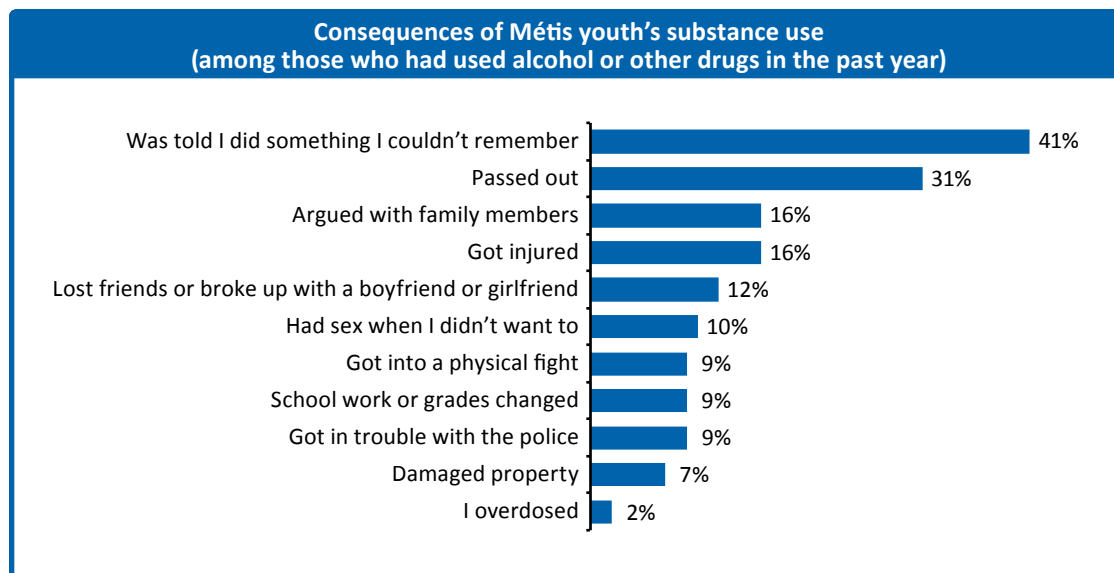
^ The difference between 2008 and 2013 was not statistically significant.



Consequences of substance use

Over half (56%) of youth who had used alcohol or other substances in the past year experienced negative consequences as a result. The most common were doing something they could not remember (45% of females vs. 36% of males) and passing out (35% vs. 26%). Females were also more likely to argue with family members (20% vs. 12% of males) or to lose friends or break up with a boyfriend or girlfriend (15% vs. 7%).

In the past year, 4% of Métis youth felt or had been told they needed help for their alcohol use (5% of females vs. 3% of males), 5% for their marijuana use, and 3% for other substance use.



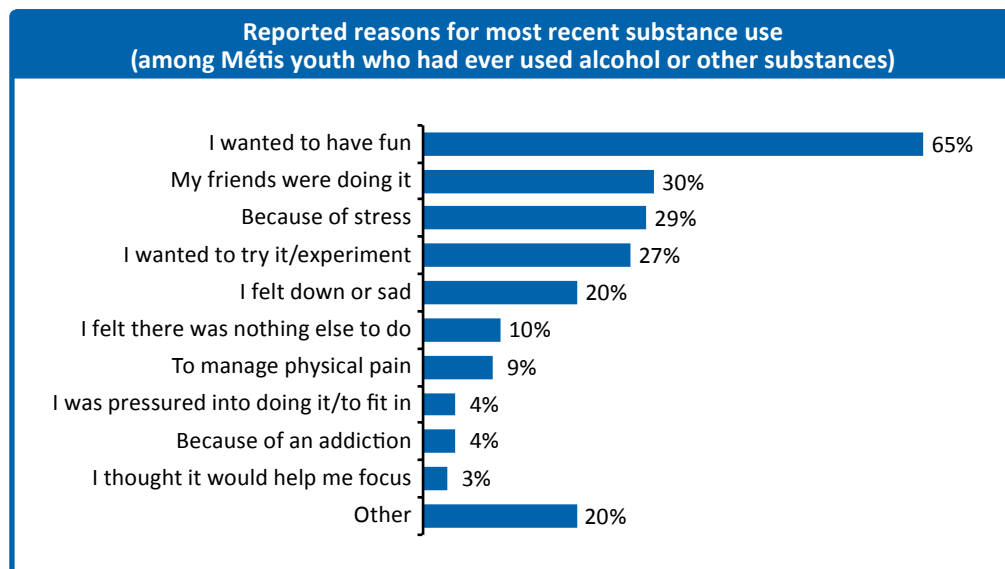
Note: Youth could choose more than one response.

Note: 'Had sex when I did not want to' may constitute a sexual assault. See the Canadian Criminal Code on consent for details. <http://www.justice.gc.ca/eng/cj-jp/victims-victimes/def.html>

Reported reasons for using

Among Métis students who had used alcohol or other substances, females were more likely than males to use substances most recently because they wanted to have fun (68% vs. 60%), their friends were doing it (33% vs. 25%), to manage stress (32% vs. 24%), they felt down or sad (26% vs. 12%), and they were pressured into doing it.

Older youth were more likely to use substances because they wanted to have fun (68% of youth 15 or older vs. 49% of younger youth; among those who had used alcohol or other substances) and because there was nothing else to do. Younger youth were more likely to want to experiment (44% of youth aged 14 or younger vs. 23% of those aged 15 or older).



Note: Youth could choose more than one response.



Sex and substance use

About a quarter of Métis youth who ever had sex (26%; 22% of females vs. 33% of males) used alcohol or other substances before they last had sex. The percentage of females who reported having done so decreased (36% in 2008), while the percentage for males remained consistent.

Impaired driving

Among all Métis youth, one in ten (8% of females vs. 14% of males) had ever driven while under the influence of alcohol or other substances, and 40% had ever been a passenger of someone who was impaired.

Among youth who had tried alcohol, males were less likely than their peers in 2008 to have driven under the influence of alcohol (9% vs. 12%), while the rate among females was consistent (7%). Among youth who had used marijuana, rates of driving after using it were similar to five years previous among both males (28%) and females (12%).

Youth at risk for substance use

Youth who faced challenges in their lives were more likely than their peers without these challenges to have used substances. These included youth who had experienced racial discrimination (79% vs. 62% without this experience) and youth who had been bullied in person in the past year (47% vs. 33% who had not been bullied). Lesbian, gay, or bisexual youth were also more likely to have used substances (50%* vs. 24% of straight youth).

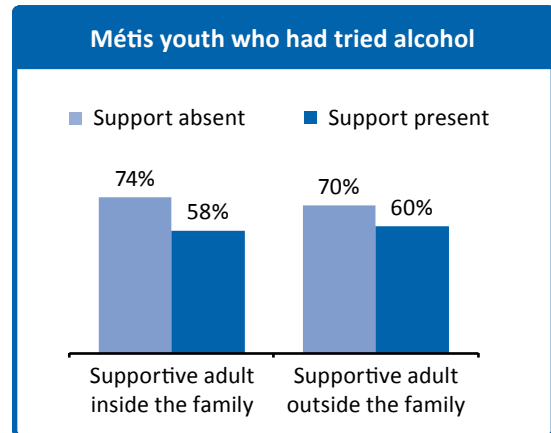


Protective factors for substance use

Consistent with what we heard in consultations, positive relationships within youth's home, school, and community were linked to lower rates of using alcohol, marijuana, and other substances. For example, students who felt quite a bit or very much like a part of their community were less likely to have tried alcohol (53% vs. 72% who felt less connected to their community). Having a supportive adult inside their family or outside their family was also associated with lower rates of trying alcohol.

Among youth who used alcohol, those who felt cared about by their teachers or other school staff were less likely to have engaged in heavy sessional drinking in the past month (43% vs. 52% who did not feel cared about), as were youth whose friends would be upset with them if they got drunk (16% vs. 52% whose friends would not be upset).

Among those who had tried marijuana, youth who felt that a teacher cared about them were less likely to have used marijuana on 20 or more days in the past month (12% vs. 27%* who did not feel this way), as were youth who had positive relationships with their peers at school.



Youth whose parents knew what they were doing most or all of the time were less likely to have used substances other than alcohol or marijuana (20% vs. 53% whose parents never or rarely knew), as were youth whose parents ate an evening meal with them (22% vs. 46% who rarely or never did so). Having three or more close friends was also associated with reduced rates of using substances other than alcohol or marijuana (25% vs. 35% who had fewer friends).

Meaningful youth engagement was also associated with reduced substance use. For example, youth who felt their extracurricular activities were quite a bit or very meaningful were less likely to have ever used marijuana (39% vs. 52%* who felt their activities were less meaningful). Similarly, youth who felt their ideas were listened to and valued in these activities were less likely to have tried marijuana (35% vs. 47% who felt their ideas were listened to very little or not at all).



Sexual health

Oral sex and sexual intercourse

Over a third (38%) of Métis students indicated they had ever had oral sex, which was similar to the rate five years previous. Also consistent with 2008, a third of Métis youth (33%) had ever had sexual intercourse (sex other than oral sex or masturbation).

Condom use

As in 2008, 68% of youth who had had intercourse (63% of females vs. 75% of males) used a condom or other barrier the last time they had sexual intercourse. Among youth who ever had oral sex, 14% used a barrier the last time.

Sexually transmitted infections (STIs)

Among all Métis youth, 2% had been diagnosed with an STI. This rate was 4% among youth who ever had sexual intercourse, which was similar to the rate in 2008.

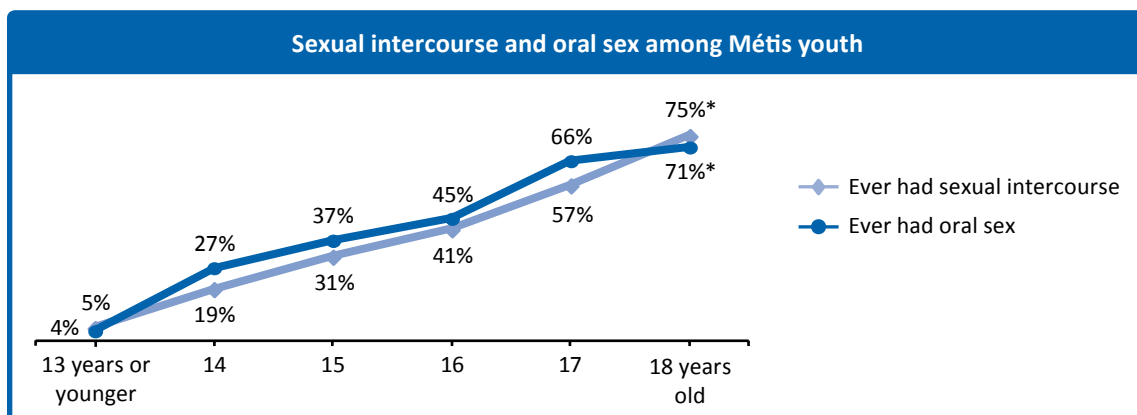
Pregnancy

Nine percent of Métis youth who had ever had sexual intercourse had been involved in a pregnancy, which was consistent with 2008.

Among sexually active youth, the most common methods used to prevent pregnancy the last time they had sex were condoms (60% of females vs. 72% of males) and birth control pills (52%). Consistent with 2008, 5% reported that withdrawal was the only method they had used, and 4% indicated they did not try to prevent pregnancy the last time they had sex.

Sexting

Sexting is the sending of explicit photographs or messages via cellphone or other similar device. Fifteen percent of Métis students reported using their phone to engage in sexting the previous school day. Males were almost twice as likely as females to have sexted (21% vs. 11%).



Note: Differences were not statistically significant across all data points.

Violence and abuse

Bullying

When asked about their experience with victimization in the past year either at school or on the way to or from school, 13% of students had been physically assaulted, 41% were socially excluded, and 47% were teased to the point where they felt extremely bad or uncomfortable. Females were more likely than males to have been socially excluded (48% vs. 31%) or teased (53% vs. 39%). Rates of physical assault, social exclusion, and teasing were consistent with those five years previous among both males and females.

Online safety

Over a quarter of females (28%) and 15% of males had been cyberbullied in the past year, which was similar to 2008. Also consistent with 2008, 24% of females and 11% of males had met someone online who made them feel unsafe.

Relationship violence

Among those who were in a romantic relationship in the past year, 8% reported their girlfriend or boyfriend had hit, slapped, or purposefully hurt them over that time. This was similar to the percentage in 2008.



Discrimination

In community consultations, youth and adults told us that while general awareness of Aboriginal peoples has improved, Métis identity is still not well understood. Some youth felt their identity was sometimes invalidated or policed by people who did not perceive them to be “Indigenous enough.” Consultation participants recommended increasing awareness of the Métis as a distinct Aboriginal group, as well as of the diversity within the Métis community itself.

Forty-seven percent of students (54% of females vs. 38% of males) had experienced at least one form of discrimination in the past year, with 15% experiencing three or more types. Females were more likely than males to report being discriminated against because of their physical appearance, being seen as different, their age, gender, or sexual orientation.

Compared to five years previous, males were less likely to report being discriminated against because of their sexual orientation (12% in

2008 vs. 5% in 2013), while females were more likely to perceive they were discriminated against because of their physical appearance (22% in 2008 vs. 39% in 2013).

Nine percent of youth experienced racial discrimination in the past year. These students were more likely to have missed out on needed medical care (32%* vs. 12% without this experience) or mental health services (36%* vs. 16%), and to have considered suicide (45%* vs. 21%) or attempted suicide (30%* vs. 12%) over the same time period.

There appeared to be a link between experiences of discrimination and self-harm. For example, 12% of youth who had not experienced discrimination in the past year reported that they had cut or injured themselves on purpose during that time, compared to a quarter of youth who had experienced one type of discrimination and around a half (49%) who had experienced two or more types of discrimination.

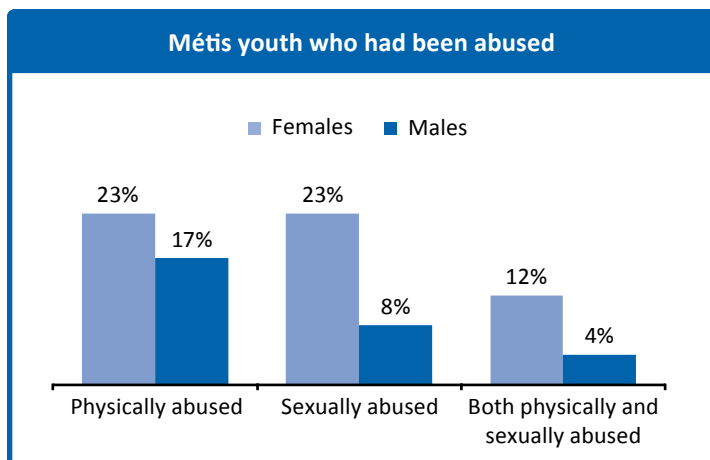
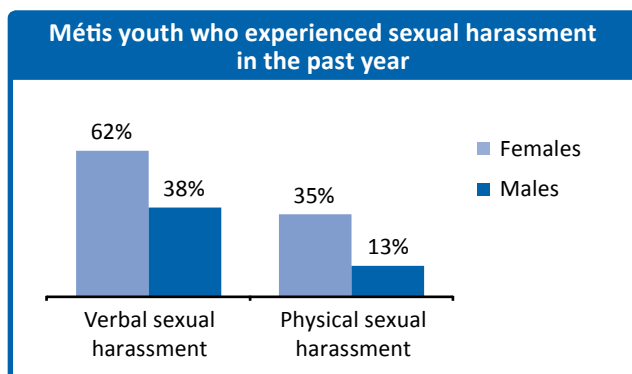
Perceived reasons for being discriminated against in the past year		
	Females	Males
Physical appearance	39%	24%
Being seen as different	24%	16%
Age	16%	6%
Gender/sex	13%	5%
Income or family income	10%^	7%
Sexual orientation	9%	5%
Race, ethnicity, or skin colour	8%^	11%
A disability	5%^	6%

^ The difference between females and males was not statistically significant.

Note: Youth could choose more than one response.

Sexual harassment

The majority (65%) of females and 40% of males had experienced some kind of sexual harassment in the past year. While rates of verbal sexual harassment were similar to 2008, rates of physical harassment decreased for both males (20% in 2008 vs. 13% in 2013) and females (45% in 2008 vs. 35% in 2013).



Note: Sexual abuse includes youth who reported they had been forced into sexual activity against their will or were the younger of an illegal age pairing the first time they had sex.

Abuse

During consultations, community members emphasized the impact of intergenerational trauma within both the Métis and broader Aboriginal community. They recommended that the public become more aware of the impact of the residential school system and the history of the Métis within residential schools.

Twenty-one percent of Métis youth had ever been physically abused and 16% had been sexually abused. Although there were no improvements in sexual abuse rates or in the percentage who had been both physically and sexually abused, there was a decrease among females in rates of physical abuse (30% in 2008 vs. 23% in 2013).

Youth who had been physically or sexually abused were less likely than their peers who had never been abused to report good or excellent physical health (70% vs. 84%) or mental health (54% vs. 78%). These youth were also more likely to have self-harmed (49% vs. 15% who had never been abused), to have considered suicide (47% vs. 14%), and to have made a suicide attempt (33% vs. 6%) in the past year.

However, if these youth had a supportive adult in their life, were connected to school, or felt safe in their neighbourhood during the day, they reported better health. For example, among youth who had been abused, 96% of those with higher school connectedness rated their mental health as good or excellent, compared to 37% with lower school connectedness. Also, 44% of those who often or always felt safe in their neighbourhood in the daytime had self-harmed compared to 74%* who never or rarely felt safe, and 74% of those with an adult they could turn to for help rated their health as good or excellent compared to 61%* who did not have a supportive adult.

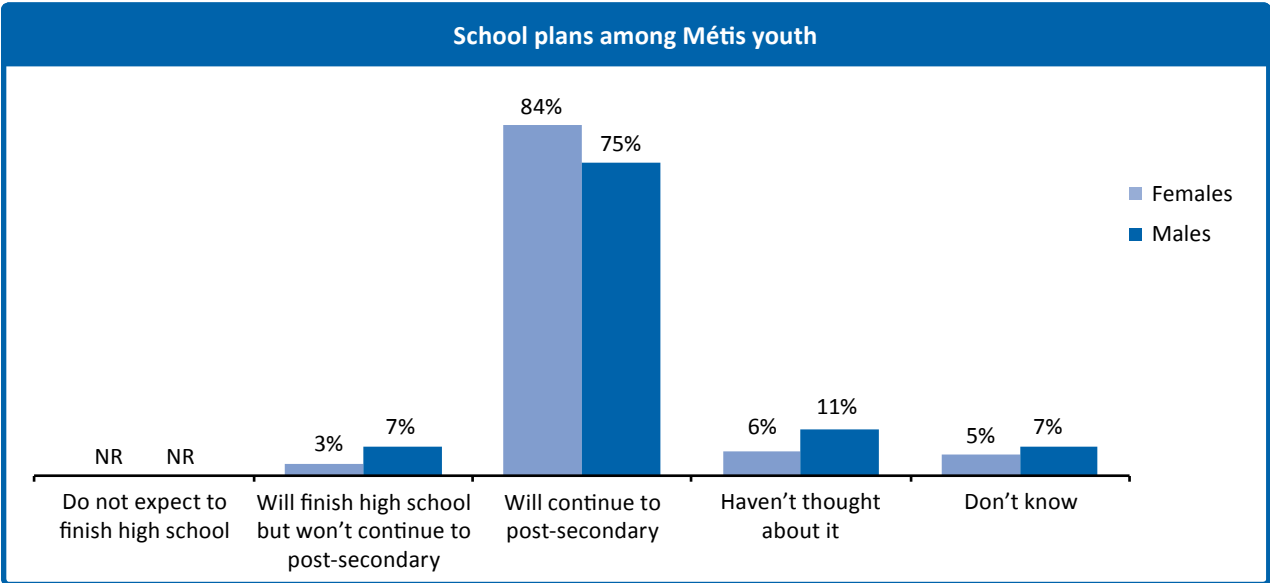
Education and employment

Education

Participants in community consultations shared concerns over the general lack of funding within the education system. They felt that cutbacks had negatively impacted schools' ability to support students, especially in more rural areas of the province. Aboriginal Education Enhancement Agreements were seen as an effective method of increasing the inclusion of Aboriginal-specific curriculum, the visibility of Métis community and culture, and accountability for Aboriginal educational outcomes within the school system.

School plans

The majority (80%) of Métis students planned to continue their education after high school. Five percent of students planned to finish high school but not continue onto post-secondary, which was a decrease from 2008. Additionally, youth were less likely than their peers five years previous to plan on dropping out of high school.



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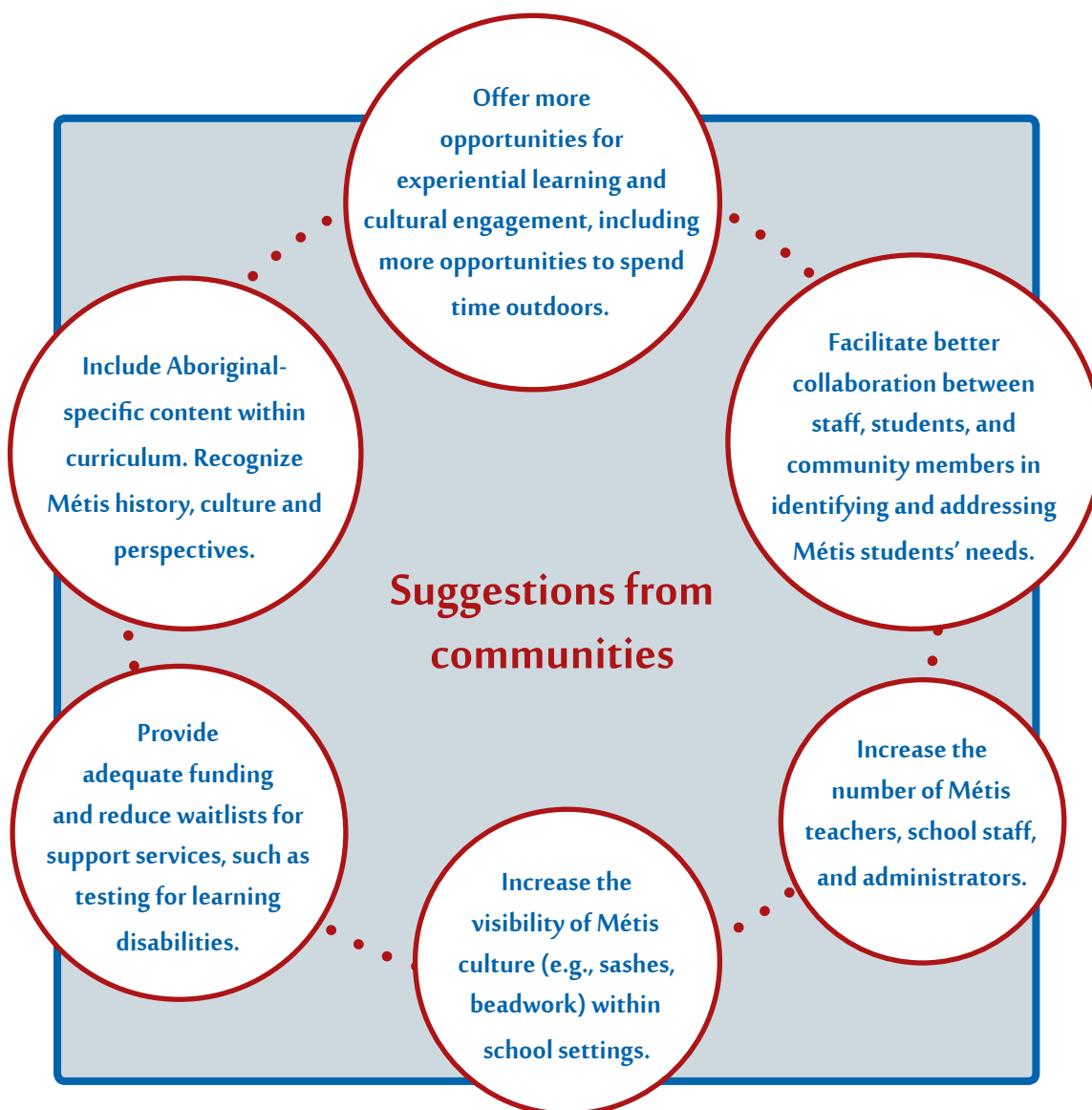
Note: The difference between females and males for "don't know" was not statistically significant.

"In high school when you get to choose your subjects, one class could be an Aboriginal-specific one to connect with Elders."
—YOUTH CONSULTATION PARTICIPANT

Absences

Nearly three quarters of females (73%) and 63% of males missed class in the past month. The most common reasons were illness (53% of females vs. 44% of males), skipping (31%), and family responsibilities (18%).

Some youth were more likely to have missed school, including those who went to bed hungry at least sometimes (81% vs. 66% who never went to bed hungry), had experienced in-person bullying in the past year (71% vs. 64% who had not been bullied), had run away from home (86% vs. 65% who had not run away in the past year), or moved three or more times in the past year (83% vs. 67% who had moved fewer times).



School safety

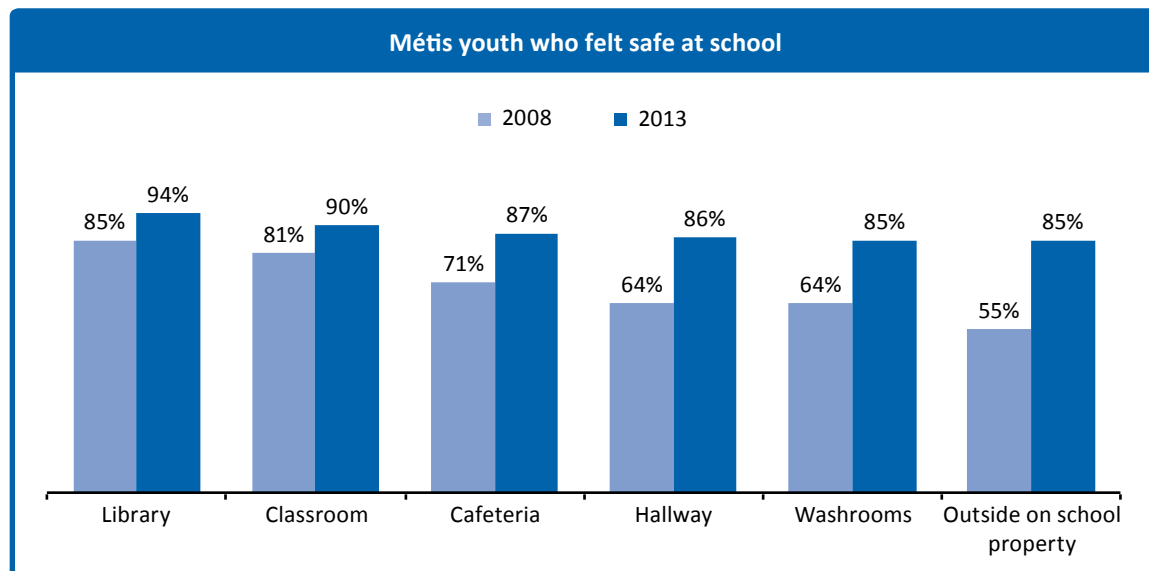
Most Métis youth reported they felt safe at school (68%), with youth feeling safer in all areas of their school in 2013 compared to 2008.

Youth who felt safest at school were more likely to rate their mental health as good or excellent (84% vs. 52% who felt less safe). They were less likely to have experienced extreme stress (8% vs. 28%) or despair (5% vs. 24%) in the past month, or to have carried a weapon to school (5% vs. 15%).

School relationships

The majority of Métis students felt staff treated them fairly (68%), got along with their teachers (64%), were happy to be at school (58%), and felt their teachers cared about them (57%). Half of Métis students (50%) felt like a part of their school, and just under half (48%) felt that other school staff cared about them.

Students who reported higher school connect- edness were more likely to feel good about themselves (92% vs. 45% with lower school connectedness) and to plan on continuing their education after high school (93% vs. 69%), and were less likely to have skipped school in the past month (16% vs. 43%).



“My biggest issue in my life is stress from teachers and the school district.”

—YOUTH BC AHS PARTICIPANT

Helpful school staff

Métis youth were as likely as their peers in 2008 to have asked a teacher for help (36%), but less likely to have approached other school staff for support (21% in 2008 vs. 13% in 2013). Additionally, the percentage of males approaching a school counsellor for support decreased from 32% in 2008 to 24% in 2013.

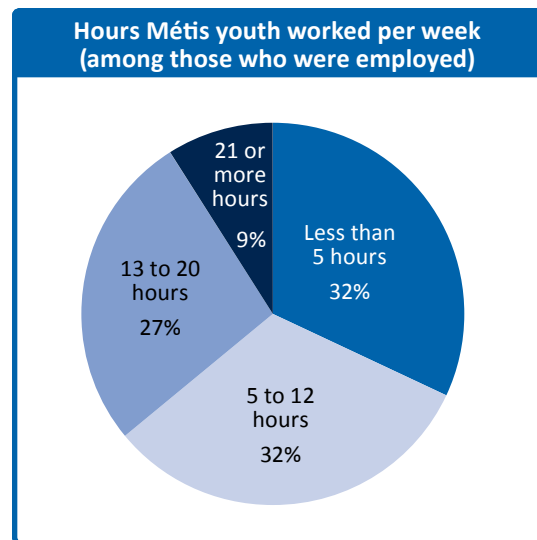
The majority of youth who approached school staff for support found them to be helpful. For example, 87% of youth who asked a teacher for help found the assistance helpful and 82% found a school counsellor helpful.

Among youth who sought help, those who found a school counsellor's assistance helpful were less likely to have self-harmed (31% vs. 50%* who did not find a school counsellor helpful) or to have attempted suicide (18% vs. 33%*) in the past year. Similarly, those who found a teacher helpful were more likely to rate their mental health as good or excellent (80% vs. 55%* who did not find a teacher helpful), and to have felt calm (54% vs. 31%*) or happy (71% vs. 42%*) most or all of the time in the past month.

Employment

Thirty-eight percent of Métis students had a paid job during the school year, which was a decrease from five years previous (49%) and consistent with the trend seen among all BC youth.

Among those who worked, nearly one in ten (9%) worked more than 20 hours a week. These youth were more likely to have missed class in the past month and were less likely to see themselves in school in five years, compared to their peers who worked fewer hours.



"I get outside-of-school contacts through people at school, like my youth worker."

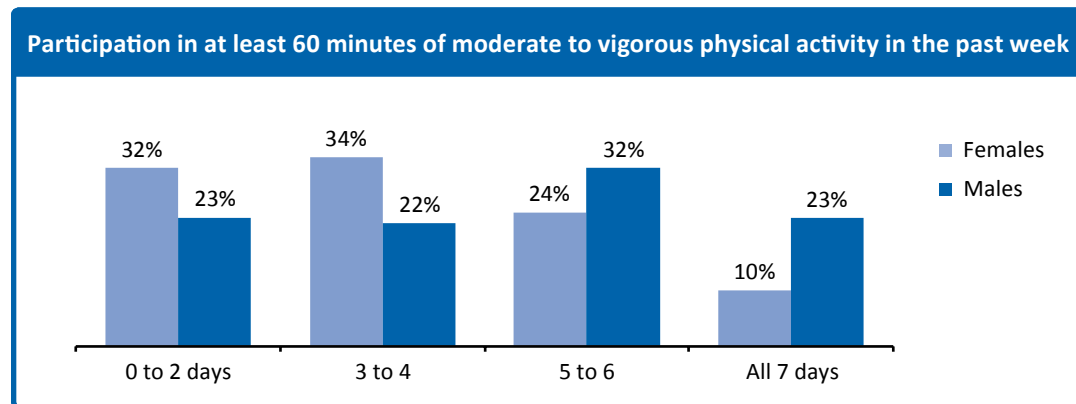
—YOUTH CONSULTATION PARTICIPANT

Physical activity and leisure

Exercise

In the week prior to taking the survey, 11% of females and 24% of males aged 12 to 17 met the Canadian Physical Activity Guidelines recommendation of an hour of moderate to vigorous physical activity each day. Over half (59%*) of youth aged 18 and 19 met the recommended 150 minutes of physical activity by exercising on at least three days in the past week.

Exercise was linked to positive mental health. For example, Métis youth who exercised on at least three days in the week before taking the survey were more likely to rate their mental health as good or excellent (74% vs. 63% who exercised on fewer days), to feel good about themselves (73% vs. 62%), and to feel as competent as their peers (83% vs. 72%).



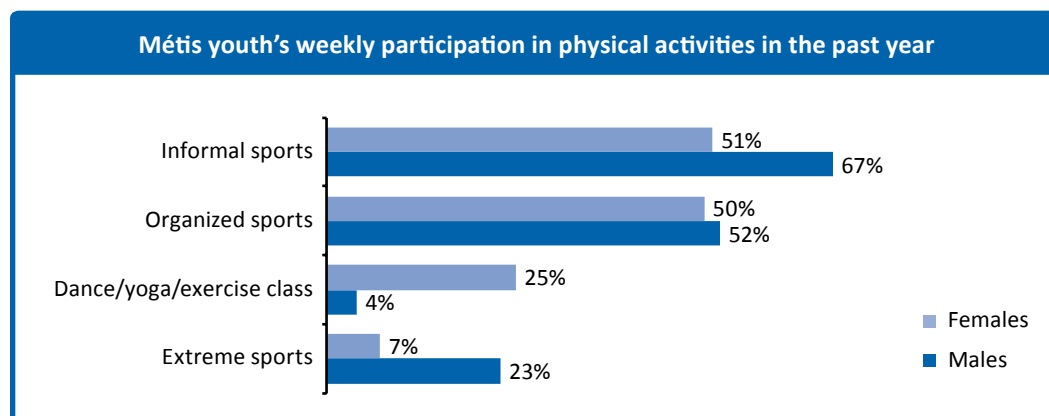
Sports and dance/exercise class participation

Reflecting trends among all BC youth, Métis youth were less likely than their peers five years ago to have participated in weekly informal sports such as hiking, biking and skateboarding (58% in 2013 vs. 70% in 2008) or weekly dance, yoga, or exercise classes (16% in 2013 vs. 24% in 2008) in the past year. However, unlike other youth, rates of participating in weekly organized sports (such as school teams, swimming lessons) remained consistent (51%).

Youth who participated in weekly sports, or dance/ exercise classes outside of school were more likely to rate their health as good or excellent (86% vs. 63% who did not participate weekly in the past year), to have an adult outside their family they could turn to for help (39% vs. 30%), and to feel like a part of their community (38% vs. 19%).

Gambling

The legal gambling age in BC is 19. Fourteen percent of Métis youth under the age of 19 had played games for money; bought lottery tickets; or bet money at a casino, race track, or online in the past year (9% of females vs. 22% of males). The percentage of youth who had gambled was lower than in 2008 (43%).



Note: The difference between females and males for organized sports was not statistically significant.

Community engagement and connections

Extracurricular activities

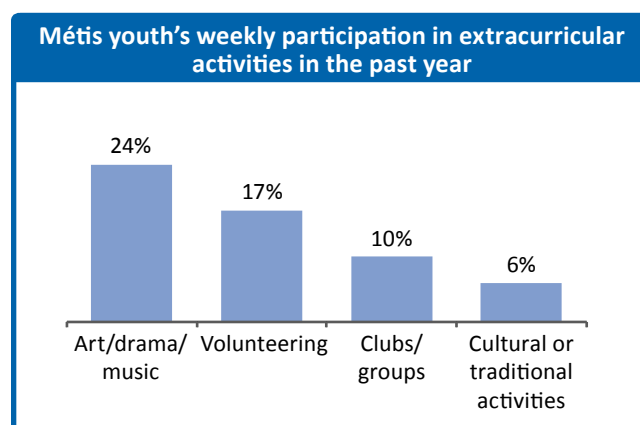
In addition to engaging in sports and dance/exercise classes, Métis youth participated in a range of other extracurricular activities. Compared to five years earlier, Métis youth were less likely to be part of clubs or groups such as 4-H, Guides, or Scouts (10% in 2013 vs. 15% in 2008). However, the percentage who took part in weekly art, drama, singing, or music lessons remained consistent (28% of females vs. 18% of males).

Older youth were more likely than younger ones to have volunteered (19% of those aged 15 or older vs. 13% of those aged 14 or younger) and were less likely to have participated in art, drama, or music (21% vs. 28%).

Meaningful engagement in activities

Two thirds of Métis students felt their extracurricular activities were quite a bit or very meaningful, consistent with their peers five years ago.

Students who found their activities meaningful were less likely to have experienced extreme despair in the past month (11% vs. 26%* who did not find their activities meaningful) and to have considered suicide in the past year (18% vs. 42%*).



Over a third (38%) of students felt their ideas were listened to quite a bit or very much in these activities. Females in 2013 were less likely than females in 2008 to feel their ideas were listened to. Compared to students who did not feel their ideas were listened to, those who felt listened to were less likely to have self-harmed in the past year (15% vs. 39%) and were more likely to envision themselves in school (56% vs. 38%), in a job or career (72% vs. 62%), or engaged in their community (17% vs. 4%) in five years. These youth were also more likely to currently feel like a part of their community (50% vs. 19%).

Barriers to participation

Youth were asked about any barriers that had prevented them from participating in activities in the past year. Consistent with what we heard in consultations, the most common barriers were being too busy (50% of females vs. 43% of males) and being unable to afford it (26% of females vs. 18% of males). Participants in community consultations recommended increasing available funding so extra-curricular activities could be offered consistently, at affordable price points, and in smaller and more rural areas of the province.

Youth who worked at a paid job in the past school year were more likely than their peers who did not work to indicate they did not participate in extra-curricular activities because they were too busy (56% vs. 42%), they could not afford to (27% vs. 19%), or they were unable to get there or home (24% vs. 18%).

Community relationships

In all consultations, strong community-based relationships were considered key for the success and wellness of Métis youth. Youth noted that having relationships with supportive adults outside of home and school and role-models or mentors from their communities positively impacted their mental health. They expressed interest in having more opportunities to develop these relationships.

Over a third (37%) of Métis youth could identify an adult outside their family they could turn to if faced with a serious problem, and 63% felt there was an adult outside their home or school who cared about them.

I was too busy	47%
I couldn't afford it	22%
I couldn't get there or home	20%
Activity wasn't available in my community	18%
I was worried about being bullied	8%

“Western society is about self, ‘I’ instead of ‘we’. Feeling the community again would help a lot of people feel safe and happy and comfortable.”

—YOUTH CONSULTATION PARTICIPANT

“The more supports youth have around them, the more likely they are to succeed.”

—ADULT CONSULTATION PARTICIPANT

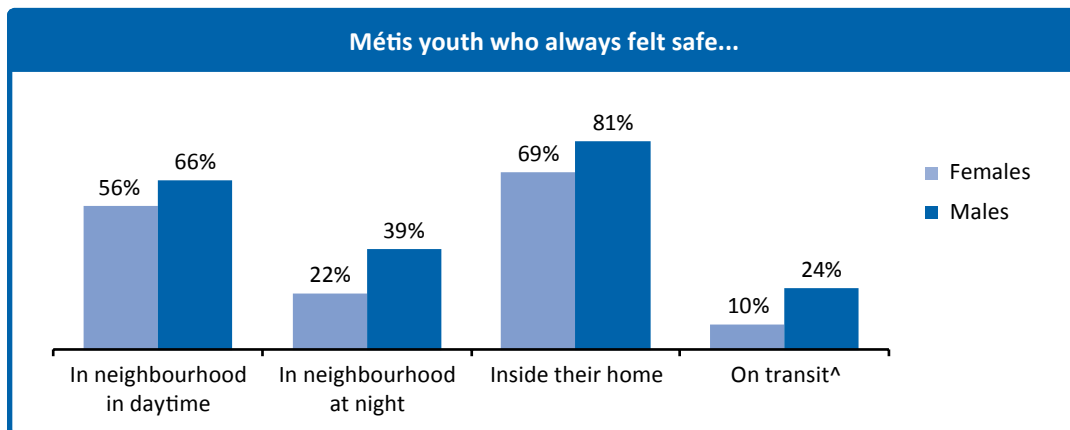
A quarter of females and 1 in 5 males reported that they did not have an adult inside or outside their family they could turn to when they had a problem, and 1% did not have an adult in their neighbourhood, community, or school who cared about them or whom they could turn to if they had a problem.

Métis youth who had caring or supportive adults in their lives reported better health. For example, youth who felt an adult cared about them were more likely to rate their mental health as good or excellent (76% vs. 62% who did not have a caring adult) as well as their overall health (83% vs. 75%), and were less likely to have attempted suicide in the past year (10% vs. 19%).

Neighbourhood safety

Youth were asked how safe they felt in their neighbourhood. Sixty percent always felt safe there during the day and 29% felt safe there at night. Nearly three quarters (74%) always felt safe inside their home, while 2% never did. Among youth who used transit, 16% always felt safe and 6% never did.

Youth who always felt safe in their neighbourhood were more likely to rate their overall health as good or excellent (87% vs. 77% who did not always feel safe), to have slept eight or more hours the night before the survey (59% vs. 46%), and to have participated in organized sports (57% vs. 48%) or informal sports (67% vs. 55%) on a weekly basis in the past year. These youth were also less likely to have experienced extreme stress (10% who always felt safe vs. 21% who felt safe less often) or despair (9% vs. 15%) in the past month.



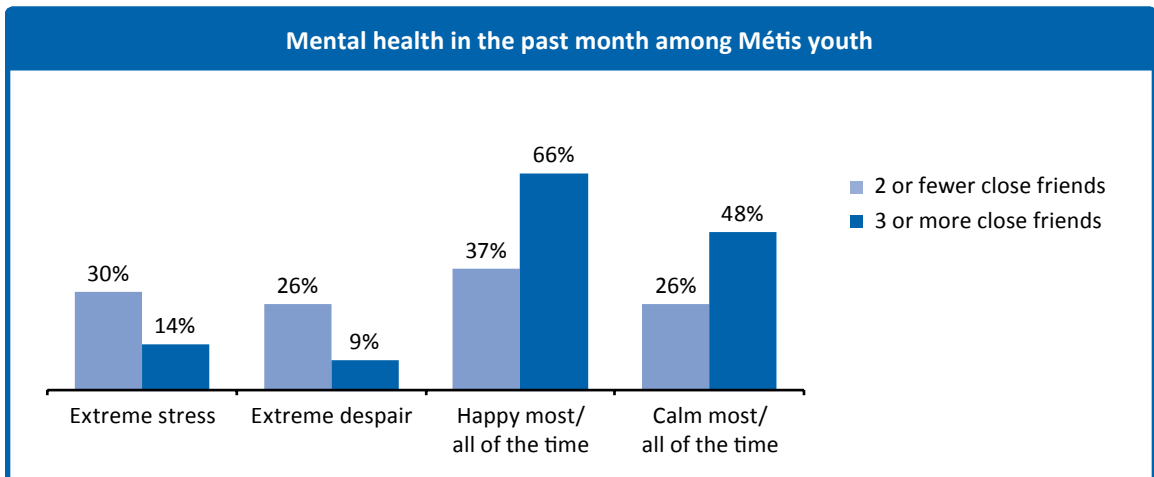
[^] Among youth who used transit.

Friendships

Virtually all Métis youth (97%) reported having at least one close friend in their school or neighbourhood, with 75% having three or more. Males were more likely than females to have 10 or more close friends (29% vs. 19%).

Students who had three or more friends were less likely to report experiencing extreme stress or despair in the past month, and were more likely to feel happy or calm, and to feel good about themselves (76% vs. 52% who had fewer friends) and their abilities (84% vs. 65%).

Youth who had positive relationships with their peers at school and did not engage in bullying were more likely to rate their overall health as good or excellent (86% vs. 77%) and to rate their mental health this way (87% vs. 63%). Additionally, youth with positive school-based peer relationships were more likely to have slept eight or more hours the night before the survey (58% vs. 45%).



“I have two best friends who love me and I feel like I belong here.”

—BC AHS PARTICIPANT

Prosocial peers

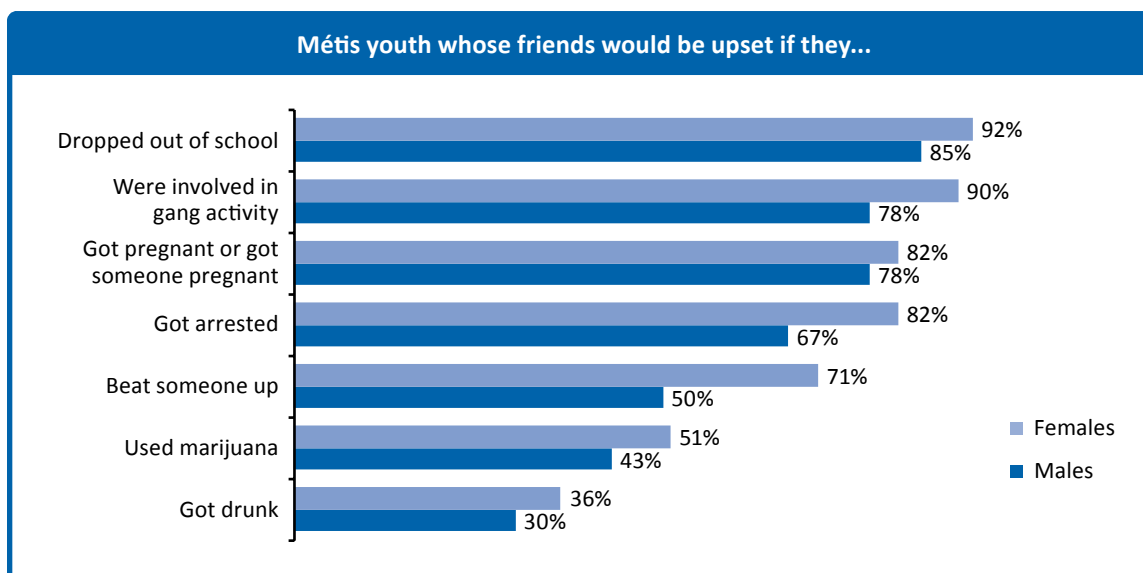
Compared to five years previous, Métis youth were more likely to indicate their friends would be upset with them if they got arrested (60% in 2008 vs. 76% in 2013), beat someone up (44% vs. 62%), were involved in a pregnancy (72% vs. 80%), or got drunk (25% vs. 34%). The percentage of youth who had friends who would be upset with them if they used marijuana remained consistent (48%). The percentage of males who had friends who would be upset if they dropped out of school increased from 77% in 2008 to 85% in 2013, while the rate among females remained consistent (92%).

Having prosocial friends was linked to reduced rates of risky behaviours among Métis youth. For example, youth who had friends who would be upset with them if they got drunk were less likely to have tried alcohol (27% vs. 82% whose friends would not disapprove), and those with friends who would be upset with them if they used marijuana were less likely to have tried it (15% vs. 65% whose friends would not disapprove). Additionally, youth who had friends

who would be upset with them if they beat someone up were less likely to have perpetrated in-person bullying (19% vs. 34% whose friends would not disapprove) or to have cyber-bullied someone (7% vs. 15%) in the past year.

Helpful peers

Seventy-two percent of Métis youth approached a friend for support in the past year, and most felt this support was helpful. Females were more likely than males to have approached a friend for support (79% vs. 62%) but were less likely to find the support helpful (90% vs. 97%; among those who asked for help). Youth who sought help from friends and found their friends' support helpful were less likely to have considered suicide (23% vs. 44%* who did not find their friends helpful) or self-harmed (24% vs. 57%*) in the past year, and were more likely to envision only positive circumstances in their future (88% vs. 70%*).



Note: The difference between females and males for pregnancy involvement was not statistically significant.

Cultural connectedness

During community consultations, youth and adults told us that cultural connectedness plays an important role in the wellness of Métis youth. Taking part in cultural practices was particularly linked to positive mental health for youth. It fostered a greater sense of belonging and feeling of pride in their Métis identity, increased youth's skills and knowledge, and improved self-esteem.

Across the province, consultation participants felt that there was a lack of awareness of and funding available for cultural programming in their community, and more funding and outreach was needed in this area.

Language

"I have one Elder who speaks Cree but that's it. It has to be self-taught or online."

—YOUTH CONSULTATION PARTICIPANT

One in four Métis youth (25%) spoke a language other than English at home some of the time, and 2% did so most of the time.

Five percent of Métis students reported they spoke an Aboriginal language. Among those who spoke an Aboriginal language, 47%* spoke a language other than English at home at least some of the time.

Métis youth who discussed the BC AHS results talked about wanting more opportunities to learn the Michif language, and felt the language was important to their sense of culture and identity. Youth who spoke a language other than English at home were more likely to have volunteered on a weekly basis in the past year (24% vs. 14% who spoke only English at home), to plan to continue their education after high school (85% vs. 79%), and to envision themselves engaged in their community in five years (17% vs. 10%).

Cultural activities

"Strong identity promotes strong self-worth."

—YOUTH CONSULTATION PARTICIPANT

A quarter (25%) of Métis youth engaged in traditional or cultural activities in the past year, with 6% having done so weekly. These youth were more likely to feel like a part of their community (52%* vs. 31% who never participated), to have volunteered on a weekly basis in the past year (40%* vs. 12%), and to rate their mental health as good or excellent (83%* vs. 71%).

"The resources for speaking Michif are really low. I know only one person that can speak Michif. But language is becoming more of a priority, especially Cree."

—YOUTH CONSULTATION PARTICIPANT

Health disparities with non-Métis youth

There were many improvements in the health picture of Métis youth between 2008 and 2013. However, as noted throughout the report, survey results also showed that there were areas where Métis youth reported poorer health than their non-Métis peers, and that despite the improvements seen among Métis students, there has been no narrowing of the gap between Métis youth and other students in BC.

In comparison to non-Métis youth, Métis youth were:

- ∞ Less likely to rate their overall health as good or excellent (80% vs. 87%).
 - ∞ Less likely to rate their mental health as good or excellent (71% vs. 81%).
 - ∞ More likely to report extreme stress and despair in the past month.
 - ∞ More likely to consider or attempt suicide or to self-harm in the past year, with the gap between Métis and non-Métis females considering suicide widening since 2008.
 - ∞ More likely to miss out on needed medical care (14% vs. 8%) and mental health care (18% vs. 11%) in the past year.
 - ∞ More likely to have been seriously injured in the past year (33% vs 27%).
 - ∞ More likely to have experienced a concussion in the past year (25% vs. 16%).
 - ∞ More likely to go to bed hungry because there was no money for food.
 - ∞ Less likely to always eat breakfast on school days (43% vs. 55%).
- Non-Métis youth includes those who identified as non-Aboriginal, Aboriginal, First Nations, or Inuit.**
- ∞ More likely to have tried tobacco, alcohol, and marijuana.
 - ∞ More likely to have engaged in heavy sessional drinking (46% vs 38%; among those who had tried alcohol).
 - ∞ More likely to have used a substance other than alcohol or marijuana (27% vs. 17%).
 - ∞ More likely to have felt or been told they needed help for their substance use in the past year (8% vs. 4%).
 - ∞ More likely to report last using alcohol or other substances because of stress (29% vs. 21%; among those who had used substances) or to manage physical pain (9% vs. 6%).
 - ∞ Less likely to plan to continue their education after high school (80% vs. 86%).
 - ∞ Less likely to feel connected to school.
 - ∞ More likely to have worked at a paid job during the school year (38% vs. 29%).
 - ∞ Less likely to find their extracurricular activities meaningful or to feel listened to and valued in those activities.
- Although there was no disparity for males, Métis females were less likely than non-Métis females to have slept for at least eight hours on the night before taking the survey (43% vs. 49%).

Urban-rural differences

One in five Métis students were attending school in a rural part of the province. There were some health differences between these youth and their peers attending urban schools.

Compared to urban-based youth, rural-based youth were:

- ∞ More likely to have a driver's licence (40% vs. 30%).
- ∞ More likely to have hitchhiked in the past month (7% vs. 3%).
- ∞ More likely to have had oral sex (45% vs. 36%) and sexual intercourse (42% vs. 31%).
- ∞ More likely to have used birth control pills (61% vs. 49%; among those who had ever had sexual intercourse).
- ∞ Less likely to report a mental or emotional health condition (14% vs 20%).
- ∞ More likely to miss out on needed mental health services in the past year because they were not available in their community.
- ∞ More likely to have eaten vegetables (85% vs. 79%) and food grown or caught by them or their family (25% vs. 16%) on the day before taking the survey.
- ∞ Less likely to have sought help from a telephone helpline.
- ∞ Less likely to have smoked cigarettes (43% vs. 54%).
- ∞ More likely to have drunk alcohol (71% vs. 62%).
- ∞ More likely to have tried marijuana (48% vs. 40%).
- ∞ Less likely to report using substances because their friends were doing it (22% vs. 32%; among those who had used substances), they wanted to experiment (18% vs. 29%), and because they were pressured into using.
- ∞ More likely to have driven under the influence of alcohol or marijuana (17% vs. 9%) or to have been a passenger of someone who was impaired (47% vs. 39%).
- ∞ Less likely to have friends who would be upset with them if they got drunk (27% vs. 35%).
- ∞ More likely to feel safe on school grounds (90% vs. 84%) and on their way to or from school (92% vs. 86%).
- ∞ More likely to have worked at a paid job (47% vs. 36%).
- ∞ More likely to report that an activity was not available in their community as a barrier to participating in extracurricular activities (28% vs. 16%).
- ∞ More likely to have an adult outside their family they could turn to for help (43% vs. 35%), and one in their community who cared about them (72% vs. 61%).
- ∞ More likely to always feel safe in their neighbourhood during the day (69% vs. 58%) or at night (37% vs. 27%), as well as on transit (26% vs. 14%; among those who used transit).

Final thoughts

This is the first full-length report looking at the health of Métis youth in BC. It shows that in a number of areas youth are making healthier choices than their peers five years ago. It also highlights the disparities that exist between male and female youth, urban- and rural-based youth, and between Métis and non-Métis youth.

These disparities are concerning, as are those that exist for youth who are facing additional challenges such as a disability or health condition, living in poverty, or have a history of violence exposure.

Many Métis youth and adults we spoke with during community consultations felt that the health of Métis people has often been marginalized and neglected, and spoke of the need to develop accessible, culturally relevant, and safe services for young people to access.

The data for this report was collected in 2013. It is hoped that the recent Supreme Court ruling, that the federal government has a constitutional and jurisdictional responsibility to Métis people, will lead to positive changes that can reduce some of the health disparities highlighted in this report before the next BC Adolescent Health Survey is conducted in 2018.

In addition to the Supreme Court ruling, the 2015 calls to action which came from the Truth and Reconciliation Commission of Canada to "redress the legacy of residential schools and advance the process of Canadian reconciliation" may, if fully implemented, also significantly improve the lives of the Métis young people who will complete the 2018 survey.



Some of those calls to action include:

The federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in government care.

The federal government to recognize, respect, and address the distinct health needs of the Métis.

The federal government to develop with Aboriginal groups a joint strategy to eliminate educational and employment gaps between Aboriginal and non-Aboriginal Canadians.

The federal government to draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples. The new legislation would include a commitment to sufficient funding and would incorporate sufficient funding to close identified educational achievement gaps within one generation; improved education attainment levels and success rates; and the development of culturally appropriate curricula and protection of the right to Aboriginal languages, including the teaching of Aboriginal languages as credit courses.

The federal government to enact the Aboriginal Languages Act that incorporates the following principles:

Aboriginal languages are a fundamental and valued element of Canadian culture and society, and there is an urgency to preserve them.

The federal government has a responsibility to provide sufficient funds for Aboriginal-language revitalization and preservation.

The preservation, revitalization, and strengthening of Aboriginal languages and cultures are best managed by Aboriginal people and communities.

Funding for Aboriginal language initiatives must reflect the diversity of Aboriginal languages.

All levels of government to provide annual reports to the National Council for Reconciliation so that it can report on progress to reconciliation. Data would include progress on closing the gaps between Aboriginal and non-Aboriginal communities in a number of health indicators such as: mental health, addictions, chronic diseases, illness and injury incidence, and the availability of appropriate health services.



