



Thriving Youth, Thriving Communities Report

2019 SURVEY FINDINGS

Acknowledgements

This SAYCW *Thriving Youth, Thriving Communities* Survey Report is the result of passion and dedication to youth health and well-being from SAYCW members, partners, staff, and a multitude of stakeholders, including enthusiastic survey participants. SAYCW would like to express gratitude to:

- Saskatchewan Grades 7 to 12 youth who completed the *Thriving Youth, Thriving Communities* Survey and their parents and guardians who provided consent for their participation.
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To learn more about the Saskatchewan Alliance for Youth and Community Well-being (SAYCW) and the *Thriving Youth, Thriving Communities* (TYTC) Survey, please visit www.saycw.com.

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Findings communicated through 6 storylines, paired with action resources for health promotion, and quotes from youth themselves. The storylines include: general health and well-being; support and connection; stress and unhealthy relationships; mental health; risk and safety; and learning and knowledge.

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The appendix includes a description of variables that were combined to create an overall score for various survey topics, as well as complete lists of response options for some questions.

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Forward

Thriving Youth, Thriving Communities is the vision of the Saskatchewan Alliance for Youth and Community Well-being (SAYCW). Enhancing the health and well-being of Saskatchewan youth and communities requires a whole-of-society approach. It also requires accessible and locally relevant data on indicators of health and well-being. Champions are then needed to support students, educators, schools and communities to move this knowledge of health and well-being into health promoting action.

Our hope is that health and education professionals, care providers, administrators, government, academia, community-based and youth-serving organizations will use this information to better understand and to enhance the health and well-being of Saskatchewan youth.

In the way that we have presented the survey results and curated content for the SAYCW *Thriving Youth, Thriving Communities* Report, we hope that we have well represented the health and well-being experiences, perspectives and concerns of the youth who completed the survey. In addition, we hope that readers will find possible next steps to address the issues and concerns of our youth and connect with SAYCW partners and champions across the province who can support health promoting action based on survey findings.

We genuinely appreciate and thank each student, school, and school division or authority for their participation in the *Thriving Youth, Thriving Communities* Survey and for helping to increase the understanding of youth health and well-being.

We look forward to working together to improve the health and well-being of youth and communities in Saskatchewan.

Sincerely,

Kevin Wilson
SAYCW Steering Committee Co-Chair
VP Population Health, Quality & Research
Saskatchewan Cancer Agency

Randolph MacLEAN
SAYCW Steering Committee Co-Chair
Deputy Director of Education
Horizon School Division

Key Findings for Youth Health & Well-being

These numbers are important, but they were often experienced more frequently by youth in certain identifiable groups or by youth who reported certain experiences/activities. Additionally, various support and connection factors were associated with a decreased likelihood of negative health and well-being outcomes. As such, this report will go beyond these basic descriptive statistics by exploring at-risk groups, connections among variables, and positive factors in health & well-being.

- **Perceived health:** 84% self-reported *good-excellent* health: 82% of females; 86% of males.
- **Screen time:** 51.5% spent 4 hours or more on weekdays; and 37% spent 7 hours or more on weekend days (N=10,059).
- **Recommended sleep:** 47.0% reported sufficient sleep on school nights; and 53.6% reported sufficient sleep on weekend nights (N=10,315).
- 70% of youth who were more **physically active during school** met national activity guidelines, compared to only 37% of youth who were less active during school.
- Youth who reported higher participation in **physical activity** and **sport** also reported more positive health, well-being, and support. With sport revealing stronger connections than physical activity.
- Youth who reported self-harming or being bullied were more likely to report an **injury** in the *past year*.
- 22.3% of youth reported suffering a **concussion** in the *past year*, with 1 in 4 reporting more than 2.
- **Support:** 91% *agreed or strongly agreed* that their **family was supportive**, over 82% felt the same way about **friends**, and 78% felt that **communities** and **schools** were supportive.
- **Adult mentor:** 71% had one, 17.4% did not, and 11.6% did not but wished they did.
 - Youth who expressed an interest in gangs were much less likely to have a mentor.
- **Support for gender & sexual diversity:** 32% were *unsure* or *didn't want to say*; of those who had opinions, 84% provided a supportive response.
- **Food insecurity:** 22% reported being hungry *a few times a year* or more, and 39% worry about it.
- **Bullied in the past year:** 60% had been bullied, including 64% of Grade 7–8s and 49% of Grade 12s.
- **Types of bullying:** verbal (45.6%), social (35.9%), cyber (30.5%), and physical (21.0%).
 - 2 in 3 youth who were bullied experienced more than one type.
- **Controlling & violent dating behaviours:** Of the 52% who had *ever dated or gone out with someone*, 41.6% experienced controlling behaviours and/or violence: females 44.4%; males 38.3%.
- **Unwanted sexual activity:** Among sexually active youth, 29% reported sexual activity when they didn't want to participate because they felt *pressured*, were *forced*, or were *intoxicated*.
 - This includes 15% who reported **sexual assault** (*forced or intoxicated*).
- **Positive mental health:** 79%–82% of males and 54%–69% of females across Grades 7–12 reported positive mental health (i.e., self-esteem, controlling problems, and managing worry).
- **Negative mental health:** 38.6% reported **depressive symptoms** in the *past year*; 21.6% reported *ever self-harming*; and 23.4% **considered suicide** in the *past year*.
- **Vaping & smoking:** 43.6% vaped (28.9% in *past month*), 20.5% smoked (11.4% in the *past month*).
- **Drinking from Grade 7 to 12:** 29% to 79% ever drank alcohol; 8% to 55% drank in the *past month*; and 6% to 30% reported *binge drinking*.
- **Cannabis** use increased 6-fold from Grade 7 to 12, and **drug use** doubled over the same span.
- **Carrying a weapon in the past 6 months:** 16%, and of them 25% brought a weapon to school.
- **Sexual activity:** 9% of Grade 7 youth, increasing to 63% of Grade 12 youth.
- **Safer sex:** Only 48% of sexually active youth reported practicing at least one method of safer sex.
- **Sex education:** 81% were taught sex education in school.
- **Satisfaction with sex ed:** Youth felt it was important, but only 45% were *satisfied* (23% were *unsure*; 18% *wanted more*; 11% were *not satisfied*; and 3% thought there was *too much*).
- **Poor attendance & lower academic standing** were connected to low sleep, high travel time to school, and dental pain.



Section 1

Introduction

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About SAYCW

The Saskatchewan Alliance for Youth and Community Well-being (SAYCW) is a partnership between health, education, and other community stakeholders dedicated to improving the health and well-being of the Saskatchewan population. SAYCW seeks to support schools and communities to **learn** more about the health and well-being of their youth, and helps schools and communities **connect** with stakeholders and resources so that together, they can **act** on opportunities to improve youth health and well-being.

Established in January 2012, SAYCW is co-chaired by the Saskatchewan Cancer Agency (SCA) and the League of Educational Administrators, Directors, and Superintendents of Saskatchewan (LEADS). SAYCW partners come from the health and education sectors, Francophone health services, community-based organizations, First Nations and Métis communities, academia, and federal and provincial governments.

SAYCW implemented the first Youth Health Survey in 2015, which was inspired by Manitoba's Partners in Planning for Healthy Living Youth Health Survey and adapted to the Saskatchewan context. School, school division, health region, and provincial-level reports were developed for participating groups and disseminated. SAYCW also implemented the Healthy Schools and Communities Grant program to support schools and communities to turn the knowledge gained from the survey results into health promoting actions.

SAYCW implemented the second (rebranded) *Thriving Youth, Thriving Communities Survey* in March and April 2019. Consultations with survey theme experts, and school and First Nations and Métis leaders resulted in a survey that touches on many new topics, is more holistic, and offers more opportunity to explore the relationship among variables beyond the descriptive health outcomes described in the first survey reports. Twenty percent (20%) of the survey was slightly modified to improve clarity and ease of reading for youth; 40% of the original questions remained unchanged; and 40% of the survey includes significantly revamped and brand new questions. These new questions and sections will help to understand the contexts associated with well-being and health issues. School Divisions, First Nations School Authorities, and Independent schools from across the province were invited to have their Grade 7 to 12 students participate in the survey. School, School Division or School Authority, and provincial level reports were developed for participating groups and disseminated.

Using a school's survey results, SAYCW works with schools and communities to interpret and understand the data, to determine priority areas for action based on the results, and to identify appropriate programs, policies and resources that target optimal health and well-being outcomes for youth. When funding is secured, SAYCW will refine and launch a second (rebranded) *Thriving Youth, Thriving Communities Grant* program. Through knowledge obtained from past, current, and future cycles of the SAYCW *Thriving Youth, Thriving Communities Survey*, schools and communities can monitor the health and well-being of their youth, and evaluate the effectiveness of programs and policies.

For more information about SAYCW or the *Thriving Youth, Thriving Communities Survey*, please visit www.saycw.com.

Promoting Health in Schools

WHY IS PROMOTING HEALTH IN SCHOOLS IMPORTANT?

Education and health are interdependent: Healthy students are better learners, and better-educated individuals are healthier.¹ Children and youth can achieve their fullest potential as learners if their physical, intellectual, and emotional needs are met.² The school setting provides rich opportunities to influence the health of young people and prevent health risk behaviours.² Research shows that:

- Health promotion helps schools and students meet targets in academic achievement and social aims.
- Youth who feel good about school and are connected to adults are less likely to undertake high-risk behaviours, and generally have better learning outcomes.
- Schools are also workplaces and can promote and model effective workplace health promotion for the benefit of staff and students.³

COMPREHENSIVE SCHOOL COMMUNITY HEALTH

Comprehensive School Community Health (CSCH) is a collaborative approach that invites a range of stakeholders to work together to support improvements in students' educational outcomes, while addressing health in a planned, integrated, and holistic way. In 2009, this internationally recognized framework was officially adopted by the Ministries of Education and Health in Saskatchewan. Commitment to this approach was reaffirmed in 2014. CSCH addresses the whole school environment with actions in four distinct, but interrelated components to provide a strong foundation for healthy schools: Family and Community Engagement; High-quality Teaching and Learning; Effective Policy; and Healthy Physical and Social Environments.⁴

Comprehensive School Community Health:⁴

- Recognizes that healthy young people learn better and achieve more.
- Understands that schools directly influence students' health and behaviours.
- Encourages healthy lifestyle choices.
- Incorporates health into all aspects of school and learning.
- Links health and education issues and systems.
- Needs the participation and support of families and the community at large.

SAYCW has chosen this model to guide and support schools and communities to promote youth health and well-being because action that is consistent with CSCH is more likely to be effective and sustainable for the benefit of youth and communities.⁴

This graphic was provided by the Government of Saskatchewan and is an adaptation of the Joint Consortium for School Health Framework.



Participants and Survey Information

THE SURVEY

The SAYCW *Thriving Youth, Thriving Communities* Survey is a youth-focused survey that was developed in consultation with over 50 health promotion and education experts in Saskatchewan to capture the health and well-being of Saskatchewan youth. The primary purpose of the survey is to generate local data for schools and communities to use to guide evidence-based health promoting initiatives, policies, education, and awareness that positively impact youth and communities.

The survey tool used for Cycle 2 in 2019 was revised with: 40% of the survey remaining unchanged from the Cycle 1 survey, 20% taken from the Cycle 1 survey with moderate revisions to improve clarity or expand response options, and 40% were new questions derived from other validated surveys, empirically established questions, and scientifically-based phrasing of practical questions suggested by field experts. Over a dozen youth and adults reviewed the entire survey before providing detailed feedback which was incorporated into the survey tool. The survey was then pilot tested with 224 youth from 7 schools in 7 different communities. A French language survey tool was also developed and pilot tested, and the survey was available in an online and paper version. A copy of the finalized survey tool used in Cycle 2 is available at www.saycw.com under the Survey and Findings section.

Survey administration was supported by the Saskatchewan Educational Leadership Unit. Youth completed the survey within schools between March 4 and May 3, 2019. In late 2019 and early 2020, 14 School Division and School Authority reports and over 150 school level reports for individual schools (or an aggregate of schools, as per their preference) were completed and sent to School Divisions or Authorities to distribute and review the findings with their schools. An example School Report using the full data set is also available at www.saycw.com under the Survey and Findings section.

SURVEY IMPLEMENTATION

SAYCW's survey tool and implementation process were reviewed and approved by the Research Ethics Board at the University of Saskatchewan. Individual schools, School Divisions, and School Authorities could elect to not include all survey items or entire sections. As such, some sections of this report have much smaller sample sizes (e.g., Sexual Health).

During survey implementation, the instructions took on average 5–6 minutes to read to the youth, and the survey took most youth 30–35 minutes to complete. The last youth to complete the survey required 46–51 minutes on average. The majority of youth (74%) described the survey as being a good length. Due to a number of automations in the survey's online platform, youth were able to skip through most questions that did not apply to them (only two schools did the paper version). For example, if a student had never smoked, their survey would then skip over eight tobacco/vaping related questions.

On 5-point scales (from 1–5), teachers rated the climate during the survey on average to be *quiet* rather than *noisy* (1.54); students *working independently* (1.59) rather than *disrupting each other*; and were *focused on the questionnaire* (1.55). As such, the majority of teachers selected either the most positive or second-most positive options on the 5-point scale.

QUALITY ASSURANCES

In addition to assessing the quality of the survey environments, SAYCW used an additional strategy to determine if there were issues with any of the data and the confidence that readers should have in the reports; specifically, the identification of suspicious responses. An example of a **suspicious response** would be if a person said that they consumed no food of any kind in the past 24 hours, or a maximum number of servings across every single food category (i.e., 74 total servings in a single day). SAYCW tested 20 suspicious flags. SAYCW decided that a student who accumulated 15 flags would be a serious concern, that 10 flags was worth noting, and anticipated that fewer than 5% of youth might elicit that many flags. The results were surprising. We found that:

- 98% of youth triggered 0–2 suspicious flags, including 85% with no suspicious responses;
- 99.9% of youth had fewer than 10 suspicious flags. Therefore, the percentage of youth earning 10 or more flags was less than one-tenth of a percentage of participants;
- Only 12 triggered 10–14 flags and 0 earned 15 flags or more;
- The analysis of suspicious responses provides another indicator of quality data.

*Please note that a suspicious flag could be an honest response from a student, so not all flagged data were removed from the dataset. For example, if someone responded with the strongest options possible for all forms of bullying that would be flagged, but SAYCW did not remove those responses because they could indicate extreme bullying.

Numerous statistical tests were conducted to ensure that more parsimonious aggregated-variables were created properly, and that reported “differences” and “connections” among variables were substantive and reliable. Examples of these tests and statistical models include: Cronbach Alpha’s, Confirmatory Factor Analysis, correlations, descriptive statistics (averages and percentages), ANOVAs, various types of regression, non-parametric regression, and chi-square analyses. More information about SAYCW’s data analysis procedures can be found at www.saycw.com or by contacting SAYCW Research Officers.

PARTICIPATION & LIMITATIONS

In 2019, 10,574 youth in Grades 7 to 12 from across Saskatchewan participated in the SAYCW *Thriving Youth, Thriving Communities* Survey. Participating youth were from 162 schools across 19 School Divisions and School Authorities, and represented 12.9% of all age-eligible students in Saskatchewan. All schools with students in Grades 7 through 12 were eligible and invited to participate. The table compares some survey participant demographics against provincial averages.^{5,6} Compared to the provincial averages, the participants potentially under-represent White youth.

	Survey Participants	Saskatchewan
Race: White	71.9%	81.6%
Race: First Nations / Métis	11.2%	14.9%
Newcomers	11.6%	10.5%
Live in Large Cities	34.6 to 40.1%	41.5%
Live on Farms	13.3%	10.3%
Live on Reserves	6%	7.1%

Based on forthcoming demographic data, the participant group over-sampled rural, Southern, and younger youth. Otherwise, the sample of survey participants appears to be representative of Saskatchewan demographically, and was large enough to permit statistical generalizations to larger populations.

Because survey participants were not randomly selected, there are limitations to the generalizability of the findings. School Divisions/Authorities could choose not to participate; individual schools within participating Divisions/Authorities could choose not to participate; and within participating schools, youth (or their parents/guardians for students in Grades 7–10) could opt out. If Divisions, Authorities, schools, or youth who opted out of participating were unique in some way (e.g., they were more/less likely to drink alcohol), then the actual provincial health results might differ from what is reported here.

Youth & Teacher Perspectives

IMPORTANCE OF SURVEY THEMES

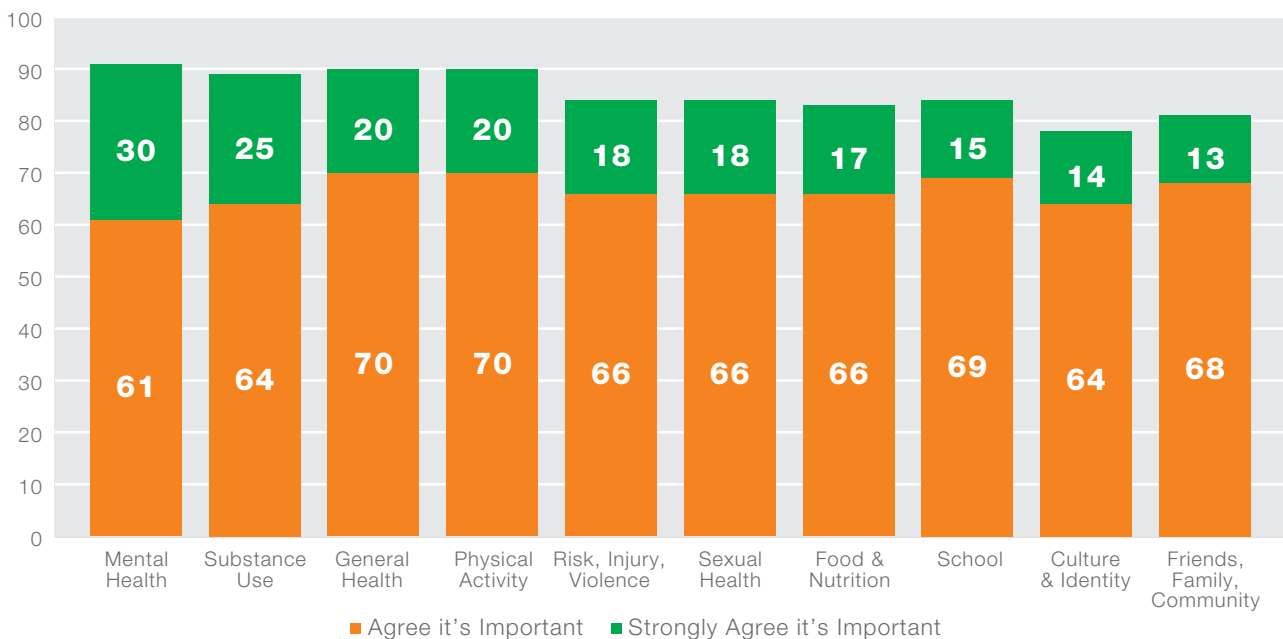
SAYCW sought feedback on the importance of the survey themes from youth and teachers. SAYCW received information from 158 feedback forms that teachers completed and returned upon completion of the survey (from 52 different schools); as well as from the meta-survey questions that over 10,000 youth completed at the end of each section of the survey.

Teachers provided input on the survey themes they felt were very important (or unimportant). A first observation was how unique individual opinions were across the province. Not only might teachers and youth in one region feel that one set of topics were incredibly important, and

people in another region feel that those exact topics were unimportant, but teachers within a single school often had differing or opposing perspectives. It is for this reason that mental health, and the consensus support that this topic received, should capture the attention of everyone in the province.

- 80% of teachers felt that mental health was a top 5 topic (there were 15 topics to select from).
- 58% of teachers felt that screen time was the next most important topic.
- Rounding out the top 5 topics were: sleep (39% support), school (36%), and substance use (35%).

Students' Opinions About Each Section's Importance (by percentage)



The graph shows *agreement* and *strong agreement* that each section of the survey is important to them and youth their age. *Disagreement* and *strong disagreement* responses are not included for the sake of simplicity, but can be calculated as the remainder of responses in any column (adding to 100%). Sections are presented in order from the highest to lowest *strongly agree* responses (the green shade).

- Support for each section ranged from 78% to 91%—which means that only 22% of youth felt that the least popular sections were not important.
- Two sections were most important to youth and worthy of extra attention from educators, government, community leaders, and SAYCW reports: mental health and substance use (green—30% & 25%).
- Four sections had high agreement: Physical Activity; General Health; School; and Friends, Family, & Community (orange—68% to 70%).
- Culture & Identity and Friends, Family, & Community received the least agreement. They are not necessarily less important topics, but important to fewer youth (percentage of green + orange).

- School; Food & Nutrition; Sexual Health; and Risk, Injury, & Violence received 83% to 84% support.
- Several sections of the survey asked personal questions and can be challenging for some schools to justify including in the survey, including questions from the Mental Health; Risk, Injury & Violence; Culture & Identity; and Sexual Health sections of the survey.

- It is critical for parents, educators and government to note that Saskatchewan youth are telling us that these sensitive and controversial topics are important to them!

SAYCW feels that all sections are of value to include in the survey and that, these sections and the inclusion of open-ended response options give youth a stronger voice than surveys with a narrower focus—including SAYCW’s 2015 survey.

Next Steps for Action

INTERPRET REPORT FINDINGS

In this report, you will find descriptive statistics (averages and percentages) **and** findings about connections between health and well-being factors of youth across the province. For example, teachers identified sleep and screen time, and how they relate to student learning, as a major area of interest. Therefore, you will find within this report both descriptive statistics about youth’s sleep health and screen time usage **and** how these variables related to youth’s school attendance and perceived academic standing. The analysis plan for the report was designed this way to aid schools, communities, youth, and stakeholders in identifying and developing action strategies to support optimal health and well-being among youth.

In addition to the stated limitations of this report, **readers are strongly encouraged not to make comparisons with SAYCW’s 2015 Survey report or with national statistics.** National reports typically include relatively random yet extremely small samples of youth from Saskatchewan. This can make their findings different from SAYCW’s. While it is tempting to compare these 2019 results with SAYCW’s data from 2015, time is not the only factor that could explain trends from 2015 to 2019. Differences could result from changes in questions (i.e., 60% of the 2019 survey was new/revised). Differences in demographic ratios could also affect trends. For instance, if a higher proportion of rural youth participated in 2019 (compared to 2015), and if more youth from rural areas are physically active, it would appear that physical activity increased since 2015). SAYCW plans to conduct special analyses that explore trends from 2015 to 2019, and will report these when they are available.

UTILIZE SAYCW SUPPORTS FOR ACTION

To support health promotion action, SAYCW created and sent individualized reports to schools and School Divisions/Authorities who participated in the survey. These reports included action resources designed for educators and youth (e.g., the Canadian Red Cross’s tools and resources for educators and for youth on bullying prevention and healthy relationships). In our goal to help connect schools with youth-serving organizations, your organization may have been included as one of the action resources! Please see the example School Report on www.saycw.com under the Survey and Findings section to see the action resources included within the school reports.

In addition, SAYCW has included additional action [toolkits](http://www.saycw.com) on www.saycw.com under the Resources section for educators and youth as well as for families, communities, and stakeholders. These action resources are one of SAYCW’s strategies to help individuals and groups interested in supporting youth health and well-being to identify health promotion programs, policies, and resources that target the health areas covered in the survey.

SAYCW has also developed a [Community Action Plan Template](http://www.saycw.com) (see www.saycw.com Resources section) that can be used to provide support in creating, planning, and implementing action on health and well-being that individuals, groups, organizations, and communities identify as most important. Youth-serving organizations have provided feedback that this template is a useful guide for helping empower youth themselves to take action in areas they are most interested in.

FUNDING FOR ACTION

Another way SAYCW supports schools and communities in turning knowledge of youth health and well-being into health promoting action is by offering funding opportunities. In response to the 2015 SAYCW survey results, SAYCW created the [Healthy Schools and Communities Grant program](#) which provided 61 recipients with a total of \$450,530 to support youth health promoting projects initiated by schools and/or communities. These grant-funded projects targeted areas of youth mental health, food skills and food insecurity, nutrition and physical activity, and diversity inclusion with a particular focus on First Nations and Métis youth and LGBTQ2S youth. Once funding is secured, SAYCW will launch a second (rebranded) *Thriving Youth, Thriving Communities* Grant program, which schools, communities, youth, and stakeholders can apply to, putting the knowledge of youth health and well-being gained from this survey into action. Please visit the www.saycw.com Resources section for the latest news regarding the grant program.

EXPLORE ADDITIONAL USES OF THE FINDINGS

Furthermore, the survey findings found within this report can be used to support one or more of the following:

- strategic planning and work plans
- decision making / prioritization
- positive youth engagement in decision-making, programming, resource development, etc.
- program development / evaluation / sustainability
- policy development
- awareness and education opportunities
- grant applications
- research proposals
- community service enhancements
- school attendance and academic achievement

CONTACT SAYCW

SAYCW is committed to supporting schools, youth, communities, and stakeholders in learning about and better understanding youth health and well-being through the survey reports. SAYCW is pleased to meet in-person or through teleconference to discuss the survey results in more detail upon request. SAYCW is also committed to providing support in identifying, planning, creating, and implementing health promotion actions based on the survey results. After you have reviewed this report, please feel free to [contact SAYCW](#) at www.saycw.com with any questions you may have about the information. SAYCW is also very keen to hear about any actions you plan to take as a result of the survey and its findings, so please let us know!



Section 2 Demographics & Survey Findings

Youth's Voices, Youth's Stories...

To present the data from the SAYCW *Thriving Youth, Thriving Communities* Survey in the most effective way, the results are organized into a demographic section and six storylines. SAYCW calls them “storylines” because they give youth who participated in the survey a voice to tell their stories.

The six storylines include: General Health & Well-being, Support & Connection, Stress & Unhealthy Relationships, Mental Health, Risk & Safety, and Learning & Knowledge.

The early storylines are more positive: they reveal positive and negative factors that appear to be connected to Mental Health and other survey topics. The centrepiece of the report is Mental Health, which youth, teachers, and experts who collaborated with SAYCW all described as the most important youth health and well-being issue in Saskatchewan. The two storylines before Mental Health (and the storyline after it) describe important health and well-being issues that can put youth at higher or lower risk for negative mental health.

SAYCW revised its survey to ask more culture and identity questions that support a stronger youth voice. These questions help youth to express themselves and to feel heard, especially minority and at-risk youth. Asking these questions also allows SAYCW to identify and learn how their experiences are associated with positive and negative outcomes.

As a result, this report will not only share important descriptive data—like the percentage of youth who vape or binge drink—but it will help to identify demographic groups and/or factors that increase, decrease, or mitigate negative health and well-being. This TYTC Report not only describes **WHAT** is happening with youth health and well-being, but **WHY** these statistics matter, **HOW** they connect to other survey topics, **WHO** is at greatest risk (and are in greatest need of additional support and resources), and **WHERE** youth, parents, and other stakeholders can go for support.

Where beneficial to the reader, sample sizes are provided. These are denoted as *N* and *n* notations. The difference between the two is that an *N* refers to all youth who responded to a particular question; and an *n* represents the exact number of students identified in the finding. For example, “Among sexually active youth (*n*=1,993) ...” tells readers that 1,993 youth reported being sexually active, but a larger set of youth answered the question *have you participated in any sexual activities?* (*N*=5,640). Some findings are highlighted in orange font for emphasis, but findings also appear in black font.

Lastly, please note that throughout this report, similar questions from the survey are often combined together to form simpler, more reliable variables (e.g., Family Support is derived from three questions about safety, support, and proud parents). These combined (or aggregated) variables typically appear capitalized. A reference guide that identifies which survey questions were used to create each aggregated variable is presented in the appendix.

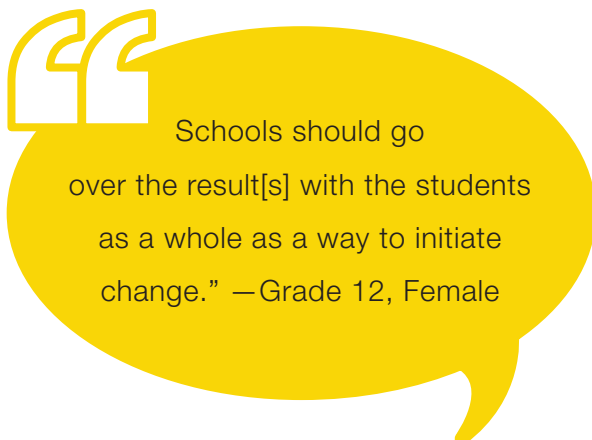


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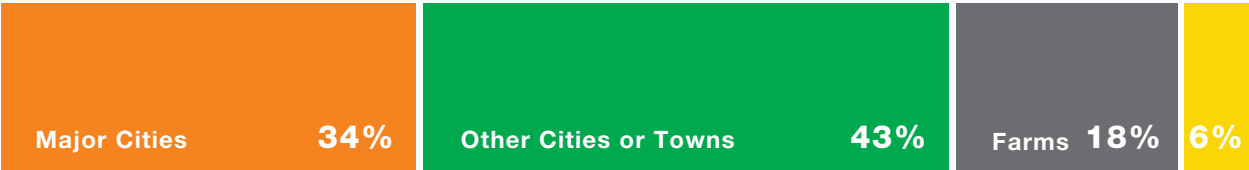
Participant Demographics

Age, Grade, Sex, and Racial Demographics

OVERALL PARTICIPATION & REGION

In total, **10,574 Grades 7 to 12 students participated** in the 2019 SAYCW *Thriving Youth, Thriving Communities* Survey across Saskatchewan from 162 schools in 19 School Divisions and Authorities. The majority of respondents were from *cities and towns (76.2%)*, while *18.3% of youth lived on farms and acreages*, and *5.5% of youth lived on reserves (N=10,238)*.

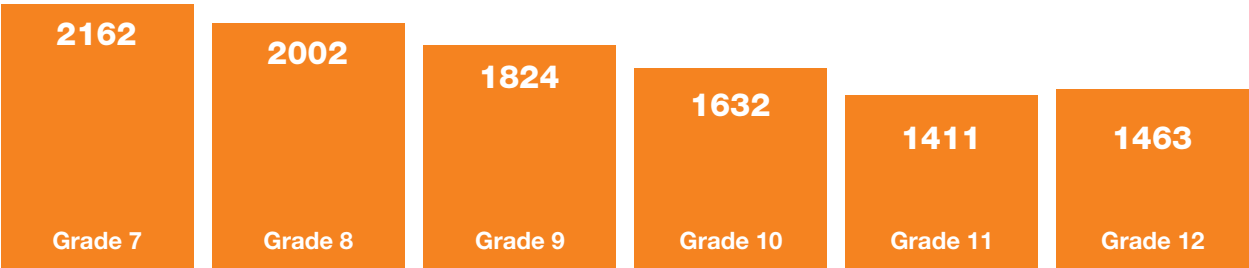
Exploring municipality size more closely, *34.6% of participants were from large cities (>100K people)*, *23.7% from mid-size cities*, and *41.7% from small cities or towns (<3K people)*. *72% of survey participants were from the South*, *20.5% from Central Saskatchewan*, and *7.5% were from the North*. Participants in this report over-represent small cities and the Southern region.



SEX, GRADE, AND AGE

Nearly all youth (98.3%) were between the ages of 12 and 18 (N=10,398). The average age of youth who completed the survey was 14.6 years (SD=1.85). *49.5% of the survey respondents were female*, *48.1% were*

male, and *2.4% were intersex or did not indicate their sex*. More youth participated from younger grades, with nearly 50% more Grade 7–8 students than Grade 11–12.



RACE & IMMIGRATION

As of January 2020, the population in Saskatchewan was estimated to be 1,181,666.⁷ In the 2016 Canadian Census, 16.3% of Saskatchewan’s population identified as First Nations, Métis, or Inuit.⁸ The majority of youth who provided racial background information on the TYTC Survey (N=6,974) were White (71.9%). 11.2% identified as Indigenous—of whom *74% were First Nations*, *25% Métis*, and *1% Inuit*.

In the 2016 Canadian Census, immigrants and non-permanent residents accounted for 11.6% of Saskatchewan’s population.⁶ The number of new international immigrants in Saskatchewan almost

doubled from 2010 to 2016.⁶ *Of youth who provided immigration information, 87.8% lived in Canada all of their lives (including 6.2% whose parents moved to Canada); 6.3% moved to Canada more than 5 years ago, and 5.9% lived in Canada for 5 years or less (N=7,275)*. As such, *12.2% of youth were considered newcomers*. Immigration and ethnic diversity statistics are important to consider because the health of minority and immigrant youth can be influenced by various factors including: personal experiences, low socio-economic status, cultural considerations, racial discrimination, country of origin, and social isolation.^{9,10,11}



FAMILIES

Youth who participated in the TYTC Survey, described the following family structures (N=6,798). **70.2% lived with their biological mom and dad**, 66.2% of youth's parents lived together and were married, 5.7% had parents who lived together but were not married, and 23.3% reported divorced/separated parents.

In terms of brothers and sisters, **13% were only-children**, 44% had one sibling, 24% had two siblings, 10% had three siblings, 4% had four siblings, and 5% had five/ more siblings.

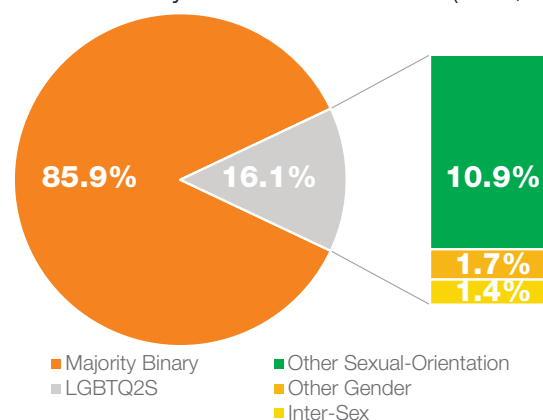
GENDER & SEXUAL IDENTITY

Gender is not the same as biological sex. Gender identity refers to one's sense of self as man (boy), woman (girl), or as transgender.¹² Sexual orientation refers to the sex/ gender that one is physically and emotionally attracted to in relation to their own identity.^{13,14} Youth who identified as intersex, or a sexual-orientation other than straight, or as transgender (or other non-binary genders) were grouped as LGBTQ2S youth in this report. Lesbian, gay, bisexual, transgender, questioning and two-spirit (LGBTQ2S) youth experience significantly higher rates of bullying and harassment in schools (including homophobic and transphobic comments; verbal, physical, and sexual harassment) and report a lower sense of safety at school.^{15,16}

Of the 6,359 youth who provided gender identity data, **1.9% of them identified with a different binary gender than their biological sex** (i.e., male-man or female-woman). When asked about their sexual-orientation (N=6,231), **87.3% indicated they were attracted to members of the opposite sex**, so 12.7% were considered LGBTQ2S. Nearly half of LGBTQ2S youth identified their sexual-orientation as bisexual, with the remaining 51% identifying as gay/lesbian, pansexual, asexual, or questioning.

The figure broadly describes youth who provided information about sexual-orientation, sex, and gender (6,199 youth provided data for all three questions). Majority Binary includes *straight, male/female, and man/woman* youth; Other Sexual-Orientation includes all but *straight*; and Other Gender includes all non-binary descriptions of gender (*non-binary or non-conforming* being the most common).

Sexual Diversity & LGBTQ2S Youth (N=6,199)



LANGUAGE & CULTURAL INFORMATION

The TYTC Survey was completed in English or French, and as such, not all youth reported speaking English. **96.0% of youth spoke English**, 15.6% spoke French, 6.4% spoke First Nations languages, and 4.7% spoke Spanish (N=7,391). A small number of youth spoke Michif (n=50) and Tagalog (n=28). 97.6% of French-speakers also spoke English, but fewer than 1 in 5 English-speakers (19.5%) spoke one or more other languages.

In terms of culture, only **40.6% of youth felt that cultural events were important/very important**—33.0% felt that they were *not very important* (N=6,618). Minority youth were twice as likely to feel that cultural events were *important / very important* (64.6% compared to 31.0% who felt that they were *not very important*).

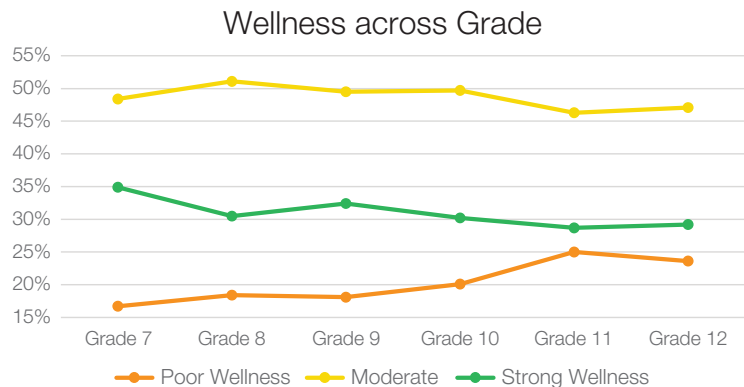
General Health & Well-being

Wellness, Perceived Health, Time, Activity, and Nutrition

Wellness

Wellness is the combination of positive ratings and balance across four domains: physical, mental, emotional, and spiritual health. It is a holistic health outcome. To simplify the results, youth were placed in one of three wellness levels based on their responses across the four domains: Poor, Moderate, and Strong.

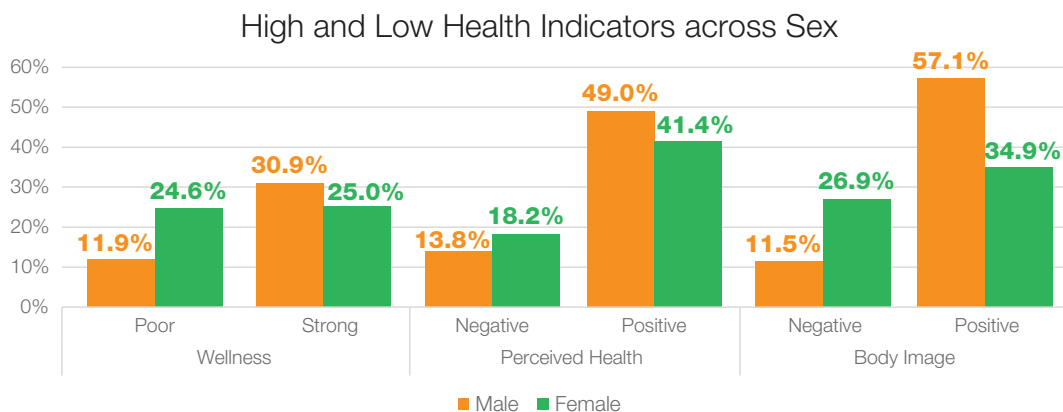
Wellness scores varied substantially across sex, with males reporting healthier scores across all three levels; and across grades, with younger youth reporting healthier scores. Sex comparisons are in the next graph.



Perceived Health & Body Image

Perception of good health predicts long-term healthy behaviours and consequently better quality of life.¹⁷ Additionally, body image plays a critical role in self-esteem as well as eating and physical activity patterns.¹⁸⁻²⁰ Youth ratings of their own general health were generally very positive: **84% of responses were Good to Excellent.** But again, there were substantive differences by sex, with males reporting better health.

Differences between males and females were even greater in terms of body image, where over twice as many females reported negative feelings about their body. Body image connected strongly with mental health, which will be discussed further in the Mental Health storyline. The figure compares male and female responses (by percentage) for positive and negative ratings on wellness, perceived health, and body image.



Time, Sleep, and Screen Time

Time is a significant factor in stress and in youth health and well-being.^{21,22} This section explores four time-related factors: Travel Time to School, Work (Chores & Employment), Screen Time, and Sleep.

SCREEN TIME OUTSIDE OF SCHOOL

Studies have shown that too much screen time is linked to declining levels of fitness and nutrition, as well as sleeping problems.²³ Screen time, such as sedentary time watching TV and/or playing computer games, is one factor contributing to obesity.²⁴ Minimizing screen time and other sedentary activity can help teens: improve their fitness; maintain a healthy body weight; improve their self-confidence; do better in school; have more fun with their friends; and/or have more time to learn new skills.²⁵

The Canadian Sedentary Behaviour Guidelines recommend that 12 to 17-year-olds should minimize the time spent being sedentary each day, with no more than two hours per day spent on recreational screen time (screen time outside of the classroom).²⁶ Based on that guideline, the following graph shows the proportions of youth who met the guideline compared to those who exceeded it. Nearly twice as many youth met the guideline during weekdays than weekends, but in either case, the number of youth with excessive screen time was extremely high. Furthermore, youth were often well above the health guidelines: **half of youth (51.5%) spent 4 hours or more in front of a screen on weekdays; and over one-third (37%) spent 7 hours or more in front of a screen on weekend days (N=10,059).**

Screen time may be related to physical activity and sleep. Specifically, from Grade 7 to 12, youth spent 4 more hours in front of screens and 3 less hours being physically active each week. Youth who met screen time guidelines slept an additional half-hour on weekdays, and an extra hour and a half on weekends!

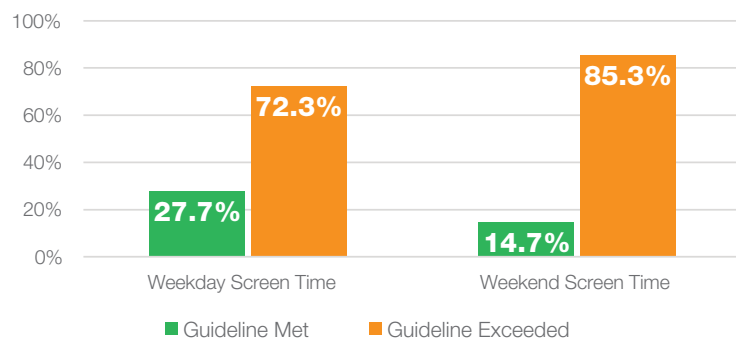
TRAVEL TIME TO SCHOOL

26.0% of students rely on active transportation (walking, biking, etc.) to get to school: that includes over 30% of Grade 7–8 students, and just under 15% of Grade 12 students. That means that 3 in 4 students do not get any exercise going to and from school. Students who have longer commutes, who are older, and who live in smaller communities were more likely to use passive transportation (drive, bus, etc.). **3 in 4 students get to school in 20-minutes or less:** 57.3% take 1–10 minutes, 20.4% take 11–20 minutes, 11.3% take 21–30 minutes, 11.0% take 31 minutes or more. Commute time was moderately related to sleep, and it was strongly connected to being too tired to focus in school, as well as to absenteeism.

WORK (CHORES & EMPLOYMENT)

2 in 5 youth reported neither doing chores nor work (41.2%), and 1 in 3 reported only doing chores (34.8%), leaving 1 in 4 (24.0%) who work jobs (half of whom work weekdays only, and the rest work on weekends or all week). Youth who worked weekdays or all week slept a little bit less and reported far less screen time.

Youth At or Above Screen Time Guidelines



SLEEP

Studies have shown that sleep contributes significantly to cognitive, emotional, and physical functions.²⁴ Shortened total sleep time, erratic sleep schedules, late bedtimes, and poor sleep quality are associated with poor academic performance among youth.²⁷ Also, there is a significant correlation between sleep quality and mental well-being.²⁸

The National Sleep Foundation's daily sleep recommendations are 9 to 11 hours for school-aged children (6 to 13 years old) and 8 to 10 hours for teenagers (14 to 17 years old).²⁹ Based on the National Sleep Foundation (NSF) recommendations, **less than half of youth (47.0%) reported the recommended amount of sleep on school nights (N=10,423).** Slightly more than half of youth (53.6%) were getting sufficient sleep on weekend nights (N=10,315). In addition, 31.4% of youth *often* or *always* had trouble going to sleep or staying asleep (N=10,416).

Too many youth are not getting enough sleep. **From Grade 7 to 12, sleep decreased from 8.5 hours per night to 7.6, with the largest drop after Grade 7 and most of that decrease occurring by Grade 9 (N=10,391).** Females reported slightly less sleep than males (7.9 hours on average compared to 8.1 hours). SAYCW explored factors that were connected with sleep health. Working a job and higher screen time usage were connected to less sleep (N=6,939). Youth's sleep health was also related to their learning. **Less sleep was associated with missing more days of school and being too tired to focus in school—which were related to lower academic standing (N=7,080).**



Physical Activity

There is a large body of evidence that physical activity contributes significantly to the health of the cardiovascular and cellular systems, as well as mental health and cancer prevention.³⁰ There is also significant evidence to support the importance of daily physical activity on academic performance, absenteeism, and social connectedness.³¹ Being active for at least 60 minutes daily has been found to help teens in many facets of their lives, including improving their health, doing better in school, being happier, and learning new skills.^{25,32}

Research shows a decline in physical activity levels during adolescence, particularly among girls.^{33,34} Having friends that are physically active increases youth participation in physical activity.³⁵ Youth are also more likely to report more intense physical activity when in the company of peers or close friends.³⁶



I hope that there are more activities that can be establish[ed] here in our town. Like outdoor exercise equipment to use instead of just scrolling down on our phones.” —Grade 10, Female

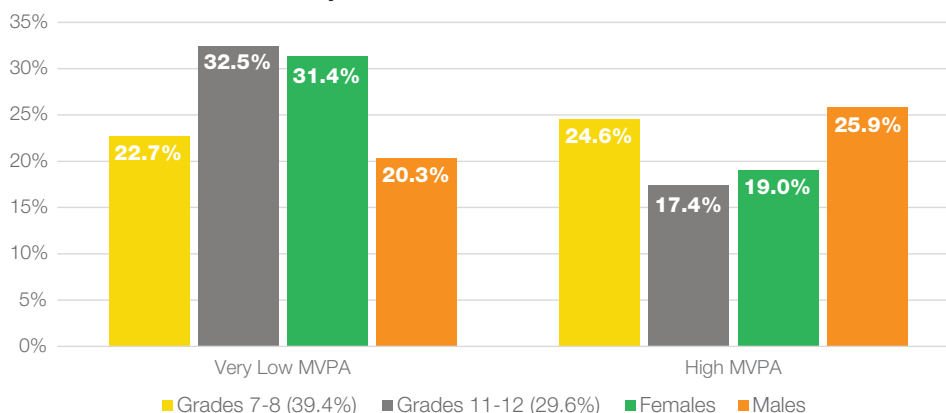
MODERATE & VIGOROUS PHYSICAL ACTIVITY (MVPA)

The Canadian Physical Activity Guidelines recommend that youth aged 12 to 17 years should accumulate at least 60 minutes of moderate to vigorous intensity physical activity daily.²⁵ Youth were asked about their daily amount of moderate and vigorous physical activity, but because of the format of the survey, youth may have over-estimated their activity levels based on the National Guidelines. 54% of youth described meeting or exceeding the guidelines recommended for physical activity (N=7,020).

Furthermore, 55% of youth described themselves as *active* or *very active* during school (not including school sports). **70% of youth who were more active during school met national activity guidelines, compared to only 37% of youth who were less active during school. Youth who participated in sports or played outside of school were 49% to 56% more likely to meet the physical activity guidelines (N=7,119). As such, being active during school and in extra-curricular sports helped youth to meet physical activity guidelines.**

Saskatchewan youth, like most in North America,³⁷ became less active from Grade 7 to 12, and females were less active than males. These differences were especially clear at the lowest and highest activity levels, as depicted in the graph (N=6,990).

Activity Levels across Sex & Grade



PHYSICAL ACTIVITY & SPORT

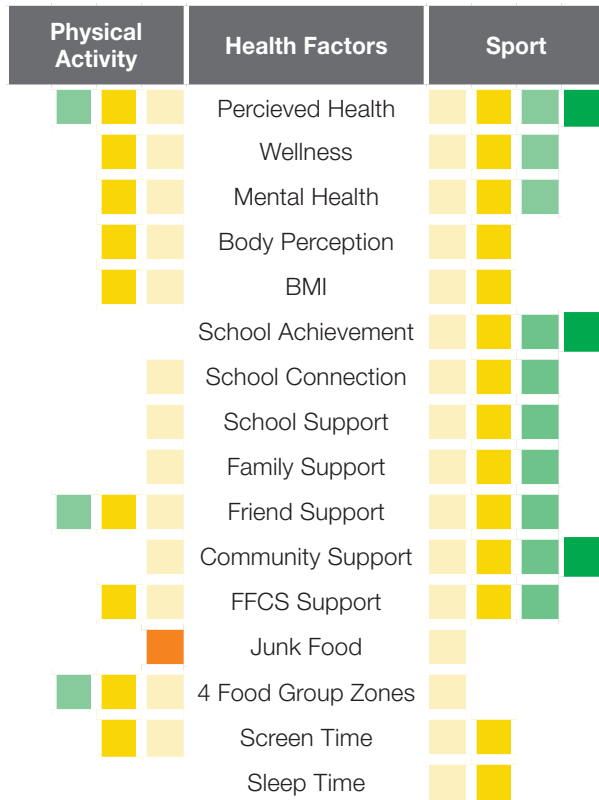
Physical activity is a broad term that includes exercise, recreation, sport, and other activities. In SAYCW's survey, Physical Activity was determined from self-reported hours of activity during the previous week; and Sport Participation was based on frequency of sport organized by their school or outside of school.

Physical Activity and Sport had positive relationships with several health, academic, nutrition, and social support variables, as the following figure shows. Physical Activity had no substantive connection with academic achievement or sleep, and was associated with higher Junk Food consumption. Sport, however, had consistently stronger connections with positive health factors.

While Physical Activity was strongly and positively connected to perceived health, Sport had a significantly higher connection. Physical Activity and Sport were about equally related to both body image and Body Mass Index. **While research shows that any form of physical activity that meets national guidelines has enormous physical and mental health benefits, it appears that sport has unique benefits above and beyond simply being active.** The benefits reported by youth in this survey may be a result of stronger perceived Family, Community, and School Supports—which will be discussed further in the Support & Connections storyline.

The figure depicts the strength of the connection (with weaker positive connections in yellow, stronger positive connections in green, and a single weak negative connection in orange) for Physical Activity versus Sport across several health, well-being, and support factors (N=6,517).

Impacts of Physical Activity and Sport on Health



PHYSICAL ACTIVITY SUPPORTS & BARRIERS

Youth shared the supports and barriers that make being physically active easier or harder. This type of data may help schools, municipalities, and health promotion practitioners, and youth advocates to see ways to improve or enhance healthy behaviours (N=7,092).

Lack of time and other responsibilities was the number one barrier to being physically active. **Youth who identified lack of time as a barrier to being physically active also reported fewer hours of sleep and more time working.** *Social supports* and *fun* were the top support factors. Youth appear to be saying that new facilities, equipment, and other logistical factors are not as important as motivation factors (e.g. fun, being with friends, and developing skills). Though motivation may not be as important as a lack of time: youth are also very busy and perhaps overscheduled.²² Supports and barriers received very different support from high- versus low-activity youth. For example, youth who were less active were more likely to report barriers like *being afraid of being teased, lacking skills, and not enjoying it*. Whereas youth who were more active reported *fun, competition and being on a team* as support factors much more often than less active youth.

SUPPORT FACTORS	High Activity	Low Activity
Social Supports	68%	59%
Fun	67%	47%
Health & Look Good	59%	51%
Competition & Be on a Team	59%	38%
There are No Barriers	45%	24%
Programs	27%	22%

BARRIER FACTORS	High Activity	Low Activity
Responsibilities & Lack Time	39%	45%
Lack Skill & Teasing	17%	33%
Do Not Like Activity	14%	32%
Logistical Barriers	20%	27%
Lack of Social Support	8%	15%
Medical & Pain	9%	11%
There are No Supports	4%	12%
PA is Unimportant	1%	2%

Oral / Dental Health

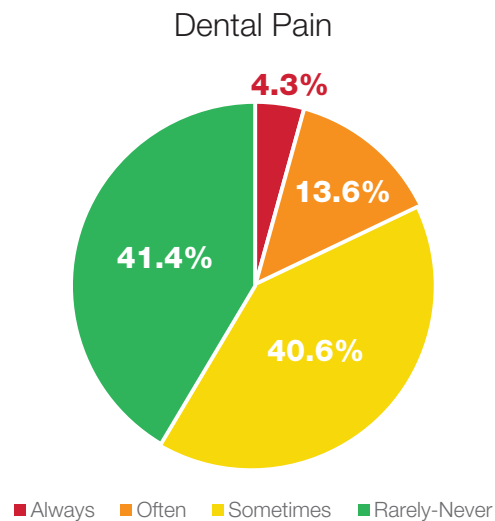
Oral health is a fundamental component of overall health.³⁸ Oral pain can affect children and adolescents through lost sleep, poor growth, reduction in school attendance, and poor learning.³⁸⁻⁴² Dental health also affects socialization and self-esteem in youth.^{38,40,42}

The Canadian Dental Association and the College of Dental Surgeons of Saskatchewan recommend brushing teeth at least twice a day.^{43,44} **55% of youth brush their teeth more than once a day and 90% brush at least daily (N=10,362).**

Brushing teeth frequently was strongly related to sex: 50% more females brush more than once a day (44% of males, 67% of females). Older youth and newcomers also brush more often. A slightly higher portion of youth from large cities brush more often, and there was no difference across race.

Dental visits had small to moderate connections with sex, race, and immigration: with males, minorities, and newcomers seeing dentists less often.

Dental pain is a very important health variable: compared to chronic pain, dental pain is even more strongly related to wellness, perceived health, and mental health (smaller differences for these last two). **18% of youth experienced dental pain often to always, with 3 in 5 youth experiencing it at least sometimes.** Compared to oral health variables (brushing teeth, dental visits), differences in dental pain within various groups were typically smaller. As such, SAYCW cannot identify clear at-risk groups, but youth who experience dental pain are an at-risk group based on mental health, school performance, and other health outcomes.



HEALTH PROMOTION RESOURCES

For health promotion action resources related to general health and well-being, please visit our online toolkits:

Nutrition—saycw.com/resources/toolkits/nutrition

Physical Activity—saycw.com/resources/toolkits/physical-activity

Sleep, Screen Time, & Oral Health—saycw.com/resources/toolkits/general-health-well-being

Food & Nutrition

This section describes food consumption patterns and eating behaviours among youth. The data in this section indicates that there are several positive and healthy nutritional trends in the province, but that youth could make better, healthier decisions—such as eating a more balanced diet, eating more healthy foods and less unhealthy foods, and not skipping breakfast (regardless of a lack of time or hunger).

The new Canada Food Guide (2019) encourages being mindful to eat a variety of foods each day with half of them being fruits and vegetables, one-quarter whole grains, and one-quarter protein foods. The Guide also emphasizes limiting processed foods and foods high in sugar, salt, and saturated fats. Lastly, the Guide focuses on how healthy eating is more than the food consumed and also includes being mindful of eating habits, cooking more, eating meals with others, and enjoying food.

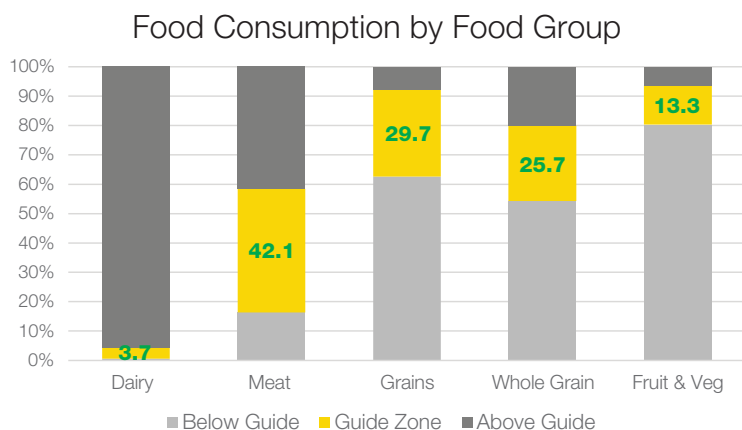
FOOD CONSUMPTION

Eating patterns are established early in life and have an impact on lifelong health.⁴⁵ Healthy eating during childhood contributes to optimal health and cognitive development, improved academic performance, better school attendance, healthy eating habits in adulthood, and reduced risk of developing chronic diseases later in life, such as heart disease, cancer, and diabetes.⁴⁵⁻⁴⁹

Because the new Canada Food Guide does not emphasize serving sizes, the 2007 Food Guide was used to create “zones” of consumption for this report. The guidelines were widened by 1–2 servings for each of the four food groups because consumption recall in the survey was based on a single day—which is likely to vary more than a 3-day or weeklong recall would. This effectively increased the proportion of youth who were considered to be within each guideline.

Of particular note: **86.7% of youth did not meet the recommended daily serving for fruits and vegetables based on the expanded zones (N=8,858), and 96.8% did not meet Canada’s Food Guide serving suggestion** that young people eat 7 (females) or 8 (males) servings of fruits and vegetables per day. Furthermore, the majority of youth made whole grains *less than half* or *none* of their overall grain product consumption.

Sugar sweetened beverages such as fruit drinks, sports drinks, soft drinks, and energy drinks are unlike other foods and beverages as they offer no nutritional benefits and are only linked to health risks.⁵⁰ Sugar sweetened beverage intake has been linked to increased risk of heart diseases,^{51,52} hypertension, diabetes, and cancer.⁵³ Fast and pre-prepared/instant food items often do not follow recommended portion sizes, are of poor nutritional quality, and tend to be higher in fat, sodium, sugar, and calories.⁵⁴ Access to fast and pre-prepared/instant foods and beverages at school, near schools, in convenience stores, and at recreational facilities also increases youth’s intake.^{55,56}

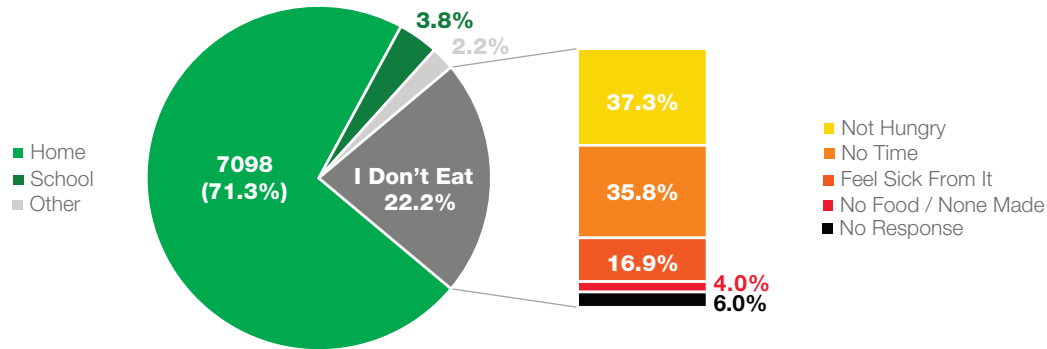


Sugary & salty snacks were the most common and frequently used junk food, with 62.8% of youth eating snacks weekly to daily (n=5,782 of 9,206). 50% drank sugary beverages weekly–daily, 30% ate fast food & ready to cook food weekly–daily, and only 10% drank energy drinks weekly–daily. 65% of youth never consumed energy drinks, compared to 5% or less who never consumed each of the other three Junk Foods.

FOOD BEHAVIOURS: BREAKFAST & LUNCH

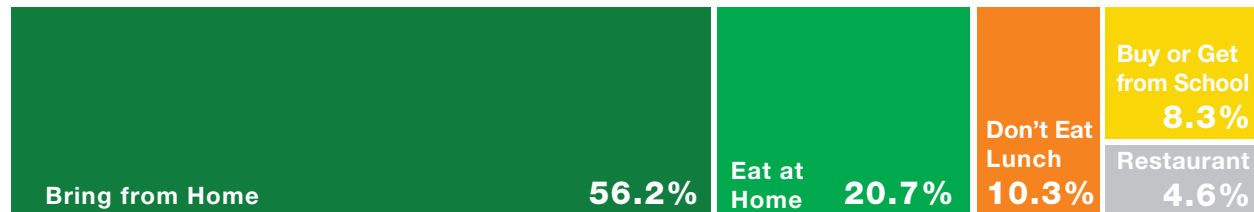
Over 1 in 5 youth did not have breakfast (22.2%). Of those who skipped breakfast, nearly 3 in 4 were either *not hungry* or *didn't have time* (N=9,883). These decisions affect performance in school because eating breakfast is associated with improvements in youth's memory, concentration levels, problem-solving abilities and creative thinking; eating breakfast also reduces hunger and helps to maintain a healthy weight.⁵⁷

Where Students Eat Breakfast & Why Some Don't



As the figure shows (N=9,619), 3 in 4 youth either bring lunch to school (56%) or eat at home (21%). Among those youth: youth from large cities were much more likely to eat at home, and youth who take a car/bus to school were much more likely to bring lunch. Youth who walk, bike or do some other active means of transportation were equally likely to bring lunch or go home.

Where Students Eat Lunch



SAYCW GRANT PROGRAM

Cooking with the Community was a program created by Hillmond Central School to deliver a weekly nutrition and cooking class after school for youth to learn nutritional information, interact with supportive adults from the community, and prepare healthy meals they could take home to their families. The community seniors who participated were delighted to share their expertise with the youth; and overall, there was an increase in youth's social connections with new friendships formed and strengthened. The program was free for youth and therefore also helped with food insecurity issues experienced by some of the youth who participated.

Support & Connection

How Family, Friends, Communities, and Schools Support Youth

The 4 Pillars of Support & Connection: Family, Friends, Community, and School

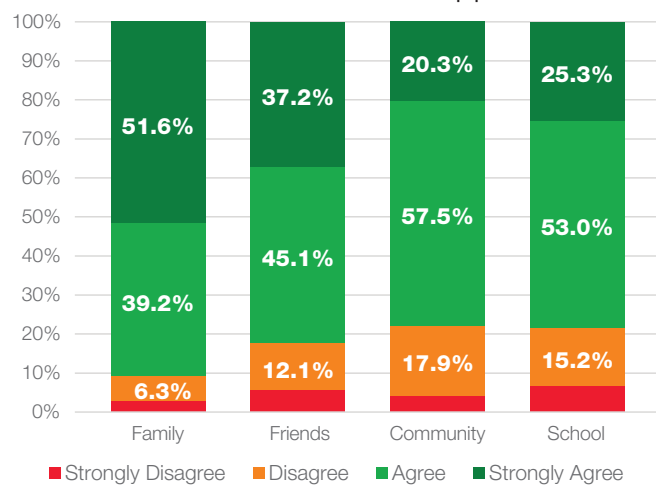
Prior research and experts who provided input on the survey identified that there are connections and supports that typically act as protective factors for youth health and well-being.^{21,58,59} Based on this literature and advice, SAYCW added items to the 2019 survey about Family, Friends, Community, and School Supports (FFCS).

Overall, youth reported strong supports across all four pillars—especially so for ones that were closer to them, like family (N=10,409) and friends (N=10,406). Only about 5% or fewer respondents *strongly disagreed* that their family, friends, community, or school supported them (ranging from 3.0% to 6.5%). Over 90% of youth felt (*agreed or strongly agreed*) that their family was supportive, over 80% felt the same way about friends, and just under 80% described supportive communities and schools.

Family Support is based on feelings of safety, support, and pride from their families. **Friend** Support is based on making friends, having close friends, and having supportive friends. **Community** Support is based on trust, safety, and involvement. **School** Support is based on safety, belonging, and having a trusted adult they can share with. Before each of the pillars are described in detail, here are some of the big-picture demographic differences in the Support & Connection storyline:

- **Age / Grade**—There were some fluctuations across grades, but youth reported similar feelings of support and connection from Grades 7–12. In older grades, community trust became slightly weaker and mentorship support became stronger.
- **Sex**—There were no big differences between males and females, but females typically reported slightly stronger Family and Friend Support, while males reported higher Community and School Support.

Distributions of Responses across the 4 “FFCS” Supports

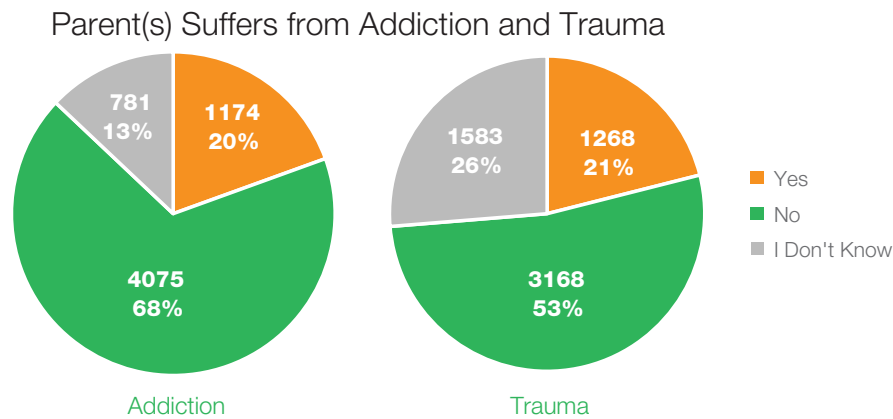


- **LGBTQ2S**—By far, the one group that felt the least supported and most isolated were youth who identify as LGBTQ2S based on sex, sexual orientation, and/or gender. This lack of support was reported within this group across all 4 pillars of Support & Connection.
- **Region**—Some of the strongest differences in support scores were across regions. Youth from Northern Saskatchewan reported less support, and these differences were more powerful than minority and city-size differences, meaning that youth from the North experienced less support than youth who were minorities, newcomers, live on reserves, or were from small communities.
- **City Size**—Youth from smaller communities reported much stronger feelings of Community Support.

Family

Family Support was reported as the strongest support of the 4 pillars, 90.8% of youth reported they felt their family supports them. This is an especially important positive finding as families play a critical and influential role in adolescent development.⁵⁸ Additionally, a Canadian study found that regularly **having dinner with their family** not only promotes better eating behaviours and physical health for youth, but also better cognitive, emotional, and social competencies.⁶⁰ Of the youth who completed the SAYCW survey, **nearly 2 in 3 reported that they almost always eat supper with their family/caregivers (61.4%), 23.6% responded most of the time, 10.7% responded sometimes, and 4.3% almost never ate supper with family (N=9,856).**

However, not all youth reported supportive parents and families. For those youth, two issues were especially salient: parental addiction and trauma. Youth could answer *yes*, *no*, or *I don't know* to the following questions: *One or both of my parents suffer from (1) **addiction**; (2) a **past trauma or traumatic stress**.* While many youth did not answer the question or did not have the question included in their school's version of the survey, over 6,000 did respond. **1 in 5 reported yes to parent addiction (N=6,851) or trauma (N=6,832).** Additionally, **twice as many youth did not know if one/both parents suffered trauma (26%) compared to addiction (13%).** For both questions, *I don't know* responses decreased by 10%-points from Grade 7 to 12.



Friends

As youth develop through childhood and adolescence, non-familial relationships become more and more important.^{21,58} These relationships provide supports and connect youth beyond their families, and ultimately enhance their skills and social capital (i.e., benefits derived from interactions with others), preparing them for emerging adulthood.⁵⁹

Males reported an easier time **making new friends: 79.1% of males agreed/strongly agreed, compared to 67.1% of females; with most of that difference accounted for by the 10% difference in strong agreement (N=10,170).** Another interesting aspect of Friend Support is **dating. 36.1% of Grade 7 students have been on a date, and that increased by about 10%-points in Grades 8 and 9, ultimately reaching 71.5% by Grade 12 (N=9,767).** Bullying and bullying bystander findings will be shared later in the Stress & Unhealthy Relationships storyline.



Community

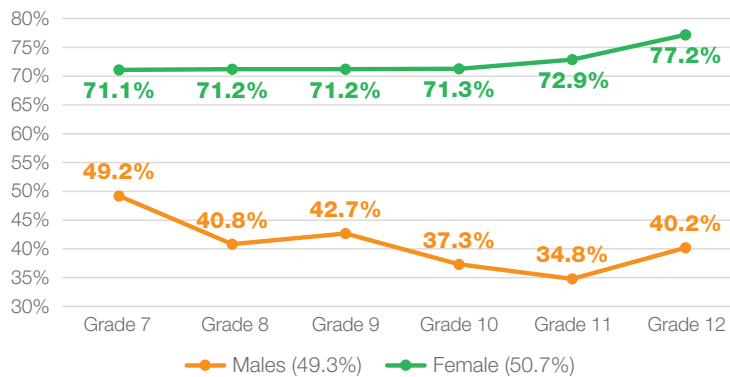
As the initial figure of this storyline showed, there is a small decrease in youth's feelings of Community Support (compared to Family and Friend Support) based on how safe, trusting, and involved they felt about their community.

One unique, important aspect of Community Support is the question of mentorship. Youth were asked if they had a non-parental adult who cares about them that they could talk to about school or life: **71% did, 17.4% did not, and 11.6% did not but wished they had a mentor (N=10,275)**. Having a mentor increased by over 10%-points by Grade 12. As youth transition from childhood to adolescence, the influence of non-parental adults becomes more important;²¹ as such, social capital is also an important factor in positive youth development.⁵⁹ Additionally, having a mentor was found to be related to a lower likelihood of reporting depressive symptoms, self-harm, and suicide behaviours, which are described in the Mental Health storyline (N=5,571).

1,450 youth reported having some connection or interest in **gang** membership. Across all youth who provided mentorship data, **17% of youth reported not having a mentor (N=9,488)**. Among youth who expressed some interest or connection to a gang, **42% did not have a mentor**. Additionally, compared to youth with higher gang interest/connections, youth with lower gang interest were twice as likely to report they *wish they had a mentor*.

Lastly, as a matter of Friend and Community Support, SAYCW asked youth if they were supportive of people who are **gender and sexually diverse?** **32% of youth were unsure or didn't want to say (N=6,584)**. But of those who answered, **84% provided a supportive response**. Support did not vary considerably across race or city size, though newcomers and minorities were slightly more supportive than others. The largest differences were opposite trends among males and females across grades. **Females were far more supportive than males in all grades** with the highest level of support in Grade 12; while **support among males** was significantly lower, and **decreased considerably across the grade levels**.

Youth Who Support Diversity across Grade & Sex



School

The final storyline in this *TYTC* Report will explore Learning & Knowledge, which includes school performance, food literacy, and several other topics. Schools are not just places for learning: they are also micro-communities for youth and they are places where friendships and relationships with trusted adults are formed. Schools are vital factors in psychosocial development, not just intellectual expansion.⁵⁸

The figure at the beginning of this Support & Connection storyline showed that 78.3% of youth *agreed/strongly agreed* that they belonged, felt safe, and had a trusted adult in their school (N=7,222). Looking at each component of School Support, **over 5 in 6 youth felt safe in their school (84.0%), 3 in 4 youth had a trusted adult in their school (76.1%), and nearly 3 in 4 youth felt that they belonged in their school (74.7%)**. Having a trusted adult in school was more common with age, going from a low of 72.2% in Grade 8 to a high of 79.6% in Grade 12.



Schools need more supports in place to help youth not just with education and learning disability (which I have) but to understand mental health issues.”—Grade 11, Female



Teachers should ask their students how there day is going just so they know they’re okay.”—Grade 7, Female



SAYCW GRANT PROGRAM

Minahik Waskahigan School delivered the Families and Schools Together Program (FAST) to their youth, which is a research-based program that focuses on empowering and connecting children, parents, families, and schools to improve students’ educational climates as well as enhance community engagement.

Stress & Unhealthy Relationships

Negative Factors Associated with Mental Health

Mental health is the most important survey topic according to youth and teachers. The Stress & Unhealthy Relationships storyline leads readers into the Mental Health findings, as the pressures and negative experiences in this storyline are strongly connected to negative mental health outcomes. The negative

experiences reported in this storyline are different from ones reported in the Risk & Safety storyline because youth do not have a choice in food insecurity, bullying, dating violence, and sexual assault. Although strong supports and connections often act as a protective factor for youth mental health and well-being.

Stress & Pressure

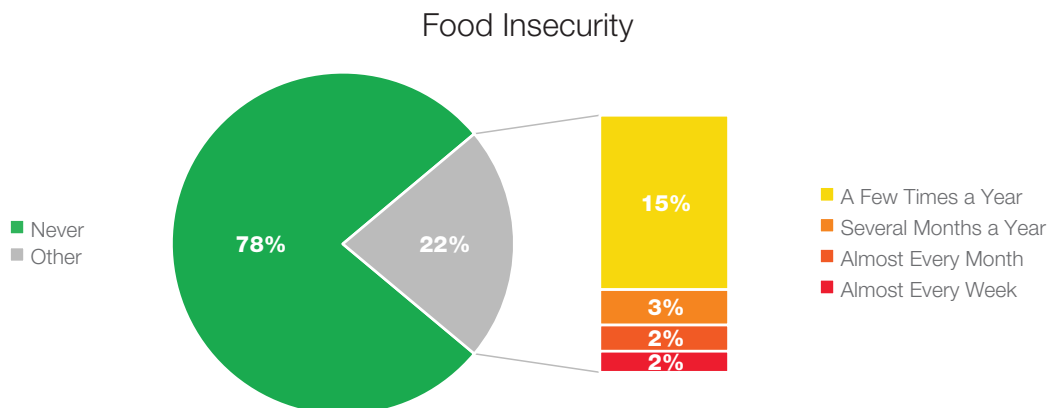
Educators and mental health experts in the province strongly encouraged SAYCW to add questions about worry and anxiety, and to explore these issues in more detail in this survey cycle.

52–63% of youth reported *agreeing-strongly agreeing with statements about worry related to trouble sleeping, what others think about them, and bad things happening in the future (N=10,164)*. Worry about the last two concerns decreased from Grade 7 to 12, but trouble sleeping due to worry increased.

Food Insecurity

Food insecurity exists when one or more members within a household do not have access to the quantity or variety of food that they need due to lack of money.⁶¹ Food insecurity can be harmful to healthy growth and development.⁶¹ Researchers have found that people who experience food insecurity also tend to report: poor or fair health, an inability to perform key activities due to health problems, multiple chronic conditions, major depression, poorer mental health, and/or a perceived

lack of social support.^{61,62} mental health, and academic performance among college students in a California public university system (N = 8705,⁶³ Food insecurity has also been linked with poorer school attendance, attention in class, and academic performance.⁶² mental health, and academic performance among college students in a California public university system (N = 8705,⁶⁴



22% of youth reported *being hungry because there was not enough food a few times a year or more*, and 38% reported *worrying about running out of food* (N=9,855). Minority and Indigenous youth were twice as likely as their peers to experience food insecurity and food worry, and newcomers were 50% more likely.

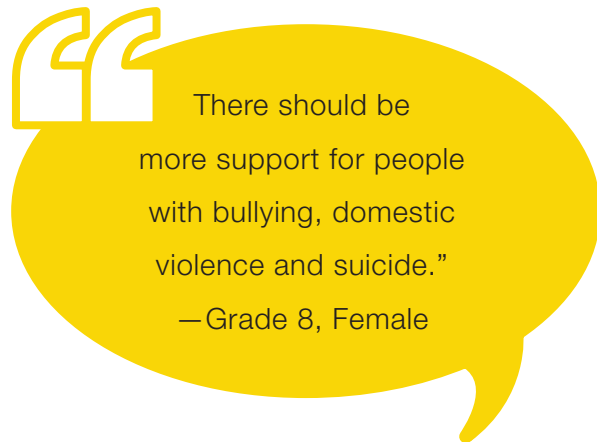
The most common methods of coping with food insecurity that youth reported were:

- skip meals or eat less (n=768)
- make sure others in my household eat before I do (n=487)
- cut down on the variety of foods I usually eat (n=430)
- my parents or guardians skip meals or eat less (n=371)

Bullying

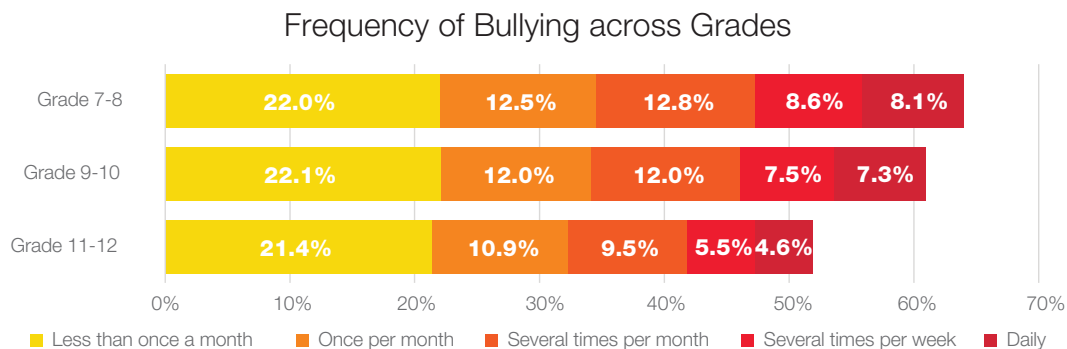
Bullying affects youth’s physical and mental health, the way they interact with others, and their school experience.⁶⁵ Bullying can lead to anxiety, depression, self-harming, or other risky behaviours.⁶⁵ Additionally, those affected by bullying are at an increased risk of poor academic performance, poor attitudes towards school, low grades, and absenteeism.⁶⁵

In the *past year*, 59.8% of youth had been bullied (N=10,147). The following graphs show the frequency and types of bullying that those youth experienced. Experiencing higher rates of bullying was associated with an increased likelihood of youth self-reporting depressive symptoms, self-harm, and suicide behaviours. Experiencing bullying was also associated with lower school engagement among youth, specifically feeling less safe at school, less belonging, and less motivated to do well in school.



FREQUENCY OF BULLYING

Of the 6,068 youth who were bullied, 58.1% were bullied *once per month or less*, 19.2% were bullied *several times/month*, 12.0% were bullied *several times/week*, and just over 10% experienced *daily* bullying. 64.1% of Grade 7–8 students reported being bullied in the *past year*, compared to 48.9% of Grade 12 students.



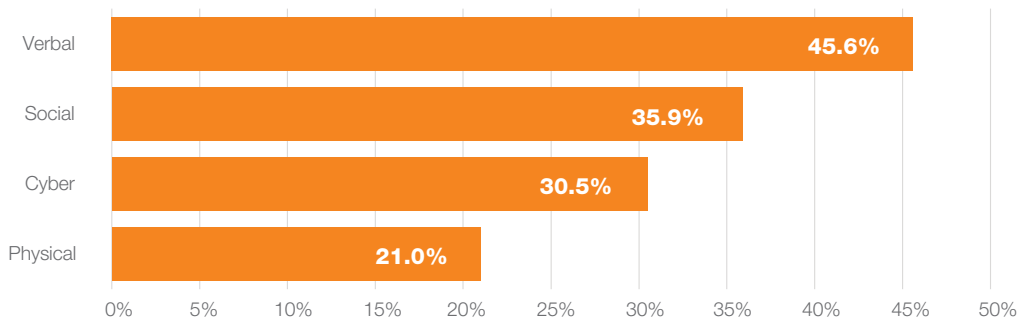
TYPES OF BULLYING

SAYCW explored four types of bullying and found that youth rarely experience only a single type. **Two-thirds of youth (67.6%) experienced more than one type of bullying.** Verbal and social bullying were reported at the highest rates, followed by cyber bullying. Physical bullying is much less common. Not only is cyber bullying not the most common form of bullying, but it rarely happens in isolation: **Nearly 9 in 10 youth who were cyber bullied (86.8%) also experienced some other form of bullying; and 70% of cyber bullied youth experienced 2 or 3 other forms of bullying.**

WHO IS BULLIED?

Females were far more likely to face social and cyber bullying, and slightly more likely to experience verbal bullying than males. Males were slightly more likely to experience physical bullying. Even more so than females, LGBTQ2S youth and youth with negative body image were more than twice as likely to experience bullying than other youth. Bullying did not differ across small, medium, and large cities.

Frequency of Bullying by Types (N=5,839)

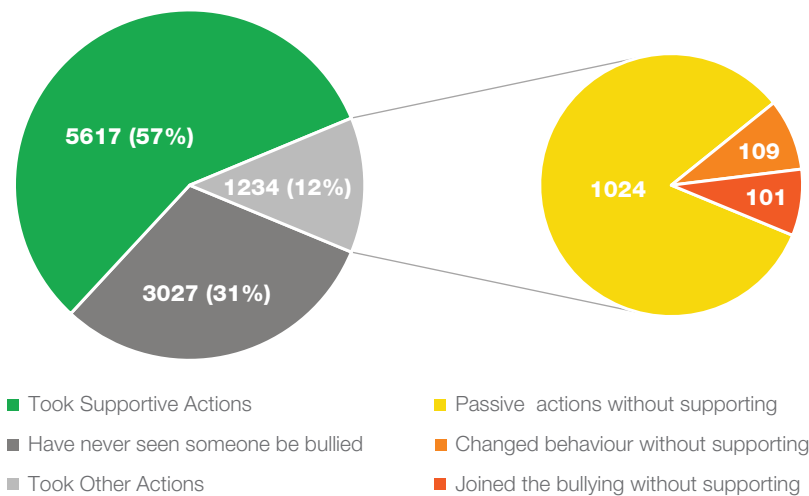


BYSTANDERS & BULLYING

Research shows, and SAYCW's experts advised, that bullying not only affects youth who are bullied, but also bystanders.⁶⁶ Youth who see peers being bullied are often anxious and even scared that it will happen to them. Bystanders often change their behaviours to protect themselves from being bullied.⁶⁷ However, bystanders can provide adults with information and they can also intervene either with the bully, the victim, or both. Therefore, all youth can play a positive role in school efforts to reduce bullying and improve safety.

31% of youth reported never seeing bullying. Of those who had seen bullying, **82% took supportive actions**, such as *stopping the bullying, helping the victim, or telling an adult*. Of those remaining bystanders (representing 17% of all youth), **92% reported doing nothing or changing their behaviours to avoid being bullied themselves without supporting victims**. Overall, only 1% of youth reported *joining bullying and not supporting victims*.

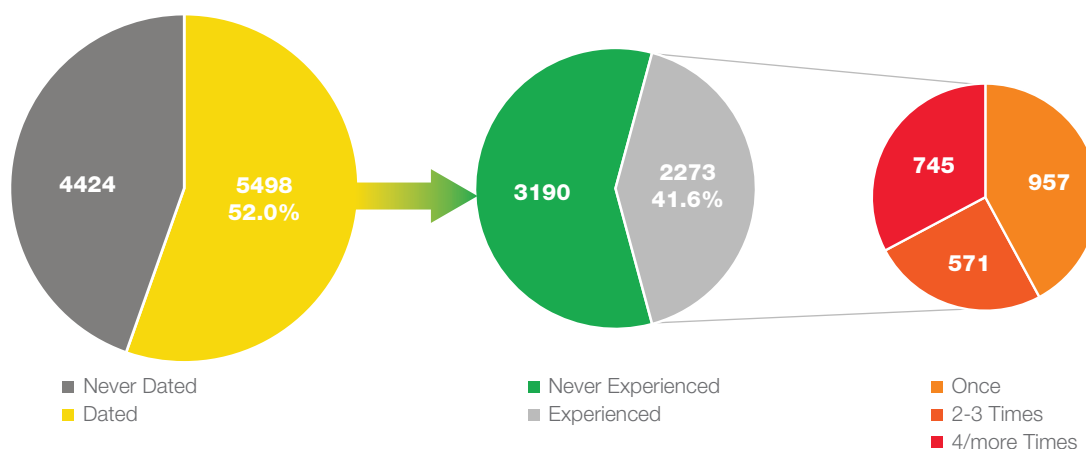
Bystander Reactions to Bullying (N=9,812)



Dating Control & Violence

Overall, 1 in 5 youth experienced dating control and/or violence. Of the 52% of youth who reported having *ever dated or gone out with someone* (N=5,498), 41.6% experienced controlling and/or violent behaviours from their partner one or more times (n=2,273).

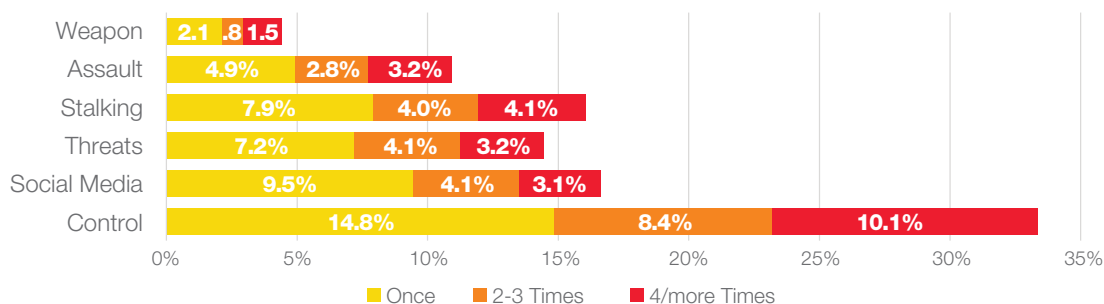
Proportion of Youth Who Experienced Dating Violence and/or Controlling Behaviours



The most common negative relationship experience reported by youth were partners *controlling what they did or who they hung out with* (33.3%)—which was more than twice the frequency of the next most common unhealthy experience. The rest of the unhealthy experiences were reported by 11–17% of youth who had dated before—except for *being injured by a weapon*, which less than 5% of youth reported (N=2,273).

Controlling behaviours were not only more common than other types of negative relationship experiences, but 80–87% of youth who reported one of the other negative experiences also reported controlling behaviours. 1 in 5 youth felt that there is not enough support to manage dating violence—with youth who have actually dated before feeling this more strongly.

Frequencies of Dating Violence and Controlling Behaviours



WHO IS AT GREATER RISK?

A similar number of females (44.4%) and males (38.3%) reported experiencing dating control and/or Dating Violence. Unfortunately, youth in some demographic groups experienced much higher rates of controlling and violent relationship behaviours. Youth with **negative body image**, **LGBTQ2S**, and **Northern youth** were much more

likely to report controlling partners and over twice as likely to report Dating Violence. **However, youth who described high levels of Family, Friend, Community, and/or School Support were substantially less likely to report dating control and/or violence.**



SAYCW GRANT PROGRAM

Youth Rising was a project by the Living Sky School Division in partnership with the Boys and Girls Club of the Battlefords and Battlefords Kids First to educate youth on the prevalence of interpersonal violence, types of violence, gender inequality, and the supports available to them. Youth were also taught the choreography to the “Breaking the Chain” dance and over 160 youth came together on Main Street in Battleford to perform it to empower themselves and others to stand up against interpersonal violence.

Unwanted Sexual Activity

Among sexually active youth (n=1,993), **28.9% reported sexual activity (including fondling, oral sex, or intercourse) when they didn't want to participate because they felt pressured, were forced, or were intoxicated—including 15.1% who reported sexual assault (i.e., those who reported being forced or intoxicated).** For youth experiencing unwanted sexual activity *being pressured* was the most common reason reported (44%), followed by sexual assault from *intoxication* (39%) and *force* (32%). A concerning number were *unsure* (29%) if they had experienced unwanted sexual activity.

While no youth should experience unwanted sexual activity or sexual assault, some youth appear to be at high-risk, including: **Northern youth, minority youth, females, and youth who reported negative body image.** But the groups at greatest risk were **LGBTQ2S and youth who experienced dating control and/or violence—youth in both of these groups were twice as likely to experience sexual assault.** Victims of sexual assault reported higher levels of worry and difficulty sleeping.

However, youth who reported high levels of Family, Community, and/or School Support were half as likely to report sexual assault (N=1,721). Strong Friend Support was associated with lower sexual assault, but this support was not as powerful as the previous three.



I think that we should have more different kinds of support, not only for kids in my age, but also adults.”

—Grade 9, Female

RESOURCES FOR HEALTHY YOUTH RELATIONSHIPS

Healthy Youth Relationships Education Program by the Canadian Red Cross

www.redcross.ca/how-we-help/violence-bullying-and-abuse-prevention/youth/respect

Saskatchewan Prevention Institute’s Healthy Youth Relationships Resources

<https://skprevention.ca/resource-catalogue/sexual-health/building-healthy-relationships-yes-that-includes-dating-relationships/>

HEALTH PROMOTION RESOURCES

For additional health promotion action resources targeting bullying and sexual violence, and promoting healthy relationships, please visit our online toolkits:

Anti-Bullying — saycw.com/resources/toolkits/mental-health/#safety-bullying-and-stigma

Sexual Violence — saycw.com/resources/toolkits/sexual-health/#sexual-violence

Healthy Relationships — saycw.com/resources/toolkits/injury-risk/#healthy-relationships

Mental Health

Positive factors like esteem, controlling anxiety/worry, and feeling a sense of control in life. Negative outcomes like depressive symptoms, self-harm, and suicide. Risk factors and protective factors are explored.

Both teachers and youth rated mental health as one of the most important topics in youth’s health and well-being. Poor mental health can have a devastating impact on youth, and can affect many aspects of life, including relationships with family and friends, academic

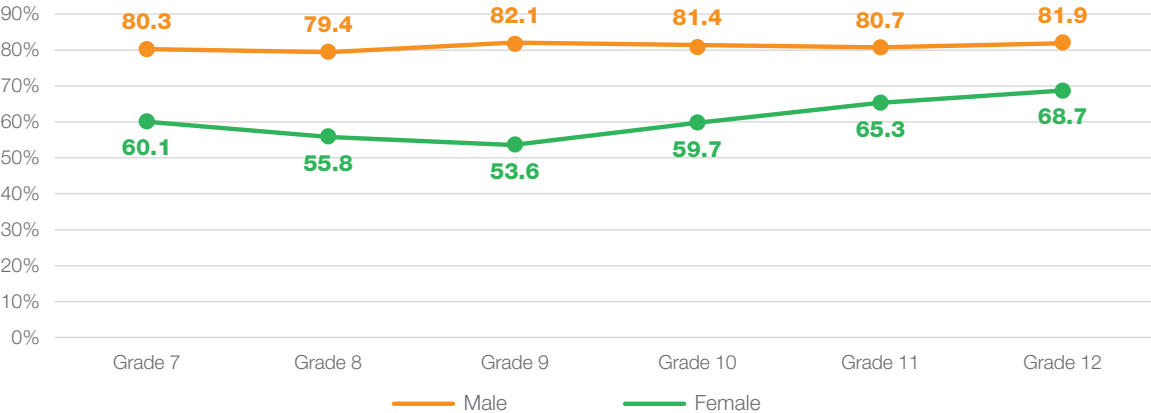
performance, general self-esteem, and feelings of self-worth.^{68,69} Youth shared information regarding positive mental health, depressive symptoms, self-harm, and suicide behaviour.

Aspects of Mental Health: Self-Esteem, Control, and Coping with Worry

Youth were asked to report how strongly they *agreed* or *disagreed* with nine statements about their self-esteem, feelings of control, and ability to handle worry. “Positive” scores represent *agreement* and *strong agreement* on these nine statements. Males had higher and more stable scores than females at all grade levels (N=9,992). **Females’ scores decreased from Grade 7 to 9, then increased through Grade 12.**

Several support and connection factors were associated with positive mental health scores, including: Family Support; Community Support; Friend Support; Having a mentor; School Connection; Positive Body Image; and Physical Activity. The male-female differences identified in these positive scores are further explored across three negative mental health outcomes (below), along with the role of support and connection.

Percentage of Positive Mental Health Reports across Grade and Sex



Depressive Symptoms, Self-Harm, and Suicide

DEPRESSIVE SYMPTOMS

Persistent sadness or hopelessness is a predictor of clinical depression, but is insufficient for a diagnosis of depression by itself.⁶⁹⁻⁷¹ Feelings of constant sadness and hopelessness in youth are associated with academic deficits, suicidal thoughts and behaviours, drug/alcohol abuse, and unsafe sexual behaviours.⁷²

Youth were asked if they felt so sad or hopeless almost every day for two weeks that they stopped some regular activities (e.g., going to school, extra-curriculars, hanging out with friends) during the past 12 months?



3,874 students (38.6%) responded
yes (N = 10,036)

Please note that this question is not a diagnostic or screening tool for depression. It is likely that youth who answered 'yes' have experienced mood-related problems. However, a thorough clinical screening would be required for specific diagnoses. This is why SAYCW differentiates between "depressive symptoms" and "suffering from depression".

SELF-HARM

Self-injury behaviours usually start between 13 and 15 years of age, and happen most often in teenagers and young adults.⁷³⁻⁷⁶ Many mental health professionals believe that in most cases, youth use self-harm behaviours to cope with stress, anxiety, depression, and anger.⁷⁷

Youth were asked *have you ever harmed yourself in a way that was deliberate but not intended to take your life?* **21.6% responded yes (N=8,545).** Among those youth, **66.0% reported that they self-harmed in the past 12 months.**





SUICIDE

In Canada, suicide is the second leading cause of death among individuals ages 15 to 34, second only to accidents.⁶⁸ Among youth specifically, suicide accounts for almost a quarter (23%) of all deaths of 15 to 19-year-olds in Canada.⁶⁸ Thus, youth were asked in the past 12 months, have you considered attempting suicide? **23.4% of youth responded yes they have considered suicide (N=10,105).**

If youth reported that they have considered suicide, they were also asked if they had ever planned to commit suicide, attempted suicide once, and/or attempted suicide more than once. Youth self-reported the following information regarding their suicide behaviours (see figure).

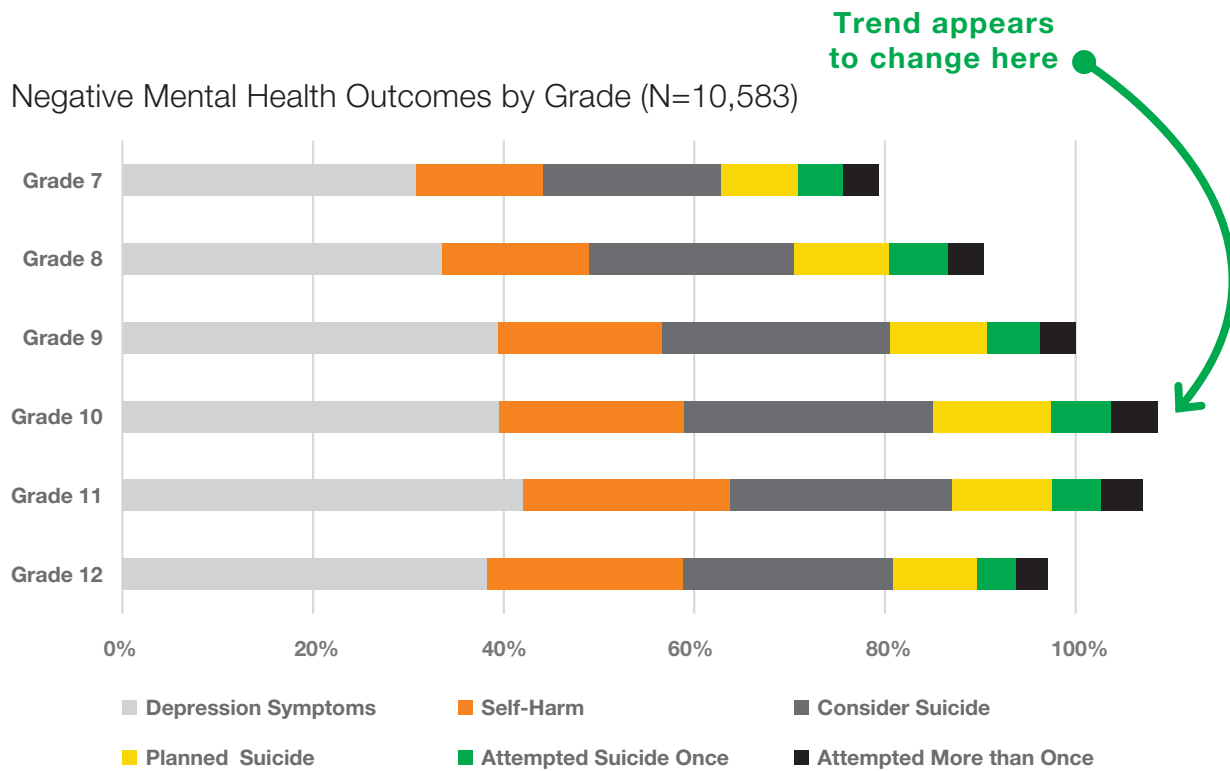
Youth Self-Reported Suicide Behaviours (n=2,363)



-  **Considered, planned & attempted**
714 students (7.1%)
-  **Considered & attempted**
263 students (2.6%)
-  **Considered & planned**
323 students (3.2%)
-  **Considered only**
1063 students (10.5%)

Youth who reported yes to experiencing depressive symptoms were more than twice as likely to also report self-harm behaviours (2.16 times) and twice as likely to report that they had considered suicide (2.03 times).

Looking at negative mental health outcomes by grade, students in Grades 10 and 11 reported the highest rates of depressive symptoms, self-harm, and suicide behaviours, with reductions in Grade 12 (see figure).



Note. Students could self-report yes to all negative mental outcomes; therefore, the total percentage for each grade level represents the addition of yes for each negative mental health outcome at that grade level.

















“We need more mental health and suicide support in our schools.”
—Grade 10, Female

CANADIAN ASSOCIATION FOR SUICIDE PREVENTION

www.suicideprevention.ca

Additionally, the following groups of youth reported significantly higher rates of depressive symptoms, self-harm, and/or suicide behaviors than their peers (N=4,811):

Negative Mental Health Outcomes and At-Risk Youth

	Females	Minority	Indigenous	Newcomer	LGBTQ2S	Negative Body Image
Depressive Symptoms						
Self-Harm						
Suicide Behaviours						

Counsellors & Self-Harm Supports

Over a quarter of youth surveyed (29.1%) reported that they had ever seen a therapist or mental health counsellor (N=10,087).

Youth who reported self-harm within the last 12 months or attempted to die by suicide multiple times had the highest rate of seeing a therapist or mental health counsellor (both 57%). More than half of youth who self-harmed (53.0%), planned to die by suicide (53.9%), or attempted suicide (53.9%) reported seeing a therapist or counsellor. Less than half of youth who experienced depressive symptoms (42.7%) or considered suicide (48.3%) within the last year reported ever seeing a therapist or mental health counsellor.

Over two-thirds of youth who reported self-harm shared that they know where they can get help to stop harming themselves (68.2%); however, nearly 1 in 3 of these youth (31.8%) reported that they do not know where they can get this support.

“There needs to be way more support for the LGBTQ community and youth with mental health. Some days it seems like the teachers don’t even care about how we are doing and even seem to be the bullies themselves. There must be more support, please help.”
—Female, Grade 10

SELF-INJURY OUTREACH AND SUPPORT

www.sioutreach.org

Risk Factors

The following negative experiences were found to be significantly related to a higher likelihood of youth responding *yes* to depressive symptoms, self-harm and/or suicide behaviours. These findings are important because they show that negative mental health outcomes are not only connected to groups of people (i.e., demographics), but to negative experiences that any youth might experience.

With 60% of youth reporting that they had experienced bullying in the past year, it is important to examine associations between bullying and mental health. In prior research, bullying has been found to negatively affect youth's self-esteem, and can lead to anxiety, depression, self-harming, or other risky behaviours.⁶⁵ With respect to SAYCW survey data, youth who experienced higher rates of bullying also reported higher rates of depressive symptoms, self-harm, and suicide behaviours (N=8,521).

Risk Factors, Mental Health Outcomes, and Youth Risk

Risk Factors	Negative Mental Health Outcomes Associated with Risk	Percent of Youth Experiencing Risk
Bullying	Depressive Symptoms Self-Harm Suicide Behaviour	59.8% (N=10,148)
Dating Violence	Depressive Symptoms Self-Harm Suicide Behaviour	Of students who reported they've dated: 41.6% (N=5,247)
Unwanted Sexual Activity	Depressive Symptoms Self-Harm	Of students who reported being sexually active: 28.9% (N=1,993)
Food Worry	Self-Harm	38.3% (N=9,884)

The following groups of youth were more likely to report certain risk factors than their peers. As mentioned previously, groups who are more likely to report negative mental health outcomes are also more likely

to report negative experiences. As such, these negative experiences may help readers to understand why negative mental health is more likely for some groups of youth.

Demographic Groups and Negative Experiences Related to Mental Health (N=9,983)

	Females	Grade Level	Minority	Indigenous	Newcomer	LGBTQ2S	Negative Body Image
Bullying		^a					
Dating Violence		^b					
Unwanted Sexual Activity							
Food Worry							

^a Younger grades (7–9) reported higher rates of bullying incidents than older grade levels (10–12).

^b Older grades reported higher rates of dating violence than younger grade levels.

Protective Factors

After reporting the rates and risk factors found in relation to youth negative mental health outcomes, it is important to report supports and connections found to be associated with a decreased likelihood of responding yes to depressive symptoms, self-harm, and/or suicide behaviours. Positive mental health factors include internal supports in research on resiliency; and therefore, were included in these analyses.⁷⁸

Continuing SAYCW's findings that negative health outcomes can vary with positive and negative life experiences, the following supports and connections were associated with a **decreased likelihood** of youth reporting negative mental health outcomes (N=5,268):

Protective Factors for Negative Mental Health

	Depressive Symptoms	Self-Harm	Suicide Consider	Suicide Plan	Suicide Attempt
Family Support	😊	😊	😊	😊	😊
Community Support	😊	😊	😊		
Friend Support	😊		😊		
Have a Mentor	😊	😊	😊	😊	😊
School Connection	😊	😊	😊	😊	
High Self-Esteem	😊	😊	😊	😊	
Ability to Handle Worry	😊	😊	😊		
Sense of Control					😊
Positive Body Image	😊	😊	😊		

Note: As described in the Support & Connection storyline, support variables were created by combining related survey questions. For the negative mental health analyses here, the survey item *I feel that I have enough support from friends* was the only Friend Support variable found to be significantly related.

In addition to youth's positive mental health (e.g., high self-esteem), Family Support and having an adult mentor who cares about them were each associated with a significant decrease in reporting any of the negative mental health outcomes listed at the top of figure. Recent research conducted by The Trevor Project found that LGBTQ2S youth who had at least one accepting, supportive adult in their lives were significantly less likely to report attempting suicide within the last year.⁷⁹

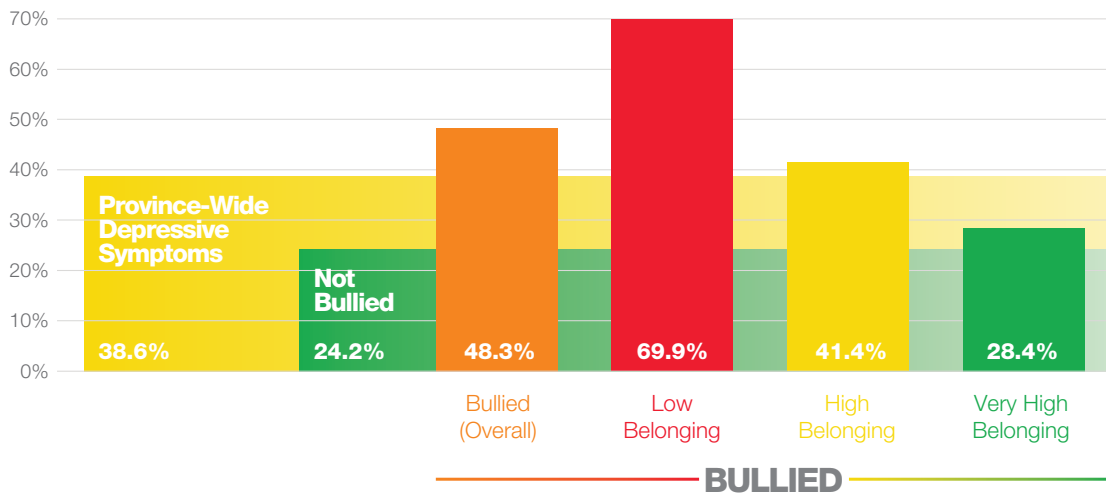
While a similar pattern emerged for supports and connections regarding depressive symptoms, self-harm, and considering suicide, a different pattern emerged for planning to die by suicide and attempting to die by suicide. The most notable difference was that feeling a sense of control was strongly connected with a lower chance of attempting to die by suicide.

“ I think in order for the community to run smoothly you will need more support groups such as how you see yourself...”
 —Grade 11, Female

The figure provides one more example of how different experiences can increase or decrease a negative mental health outcome (N=6,920). Province-wide, 38.6% of youth reported depressive symptoms. That percentage increased to 48.3% among youth who reported being bullied in the past year, but dropped to 24.2% among those who had not been bullied. Not all youth who reported being bullied are the same however: depressive

symptoms became even more common for bullied youth who felt that they did not belong in their school (69.9%), whereas youth who felt *high* (41.4%) or *very high* (28.4%) belonging reported levels similar to the province-wide average and to not being bullied (respectively). Belonging in a school appears to be a protective factor against bullying and depressive symptoms.

Percentage of Youth Reporting Depressive Symptoms:
The Impact of Bullying & Belonging in School



MENTAL HEALTH TOOLKIT

For additional health promotion action resources related to mental health, please visit our online toolkit:

<https://saycw.com/resources/toolkits/mental-health/>

“...more for suicide that’s all because the amount of people that I know that come to me about suicide or I know that cut themselves is a disgusting amount because we never talk about suicide at school and we are exposed to danger.”

—Grade 8, Male

“Discuss mental health i.e. depression, anxiety, etc. Increase supports for people who know someone who is abusing substances or is suicidal so that they can help the troubled individual.”

—Grade 10, Female



SAYCW GRANT PROGRAM

Indian Head High School created a Mental Health Awareness Program that involved guest speakers for youth, staff, parents, and community members, as well as movie nights to discuss different topics of mental health including cyber bullying, social media, anxiety, depression, self-harm, suicide, teen pregnancy, and drugs and alcohol use. Youth created videos shown before the movie and groups were invited to speak afterwards (e.g., RCMP, local health unit).

OUTdoor Exploration was an initiative implemented by Moose Jaw Pride and the Saskatchewan Pride Network in partnership with the Prairie South School Division and the Wakamow Valley Authority. The program was designed to support the mental health of LGBTQ2S+ youth by providing them with a safe setting to explore outdoor leisure skills in the context of building friendships, trust, confidence, and appreciation for the environment.

Risk & Safety

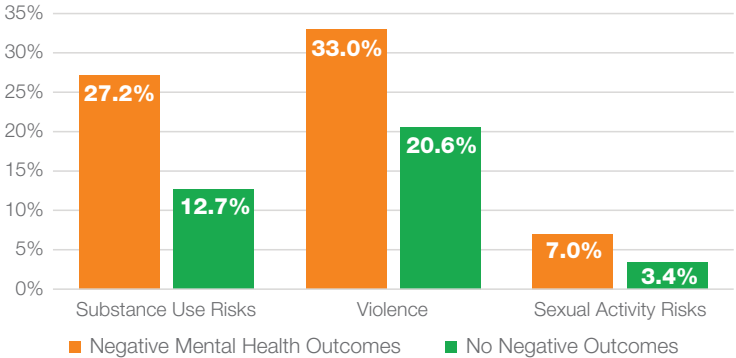
High-Risk Behaviours, Injuries, and Connections with Mental Health

Connections with Mental Health

SAYCW uses this report to give youth in Saskatchewan a voice—to share what they reported about their health and well-being. SAYCW’s analyses have shown how demographics, risk factors, and protective factors relate to mental health, and in particular, negative mental health outcomes (i.e., depressive symptoms, self-harm, considering suicide). This Risk & Safety storyline explores substance use, sexual activity, violence, and other themes. Before findings from each of these themes are shared, their connections with negative mental health outcomes are presented.

This figure shows the percentage of youth who reported substance use risks (i.e., binge drinking 3 times / more, cannabis use, or drug use in the past month), violence (i.e., more than one fight in the past year or carrying a weapon in the past 6 months), and high-risk sexual activity (i.e., pregnancy, contracting an STI, or unplanned sex while impaired). The percentage of youth reporting each high-risk behaviour are broken down into two groups: youth who reported a negative mental health outcome, and those who did not (N=10,335). **Youth who experienced at least one of these negative mental health outcomes engaged in high-risk behaviours twice (or nearly twice) as often as youth with more positive mental health.**

Negative Mental Health Outcomes & High-Risk Behaviours

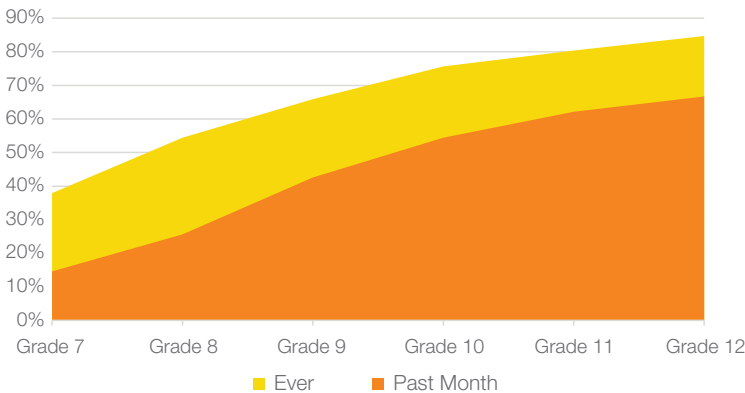


Youth who reported a negative mental health outcome were 5–10%-points **more** likely to be passengers in vehicles where the drivers had consumed alcohol, cannabis, or drugs (N=9,311–9,437). Furthermore, they were 5–10%-points less likely to report *always* wearing a seatbelt and were 10%-points more likely to report *never* wearing a helmet (during recreational activities where a helmet should be worn).

Substance Use

64% of youth reported *ever* using nicotine, alcohol, cannabis, or drugs (N=9,185). However, frequency of substance use varied greatly across grades and types of substances. Furthermore, *ever* using a substance or using it in the *previous year* did not mean that a student continued to use it in the *past month*. From Grade 7 to 12, *ever* using substances increased from 37.9% to 84.7%, and use in the *past month* increased from 14.6% to 66.7%. These patterns are displayed below, across all substances (combined). **Across all of the substances that SAYCW surveyed, there were no substantive differences between males and females.**

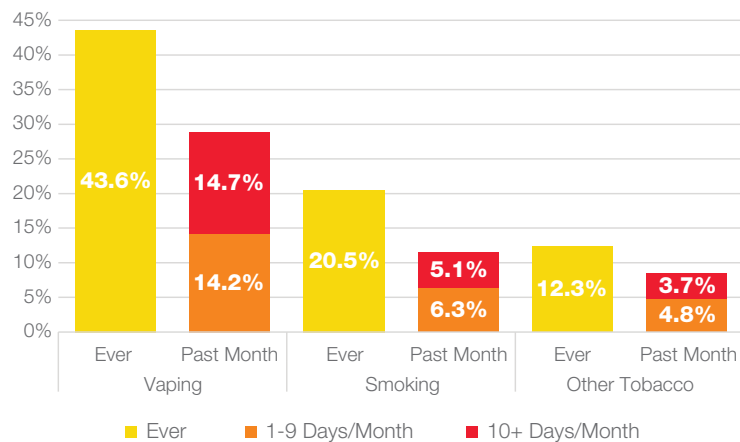
Any Substance Use (Ever & Past Month) by Grade



NICOTINE USE

SAYCW surveyed youth about five types of nicotine use: e-cigarettes, vaping, cigarettes, cigars, and other tobacco products (chew, hookah, etc.). For simpler and more meaningful reporting, all of these types together are referred to as Tobacco & Vaping Products; e-cigarettes and vaping were combined (Vaping); cigarettes and cigars were combined (Smoking), and other tobacco products were either separated from Smoking or combined with Smoking (Tobacco Use) depending on the purpose of the analysis.

Vaping/Smoking Use Ever & In the Past Month



TOBACCO & VAPING PRODUCTS

Vaping is increasingly popular with youth and these behaviours are especially important as reports of vaping-related lung injuries, disease, and deaths are now being reported within the medical community.⁸⁰⁻⁸² SAYCW’s expert stakeholders shared that adults often do not realize that one of the biggest health threats from vaping is that nearly any substance can be vaped. Youth typically vape flavoured pods, but might also vape nicotine, cannabis, or a variety of other substances.^{83,84} In addition to the data reported below, **220 youth across the province provided approximately 55 different examples of other substances that they vape. Included among these were illicit drugs and oils that can permanently harm the lungs.**⁸⁵

Like every substance, there was substantially greater Tobacco & Vaping Product use from Grade 7 (in the *past month*: 8.3% Vaped and 2.9% Smoked) to Grade 12 (in the *past month*: 44.3% Vaped and 22.5% Smoked; N=10,101).

The figure presents frequency of Vaping, Smoking, and other Tobacco Use *ever* and two levels of frequency within the *past month*. **66% of youth who Vaped ever, continued to in the past month—compared to 56% who continued Smoking.** The fact that a higher percentage of youth continued to Vape compared to Smoke undermines the argument that vaping is merely a trend or something that youth may try, but do not continue to use.

There was a lot of overlap in use of these substances: in short, tobacco users typically vape, but vape users do not typically smoke. **91% of other Tobacco Users (chew, hookah, etc.) also Smoked; 83% of Smokers also Vaped; but only 33% of Vapers also Smoked.** In fact, of all youth who used Tobacco & Vaping Products, 31% Vaped and Smoked, 63% Vaped-only, and only 6% Smoked-only.

“Vaping is a huge problem. I mean huge. Half the time when I go to the washroom u can’t get past the crowds of people vaping in there. Vaping is everywhere. In class everywhere. People need to understand how much it has taken over high school students.”
– Grade 11, Male

SECOND-HAND EXPOSURE, ACCESS, AND QUITTING

Second-hand smoke includes smoke from a burning cigarette, pipe or cigar, as well as smoke that is exhaled.⁸⁶ Second-hand smoke exposure in youth is associated with asthma, altered lung function and growth, infections, cardiovascular effects, sleep difficulties, increased cancer risk, and a higher likelihood of starting smoking themselves.^{86,87} Youth were **more likely to report exposure to second-hand smoke from friends or at school (40% on average), compared to exposure in vehicles or at home (28%; N=9,818–9,939)**. This difference was even greater across second-hand vape: **45% from friends or at school, compared to 26% in vehicles or at home**. These results indicate greater exposure and influence from peers, as well as greater exposure to vaping.

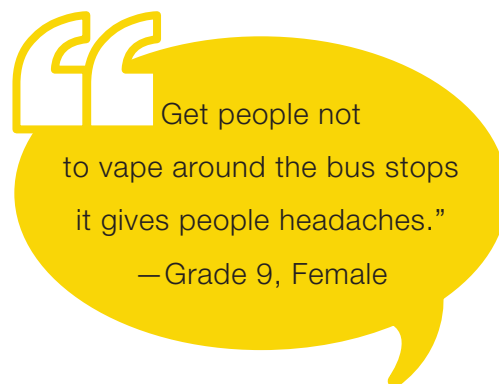
Three means of **acquiring Tobacco & Vaping Products** were much more common than the other means provided in the survey or shared in students' open-ended responses: **36.1% got it from a friend, 27.8% got it from someone for free, and 20.8% bought it from a store (N=3,310)**. All other means received support from less than 15% of youth (i.e., got it from an older person, family member, or by trading/borrowing)—less than 6% reported stealing it or obtaining it online. Youth who rarely used Tobacco & Vaping Products were more likely to access it for free / from a friend, whereas frequent users purchased it in stores or had someone older buy it for them.

Youth provided important data about how they **access and quit** Tobacco & Vaping Products. Abstaining from smoking is associated with a lower likelihood of trying alcohol and marijuana, and a decreased risk of developing chronic diseases, especially lung cancer.⁸⁸⁻⁹¹

Those who start smoking before 18 years of age are more likely to become established smokers and are less likely to quit.^{92,93}

In terms of quitting Tobacco & Vaping Products, 31.8% of users have tried to quit (N=3,251). Frequent users (within the *past month*) were more likely to have tried to quit (37.0%), while youth who continued to smoke but did so infrequently (less than 10 days in the past month; 25%) were less likely to try to quit than youth who had not smoked in the past month (30%). Youth who smoke actively but infrequently might be at a higher risk of becoming frequent smokers. None of the methods of quitting that were provided in the survey were especially popular: **14.6% of youth tried to quit without any aids; 10.4% tried some other method than the six provided in the survey; and 7.1% used nicotine products (patch, gum, inhalers, etc.)**. All other options were reported by fewer than 2% of youth who used Tobacco &/or Vaping Products.

These findings suggest that a promising health promotion action is to work with youth to positively influence their peers to quit Tobacco & Vaping Products. The exponential effect of this action could reduce the number of youth who start to smoke/vape, the number who continue to smoke/vape, and the number who influence others to smoke/vape. The fewer friends one has who smoke/vape, the less influence there is to start or continue to smoke/vape.



RESOURCES TO PREVENT/QUIT SMOKING/VAPING

Youth Vaping Prevention Resources www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/awareness-resources.html

Break It Off Resources for Youth on How to Quit Smoking and/or Vaping
<https://breakitoff.ca>

ALCOHOL CONSUMPTION

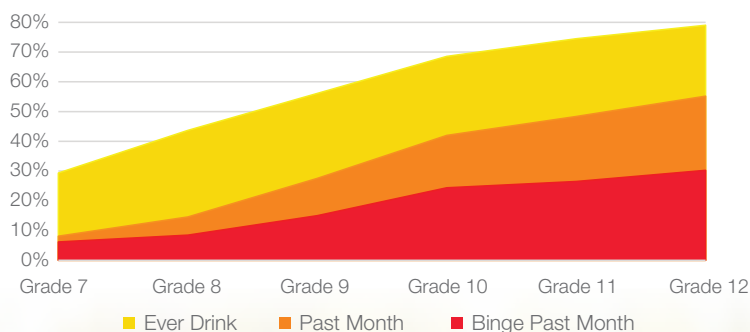
Youth are more likely than adults to engage in risky alcohol use, and experience greater harms from that use.⁹⁴ Alcohol use has also been found to negatively affect academic performance.^{95,96} Risks and consequences associated with heavy drinking include injury, violence, alcohol poisoning, death, and unplanned or unwanted sexual experiences, including sexual assault.⁹⁷

Heavy/binge drinking is defined as consuming five or more drinks for males, and four or more drinks for females, in one event/occasion.⁹⁷

Ever drinking alcohol refers to youth who have drunk alcohol but *not in the past month*. From Grade 7 to 12, ever drinking increased by over 2.5 times from 29% to 79% (N=9,866), and drinking in the past month increased by nearly 7 times from 8% to 55% (N=9,866), while binge drinking increased by 5 times from 6% to 30% (N=5,170).

Youth who reported negative mental health outcomes such as depressive symptoms and considering suicide were much more likely to ever consume alcohol, but demographic groups were not as strongly connected to alcohol consumption. Youth from smaller cities were nearly 50% more likely to report ever drinking than youth from large cities. Newcomers reported lower drinking rates than any other group.

Ever, Past Month, and Binge Alcohol Use across Grade



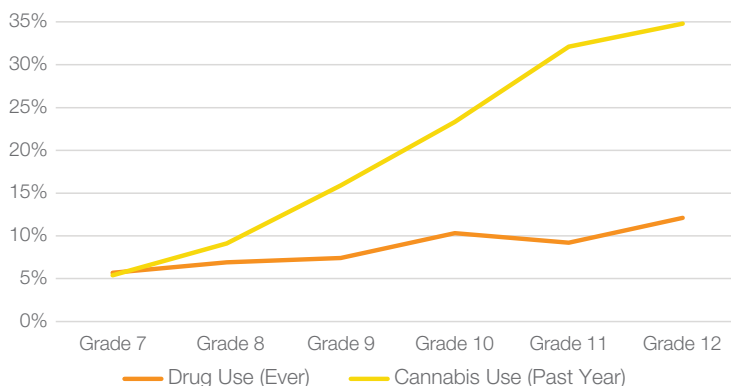
CANNABIS & DRUGS

Marijuana (or cannabis) is the most widely used drug by youth in Canada, with 30% of 15 to 24 year-olds reporting that they had used cannabis within the last 3 months.⁹⁸ While cannabis use is legal in Canada, it is not legal for individuals 18 years or younger to use.⁹⁹ Drug use is associated with a number of physical, mental, social, and economic consequences for youth.^{100,101} Adolescent drug use is associated with poor academic performance, school absenteeism, and early school dropout.¹⁰²⁻¹⁰⁵ Youth who delay alcohol and drug use are more likely to experience healthy brain development, attain greater academic achievement, exhibit lower risk of alcohol dependency, and participate in youth and school activities.^{94,106,107} Law enforcement and education experts explained that the frequency and variety of drug use has changed since SAYCW's 2015 survey. Therefore, fentanyl, GHP, and inhalants were added to the 2019 survey.

Cannabis use (in the last year) increased 6-fold from Grade 7 to 12, and drug use (ever) doubled over the same span. **73.4% of youth who used cannabis in the past year reported using in the past month. 82.9% of youth who used drugs in the past year reported using in the past month (N=9,915).**

Bullied, Indigenous, and LGBTQ2S youth were much more likely to ever use cannabis or drugs. Newcomers were much less likely. Cannabis and drug use was associated more strongly with negative mental health outcomes (i.e., depressive symptoms, self-harm behaviours, and considering suicide) than with demographic groups. This

Percentage Cannabis & Drug Use across Grade



stronger connection between cannabis/drug use and negative mental health outcomes, serves as a reminder that use is often a form of self-medication for those living with mental health issues.¹⁰⁸

Lastly, of those who reported ever using cannabis/drugs, 83% reported using 1–3 different types of drugs. The most commonly reported drugs were (including the percentage of ever users; N=854):

1. **Prescription Drug Abuse** (25.5%)
2. **LSD** (17.0%)
3. **Cocaine** (13.7%)
4. **Ecstasy** (10.8%)
5. **Inhalants** (9.9%)
6. 5–7% support for all others

DRUG FREE KIDS CANADA

www.drugfreekidscanada.org

Injury

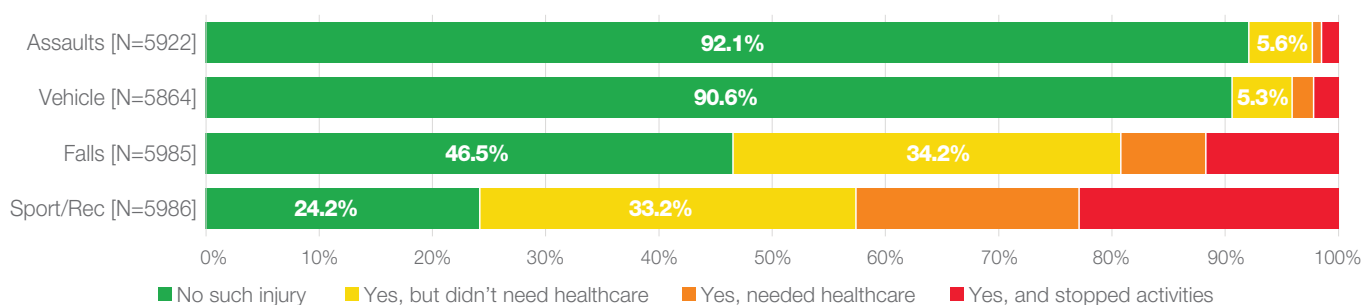
Youth in Canada (ages 12 to 19) have the greatest risk of sustaining an injury: with their chance of injury being twice as likely as all other age groups.¹⁰⁹ Additionally, Statistics Canada has reported an increase in youth injuries over the past decade, with a larger increase among girls than boys.¹⁰⁹

68.6% of youth reported experiencing an injury in the past year (N=7,844). More females (71.3%) than males (66.1%) reported an injury, but the two groups that stood out the most were youth who also reported **self-harming** (75.7%) and **being bullied** (72.9%). Males were more likely to report 1–2 injuries that required a healthcare professional; both sexes reported 3–4 injuries at the same rates; and females were more likely to report 5 or more injuries that required healthcare. Aside from the groups already mentioned, injuries did not vary substantially across demographics, including grade.

In terms of mechanisms or causes of injuries, SAYCW explored four—sport & recreation, falls, vehicles, and assault—and while youth provided several “other” examples of causes and types of injuries, none were as common as these four. The following figure describes the frequency and severity of these four injury causes. Please note that while youth could report both injuries that required healthcare services and that required stopping activities, there was only a 20% overlap between the two responses.

3 in 4 youth reported injuries from sport & recreation, including a large proportion of injuries that required healthcare services and/or stopping activities. Just over half of youth (53.5%) reported injuries from falls, while less than 10% reported injuries from vehicles or assaults.

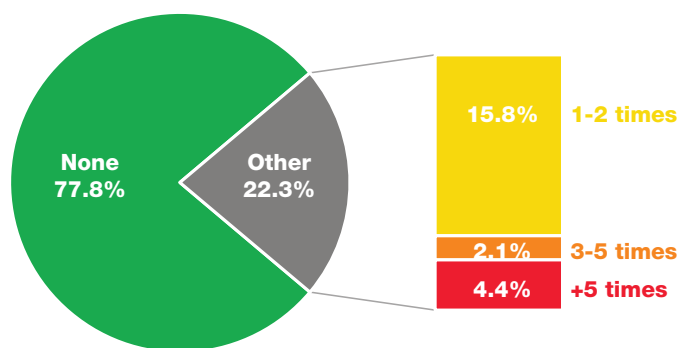
Injury Causes & Severities



In adolescence, the brain is still developing; and injury to it during this time can have immediate and lasting impacts.¹¹⁰ Concussions are mild brain injuries that can occur, even without a loss of consciousness, from a sport or recreation injury, a fall, a motor vehicle collision, or assault.^{110,111}

More than 1 in 5 youth (22.2%) suffered a concussion in the past year; and of those who did, nearly 1 in 3 (29%) suffered more than two in the past year (N=10,081).

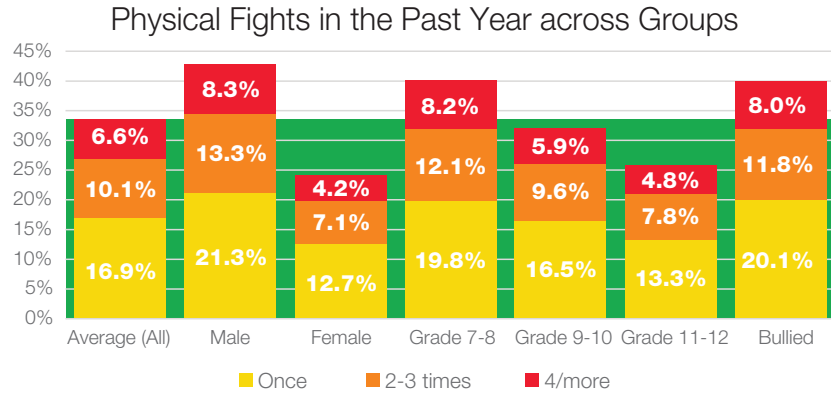
Frequencies of Concussions



Violence & Gangs

Based on input SAYCW received from law enforcement and education experts, violence and crime seem to be increasing in many parts of the province, and seem to be affecting youth at younger ages. As such, these questions were added to the 2019 survey.

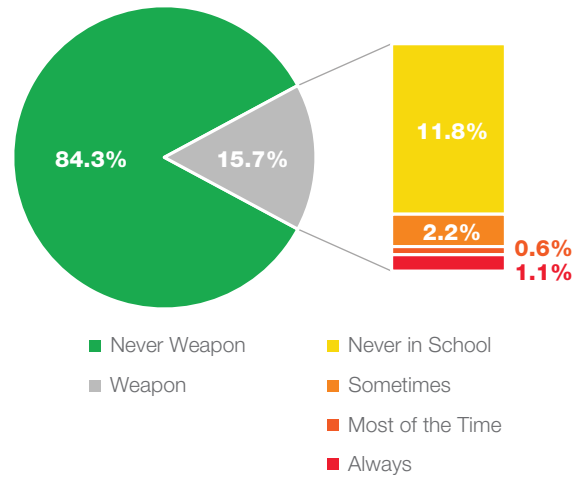
2 in 3 youth reported not being in a fight in the past year (66.4%; N=10,128). Rates varied considerably across sex, grade, and for bullied youth. Males reported more fights than females and fighting decreased across grades. The green in the figure represents the province-wide average.



Another form of violence comes from **carrying weapons**. Just under 1 in 6 youth reported carrying a weapon (15.7%; n=1,575), and of them 1 in 4 (24.9%) brought a weapon to school (3.9% overall; n=378). Frequencies of carrying weapons to school are reported in the figure.

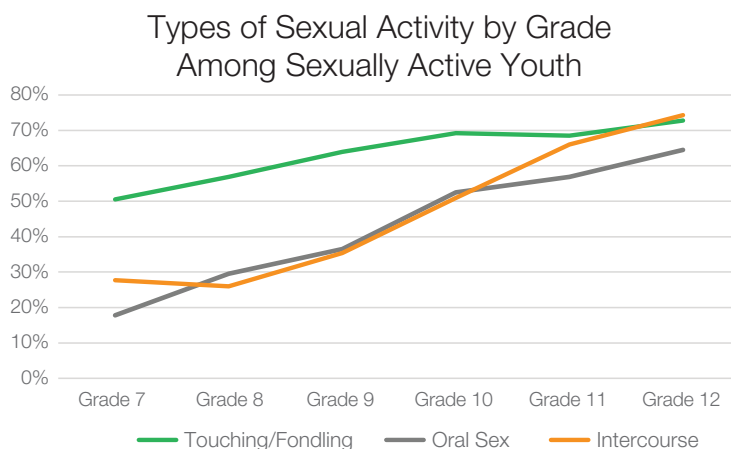
Law enforcement and education experts also recommended that SAYCW explore gang interest and/or connections. 15.2% of youth expressed having some connection with or interest in gang membership (n=1,463). Some groups of youth expressed much higher gang interest or connection: 35.3% of Indigenous youth, 32.6% of LGBTQ2S youth, and 28.6% of more frequently bullied youth expressed interest or connection in gangs (males and females differed by only 1%-point).

Carrying a Weapon and Carrying in School



Sexual Health Behaviours and Outcomes

The percentage of youth who were sexually active varied considerably by grade and by type of activity. **9% of Grade 7 students reported being sexually active, which increased to 63% of Grade 12 students (N=5,612).** The figure presents each of the three types of activity across grades for those youth who reported being sexually active (N=1,994). Among sexually active youth, **40% of youth reported first having intercourse at 14 years old or younger—that number jumped to 70% by age 15 and just over 90% by age 16.** Other than differences across grades, bullied youth reported a uniquely high rate of sexual activity, and newcomers reported the lowest sexual activity.



“Support them on anything they do like sports or for example they want to be a chef when they grow up. Support them cheer them up...”
—Grade 7, Male



SAYCW GRANT PROGRAM

Muskowekwan School Wellness Program was an initiative implemented by Muskowekwan School, the greater Muskowekwan First Nations community, and the local Punnichy RCMP to deliver the RCMP’s Aboriginal Shield Program (ASP), which is an evidence-based prevention program. They used the ASP to address the rise in violence, crime, and drug and alcohol consumption among youth to help them decrease, if not eliminate, negative coping strategies and lifestyle choices.

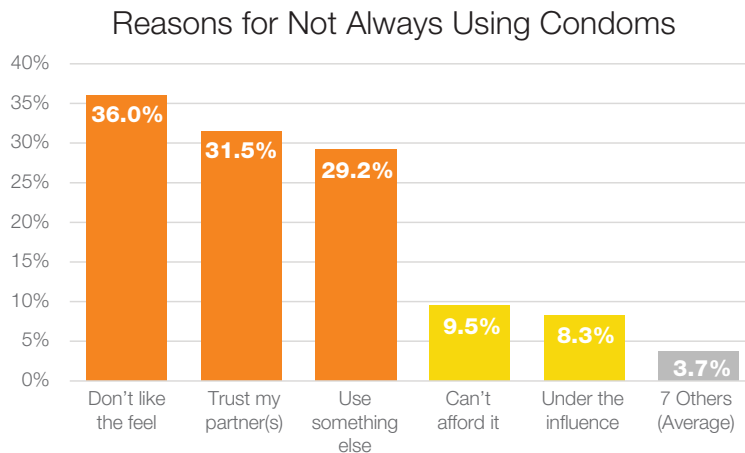
SAFER SEX & HIGH-RISK SEX

Sexual health is a vital component of both personal and public health according to the Public Health Agency of Canada.¹¹² Condom use is the most effective safe sex practice for preventing sexually transmitted infections (STIs).¹¹³ Decreased condom use has been cited as a key reason for a recent increase of STIs in Canada.¹¹⁴ Asking these questions allows SAYCW to identify groups of youth and factors that are related to high-risk behaviours, as well as factors that might reduce those risks for youth.

Among sexually active youth, only 47.9% reported practicing at least one method of safer sex (n=962). **Of those youth who reported using safer sex methods,** three safer sex methods were most common: **66% used condoms, 46% used birth control (pills, patch, or ring), and 31% used withdrawal—with all other methods reported by 8% of youth or fewer.** Despite how commonly it was reported, withdrawal is not considered a reliable method of reducing pregnancy or STIs.¹¹³ **As such, after removing withdrawal, only 45.9% of youth practiced safer sex.**

Given these findings, promoting condom use is particularly important for safer and healthier sexual activity. **Overall, 23.7% of sexually active youth reported never using condoms, and 54.6% use them most of the time or always (including 35.6% who always use condoms).** Using condoms mostly-always varies across grades from 40% use in Grade 7 to a high of 60.6% in Grade 10, before dropping 5% in each of Grades 11 and 12, down to 49.0%.

SAYCW asked youth who did not always use condoms, why? Three reasons stood out.



Lastly youth who reported using drugs were three times more likely to report an STI (3.07 times) or pregnancy (2.99 times); and were nearly twice as likely to have unplanned sex after using alcohol or drugs (1.67 times; N=222). Youth who used cannabis were nearly twice as likely to report these three outcomes.

SAFER SEX RESOURCES

SexLifeSask's Resources on Sexual Health <https://sexlifesask.ca/>
 Saskatchewan Prevention Institute's Youth Phone App *Keep It Safe Saskatchewan* <https://skprevention.ca/kis-sk/>

**FOR ADDITIONAL RISK AND SAFETY HEALTH PROMOTION
ACTION RESOURCES, PLEASE VISIT OUR ONLINE TOOLKITS:**

Tobacco—saycw.com/resources/toolkits/tobacco/

Substance Use—saycw.com/resources/toolkits/substance-use/

Injury & Concussion—saycw.com/resources/toolkits/injury-risk/



Learning & Knowledge

Youth Shared How Skills They Learned Benefit Their Health

Sexual Health Education

Studies have found that youth who received comprehensive sexual health education, beyond an abstinence-only model, have a later age of first sexual activity, an increased likelihood of using contraceptives when they do have sex, and a reduced likelihood of teen pregnancy.¹¹⁵⁻¹¹⁷

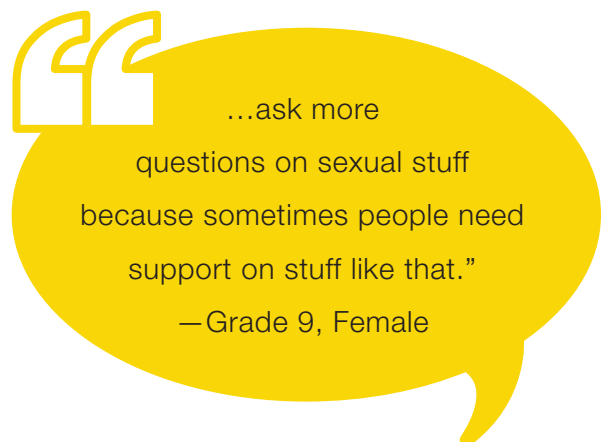
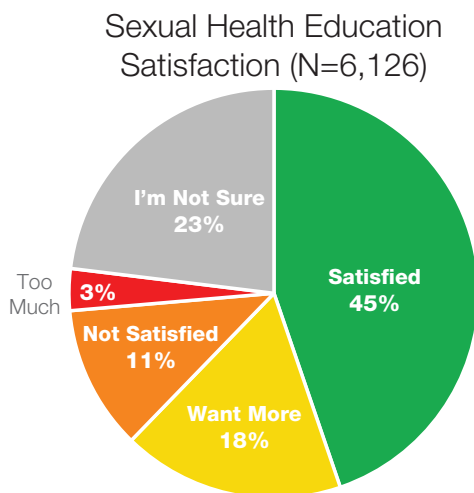
SATISFACTION WITH SEXUAL HEALTH EDUCATION

81% of participants (80.8%) reported being taught sexual health education (sex ed) in school (N=6,126).

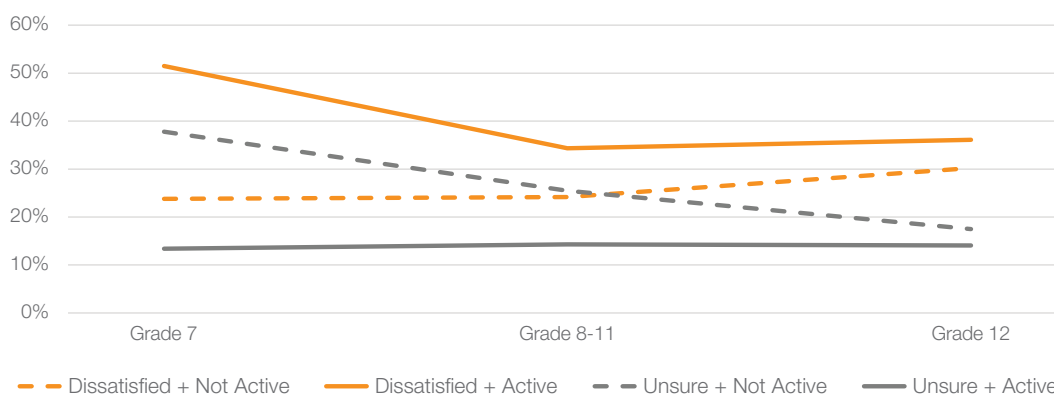
Based on two separate questions in the survey, it seems that youth were very interested in sex ed. 84.1% of students *agreed* or *strongly agreed* that sexual health is an important topic for kids their age. As the figure shows, 62.3% of all youth surveyed were *satisfied with or wanted more sex ed*. If youth who were *not sure* (23.1%) were excluded from the graph, it would mean that 81% of youth were *satisfied or want more sex ed*.

However, opinions about school-based sex ed varied by grade and by sexual activity experience. The figure shows *dissatisfied* (in orange) and *unsure* (in grey) about their sex ed, but separates sexually active (solid lines) and not sexually active youth (dashed lines). Though not depicted in the figure, *satisfied responses were similar for sexually active and not sexually active youth, with only a 0.3% difference between them*. *Satisfied responses also increased significantly from just over 30% in Grade 7 to almost 50% in Grade 12*.

Grade 7 students were much more likely to be *unsure* or to be *dissatisfied* with the sex ed they received. (The gap between the two orange lines is much smaller by Grade 12, as are the two grey lines; and both lines get lower over time.) The difference between *unsure* and *dissatisfied* Grade 7 students is explained by sexual activity: Younger youth who were not yet sexually active were more likely to be *unsure*, whereas younger sexually active youth were more likely to be *dissatisfied* about the quality of their sex ed.



Sexual Education Satisfaction by Grade & Participation in Sexual Activities



SEX ED AND SAFER SEX PRACTICES

Condom use and safer sex practices are important aspects of health and well-being. Safer sex practices varied across different sex ed groups (N=1,970). Frequent condom use (reporting *mostly-always* using condoms) was less common among youth who had not been taught sex ed (46.9%) and who were *not satisfied* with their sex ed (47.3%), compared to youth who had sex ed (55.7%) and who were *satisfied* with it (59.0%).

On average, 35.6% of youth who engaged in oral sex or intercourse reported *always* using condoms. Students who had not received sex ed reported *always* using condoms at the lowest levels (25%), followed by Grade 7s (26%), Grade 12s (27%), newcomers (29%), youth from larger cities (31%), and minority youth (32%). 40% of youth who were *satisfied* with their sex ed reported *always* using condoms.

In terms of all methods of safer sex, 50.0% of youth who *wanted more sex ed* reported using some method of safer sex (not including *withdrawal*), compared to less than 44.7% for all other youth. These same youth were also 5% more likely to use more than one method of safer sex.

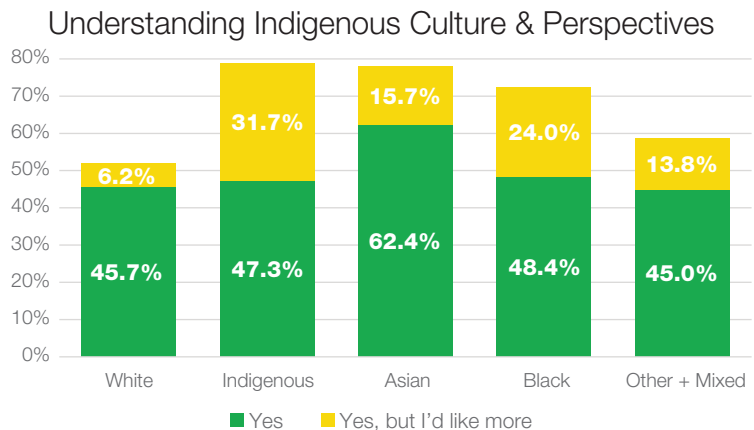
“ I think a lot of things should be changed like sex ed should [be] taught in grade 6 or 7.”
—Grade 7, Male

CANADIAN GUIDELINES FOR SEXUAL HEALTH EDUCATION 2019

<http://sieccan.org/sexual-health-education/>

Culture & Understanding

Survey participants were asked if their school has helped [them] to understand the contributions and perspectives of First Nations and Métis Peoples? Overall, 91.2% of youth reported one of the three yes options (N=7,194). Focusing on the most positive response options from the survey, the figure displays yes and yes, but I'd like more responses across different racial groups. Responses were similar for males and females, and for Grades 8–12 students (52% to 54% support), but Grade 7 students were more supportive at 65% (54% yes; 11% want more).

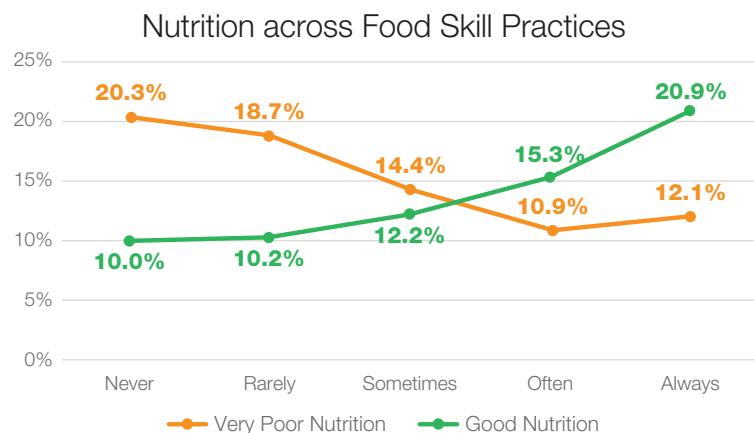
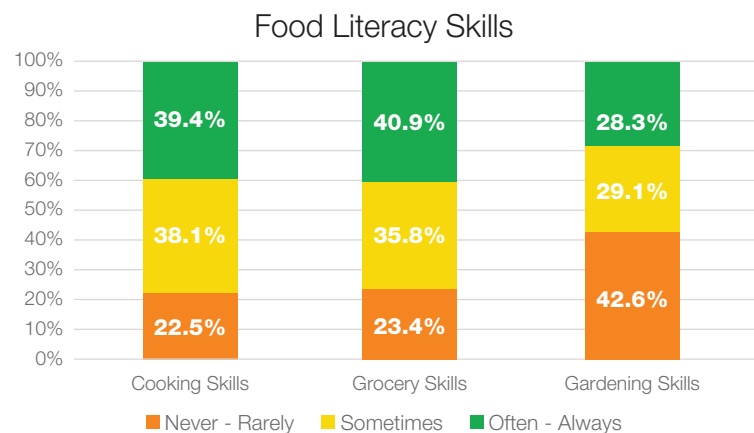


Food Literacy Skills

Food literacy has been found to play an important role in children's eating patterns.¹¹⁸ SAYCW's partners and nutrition experts encouraged the addition of three Food Skill questions about cooking, groceries, and gardening, which are important elements of food literacy. The figure shows that 76.6% to 77.5% of youth sometimes-always grocery shop or cook, while 57.4% sometimes-always garden (N=9,838).

The next figure shows the importance of Food Skills: Youth who reported better food consumption were more likely to often and always apply Food Skills; whereas youth with very poor food consumption were more likely to never and rarely apply Food Skills. Compared to youth with very poor nutrition, twice as many youth with good nutrition always apply Food Skills, and half as many never apply Food Skills (N=8,915).

While gardening is the least common Food Skill, it has the most positive connection with healthier food consumption. Youth who often or always helped with gardening were 30% more likely to meet the fruits and vegetables food guideline (N=8,497). Furthermore, stronger Food Skills were associated with higher consumption of whole grains, but also with over-consumption of meats. Educating youth about the benefits of a balanced diet with alternative meat consumption may be a positive addition to food literacy programs.

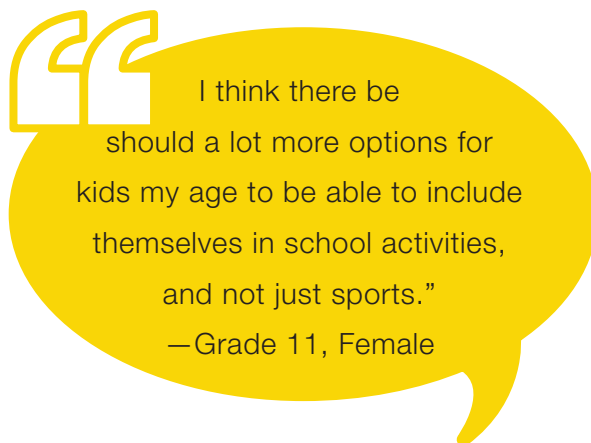


Schools / Education

SCHOOL ENGAGEMENT AND CONNECTION

School engagement is linked to academic achievement as measured by both school grades and standardized test scores.¹¹⁹ Additionally, it is linked with lower dropout rates and higher resiliency. When highly-engaged students receive low or failing grades, they tend to work harder to improve their performance rather than skip class or give up on school.¹¹⁹

4 out of 5 students felt a strong connection with and engagement in their school. School Connection was developed from a combination of questions from the survey about safety, belonging, and having a trusted adult in school. **80.7% agreed or strongly agreed with the School Connection questions (N=7,102).** School Engagement was based on motivation and focus in school, plus School Connection. Again, **79.8% agreed or strongly agreed with the School Engagement questions (N=7,117).**



SELF-REPORTED SCHOOL ATTENDANCE

SAYCW appreciates that self-reported attendance is not as accurate as the records that schools maintain. However, by including this question on the survey, SAYCW is able to explore connections between self-reported attendance and other items from the survey. **For example, better attendance was associated with higher self-reported academic standing among youth in Saskatchewan (N=7,056),** which supports prior research on the positive link between school attendance and academic achievement.¹²⁰

For attendance, more than half of youth (58.6%) reported missing 10 or fewer days of school per year. 27.1% of youth reported missing 11 to 20 days per year. The remaining youth (14.2%), reported missing *several or about half of the school days per month* (N=7,120).

Youth who missed more than 10 days/year shared why they missed school. **The most popular reasons were sickness (78.4%), extracurriculars (38.9%), family obligations (27.6%), and injury (25.9%).** But as the table shows, these reasons varied for youth who missed 11–20 days/year and those who missed more (N=2,631).

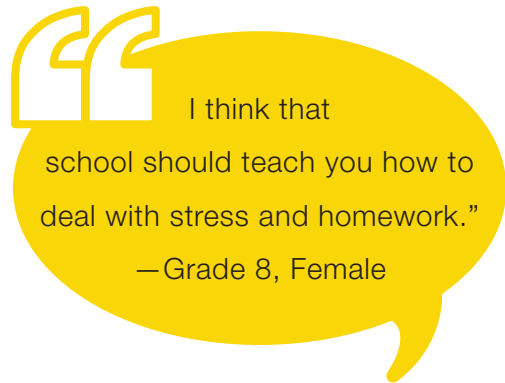
	Miss 11-20 Days/Year	Miss Several Days/Month or More
Sickness	80.9%	73.3%
Extracurriculars	44.5%	27.4%
Family Obligations	28.6%	25.4%
Injury	27.0%	23.6%
Bored*	9.8%	25.7%
Lack of Transportation*	9.0%	15.1%

*Note that in addition to comparing the top 4, any reasons for missing school that had a difference between the moderate and high absentee youth of more than 5%-points were included. Where there are differences of 5% or more, the higher value is in bold font.

SELF-REPORTED ACADEMIC STANDING

In order to protect students' anonymity, the survey did not ask for identifiable information, including anything that could connect their survey to health or school records. As such, like attendance, this report relies on self-reported academic performance estimates. The majority of youth rated themselves as being either *average* (44.2%) or *above average* in their academic standing (43.0%; N=7,211). SAYCW understands that there are limitations to the reliability and accuracy of such estimates, but the relative scores can help identify factors that connect with academic performance.

In the figures, happy faces indicate a positive relationship between the factor and students' attendance and/or academic standing (e.g., higher amount of sleep was



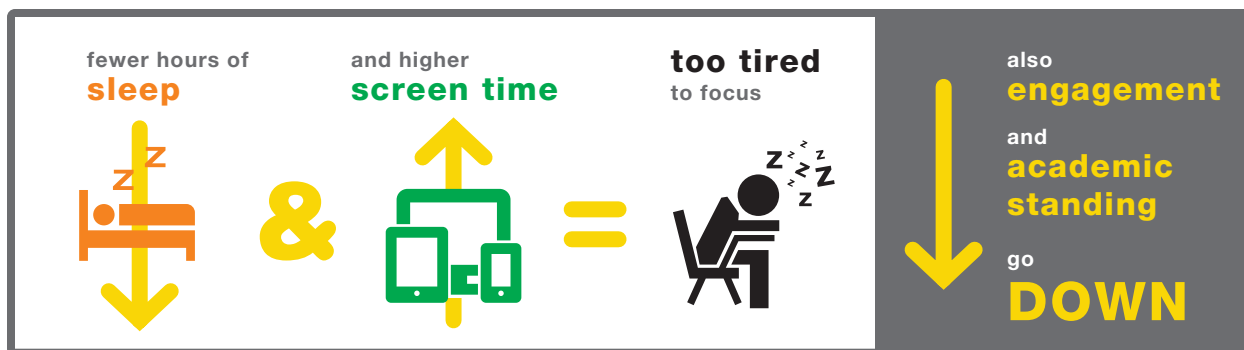
related to higher attendance and academic standing), while sad faces indicate a negative relationship (e.g., higher amounts of screen time were associated with lower academic standing; N=7,116).

Factors associated with students' attendance and academic standing



Teacher feedback from the survey emphasized the importance of sleep and screen time, and prior research has found that minimizing screen time and other sedentary activity can help youth do better in school.^{25,121} Youth's sleep health was related to their attendance and academic standing. Specifically, higher amounts of sleep were associated with missing fewer days of school, while frequent difficulty in falling asleep

or staying asleep was associated with more days absent from school (N=7,080). Additionally, youth who reported fewer hours of sleep and higher screen time usage reported more often being too tired to focus in school (N=10,188). Being too tired to focus in school was associated with lower perceived academic standing (N=7,080).



SCHOOL MOTIVATION AND PARENTAL INVOLVEMENT

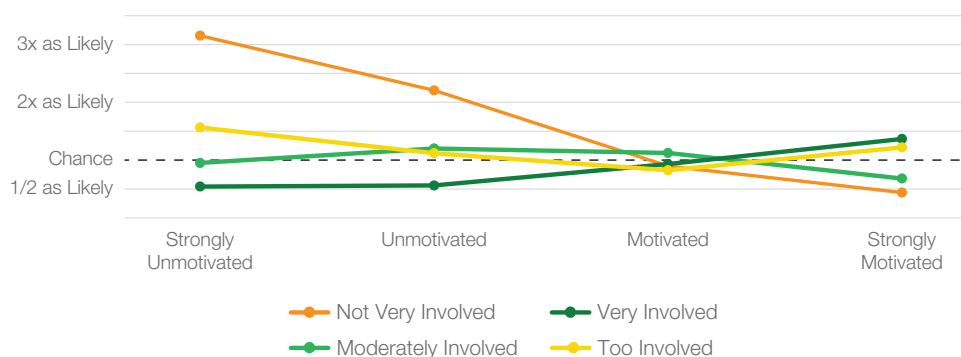
Parental involvement in their child’s education has been found to be significantly related to students’ success in school.¹²² Of youth who completed the survey, the majority of youth (84%) rated their parents as *moderately involved* or *very involved* in their education. 8% of youth rated their parents as not very involved in their education, and another 8% rated their parents as *too involved* (N=10,268).

Parental involvement was associated with higher levels of motivation to do well in school. Youth who felt that their parents were very involved in their education were half as likely to *strongly disagree* or *disagree* that they

were motivated to do well in school. They were also 1.5 times more likely to *strongly agree* that they were motivated to do well. Youth who rated their parents as not very involved in their education, however, were 3 times more likely to report they *strongly disagreed* that they were motivated to do well in school.

Motivation and parents being *too involved* had a more unique finding pattern. Youth who rated their parents as *too involved* in their education were about 1.5 times more likely to *strongly agree* that they were motivated to do well in school, and 1.5 times more likely to *strongly disagree*.

Parental Involvement across School Motivation



FOR ADDITIONAL HEALTH PROMOTION ACTION RESOURCES RELATED TO LEARNING AND KNOWLEDGE, PLEASE VISIT OUR ONLINE TOOLKITS:

Sexual Health Education—saycw.com/resources/toolkits/sexual-health/

Culture & Understanding—saycw.com/resources/toolkits/culture-identity/

Food Skills & Literacy—saycw.com/resources/toolkits/nutrition/

Anti-Bullying—saycw.com/resources/toolkits/mental-health/

SCHOOL ENGAGEMENT AND BULLYING

Bullying affects mental health, the way students interact with others, and their school experience.^{65,123,124} Those affected by bullying are at an increased risk of poor academic performance, poor attitudes towards school, low grades, and absenteeism.^{65,123,124} As reported earlier, more than half of the youth who completed the survey (59.8%) reported experiencing bullying (N=10,148). Experiencing higher rates of bullying was associated with lower School Engagement among youth—specifically feeling less safe, less belonging at school, and less motivated to do well in school (N=7,064).



“ I would like to start off by making clubs for people who need help and to talk about their problems.”
—Grade 7, Female

“ I think that there should be more support in our school system for people who are being bullied. There are many circumstances where someone is being bullied, they try to speak up, and they are shot down.”
—Grade 10, Female



SAYCW GRANT PROGRAM

Activate School-Wide Inclusion was an initiative implemented by Unity Composite High School to promote a positive school climate and inclusion by hosting keynote speakers and presentations about building and maintaining friendships and by enhancing their after-school group for youth who are experiencing anxiety, depression, or challenges at home.

Westmount Community School created an Outdoor Métis Cultural Classroom which they also referred to as a “Living Museum.” The space was primarily used by the school for their Métis Cultural Program for students, but was also used by their Koohkoom group, girls group, boys group, and community. Westmount also hosted their second annual Métis Day of Learning.



Section 3 Appendix

Aggregated Variables

How variables in this report were constructed from the survey, and lists for questions that had numerous response options.

*Denotes a “choose all that apply” question, where youth can select multiple response options. Questions are in the right column, response options for questions are in the right column with bullets. Aggregated terms/variables are in the left column.

Aggregate Variable	Origin Question
Work Weekdays Only	*Are you currently working (during this school year)? <ul style="list-style-type: none"> I work part-time before school I work part-time after school I work part-time during school

City Sizes <i>(Based on the size of the city the school was in, municipalities were coded into the following groups)</i>	+100K—34.6% of participants 25–100K—5.5% of participants 10–25K—15.6% of participants 3–10K—2.6% of participants Under 3K—41.7% of participants
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Wellness	How often do you feel that you are in balance in the four aspects of your life? ...Physical (your body); ...Emotional (your feelings); ...Mental (your thoughts); ...Spiritual
Poor Wellness	The following responses across all four domains of wellness: <ul style="list-style-type: none"> None of the time Some of the time
Moderate Wellness	<i>A mix of Poor and Strong responses across each domain</i>
Strong Wellness	The following responses across all four domains of wellness: <ul style="list-style-type: none"> Most of the time All of the time

Body Image	*What best describes how you feel about your body?
Positive	<ul style="list-style-type: none"> Awesome, I love my body It’s okay, I feel pretty good about it
Negative	<ul style="list-style-type: none"> I am too small I am too big I just hate my body
Neutral / Mixed	<ul style="list-style-type: none"> So-so, don’t love it or hate it I don’t care about the way it looks, but appreciate it for the things it can do

Travel to School	How do you usually get to and from school?
Active	<ul style="list-style-type: none"> Walk Jog, bike, skateboard, or other exercise
Passive	<ul style="list-style-type: none"> School bus Car/truck I drive Car/truck others drive Public bus Taxi

Aggregate Variable	Origin Question
Sport Participation	How often do you participate in physical activities or sports... ... <u>organized by your school</u> , that occur outside of class time (ex. intramurals, dance clubs, school team sports, etc.)? ... <u>organized outside of your school with a coach</u> (ex. hockey, soccer, figure skating, dance, etc.)?
Physical Activity (This variable was not exactly aggregated, but was computed from the following questions / responses)	Mark how many minutes to hours of moderate physical activity you did for last week. Include all activities before, during, and after school. <i>The question was repeated for “hard/vigorous physical activity” with the same 10 response options (listed below).</i> <ul style="list-style-type: none"> • None, 15m, 30m, 45m, 1h, 1h30m, 2h, 2h30m, 3–4h, +4h

Support Questions Mark how strongly you agree or disagree with the following statements about your community, friends, and family... [Strongly Disagree, Disagree, Agree, Strongly Agree]	
Family Support	<ul style="list-style-type: none"> • I feel safe in my home • I feel my family supports me • I feel my parents/caregivers are proud of me
Friend Support	<ul style="list-style-type: none"> • It is easy for me to make friends • I have at least one close friend that I can share things with • I feel that I have enough support from friends
Community Support	<ul style="list-style-type: none"> • I feel safe in my community • I trust the people in my community • I feel involved in my community
School Support	<ul style="list-style-type: none"> • I feel I belong in this school • I feel safe at my school • At my school, there is an adult who I trust
Other Sexual-Orientation	<ul style="list-style-type: none"> • Gay or Lesbian (attracted to the same sex) • Bisexual (attracted to both sexes) • Pansexual (attracted to all sexes and genders) • Asexual (not attracted to anyone) • Questioning
Other Gender	<ul style="list-style-type: none"> • Two Spirit • Transgender—He, Him • Transgender—She, Her • Gender Queer • Non-binary or non-conforming

Aggregate Variable	Origin Question
Bullying (types)	*How many times in the past year (12 months) has anyone done any of the following TO YOU:
Verbal	Bullied you using words or gestures (threatening, teasing, taunting or picking on you)
Social	Bullied you by intentionally leaving you out of an activity / group, embarrassing you, or spreading rumours about you
Cyber	Bullied, ridiculed, taunted or picked on you using the Internet or social media (Facebook, Twitter, etc.) Made you feel unsafe or uncomfortable when you were in contact with them over the Internet (ex. made inappropriate requests for information, photos, videos, etc.) Shared private information, pictures, or videos of you without your permission (that made you feel unsafe or uncomfortable)
Physical	Bullied you using physical force (grabbing, slapping, punching, pushing, kicking, tripping, etc.)

Bully Bystander	*Have you ever seen someone else be bullied and you...
Supportive Actions	<ul style="list-style-type: none"> Stopped the bully Supported the victim Told an adult
Passive Actions	<ul style="list-style-type: none"> Did not do anything Changed your behaviour so that you wouldn't be bullied too

Dating Violence	<p>*Did someone you were dating or going out with ever do the following things to you...?</p> <ul style="list-style-type: none"> Use social media to hurt or shame you Threaten you Stalk you Push, hit, choke, or kick you Injure you with a weapon or object
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Positive Mental Health	
Control	<ul style="list-style-type: none"> I can solve problems when I have them I can do just about anything I really set my mind to What happens to me in the future mostly depends on me
Worry	<ul style="list-style-type: none"> I often have trouble falling asleep because I worry about things I often worry what other people at school think of me I often worry about bad things happening now or in the future (ex., a tornado, a loved one getting hurt, failing an exam)
Self-Esteem	<ul style="list-style-type: none"> On the whole, I am satisfied with myself I feel that I have a number of good qualities I take a positive attitude toward myself

Tobacco & Vaping Products	Have you ever tried e-cigarette, tobacco, or vaping products, even just once? How often in the last 30 days, did you use any of the following products?
Vaping	<ul style="list-style-type: none"> Vaping Electronic cigarette (e-cig or e-cigarette)
Smoking	<ul style="list-style-type: none"> Cigarettes Cigars, little cigars, or cigarillos

Aggregate Variable	Origin Question
Negative Mental Health Outcomes	
Depressive Symptoms	During the past year (12 months) , did you ever feel so sad or hopeless almost every day for 2 weeks that you stopped doing some typical activities (ex., going to school, extra-curricular activities, hanging out with friends, etc.)?
Self-Harm	Have you harmed yourself in the past 12 months (intentional self-harm)?
Suicide	In the past 12 months, have you considered attempting suicide?
Gang Interest/Connection	<p>*Do you have any association with a gang, or know of anyone who does?</p> <ul style="list-style-type: none"> • I am not in a gang, but it is possible that I could join one day • I have a friend who is in a gang • I have a family member who is in a gang • I am in a gang • I was in a gang but not anymore
Junk Food	<p>Eating patterns are different from day to day, but try to answer these questions based on how you usually eat. Please check the box that best describes how often you eat each food.</p> <ul style="list-style-type: none"> • Fast food & Ready to cook food • Sugary beverages • Sugary/Salty snacks, Protein bars, Meal replacement bars, or Shakes • Energy drinks/shots
Food Skills (Food Literacy)	<p><i>Three questions each with these response options: Never, Rarely, Sometimes, Often, Always</i></p> <ul style="list-style-type: none"> • I help to make meals (more than just snacks or breakfast cereal). • I help to shop for groceries and/or help to make meal plans. • I have helped with fruit or vegetable gardening (at home, a farm, school, or in the community).
School Connection	<p>How strongly do you agree with each of the following statements?</p> <ul style="list-style-type: none"> • I feel I belong in this school • I feel safe at my school • At my school, there is an adult who I trust
School Engagement	<p><i>3 School Connection Items (above), as well as the two items below</i></p> <ul style="list-style-type: none"> • I feel motivated to do well in school • I find it difficult to stay focused during class or at school because I am bored

Variable Lists	Response Options
List of Drugs used Ever or in the Past Month*	Any form of cocaine (including powder, crack or freebase); Methamphetamines (also called speed, crystal meth, crank or ice); Ecstasy (also called MDMA); LSD or other hallucinogens (such as Mushrooms, acid); GHP (also known as the date rape drug); Fentanyl (also called green beans, greens); Prescription or over-the-counter drugs to get high (such as painkillers, morphine, OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax); Heroin (also called smack, junk, China White); Inhaling solvents such as glue, paint, aerosol, nitrous oxide, gasses
List of Safer Sex Methods*	No method was used to prevent pregnancy and/or STIs; Withdrawal (pulling out before ejaculation); Birth control (pills, patch or ring); Condoms (male or female); Morning after pill; Dental dam; Intrauterine device (IUD); Injectable contraceptives (depo, the shot); Other methods: _____
List of Reasons for Missing School*	Sickness; Injury; Chronic pain (lasting 3 months or longer); Bored; I get in trouble; I have to work; Lack of transportation; Extra-curricular (sports, clubs, etc.); Family obligations; Being bullied; Other: _____
*List of Physical Activity Supports (*What helps you to be physically active?")*	Family support; Support from friends; Being with friends; Desire to be fit and healthy; It's fun; I want to be part of a team; I like competition; School programs; Community programs; Desire to look a certain way; Nothing helps; Other: _____
List of Physical Activity Barriers ("What stops you from being more physically active?")*	I do not like being physically active; It's hard to find time to be physically active; Other responsibilities (ex. work, family); The activities available do not interest me; I am afraid of being teased when I participate; I am not good at sports and physical activities; I do not think physical activity is important; I don't have the equipment; It costs too much; I do not have a place to be active; It's hard to get to activities; My family is not active; My friends are not active; Medical reasons; Chronic pain (lasting 3 months or longer); It's not safe to be active in my neighbourhood; Nothing stops me; Other: _____
List of Methods to Quit Smoking ("Have you ever tried any of the following products to quit a tobacco product?")*	I have never tried to quit; Tried to quit without aids; Nicotine products (ex., patches, gum, lozenges, inhalers); Prescription drugs; Support groups; Websites or online support; Phone help lines; I have tried other products



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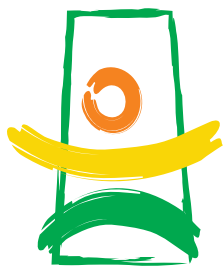
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