Island Health

Island Health Youth Mental Health and Resilience Measurement Framework

2026 Status Report

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Island Health

Population and Public Health Assessment

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EXECUTIVE SUMMARY

The 2026 Youth Mental Health and Resilience Status Report highlights several encouraging trends in youth health and wellbeing across Island Health, while also identifying areas requiring ongoing attention and prevention efforts. Viewed through the Island Health, Population and Public Health Youth Mental Health and Resilience Framework's continuum of wellbeing approach, the findings reinforce the importance of investing in upstream protective factors, reducing risk factors, and supporting environments that enable children and youth to thrive.

Many of the findings align with intended outcomes of current Population and Public Health initiatives delivered in partnership with schools, communities, and regional partners. Together, these findings tell a story of recovery, resilience, and opportunities for continued investment in youth wellbeing.

Maintaining Declines in Youth Alcohol Use

The proportion of youth reporting that they have tried alcohol (in the past 30 days) saw a recent decline, representing a positive population health trend (Indicator 15). Sustaining these gains remains important given the potential long-term impacts of early alcohol use on health and development.

This encouraging trend aligns with provincial, Island Health and local prevention efforts that promote healthy decision-making and reduce alcohol-related harms. Examples include the provincial *See Alcohol Differently* campaign, municipal alcohol policy initiatives, and school-based education and prevention activities such as PreVenture.

These initiatives support healthy youth development and provide opportunities to reinforce the positive trajectory observed in the data.

Improving Youth Sexual Health

The report identifies that more sexually active youth report not using a condom or barrier during intercourse (Indicator 17). While the reasons for this trend are likely multifactorial, it occurs alongside significant efforts to restore and expand youth sexual health services following disruptions experienced during the COVID-19 pandemic.

Substantial work has been undertaken to improve access to sexual health information, education, and services, including the re-establishment and promotion of youth clinics in schools and communities, expansion of the Island Sexual Health youth texting service, enhanced school-based sexual health and consent education through educator consultation, curriculum resources, and teacher supports; safer sex supply distribution; and broader health promotion activities focused on sexual health, consent, LGBTQ2S+ inclusion, and safer sex practices.

Continued monitoring will be important to determine whether these expanded supports contribute to improvements in youth sexual health outcomes over time.

Supporting Social Connectedness and Resilience

Two findings warrant particular attention: Bullying is highest among Grade 4 students (Indicator 11), a trend that has worsened since 2019/2020; while self-esteem declines between Grade 4 and 7 (Indicator 7), highlighting the importance of fostering healthy relationships, belonging, confidence, and supportive school environments. Examples of current initiatives to promote protective factors include: Social and Emotional Learning Toolkit for Suicide Prevention for school staff; Body image resources and education delivered through partnerships between Public Health Dietitians, School Health Promoters and School Districts; , and School Health Promotion resources that build educator capacity and support parents in areas such as digital and media literacy, physical literacy, sleep, substance use, mental health and sexual health.

Observing Early Signs of Mental Health Recovery

One of the most significant findings in the report is the rebound in youth mental health and wellbeing indicators (Indicators 21 & 22) following worsening observed during the COVID-19 pandemic. This recovery demonstrates the resilience of young people, families, schools, and communities.

At the same time, the findings reinforce growing evidence that prolonged social isolation, disrupted routines, reduced peer interaction, and other pandemic-related public health measures had substantial impacts on youth wellbeing (1). While many indicators have improved, the data highlight the importance of carefully considering potential unintended consequences for children and youth when implementing large-scale public health interventions in the future.

Implications

Overall, the findings provide an encouraging picture of recovery and resilience among Island Health youth. At the same time, they demonstrate the value of continuing to monitor factors across the full continuum of wellbeing, from social determinants of health and protective factors through to risk factors and acute outcomes. The report reinforces the importance of sustained collaboration among schools, families, communities, public health professionals, and community partners to support youth mental health and resilience. The findings can help inform planning, program development, community partnerships, and advocacy efforts aimed at creating conditions in which children and youth can flourish.

BACKGROUND

Island Health programs and resources supporting mental health and substance use have historically focused on downstream initiatives, primarily addressing acute needs and mitigating negative impacts. The YMHR Framework aims to support upstream, evidence-informed approaches to enhancing mental health and resilience among youth across the Island Health region.

This Status Report provides a high-level overview of youth mental health in the region, using 24 indicators selected to represent a broader range of available data. For further details on the framework, its development, and indicator selection, please refer to the YMHR Framework document.

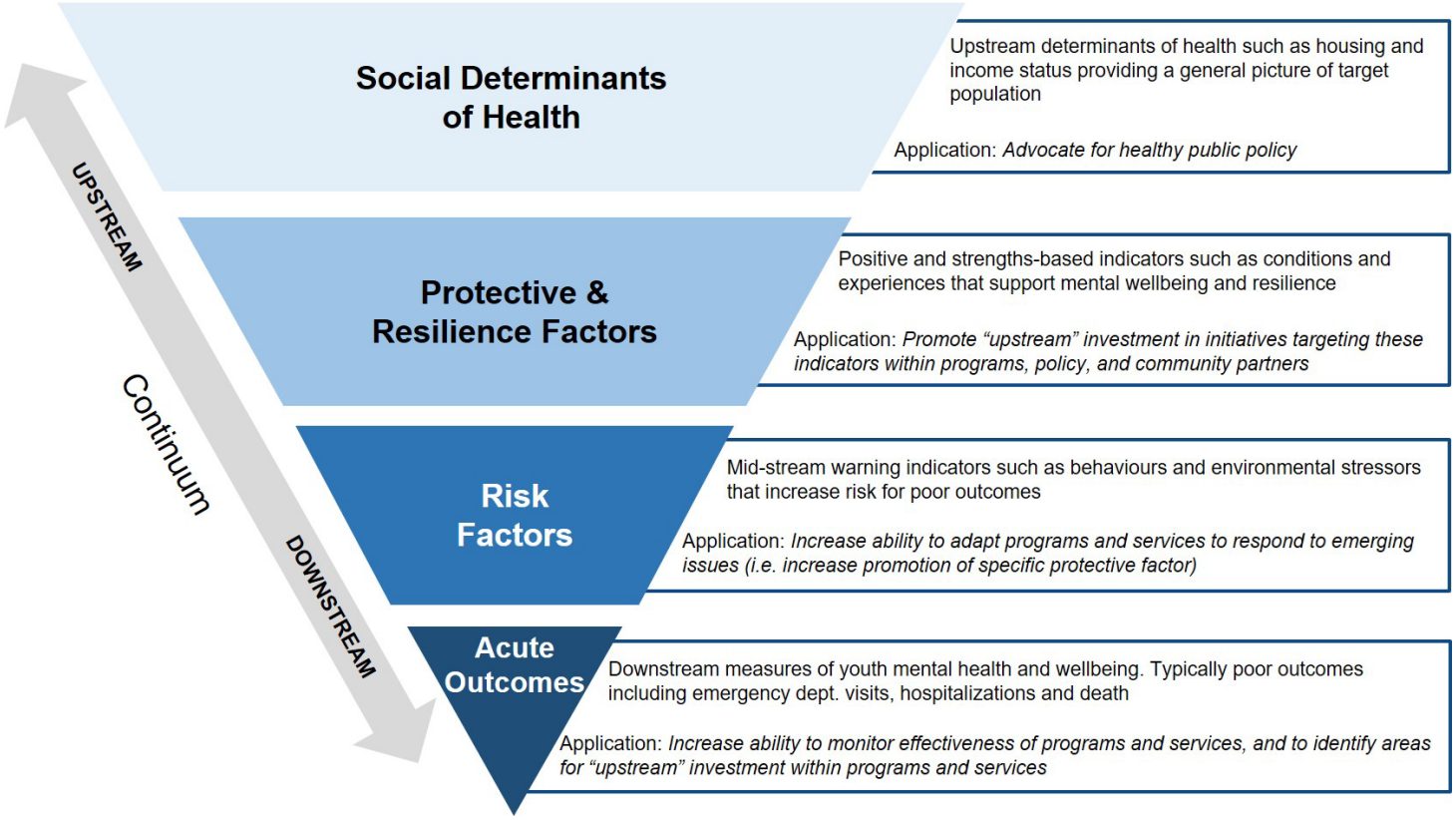
For the purposes of this framework, youth are defined as individuals aged 9–19 years. However, age ranges vary across data sources, and some indicators reflect broader determinants of health that include younger populations (e.g., infants under 1 year) such as in measures of low-income households reported by Statistics Canada.

The development and implementation of the Youth Mental Health and Resilience Measurement Framework (YMHR Framework), along with its accompanying Status Report, were key deliverables under Goal 25 (Healthy Schools Learning Opportunities) in the 2023–2024 and 2024–2025 Island Health Annual Plans.

Continuum of Wellbeing Model

A Continuum of Wellbeing Model was used to conceptualize four levels of mental health and resilience indicators, and how they relate to one another, for the purposes of the YMHR Framework. This model was adapted from the Psychosocial and Mental Wellbeing Plan developed by the New Zealand Ministry of Health (2). A visualization of Island Health's Continuum of Wellbeing Model is included in Figure 1.

Diagram 1. Youth Mental Health and Resilience Conceptual Framework: Continuum of Wellbeing Model



DATA INTERPRETATION

The YMHR Framework Status Report provides an overview of youth mental health and wellbeing in the Island Health region. It draws on diverse data sources, each with distinct characteristics and limitations (see Appendix A – Data Notes for details). Because these sources differ in populations, timeframes, and measurement methods, comparisons between them should be avoided.

Findings are presented at the geographic levels defined by each dataset's sampling framework. Unless otherwise stated, no statistical comparisons were conducted; instead, the report emphasizes a high-level overview. Using descriptive and thematic analysis, it aims to provide a nuanced understanding of youth

mental health and resilience. Although trends and differences are highlighted, they may not be statistically significant. However, they may still have important clinical and policy implications.

INDICATORS

The following pages provide an overview of the indicators within the YMHR Framework.

Table 1 provides simplified descriptions of each indicator; for detailed indicator definitions, please refer to Appendix B – Indicator Definitions.

Table 1. Youth Mental Health and Resilience Measurement Framework Indicators.

Level Within Continuum	Factor or Issue of Interest	Indicator
Social Determinants of Health	Youth Population Size	1. Proportion of the population aged 9-18, by HSDA
	Socioeconomic Status	2. Low Income: Proportion of Children and Youth in Low-Income Households
		3. Housing: Proportion of households with a shelter-cost-to-income ratio above 30%
Resilience and Protective Factors	Connectedness to Community	4. Proportion of youth who report that they feel they are at least 'quite a bit' a part of their community
	Connectedness to a Safe Adult	5. Proportion of youth who indicate they have an adult they can talk to if experiencing a problem
	Participation in Extracurricular Activities	6. Proportion of youth who indicate involvement in extracurricular activities outside of class hours
	Positive Self-Esteem	7. Proportion of youth who report feeling good about themselves at least most of the time
	Self-Efficacy	8. Proportion of youth who indicate that they can think of something they are really good at
	Self-Rated Mental Health	9. Proportion of youth who report good or better self-rated mental health
Risk Factors	Child Vulnerability	10. Proportion of kindergarten students identified as vulnerable by kindergarten teacher
	Bullying	11. Proportion of youth who reported feeling bullied at school

	Access to Mental Health Care	12. Proportion of youth who report needing emotional or mental health services in the past year but did not get them
	Discrimination	13. Proportion of youth who report having experienced discrimination
	Children and Youth in Need of Protection	14. Rate per 1,000 children and youth (aged 0 to18) for whom a formal report was made for abuse and/or neglect
	Risk-taking Behaviours, Substance Use	15. Proportion of youth who reported drinking alcohol at least once in the past month, among those who had ever tried alcohol
		16. Proportion of youth who reported one or more days of cannabis use in the past month, among those who had ever tried cannabis
	Risk-Taking Behaviours, Sexual Activity	17. Proportion of youth who reported that a barrier method was not used during their most recent sexual encounter, among those who had ever had intercourse
	Children and Youth in Care	18. Rate per 1,000 children and youth (aged 0 to18) who are under the guardianship of the provincial director of child welfare
Acute Outcomes	Mental Health and Substance Use Related Acute Care Encounters	19. Proportion of youth (aged 9 to 18) who visited the emergency department with a presenting complaint related to mental health or substance use
		20. Proportion of youth (aged 9 to 18) who were admitted to hospital via the emergency department with a presenting complaint related to mental health or substance use
	Mood and Anxiety Disorders	21. Crude incidence of mood and anxiety disorders among children and youth (aged 1 to19)
	Depression	22. Crude incidence of depression among children and youth (aged 1 to19)
	High School Completion	23. Six-year high school completion rate
	Death Due to Intentional Self-Harm or Unintentional Injury	24. Incidence of youth deaths (aged 9 to18) caused by intentional self-harm or unintentional injury

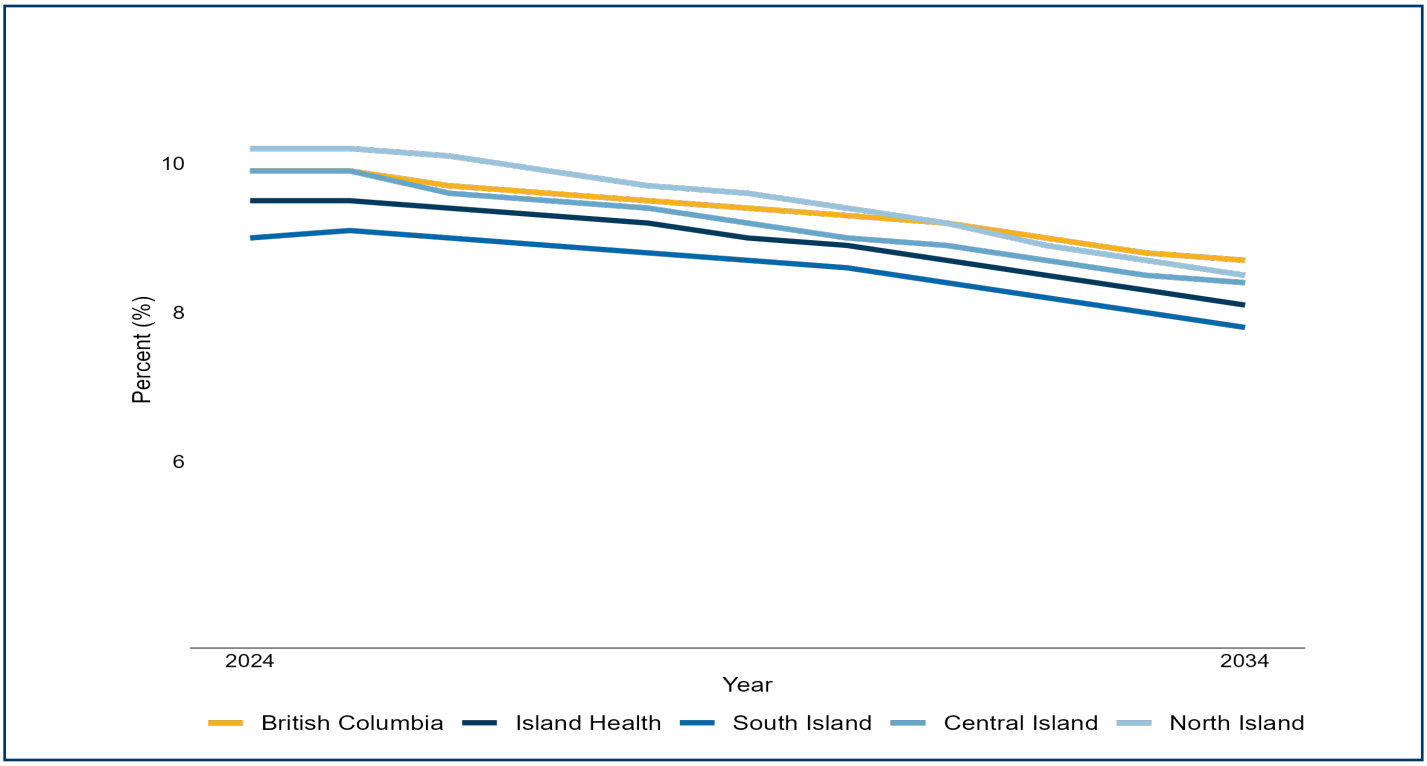
1. Youth Population Distribution

Percentage of the population aged 9 to 18.

Relevance to Mental Health & Resilience

While not specific to mental health and resilience, population distribution and size provide context for the youth population within Island Health.

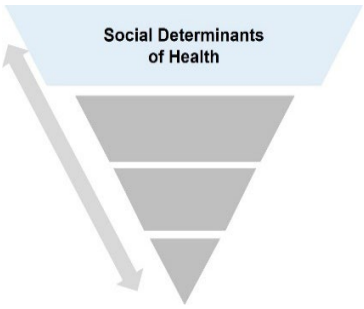
Figure 1. Projected proportion of population aged 9-18 years by BC, Island Health and HSDA (2024-2033)



Source: BC Stats: 2025 Population Estimates & Projections for BC

Observations

The proportion of youth aged 9 to 18 is projected to decline in both Island Health and British Columbia between 2024 and 2033. In 2024, youth represented 9.9% of the population in BC and 9.5% in the Island Health region (9.0% in South Island, 9.9% in Central Island, and 10.2% in North Island). By 2033, these proportions are expected to decrease to 8.8% in BC and 8.3% in Island Health, with regional estimates of 8.0% in South Island, 8.5% in Central Island, and 8.7% in North Island. Throughout this period, South and Central Vancouver Island consistently have a lower proportion of youth compared to North Vancouver Island. While North Island has historically had a higher proportion of youth than the provincial average, this is projected to change by 2031.



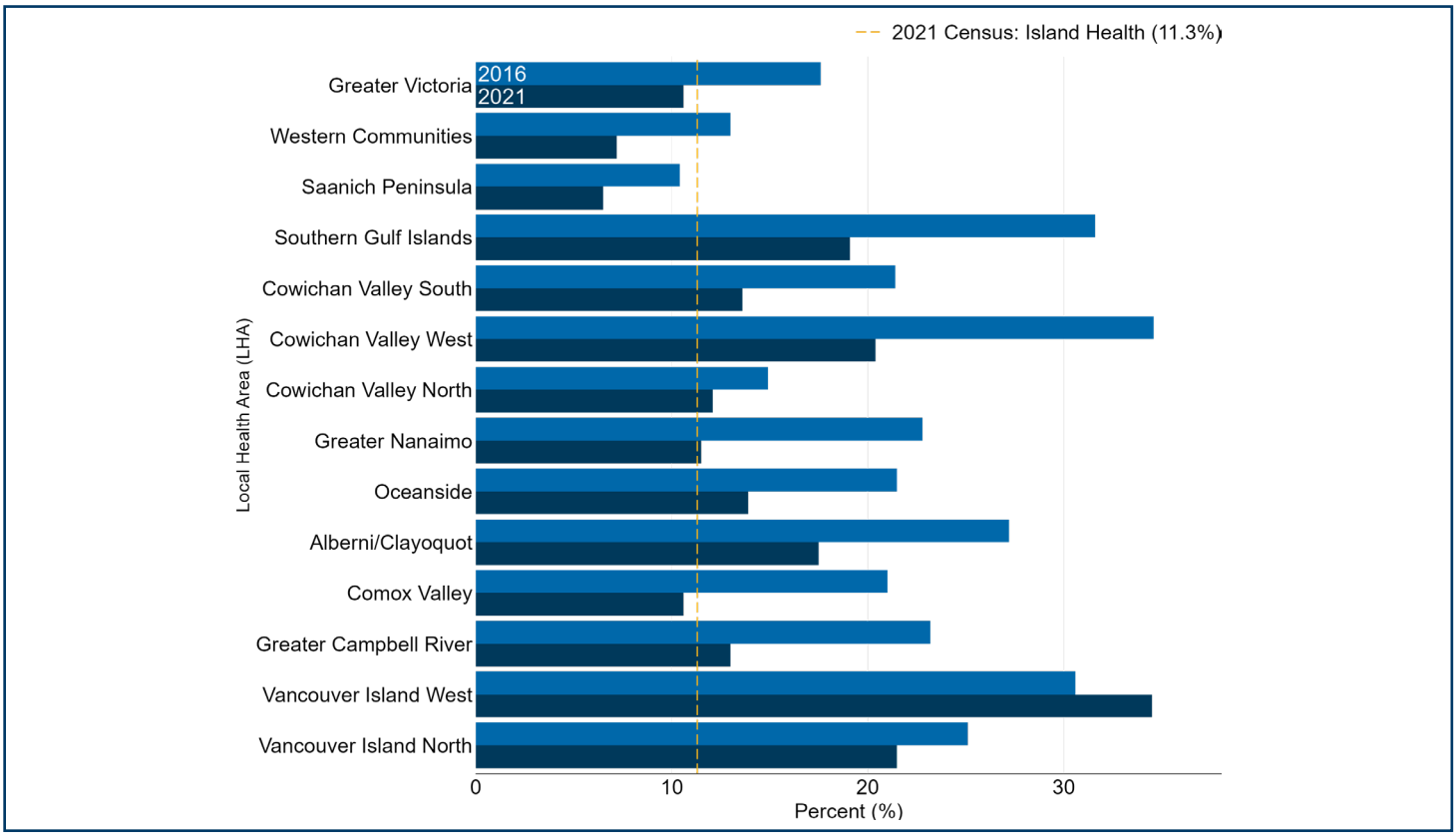
2. Socioeconomic Status – Low-Income

Proportion of children and youth, (aged 0 to 17) in low-income households, defined using the low-income measure after tax.

Relevance to Mental Health & Resilience

Socioeconomic status is closely linked to mental health. Canadian data show that youth in lower-income households are less likely to report very good or excellent mental health than those in higher-income households (2).

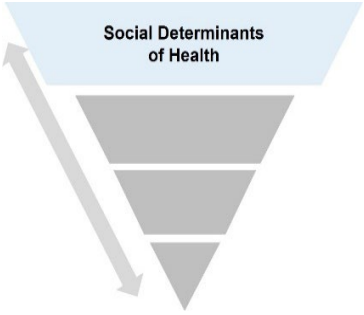
Figure 2. Percentage of Children and Youth (aged 0 to 17) in Private Households with Low Income by LHA compared to Island Health (2016 and 2021)



Source: [*Statistics Canada: 2016 Census of Population and 2021 Census of Population*]

Observations

The low-income measure after tax (LIM-AT) tracks the share of children and youth (0–17) in households earning 50% or less of the Canadian median. From 2016 to 2021, rates declined across most Island Health areas, except Vancouver Island West (30.6% to 34.5%). The largest decreases were in Greater Nanaimo (22.8% to 11.5%) and Comox Valley (21.0% to 10.6%). In 2021, the rate was the same in Island Health and BC (11.3%).



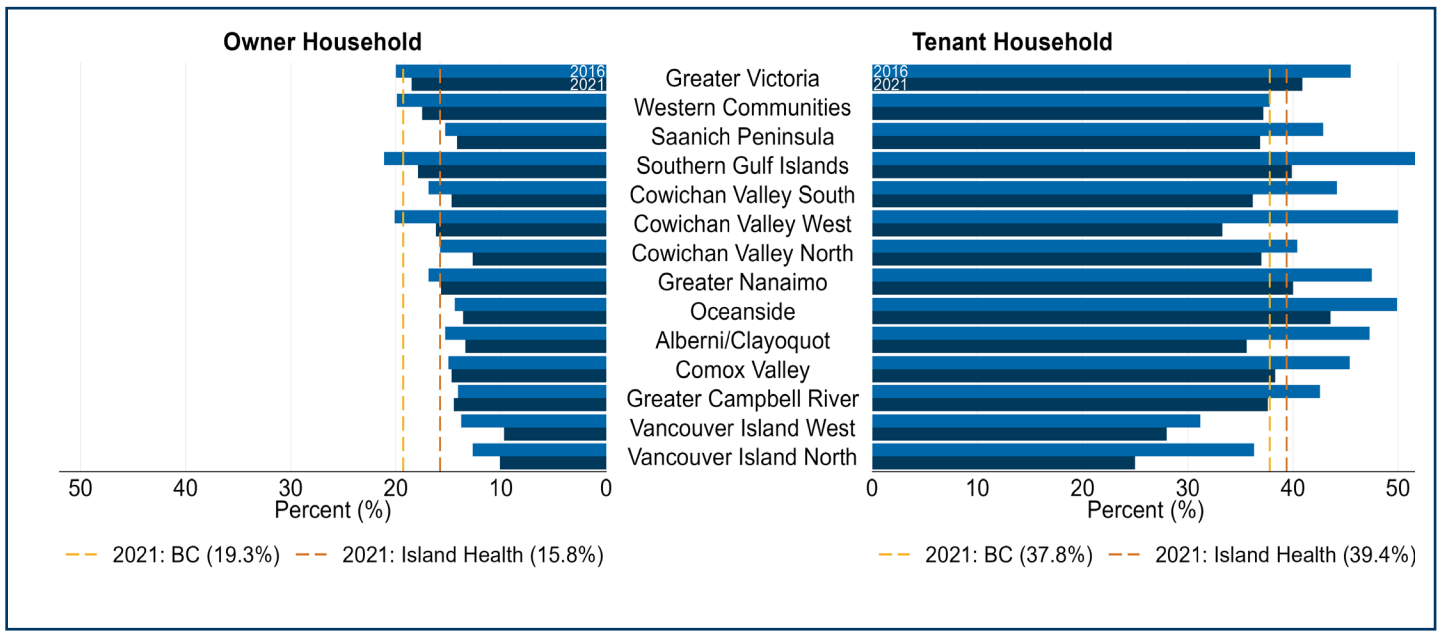
3. Socioeconomic Status - Housing

Proportion of households with a shelter-cost-to-income ratio above 30%.

Relevance to Mental Health & Resilience

Socioeconomic status is strongly associated with mental health. Based on Canadian census data, youth living in lower-income households are less likely to report very good or excellent mental health compared with their higher-income peers (3).

Figure 3. Percentage of Households (Owner and Tenant) Spending 30% or More on Shelter Costs by LHA compared to Island Health and BC (2016 and 2021)



Source: [*Statistics Canada: 2016 Census of Population and 2021 Census of Population*]

Observations

The shelter-cost-to-income ratio measures the share of household income spent on housing (rent or mortgage, utilities, and property taxes). Spending more than 30% indicates potential affordability challenges.

From 2016 to 2021, most Local Health Areas in Island Health saw a decrease in households exceeding this threshold, including all tenant households and most owner households. The exception was Greater Campbell River, where owner households increased slightly (14.1% to 14.5%). Tenant households in Island Health were more likely to exceed the 30% threshold than the provincial average (39.4% vs. 37.8%), while owner households were less likely to do so (15.8% vs. 19.3%).

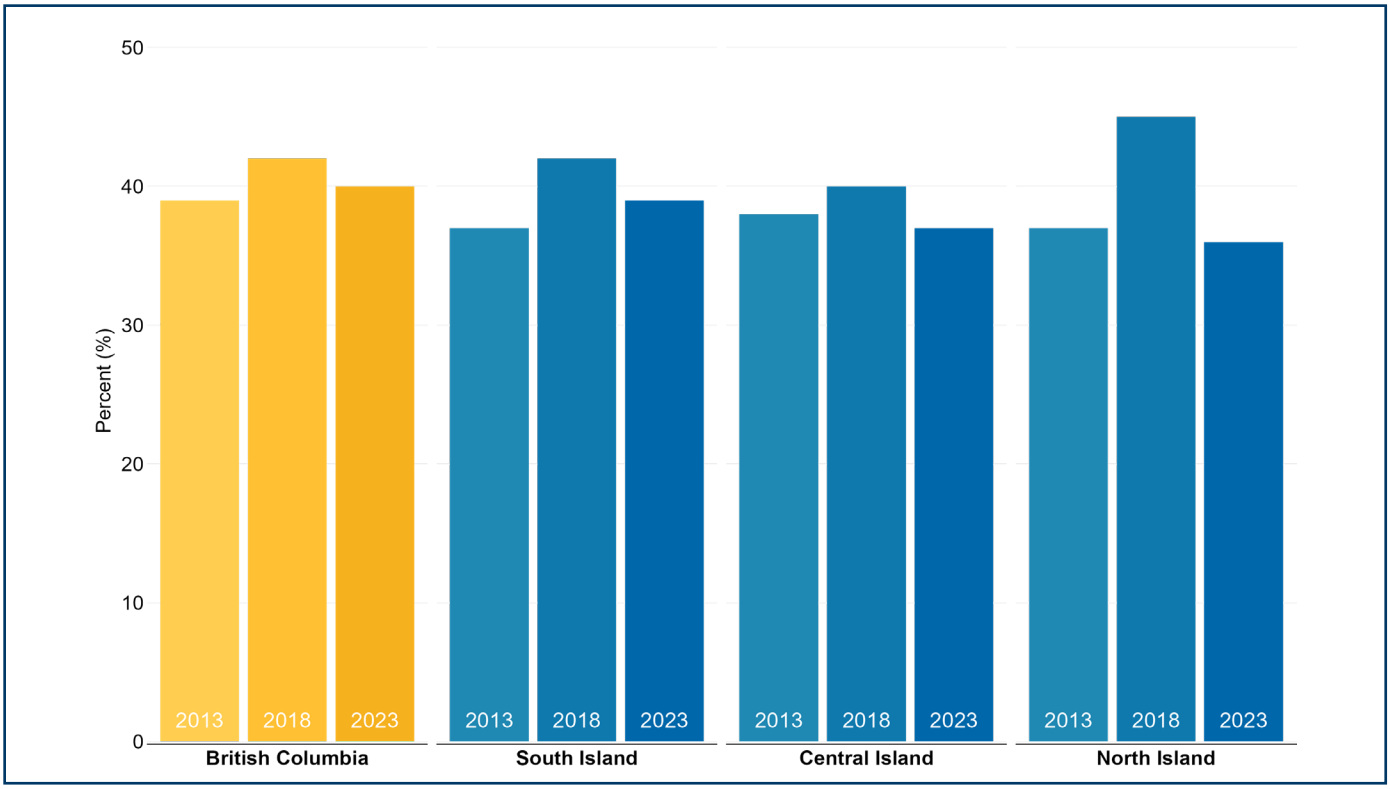
4. Connectedness to Community

Proportion of youth (aged 12 to 19) who report feeling that they are at least "quite a bit" a part of their community.

Relevance to Mental Health & Resilience

Community connectedness is the sense of belonging and inclusion within a community. It supports both physical and mental well-being and is closely linked to feeling safe in one's neighbourhood. Strong connectedness and safety are associated with better self-esteem, academic performance, and emotional health (4,5).

Figure 4. Percentage of Students who Reported Feeling "Quite a Bit" or "Very Much" a Part of Their Community by Island Health HSDA and BC (2013-2023)



Source: McCreary Centre Society, BC Adolescent Health Survey

Observations

Community connectedness is measured by the percentage of youth who report feeling "quite a bit" or "very much" a part of their community. In 2023, this was reported by 40% of youth in BC, compared to 39% in South Island, 37% in Central Island, and 36% in North Island. From 2018 to 2023, the proportion of youth reporting a sense of community decreased in both BC and North Island. This decline was statistically significant.

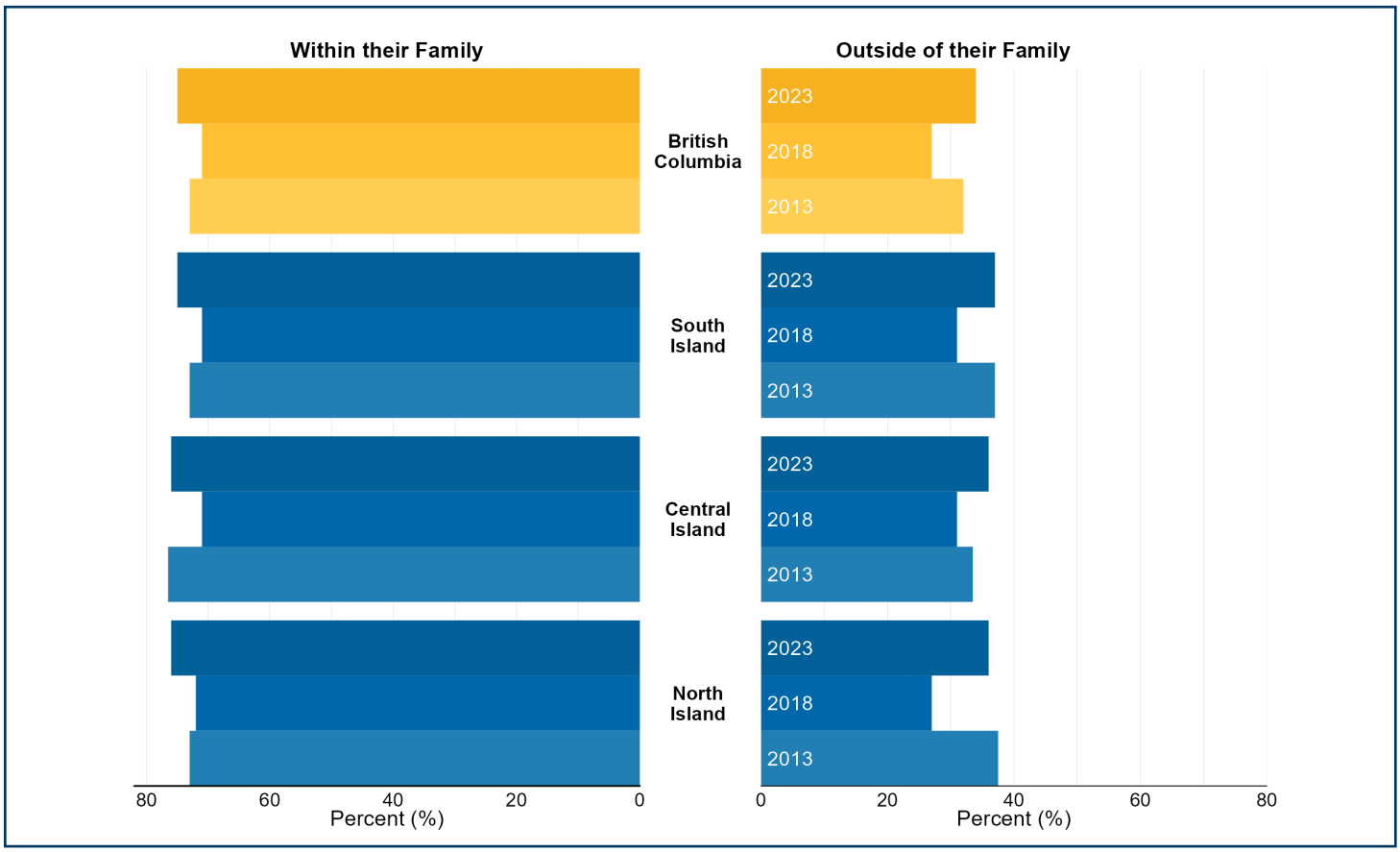
5. Connectedness to a Safe Adult

Proportion of youth (aged 12-19) who indicate they have an adult they can talk to if experiencing a problem.

Relevance to Mental Health & Resilience

Positive, supportive relationships with adults are associated with better social outcomes, lower engagement in risk-taking behaviours, and greater resilience against adverse experiences related to poverty and discrimination (4,5).

Figure 5. Percentage of Students who "Have an Adult to Talk to About a Problem", by Island Health HSDA and BC (2013-2023)



Source: McCreary Centre Society, BC Adolescent Health Survey

Observations

Between 2018 and 2023, the proportion of youth who reported feeling connected to a caring adult increased. In 2023, most youth identified a caring adult within their family to talk to about a problem (75% in BC and South Island; 76% in Central and North Island). Fewer reported having a caring adult outside their family (34% in BC, 36% in Central and North Island, and 37% in South Island).

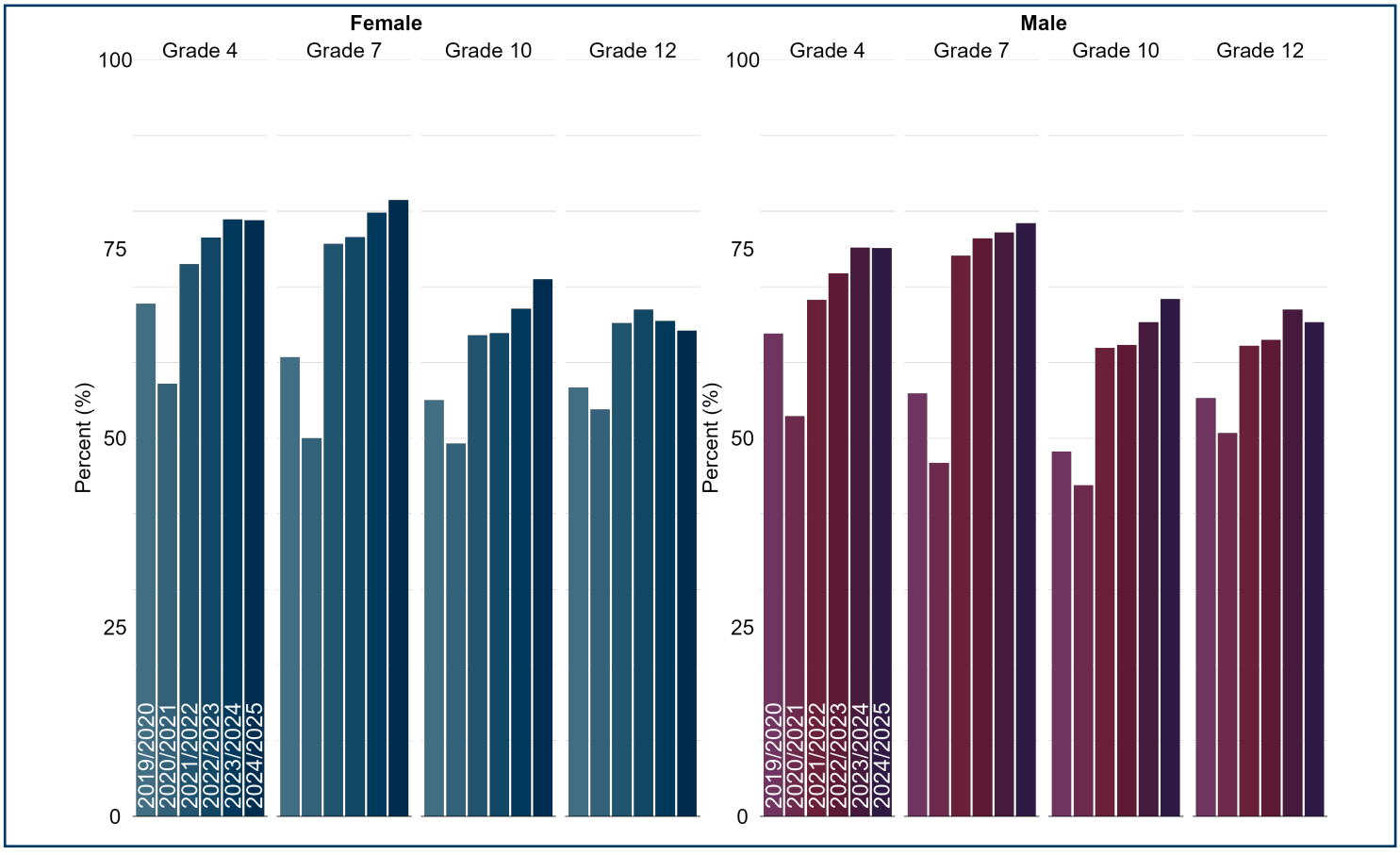
6. Participation in Extracurricular Activities

Proportion of youth (grades 4, 7, 10 and 12) who indicate involvement in extracurricular activity (e.g., clubs, sports teams, music classes) outside of class hours.

Relevance to Mental Health & Resilience

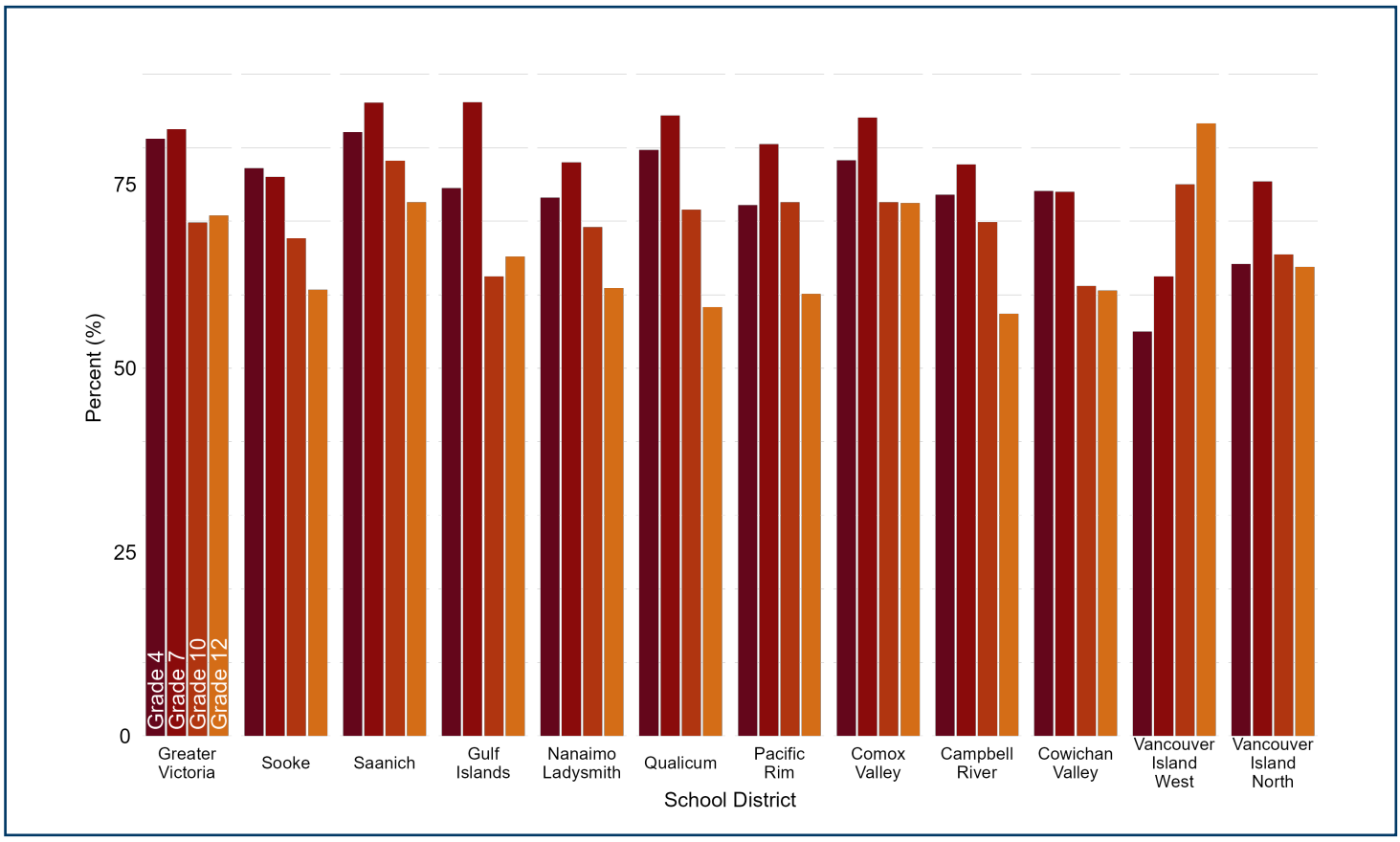
Participation in after-school activities supports social relationships, school connectedness, self-worth, physical health, and academic success. It is also linked to lower engagement in problem behaviours and, among youth in BC, to fewer reports of suicidal thoughts or attempts (5,8).

Figure 6a. Percentage of Students Who Participated in Activities Outside of Class Hours, by Grade and Male/Female Gender, Island Health (2019/2020 - 2024/2025)



Source: BC Ministry of Education, Student Learning Survey
Survey Questions: "At school, do you participate in activities outside of class hours (for example, clubs, dance, sports teams, music)?"; "Do you go to any clubs, dance, sports, or music classes outside of school time?"

Figure 6b. Percentage of Students Who Participated in Activities Outside of Class Hours, by Grade and School District, Island Health (2024/2025)



Source: BC Ministry of Education, Student Learning Survey
Survey Questions: "At school, do you participate in activities outside of class hours (for example, clubs, dance, sports teams, music)?"; "Do you go to any clubs, dance, sports, or music classes outside of school time?"

Observations

During the COVID-19 pandemic, participation in extracurricular activities in BC declined noticeably. Since the 2021/22 school year, involvement has rebounded and now appears to exceed pre-pandemic levels. This trend is also seen across Island Health for both male and female students (other gender identities not reported).

In most Island Health school districts, participation in 2024/25 was higher among students in Grades 4 and 7, and lower among those in Grades 10 and 12.

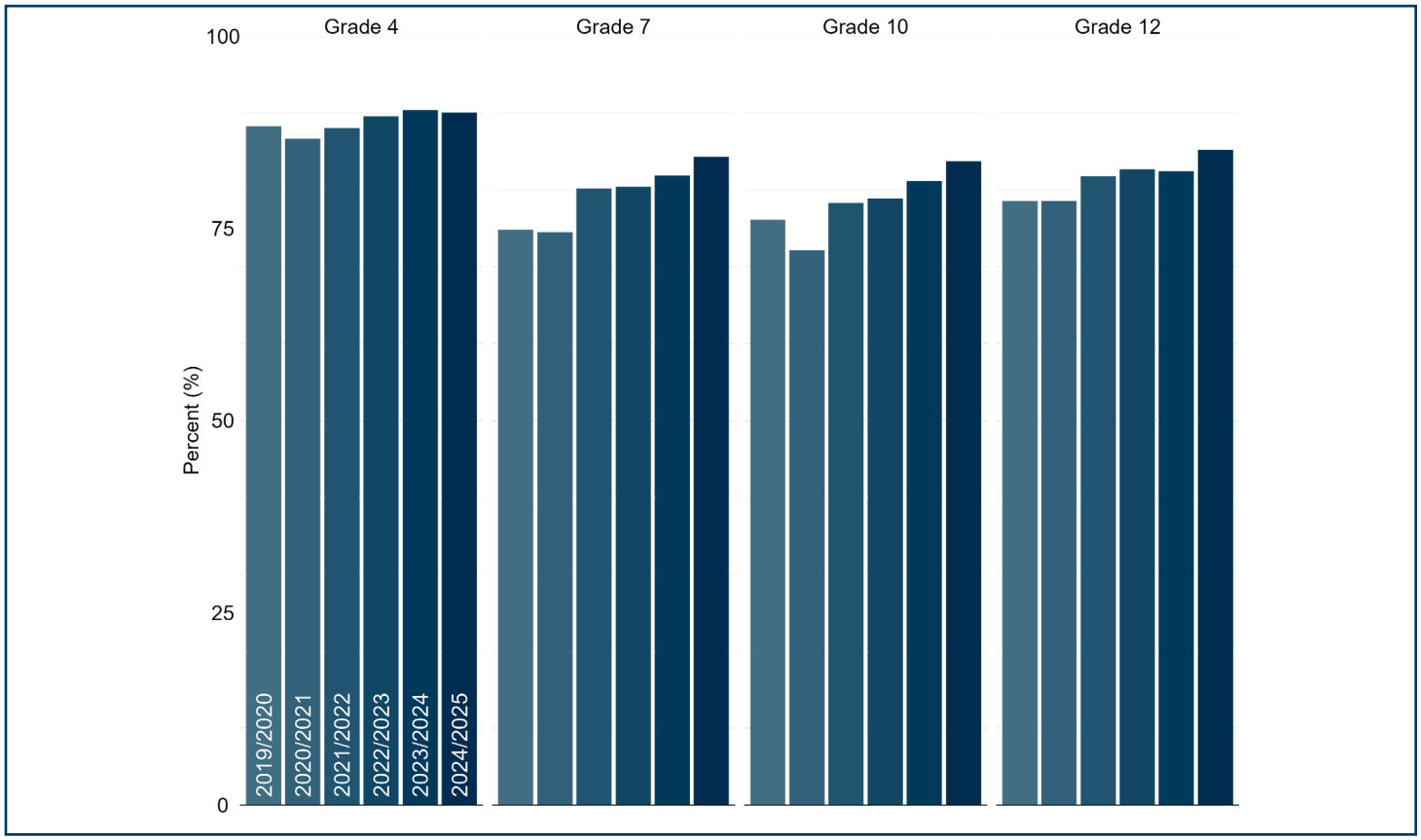
7. Positive Self-Esteem

Proportion of youth (grades 4, 7, 10 and 12) who report feeling good about themselves at least most of the time.

Relevance to Mental Health & Resilience

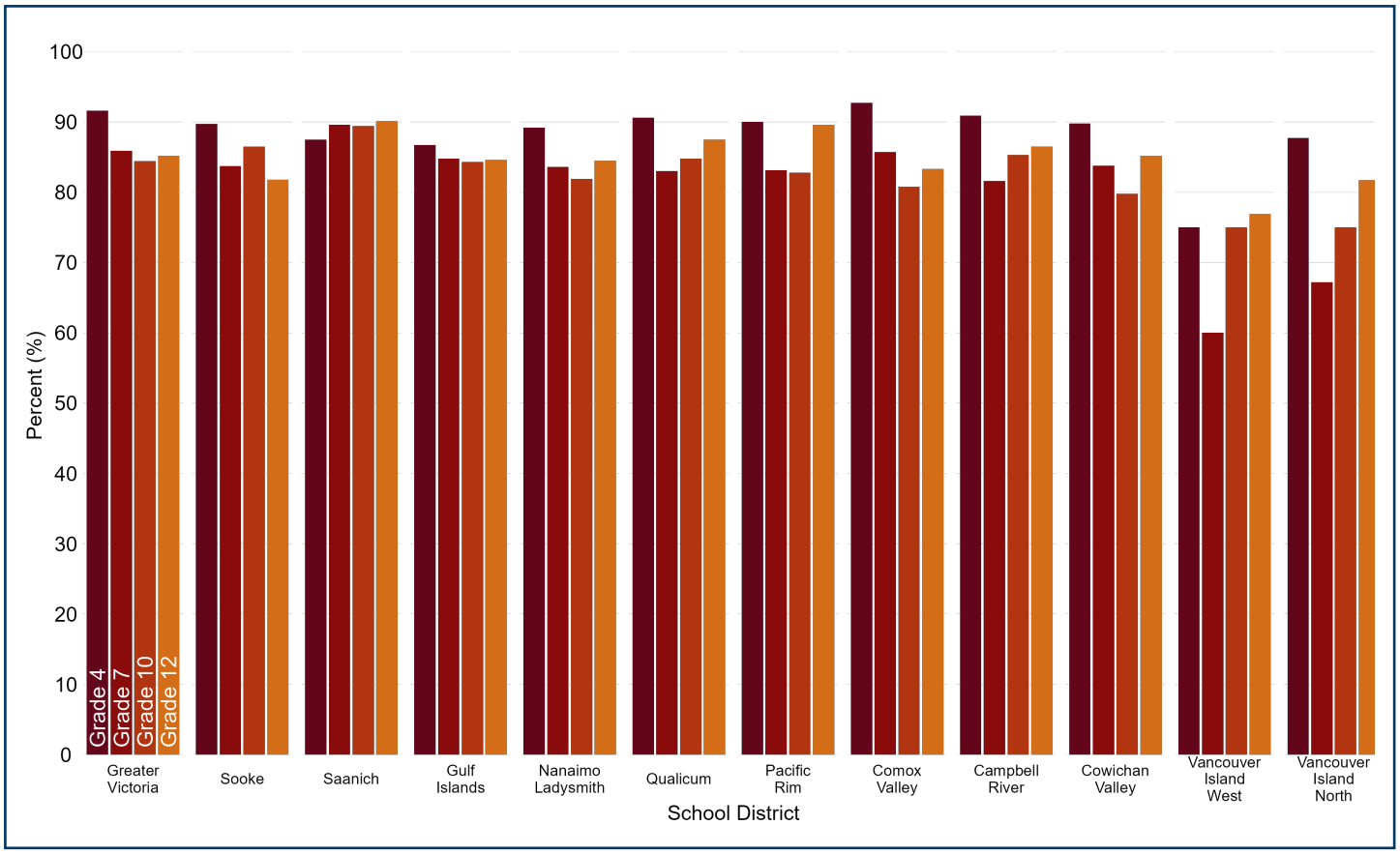
Evidence highlights the importance of positive self-esteem in reducing rates of depression, suicidality, and behavioural adjustment issues during adolescence (6).

Figure 7a. Percentage of Respondents who 'Felt Good About themselves', by Grade in Island Health (2019/2020 – 2024/2025)



Source: BC Ministry of Education, Student Learning Survey
Survey Question: "Do you feel good about yourself?"

Figure 7b. Percentage of Respondents who 'Felt Good About themselves' at least most of the time, by Grade and School District (2024/2025)



Source: [BC Ministry of Education, Student Learning Survey]
Survey Question: "Do you feel good about yourself?"

Observations

Positive self-esteem is defined as youth reporting that they feel good about themselves all of the time, many times, or most of the time. In Island Health, reported positive self-esteem has been increasing year by year across all grades. Starting in 2021/22, the proportion of students reporting positive self-esteem began to increase across all grades.

In Island Health and most school districts, positive self-esteem was highest in Grade 4, declined in higher grades with some rebound in grade 12.

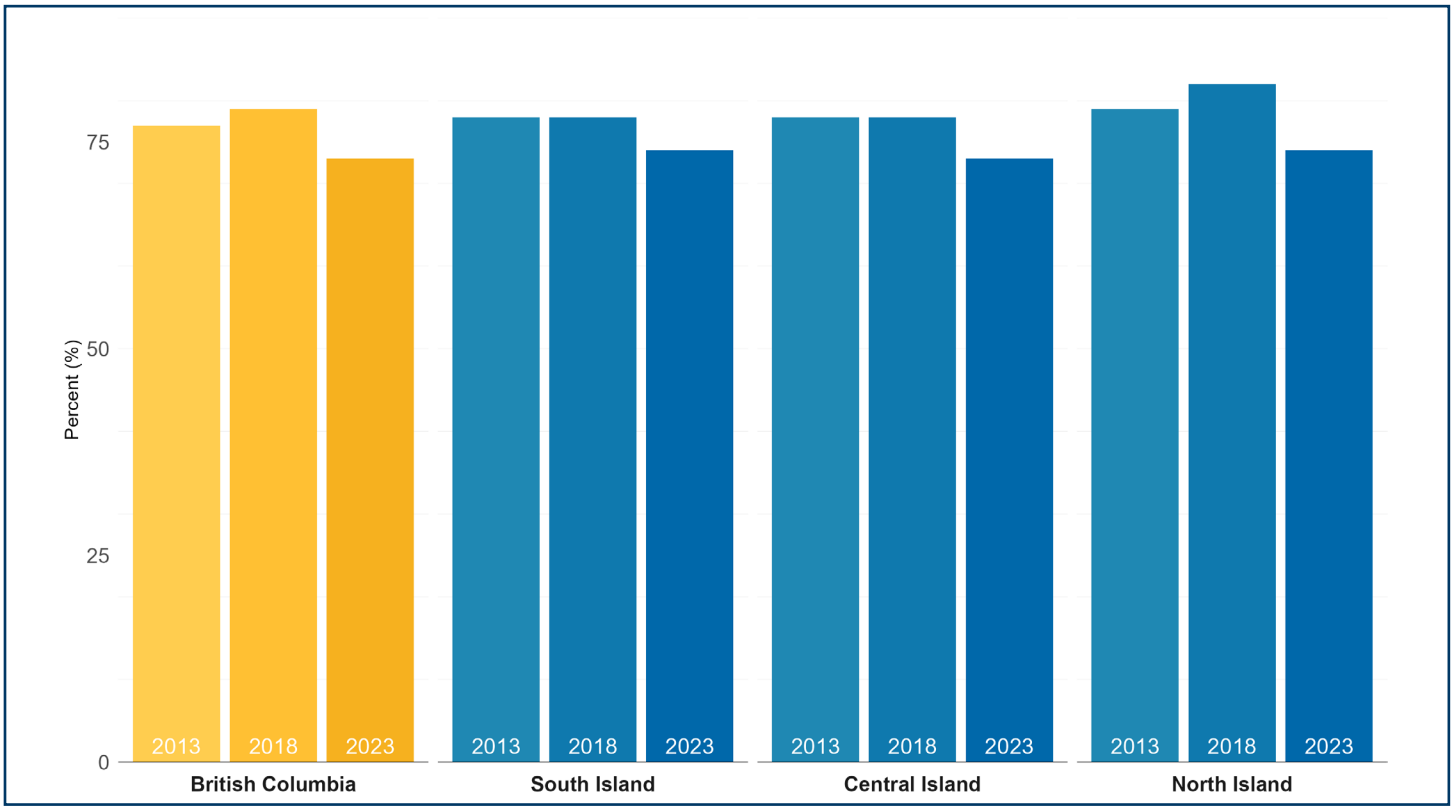
8. Self-Efficacy

Proportion of youth (aged 12 to 19) who indicate that they can think of something they are really good at.

Relevance to Mental Health & Resilience

A sense of self-efficacy among youth, defined as their belief in their ability to exert control over themselves and their environment, is associated with greater resilience (7,8).

Figure 8. Percentage of Students who 'Can think of something they are really good at', by Island Health HSDA and BC (2013 – 2023)



Source: McCreary Centre Society, BC Adolescent Health Survey

Observations

When asked whether they could "think of something they are really good at" (a measure of self-efficacy), fewer youth responded positively in 2023 than in 2018 across Island Health and BC.

From 2018 to 2023, reported self-efficacy declined in North Island (82% to 74%), Central Island (78% to 73%), and South Island (78% to 74%).

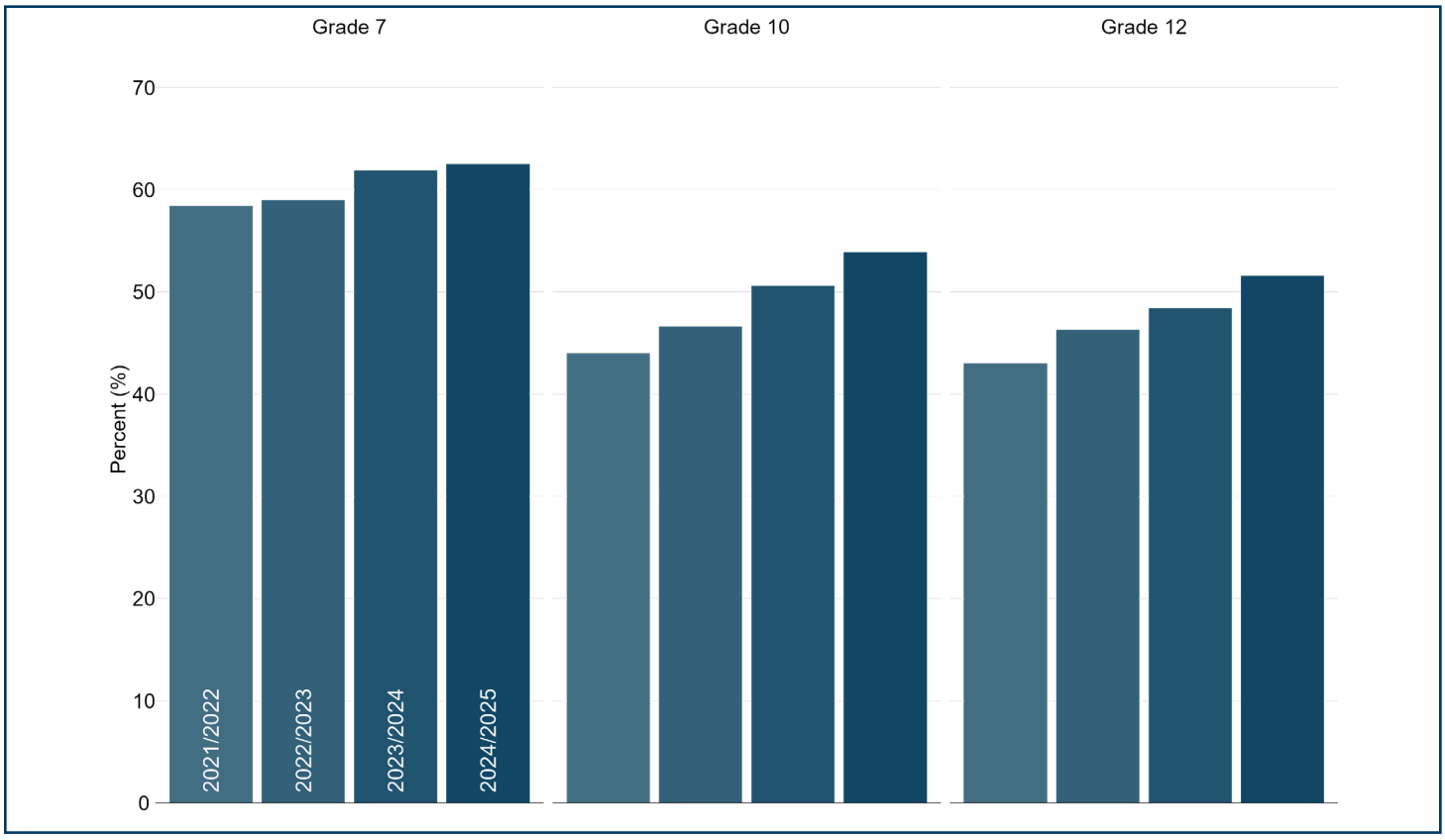
9. Self-Rated Mental Health

Proportion of youth (Grades 7, 10, and 12) who report 'good' or better self-rated mental health.

Relevance to Mental Health & Resilience

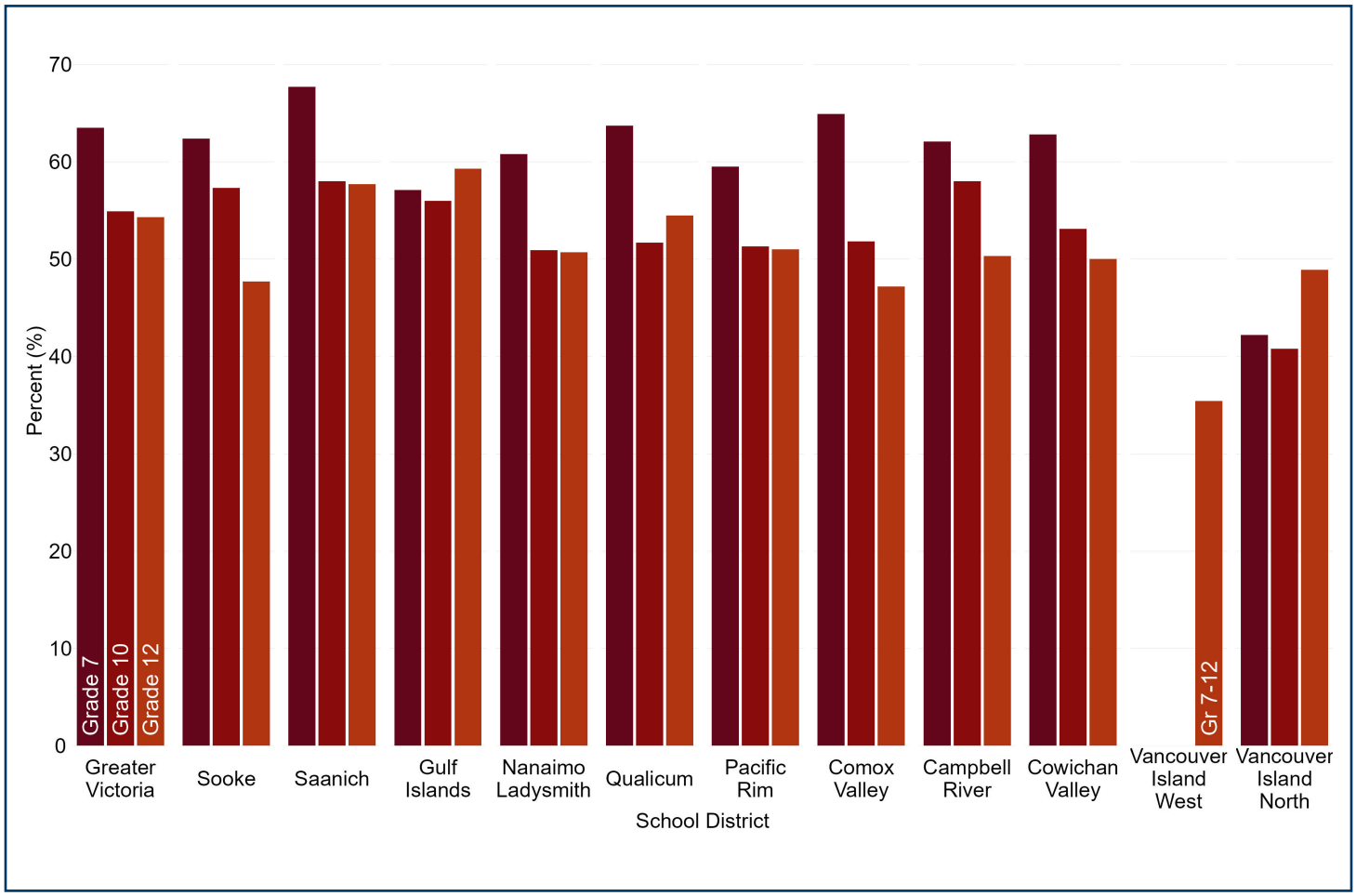
Positive self-rated mental health is linked to better quality of life, including greater satisfaction with oneself, relationships, school, and overall life. It is also a reliable indicator of overall mental health (5,6).

Figure 9a. Percentage of Respondents with 'Good' to "Excellent" Self-Reported Mental Health by Grade (2021/2022 - 2024/2025)



Source: BC Ministry of Education, Student Learning Survey
Survey Question: "How would you describe your mental health?"

Figure 9b. Percentage of Respondents with 'Good' to "excellent" Self-Reported Mental Health, by Grade and School District (2024/2025)



Source: BC Ministry of Education, Student Learning Survey
Survey Question: "How would you describe your mental health?"

Observations

In Island Health, the proportion of youth reporting good to excellent mental health has increased over the past two school years. In 2024/25, the highest levels in Island Health were among Grade 7 students (62.5%), declining to 53.9% in Grade 10 and 51.6% in Grade 12.

Across most school districts, fewer students in Grades 10 and 12 report positive mental health than in Grade 7.

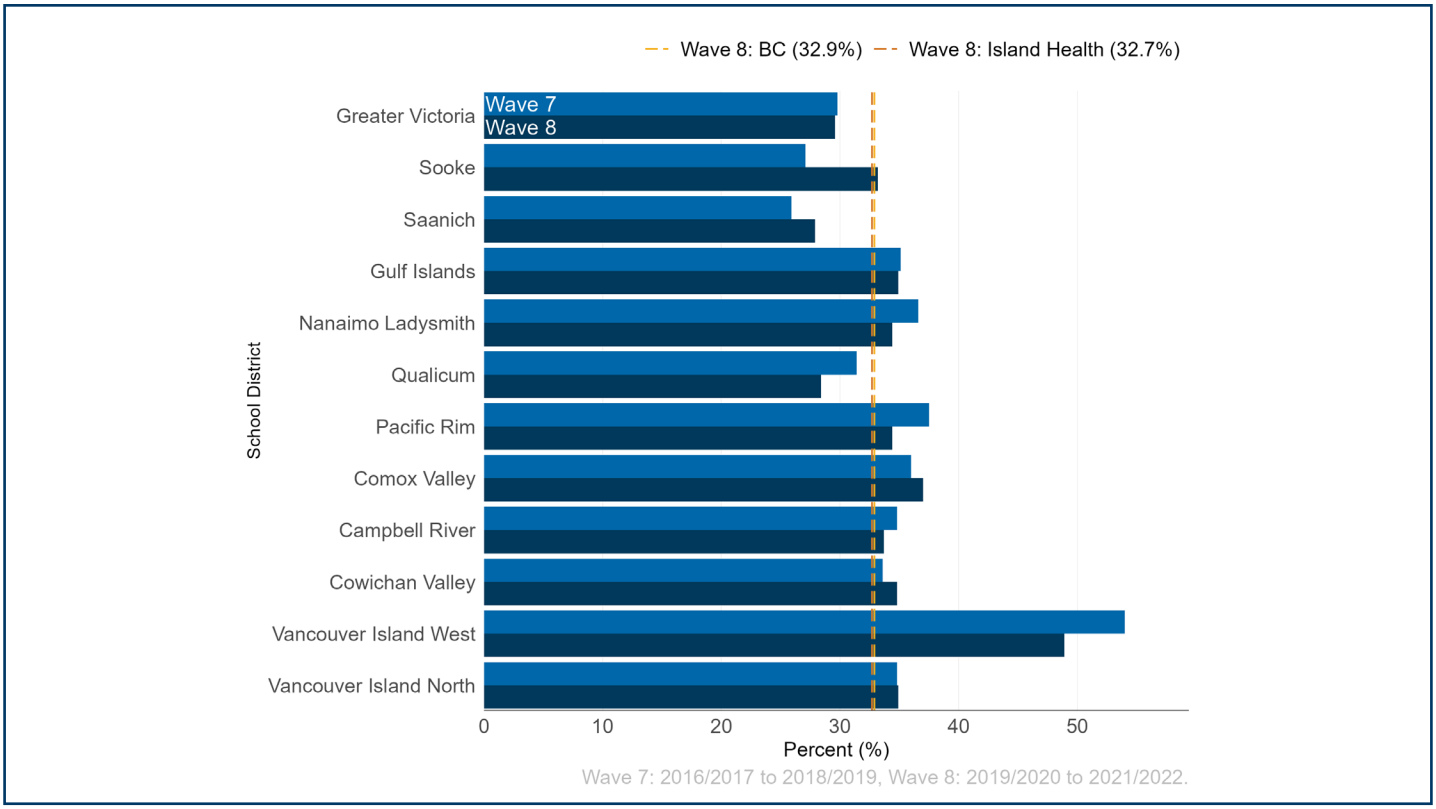
10. Child Vulnerability

Proportion of kindergarten students identified by a kindergarten teacher as "vulnerable" on one or more of the outcomes on the Early Development Instrument (EDI wave 7 & 8).

Relevance to Mental Health & Resilience

Development in the five core domains (social competence, emotional maturity, physical health and well-being, language and cognitive development, and communication skills and general knowledge) serves as predictive factors for long-term developmental outcomes (4,9).

Figure 10. Percentage of Kindergarten Students Identified as 'Vulnerable', by Island Health School District and Survey Cycle (2016/17 - 2021/2022)



Source: [UBC Human Early Learning Partnership, The Early Development Instrument]

Observations

The EDI is a longitudinal study. Wave 7 data were collected from 2016/17 to 2018/19, and wave 8 from 2019/20 to 2021/22. In Island Health, most school districts had a higher proportion of kindergarten students identified as vulnerable in one or more areas compared to the provincial average. Vancouver Island West had the highest proportion, though it decreased from 54% in wave 7 to 49% in wave 8. Sooke saw the largest increase, rising from 27.1% to 33.2% over the same period.

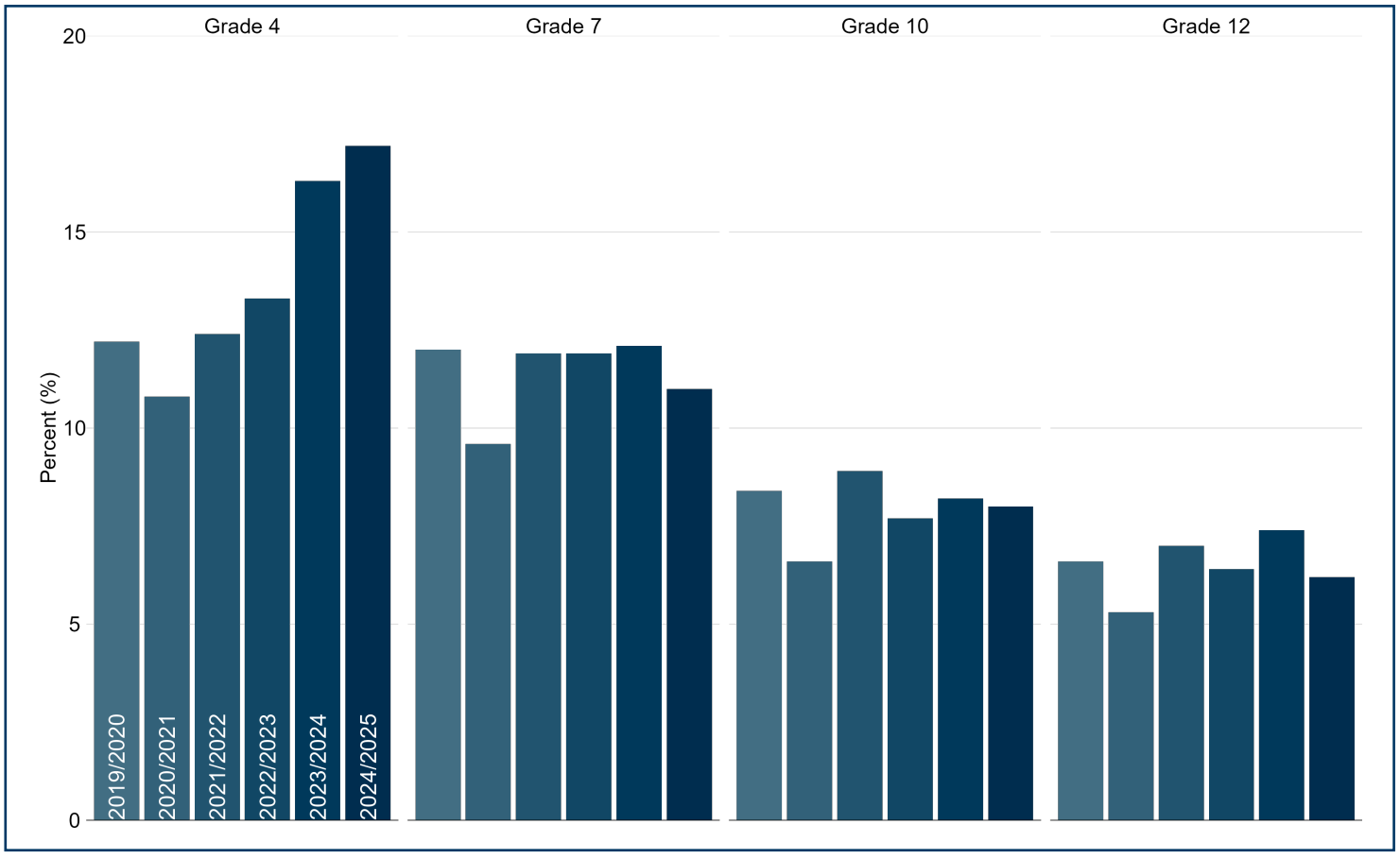
11. Bullying

Proportion of youth (Grades 4, 7, 10 and 12) who reported feeling bullied at school.

Relevance to Mental Health & Resilience

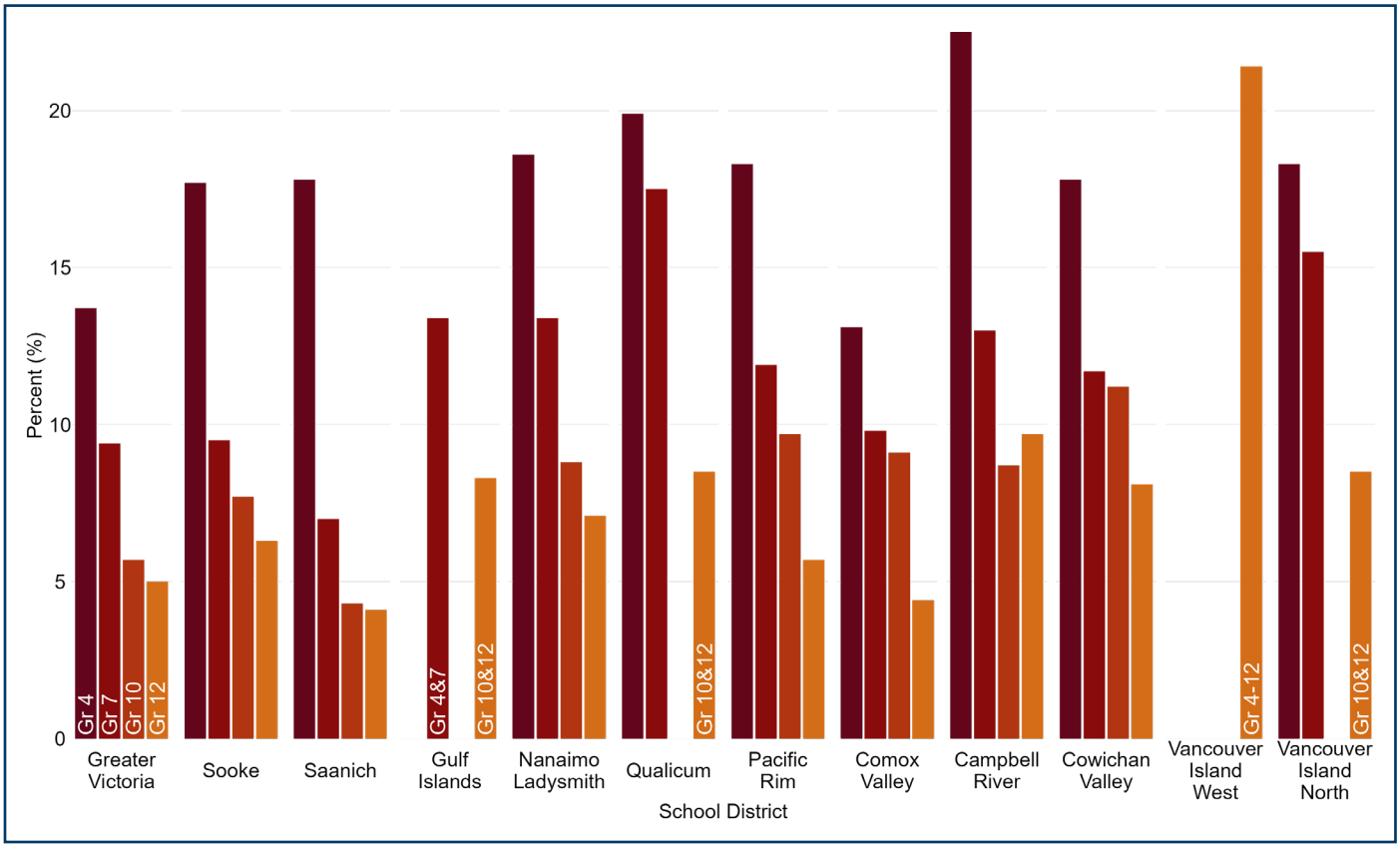
Bullied children often experience higher psychological distress, including increased anxiety, depression, and PTSD. They may also show poorer academic performance, lower self-control and self-worth, and reduced social confidence. Bullying is also linked to a higher risk of engaging in behaviours such as substance use (5,6).

Figure 11a. Percentage of Respondents who Felt Bullied All or Most of the time, Island Health (2019/2020 – 2024/2025)



Source: BC Ministry of Education, Student Learning Survey
Survey Questions: "At school, are you bullied, teased, or picked on?" (2016/2017 to 2020/2021); "Have you ever felt bullied at school?" (2021/2022 to 2024/2025)

Figure 11b. Percentage of Respondents who Felt Bullied All or Most of the time, by Grade and School District (2024/2025)



Source: [BC Ministry of Education, Student Learning Survey]
Survey Questions: "At school, are you bullied, teased, or picked on?" (2016/2017 to 2020/2021); "Have you ever felt bullied at school?" (2021/2022 to 2024/2025)

Observations

Bullying includes students reporting being bullied, teased, or picked on "most of the time" or "all of the time" during the current school year. Among Grade 4 students, self-reported bullying has increased each year since 2021/22 in Island Health, while rates in other grades have remained relatively stable. Across most Island Health school districts, bullying is more commonly reported in Grade 4 than in Grade 12.

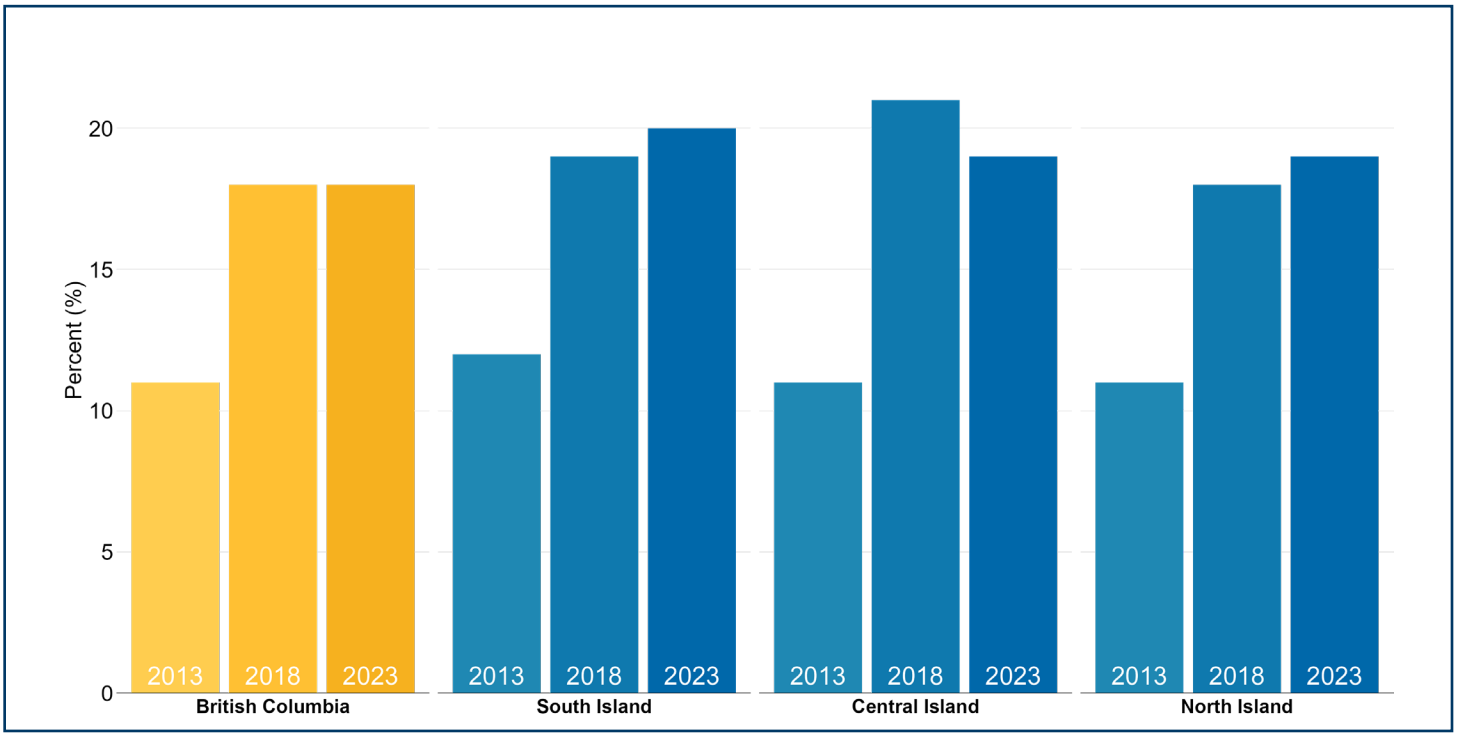
12. Access to Mental Health Care

Proportion of youth (aged 12 to 19) who reported needing emotional or mental health services in the past year but did not get them.

Relevance to Mental Health & Resilience

Measuring the proportion of youth with unmet mental healthcare needs helps assess how accessible and available services are. Delays in getting care can worsen outcomes for youth and increase impacts on families and costs (12).

Figure 12. Percentage of Students who Felt They Needed Mental Health Care but did not access Care, Island Health HSDA and BC (2013-2023)



Source: [McCreary Centre Society, BC Adolescent Health Survey]

Observations

The proportion of youth reporting a need for mental health support but not accessing it has increased. In BC this rose from 11% in 2013 to 18% in 2023. In Island Health, the proportion increased from 11% in 2013 to 20% in 2023 in South Island, and from 11% to 19% in both Central and North Island. The percentages in 2018 and 2023 were similar.

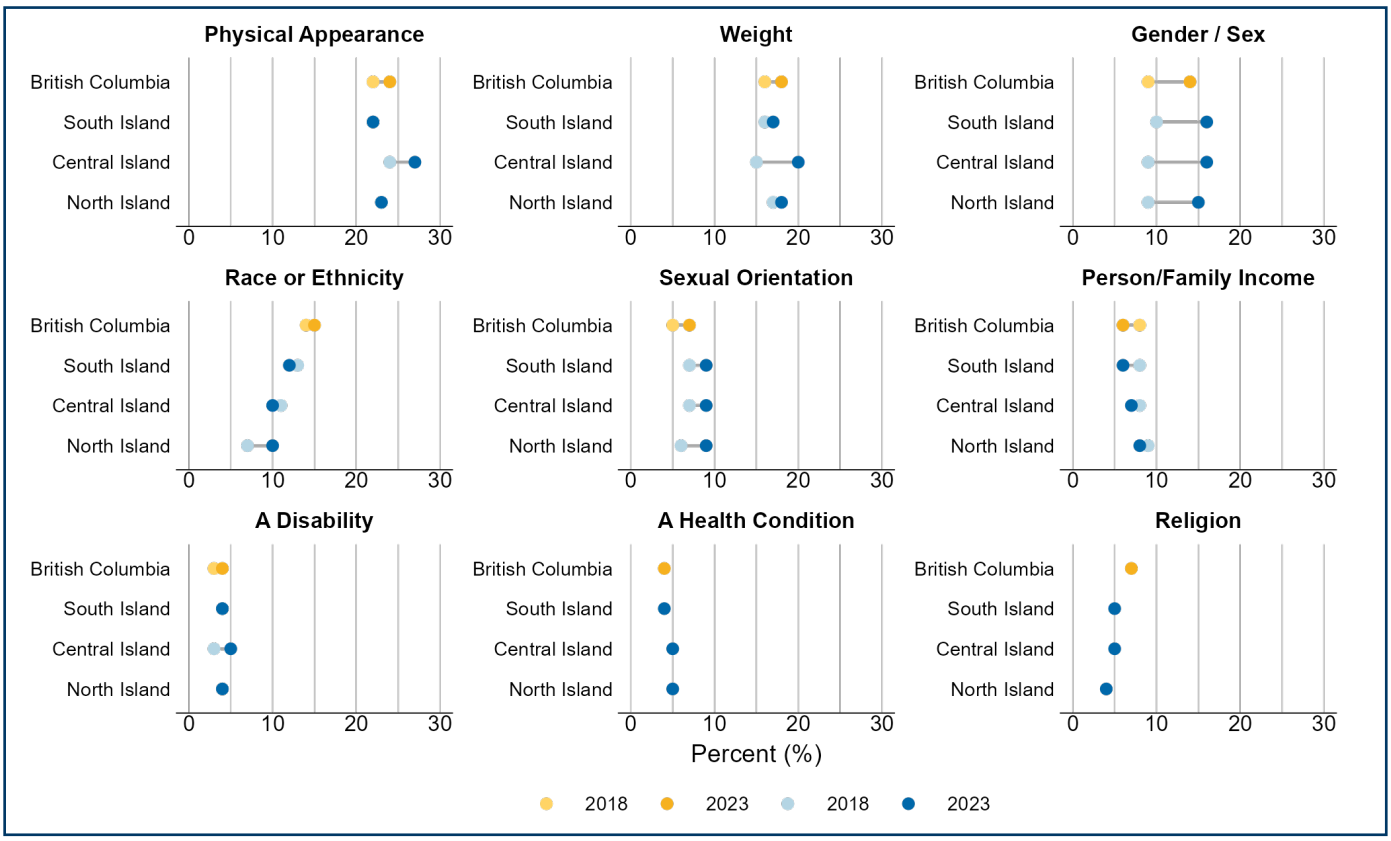
13. Discrimination

Proportion of youth (aged 12 to 19) who report having experienced discrimination based on their ethnic background, sexual orientation, gender or sex, disability, physical appearance, or socioeconomic status.

Relevance to Mental Health & Resilience

Research indicates that students who experienced discrimination are more likely to report feeling sad, discouraged, or hopeless in the past 30 days, express dissatisfaction with school, and to have seriously considered suicide in the past 12 months (7).

Figure 13. Percentage of Students who Felt Discriminated Against in the Past Year, Island Health HSDA and BC (2018 and 2023)



Source: [McCreary Centre Society, BC Adolescent Health Survey]

Observations

From 2018 to 2023, gender- or sex-based discrimination increased the most among youth in Island Health, rising from 10% to 16%. Discrimination based on physical appearance remained the most common (24%), followed by weight (18%). Smaller proportions reported discrimination based on sexual orientation (9%), income (7%), and disability, health condition, or religion (5%).

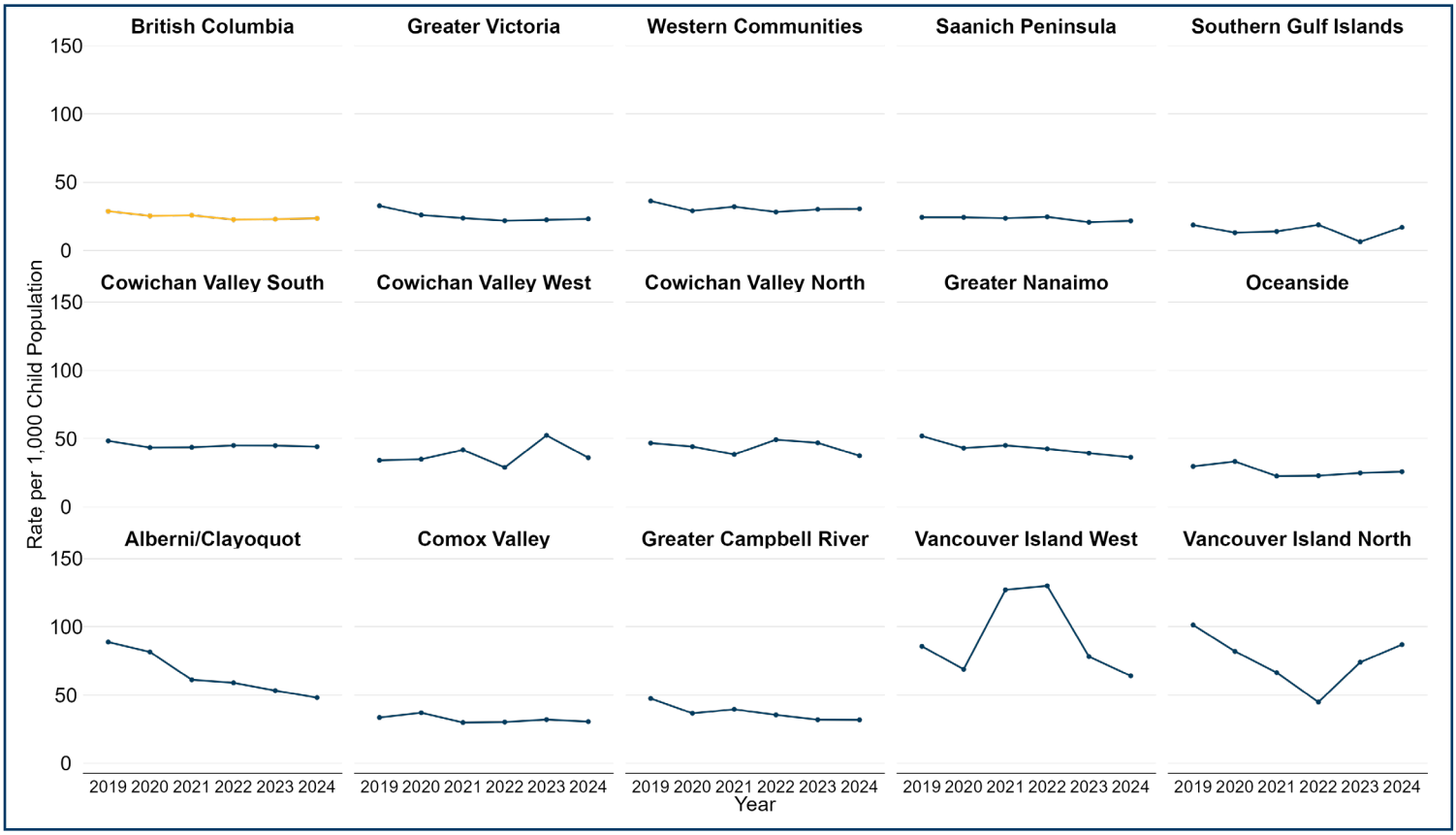
14. Children and Youth in Need of Protection

Rate per 1,000 youth (aged 0 to 18) for whom a formal report was made to the Ministry of Children and Family Development (MCFD) for abuse and/or neglect.

Relevance to Mental Health & Resilience

Child abuse and neglect can have long-lasting impacts, including physical and mental health problems, lower educational attainment, and increased risk of homelessness and involvement in criminal activity (13,14).

Figure 14. Children and Youth in Need of Protection (aged 0-18), by Island Health LHA (2019-2024)



Source: [BC Ministry of Children and Family Development]

Observations

Rates of children in need of protection have generally remained stable in BC and most Local Health Areas since 2019. Alberni–Clayoquot is an exception, with rates decreasing from 88.8 to 48.1 per 1,000 children (ages 0–18) between 2019 and 2024.Trends should be interpreted with caution, as small case numbers can lead to large fluctuations in rates, making changes appear more significant than they are.

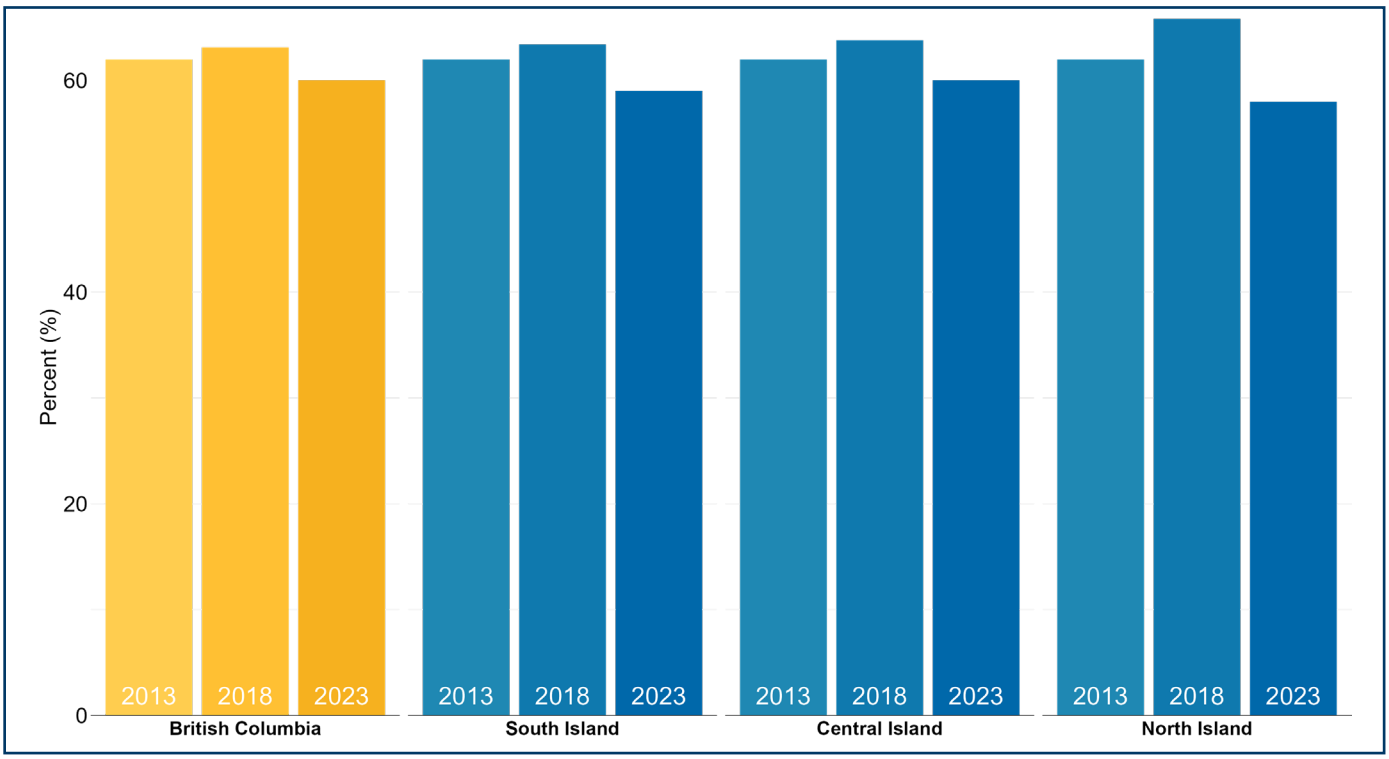
15. Risk Taking Behaviour – Alcohol Use

Proportion of youth (aged 12-19) who reported drinking alcohol at least once in past month, among youth who reported ever trying alcohol.

Relevance to Mental Health & Resilience

Alcohol is a leading contributor to injury, violence, and higher risk sexual activity among youth. Early and heavy use, including binge drinking, increases the risk of long-term harms such as dependence and alcohol-related cancers (5,6).

Figure 15. Of Students Who had Tried Alcohol, Percentage who Drank in the Past 30 Days, Island Health HSDA and BC (2013-2023)



Source: [McCreary Centre Society, BC Adolescent Health Survey]

Observations

In 2023, 38% of youth in BC reported ever trying alcohol, down from 44% in 2018. In Island Health, the proportion also decreased, from 48% to 45% in South Island, from 52% to 45% in Central Island, and from 54% to 48% in North Island (data not shown). Among youth in BC who had ever tried alcohol, 60% said they had consumed alcohol in the past 30 days, with similar rates across Island Health. The proportion of youth who had recently consumed alcohol, among those who had ever tried it, was lower in 2023 compared with 2018 in South Island and North Island, with no significant change in Central Island.

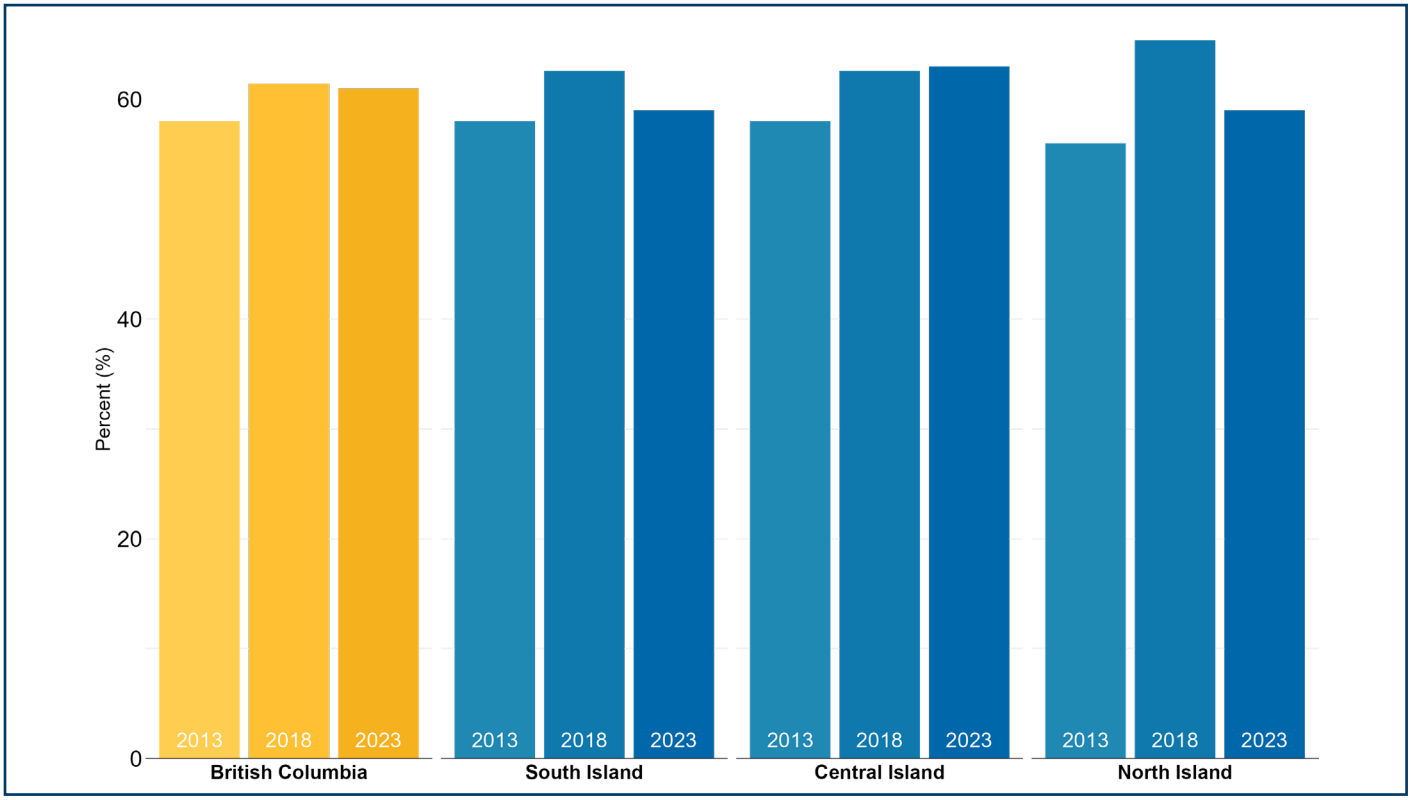
16. Risk-Taking Behaviour - Cannabis Use

Proportion of youth (aged 12-19) who reported one or more days of cannabis use in the past month, among youth who reported ever trying cannabis.

Relevance to Mental Health & Resilience

Frequent cannabis use during adolescence is linked to poorer cognitive functioning, lower educational attainment, and a higher risk of dependence, with daily use posing the greatest risk (5,6).

Figure 16. Of Students Who Had Tried Cannabis, Percentage Who Used It in the Past 30 Days, Island Health HSDA and BC (2013-2023)



Source: McCreary Centre Society, BC Adolescent Health Survey

Observations

In 2023, 22% of youth in BC reported ever trying cannabis, down from 25% in 2018. Similar declines were seen across Island Health (South: 30% to 27%; Central: 33% to 29%; North: 37% to 31%). Among those who had tried cannabis, about 60% reported using it in the past 30 days, with similar rates across Island Health (60% in South, 63% in Central, and 59% in North).

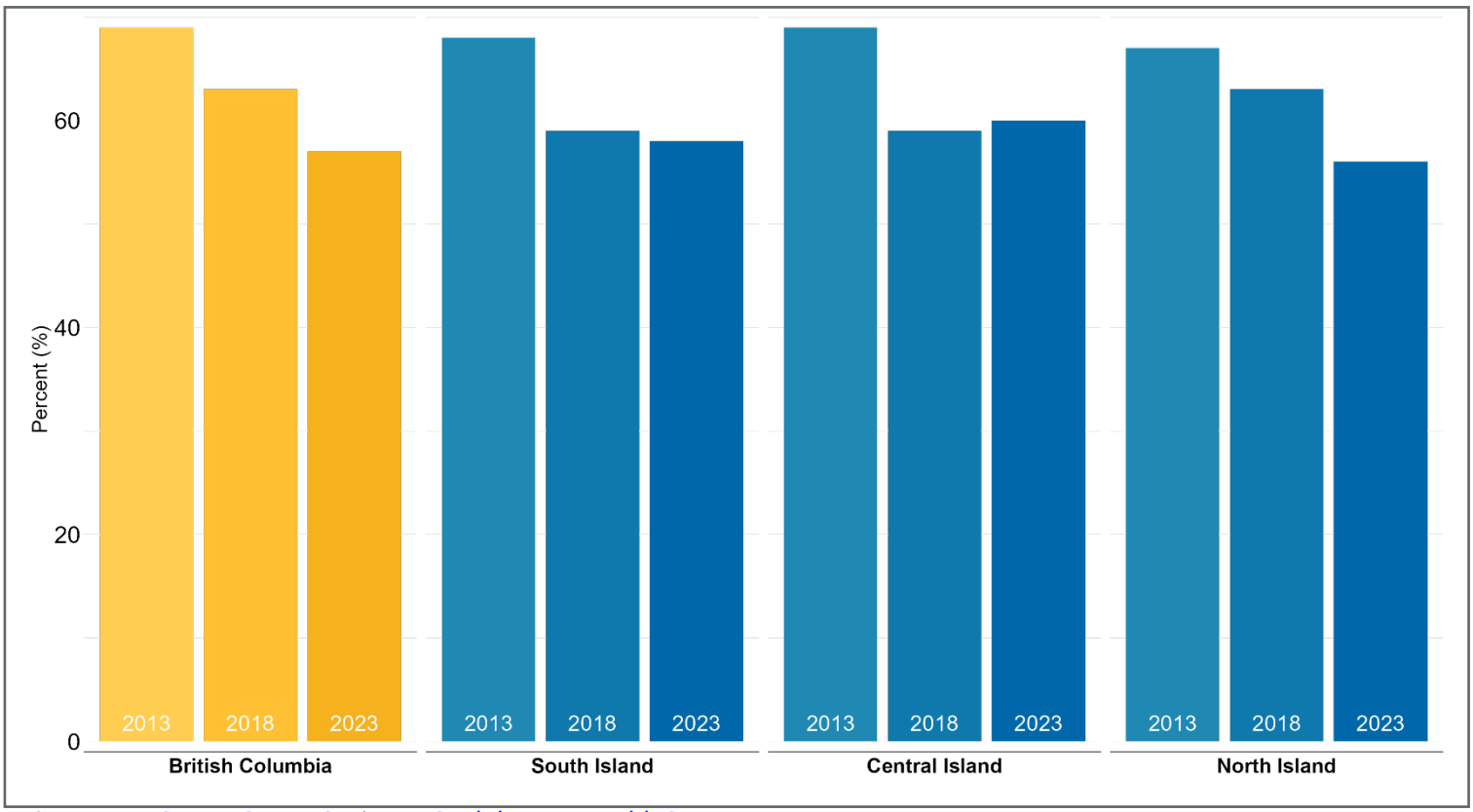
17. Risk-Taking Behaviour - Sexual Activity

Proportion of youth (aged 12-19) who reported that a barrier method was used during their most recent sexual encounter, among youth who reported ever having had intercourse.

Relevance to Mental Health & Resilience

Research indicates a correlation between mental health conditions such as mood disorders (i.e., anxiety and depression) and engaging in sexual risk-taking behaviours, including unprotected sexual encounters, and having multiple sexual partners (10,11).

Figure 17. Of Students Who Had Ever Had Intercourse, Percentage of Students Who Used a Condom or Other Barrier/Protection the Last Time They Had Intercourse, in Island Health HSDA and BC (2013-2023)



Source: [McCreary Centre Society, BC Adolescent Health Survey]

Observations

In 2023, 16% of youth in BC reported ever having had sexual intercourse, down from 20% in 2018. Similar decreases were seen in Island Health (South: 23% to 20%; Central: 26% to 22%; North: 30% to 22%). Among those who had ever had intercourse, about 57% in BC reported using a barrier method at last intercourse, with similar rates across Island Health (56%–60%). However, barrier use declined across all areas.

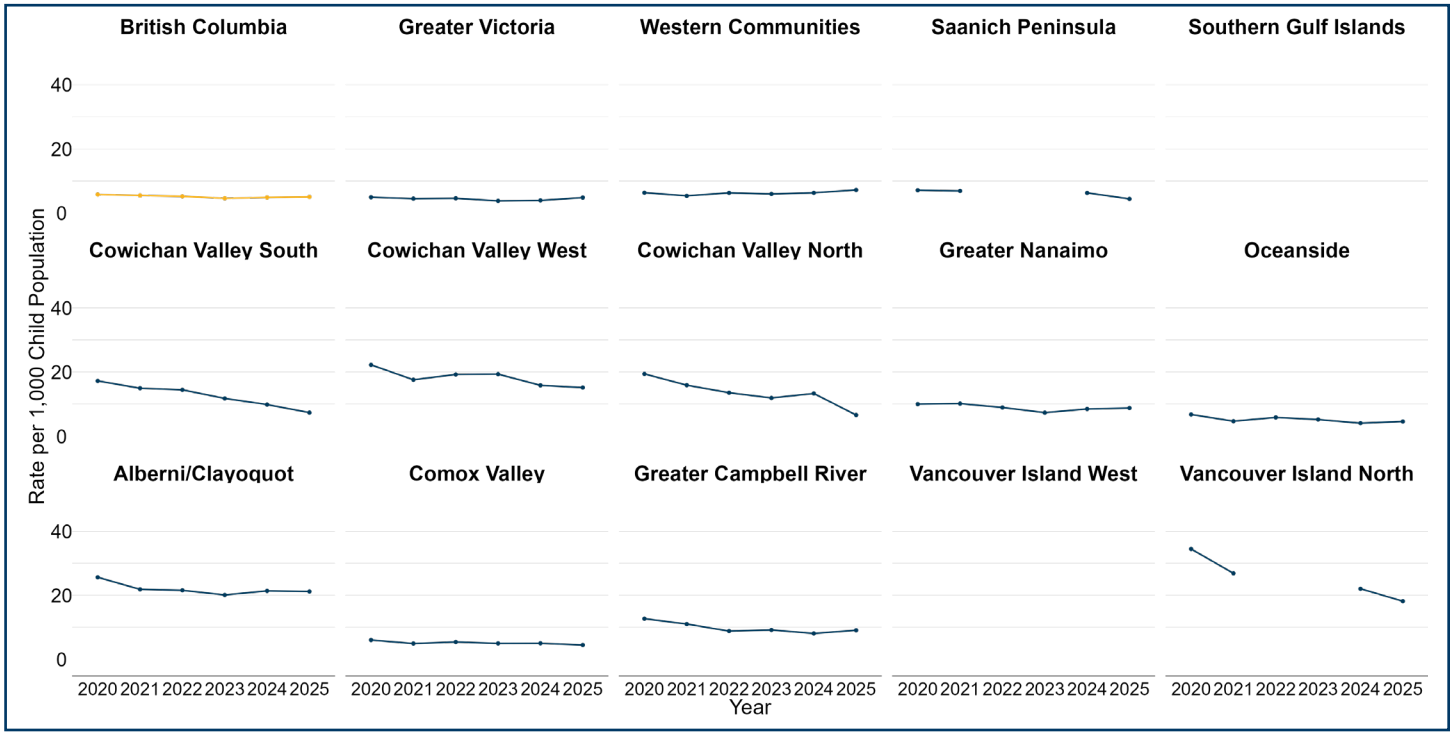
18. Children and Youth in Care

Rate per 1,000 children (aged 0 to18) who are under the guardianship of the provincial director of child welfare.

Relevance to Mental Health & Resilience

Children in care are more prone to experience adverse educational outcomes, mental health challenges, behavioural and emotional difficulties, and developmental delays. These unfavorable outcomes may stem from experiences preceding their placement in care, as well as the circumstances children and youth encounter while under provincial guardianship (6,12).

Figure 18. Children and Youth in Care (aged 0 to18), by Island Health LHA (2020-2025)

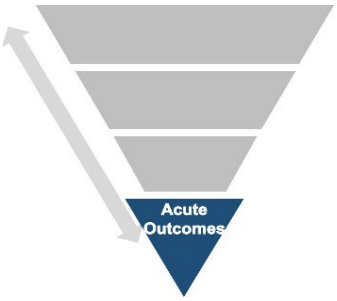


Source: [BC Ministry of Children and Family Development]

Observations

Between 2020 and 2025, rates of children and youth in care decreased or remained stable across BC and all LHAs. Some of the decline in 2022–2023 may reflect population growth, as the number of children in BC increased by 12%, largely due to non-permanent residents.

Data for Southern Gulf Islands, Saanich Peninsula, Vancouver Island West, and Vancouver Island North were suppressed due to small numbers to protect client privacy.



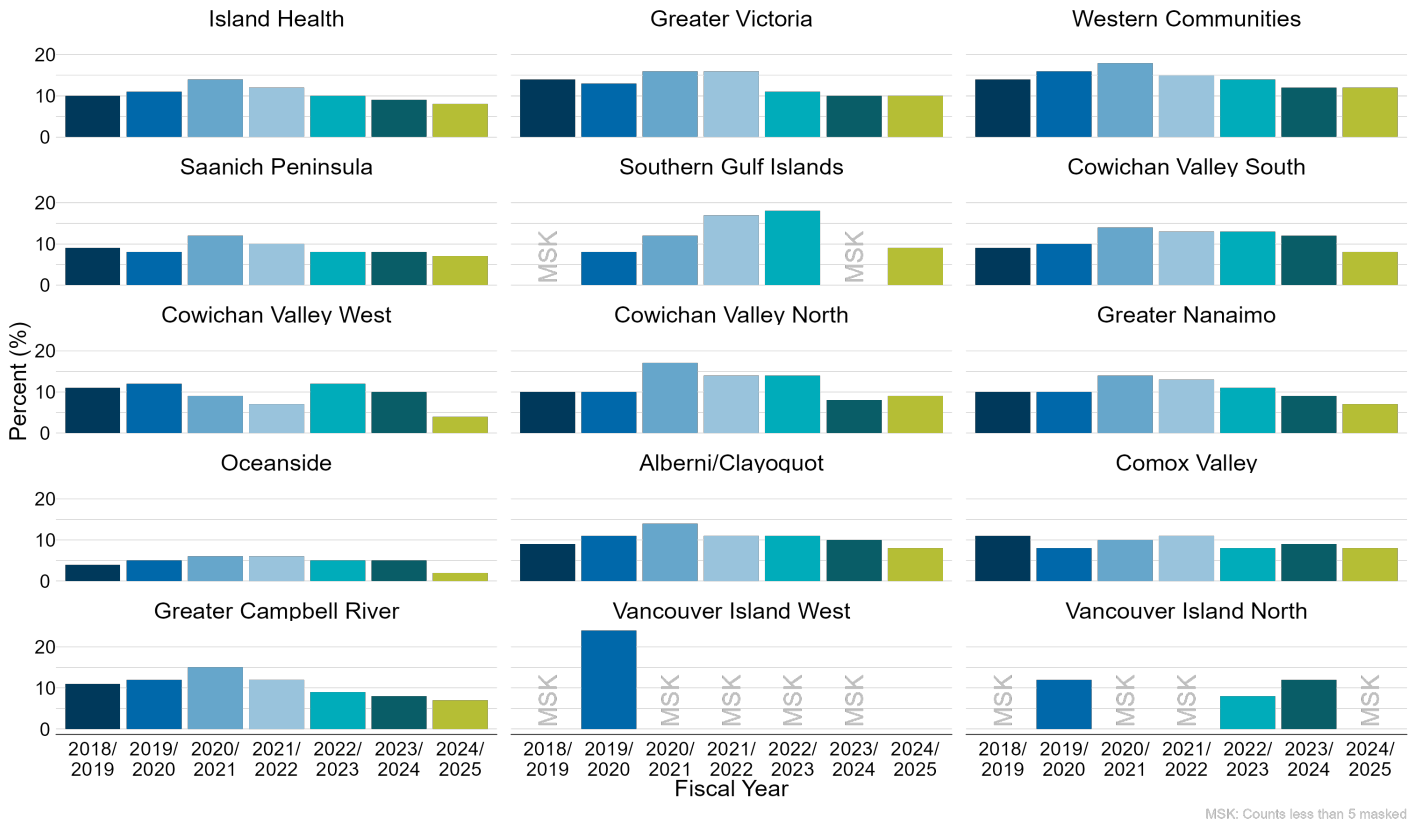
19. MHSU-related Emergency Department Visits

Proportion of youth (aged 9 to18) who visited the emergency department with a presenting complaint related to mental health or substance use.

Relevance to Mental Health & Resilience

Emergency department visits for mental health and substance use related complaints are indicative of acute help seeking behaviour among youth. Studies suggest that such encounters, particularly repeated ones, are associated with an elevated risk of self-harm and subsequent death by suicide (13,14).

Figure 19. Percentage of ED Visits in Youth (aged 9 to 18) for Mental Health and Substance Use, by Island Health and LHA (2018/19 – 2024/25)



Source: CernerPM and FirstNet via the Island Health Enterprise Data Warehouse.

Observations

Trends in youth emergency department visits vary across Island Health LHAs. Most saw an increase in mental health and substance use visits during the COVID-19 pandemic, followed by a recent decline. It is important to interpret this data with caution as visit numbers differ by area, small counts can exaggerate changes, and the data reflects visits—not unique individuals—so repeat visits may affect rates.

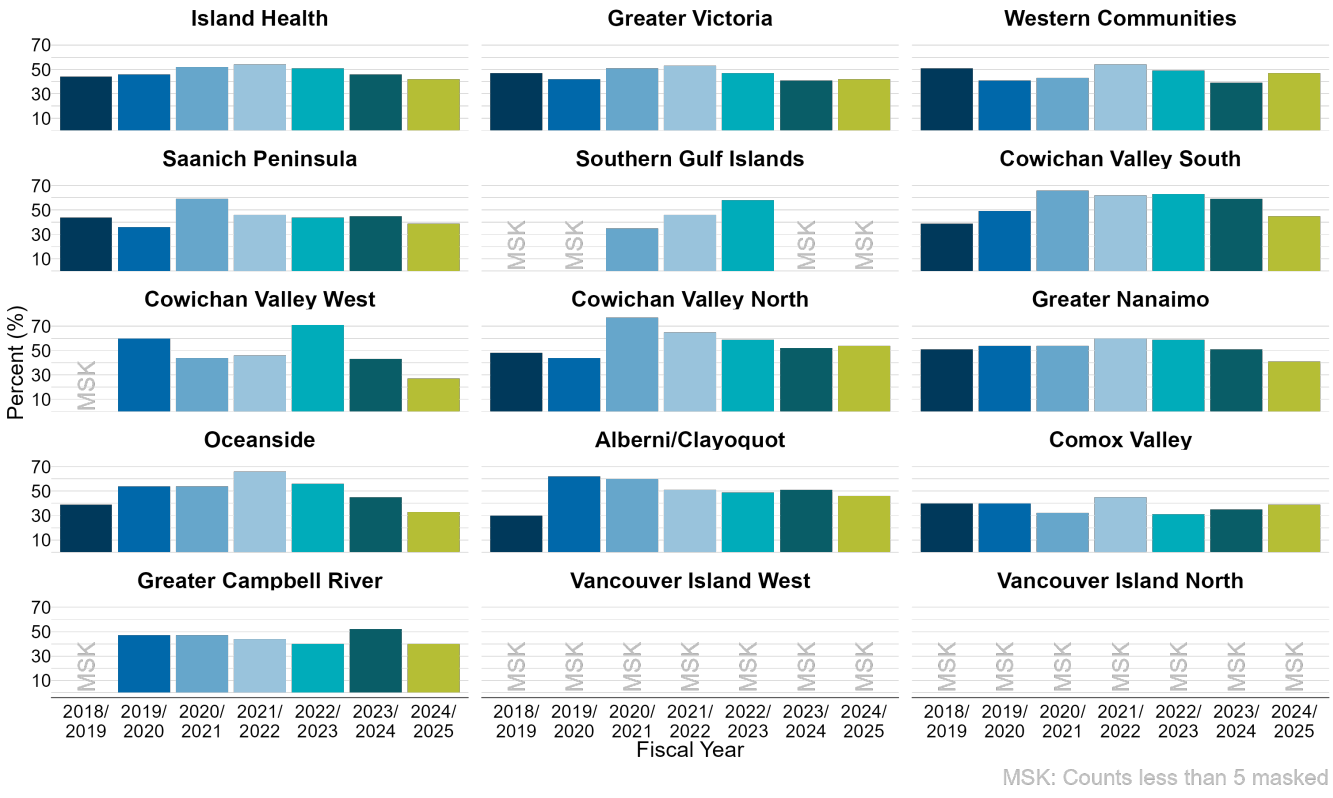
20. MHSU-related Hospitalizations

Proportion of youth (aged 9 to 8) admitted to hospital (via the emergency department) for a complaint related to mental health or substance use.

Relevance to Mental Health & Resilience

Hospitalization for mental health or substance use reflect persistent and severe outcomes where inpatient care is required. Inpatient programs have a large economic burden, and the clinical significance of improved outcomes is not well understood. Evidence supports the importance of upstream and community-based interventions that are more readily accessible to youth (15,16).

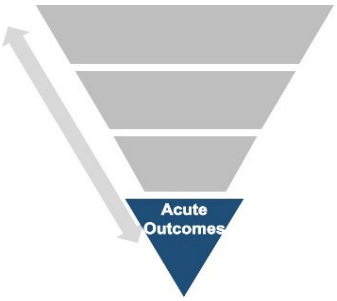
Figure 20. Percentage of Hospital Admissions in Youth (aged 9 to 18) with a presenting complaint related to Mental Health or Substance Use, by Island Health and LHA (2018/19-2024/25)



Source: CernerPM and FirstNet via the Island Health Enterprise Data Warehouse.

Observations

Mental health and substance use (MHSU) admissions represent youth who were hospitalized after an emergency department visit. Trends vary across Island Health LHAs, but in many areas admissions have remained stable or declined in recent years. It is important to interpret this data with caution as visit numbers differ by area, small counts can exaggerate changes, and the data reflects visits—not unique individuals—so repeat visits may inflate rates.



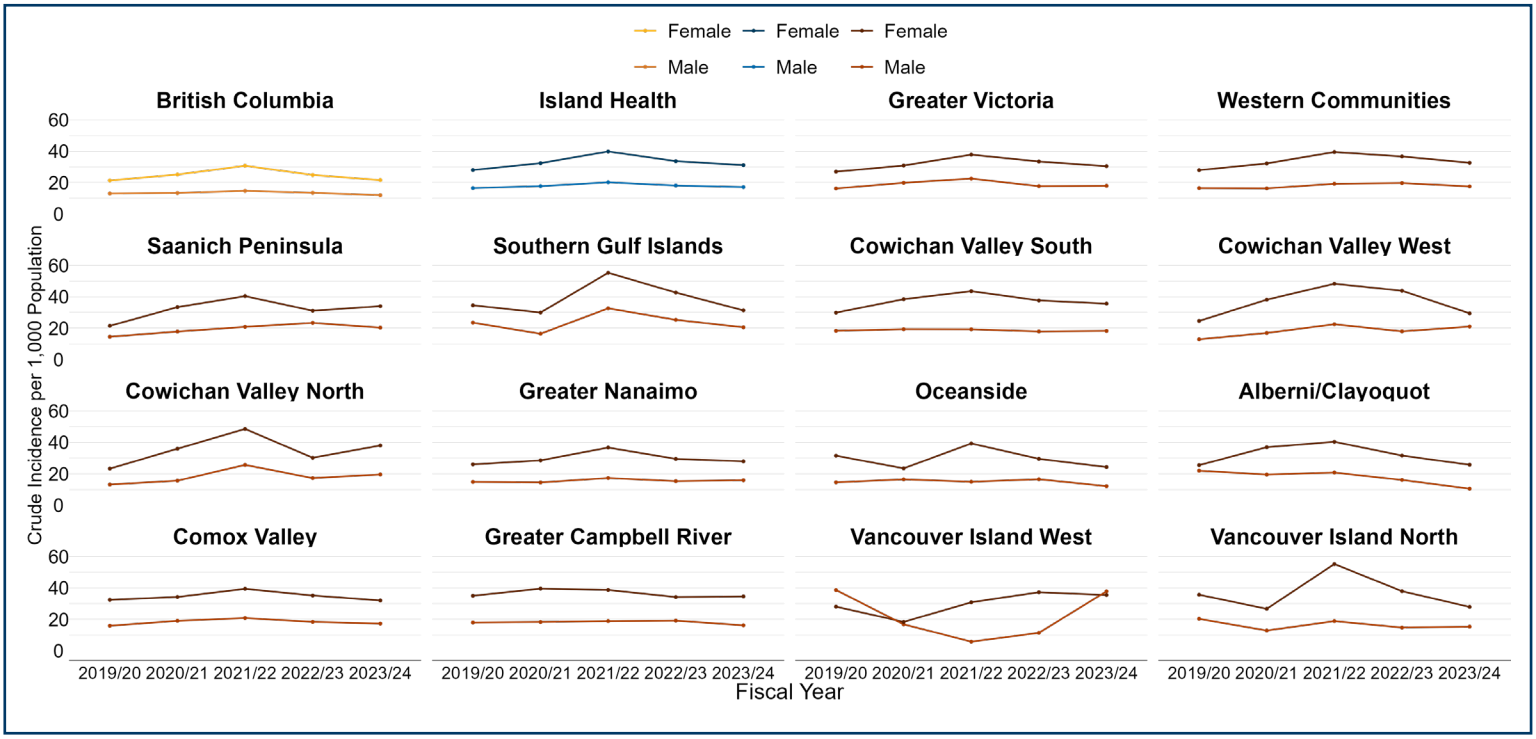
21. Mood and Anxiety Disorders

Crude incidence of mood and anxiety disorders per 1,000, among those aged 1 to19.

Relevance to Mental Health & Resilience

Mood and anxiety disorders are the most commonly diagnosed chronic conditions for Island Health's population (17); they are associated with immediate and long-term physical health and chronic disease outcomes, health risk behaviors, and impacts to social relationships, education, and employment (18).

Figure 21. Crude Incidence of Mood and Anxiety Disorders in Children and Youth (aged 1 to 19), by Sex in BC, Island Health and LHA (2019/20 – 2023/24)

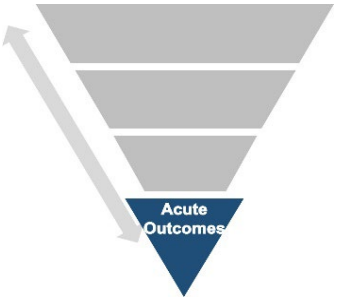


Source: BC Office of the Provincial Health Officer, BC Chronic Disease Registry

Observations

Incidence of mood and anxiety disorders rose to a high in 2021/22, then declined through 2023/24, reflecting a pandemic-related surge on an existing upward trend. Increases were greatest among youth aged 1 to19, especially females (up 44% in BC; 42% in Island Health), with smaller rises in males.

Rates remain higher for females, and Island Health had the highest incidence in 2023/24 (23.9 per 1,000 vs. 16.6 in BC). Interpret with caution, as smaller areas may show more variability.



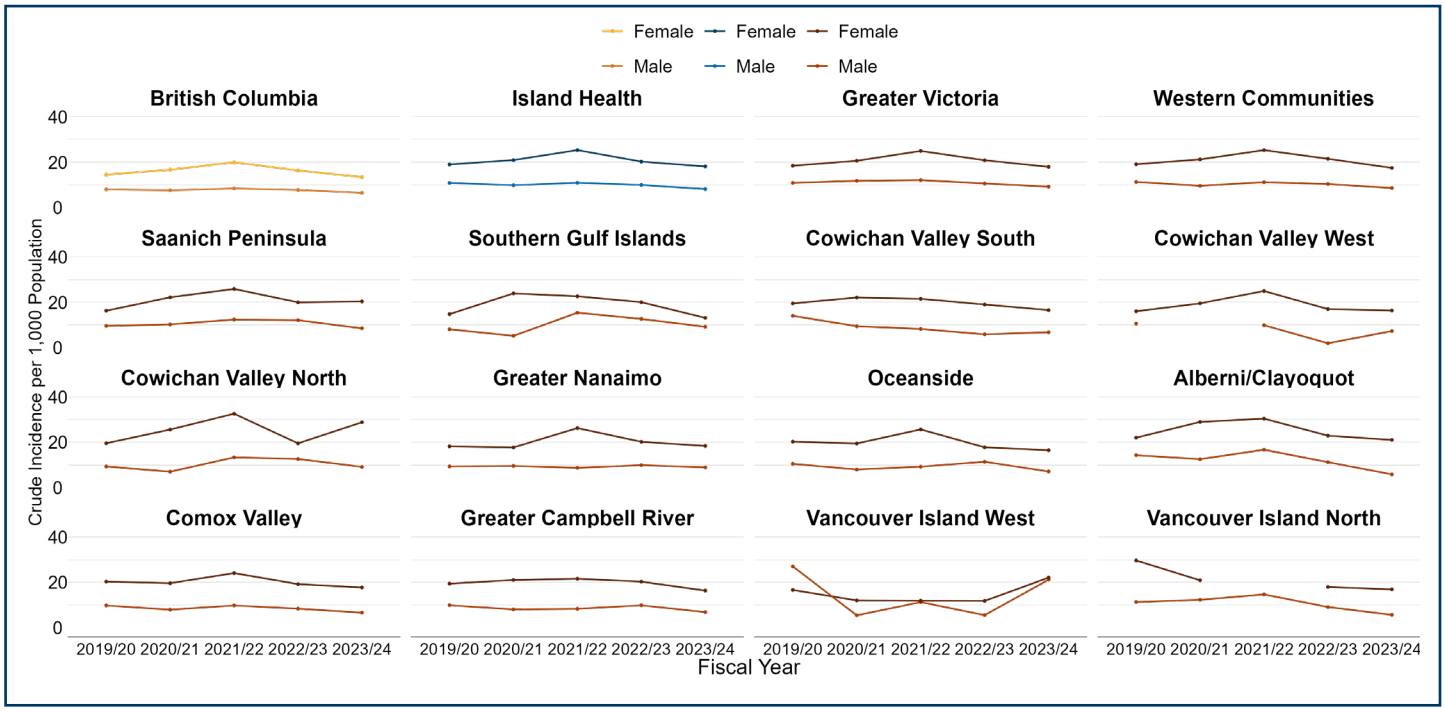
22. Depression

Crude incidence of depression (per 1,000), among those aged 1 to 19.

Relevance to Mental Health & Resilience

Depression is a subset of mood and anxiety disorders, which are the most commonly diagnosed chronic conditions for Island Health's population (17) and are associated with chronic disease, health risk behaviors, social relationships, education, and employment (18).

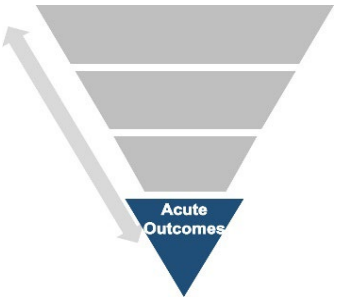
Figure 22. Crude Incidence of Depression in Youth (aged 1 to 19), by Sex in BC, Island Health and LHAs (2019/20 – 2023/24)



Source: [BC Office of the Provincial Health Officer, BC Chronic Disease Registry]

Observations

As a subset of mood and anxiety disorders, incidence rates for depression show a similar pattern, but with notable differences. For young females in Island Health, already increasing incidence rates were accelerated during the initial pandemic years, before falling in 2022/23 and 2023/24. Overall mood and anxiety rates returned to pre-pandemic levels (18.1 per 1,000 in 2023/24, 19.0 in 2019/20). For Island Health's young males, incidence increased considerably less and only in the second pandemic year, but still showed rapid declines, now well below pre-pandemic rates (8.2 per 1,000 in 2023/24, 10.8 in 2019/20). For 2023/24, crude incidence for Island Health was 13.0 per 1,000, compared to 9.8 for BC. These data should be interpreted with caution and although most LHAs have seen declining trends since 2021/22, smaller populations in some LHAs may cause more variable incidence rates.



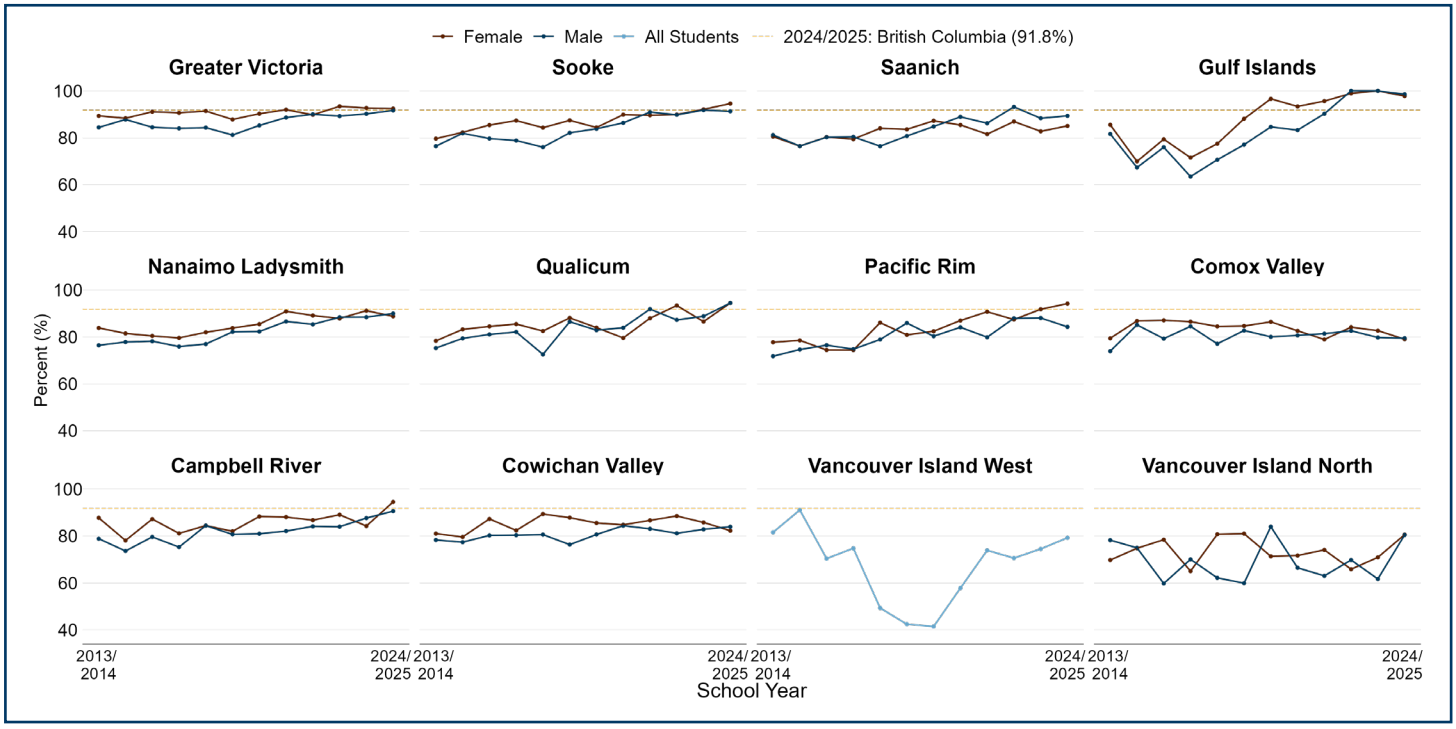
23. High School Completion

Rate of students who have completed high school within six years of starting grade 8 (%).

Relevance to Mental Health & Resilience

High school completion rates are strongly associated with youth mental health and wellbeing. The completion of high school serves as a protective factor against future adverse health and social outcomes, including poverty, homelessness, substance use, and mental health challenges in adulthood (6).

Figure 23. Six Year High School Completion Rates by Sex and School District, Island Health (2013/14-2024/25)

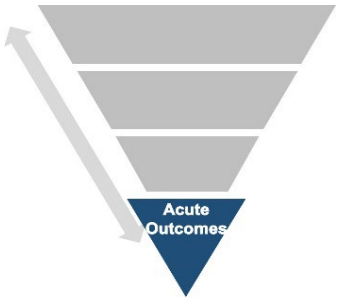


Source: BC Ministry of Education, Education Analytics Office

Observations

In most Island Health School Districts, the six-year high school completion rate for school years 2024/2025 exceeded 80%. While some districts remained below the BC (92.8%) and Island Health (88.8%) averages, completion rates have generally increased over time.

Data by sex are not available for Vancouver Island West due to small numbers and privacy protection.



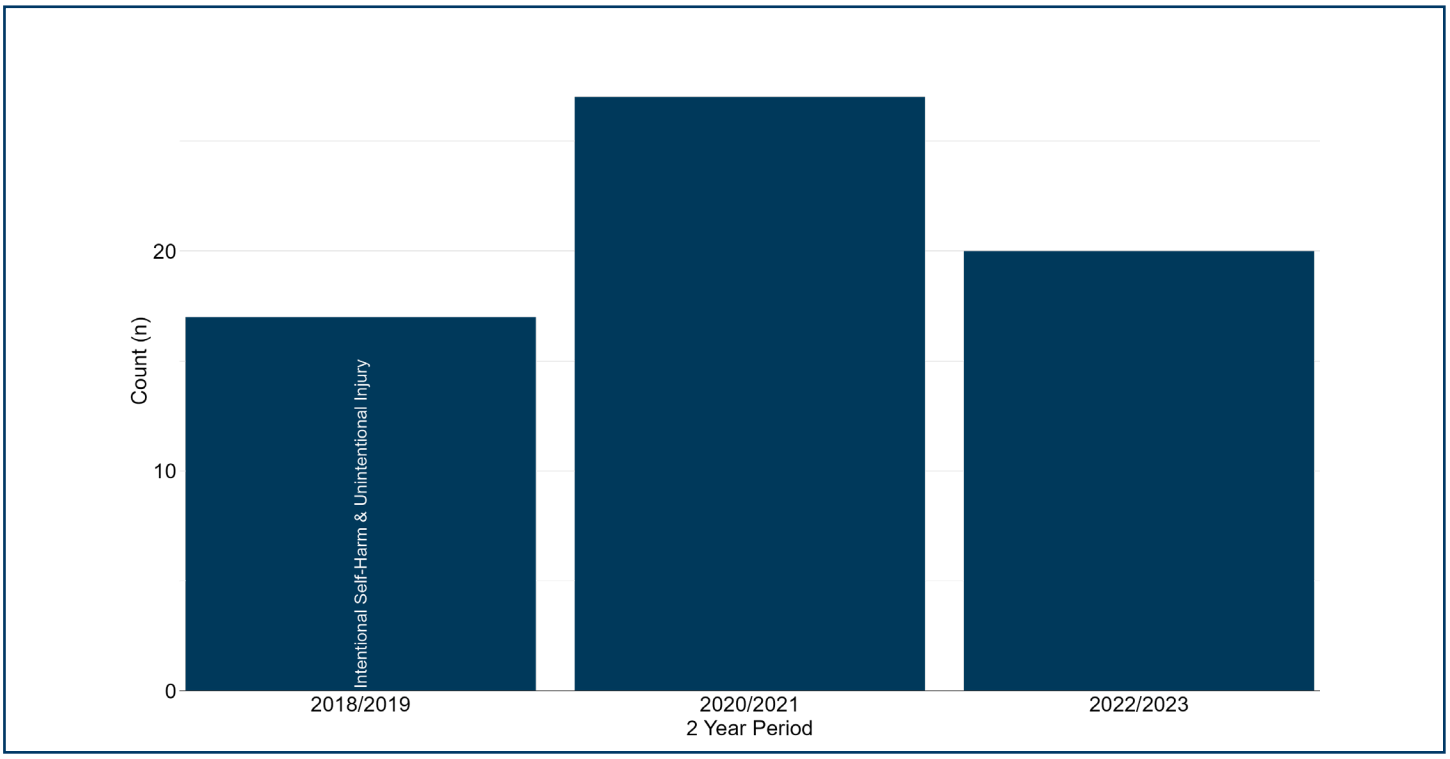
24. Death due to Intentional Self-Harm or Unintentional Injury

Incidence of deaths caused by intentional self-harm and unintentional injury (including suicide, overdose, and injury), among those aged 9 to 18.

Relevance to Mental Health & Resilience

Mortality represents the extreme end of the wellbeing continuum, indicating the most severe outcomes. Mortality related to suicide, overdose, and injury is closely linked to poor mental health. By tracking trends in mortality, we gain valuable insights into the effectiveness of upstream interventions aimed at addressing youth mental health and resilience (18).

Figure 24. Count Of Youth Deaths aged 9 to 18 with Intentional Self-Harm or Unintentional Injury as the Underlying Cause of Death in Island Health (2018-2023)



Source: BC Vital Statistics Agency

Observations

An increase in deaths attributed to intentional self-harm and unintentional injury was observed in 2020/2021, followed by a decrease in 2022/2023. To protect privacy, data are reported in two-year groupings. Only deaths with an underlying cause classified as intentional self-harm or unintentional injury are included.

APPENDIX A – DATA NOTES

Data Source	Definition	Limitations / Additional Information	Suppression	Geography Available
BC Stats: Population Estimates & Projections for BC	A population estimate is a measure of the current or historical population. A population projection is a forecast of future population growth. All population estimates and projections are as of July 1st.	Data from MSP clients is used to inform estimates for small geographies, which in turn are used to build the estimates for larger geographies such as HSDA. Population projections and estimates may be less precise between periods of census data integration. The affects of the COVID-19 pandemic, the overdose crisis, migration and changing climate conditions may not be reflected in this data (19).	N/A	BC, Health Authority, HSDA, LHA, Community Health Service Area
Statistics Canada: Census of the Population	The Census of the Population is a nationwide survey used to collect socioeconomic data on specific sub-populations, it is mandated by law and completed every five years (20).	Questions asked on the long-form census are asked to 1 in 4 households; sampling methodology allows for reliable estimates at small geographies. Imputation is used to weight the responses to the entire population.	Statistics Canada used primary suppression (cell specific) and secondary suppression (data across sources or series) to ensure that no data is released which could identify a person.	BC, Health Authority, HSDA, LHA
McCreary Centre Society: BC	The Adolescent Health Survey (AHS) is a province wide survey of	The AHS uses a sampling framework that is designed to produce statistically reliable estimates at the HSDA level of	Data is suppressed when the standard error is above an	BC, Health Authority, HSDA, School District

Data Source	Definition	Limitations / Additional Information	Suppression	Geography Available
Adolescent Health Survey	youth in grades 7 to 12 that has been ongoing every 5 years since 1992 (21).	geography. This means that comparisons between school districts are not statistically appropriate. The survey excludes students enrolled in private schools, alternative education programs, custody centres, provincial resource centres, distance education, continuing education, electronic delivery schools, and those being home schooled, which could impact the representativeness of the results (22).	accepted threshold due to sampling variability. Data is also suppressed when there is a risk that deductive disclosure could jeopardize the anonymity of the respondent.	
BC Ministry of Education: Student Learning Survey	The Student Learning Survey (SLS) is an annual census of students in grades 4, 7, 10 and 12 that has been ongoing since 2001 (23).	For the indicators used in this report, students outside of the public school system were excluded, this may affect the representativeness of the results.	Data from small student groups is masked to protect student privacy.	BC, School District
UBC Human Early Learning Partnership: The Early Development Instrument	The Early Development Instrument (EDI) is a voluntary survey that is administered by kindergarten teachers. The EDI asks questions across five domains that are considered to predict future health,	Participation in the survey is voluntary. This may impact the representativeness of the results to the whole population.	Data is publicly suppressed when there are fewer than 35 children within an administrative boundary (25).	BC, Health Authority, HSDA, LHA

Data Source	Definition	Limitations / Additional Information	Suppression	Geography Available
	education and social outcomes (24).			
BC Ministry of Children and Family Development	The Ministry of Children and Family Development (MCFD) administers a corporate database to support its responsibilities; this includes information about children and youth.	Children and Youth in Care can reflect court order for protection or Voluntary Care or Special Needs Agreement with parents (26).	Data is suppressed when there are less than 10 children within a geography.	BC, Island Health, HSDA, LHA
CernerPM and FirstNet via the Island Health Enterprise Data Warehouse	Data that is electronically collected at emergency departments (ED) attached to acute inpatient hospitals and urgent care centres (UCC) are accessible through the Enterprise Data Warehouse.	Emergency Department presenting complaints is only available for a subset of EDs and UCCs which use FirstNet. Data from 8 FirstNet ED's and one UCC was included. The patient's home LHA was used to assign geography. Date was determined by the fiscal year of discharge. Only admissions made through the ED were captured. Data from this source is not publicly available.	Counts less than 5 are suppressed.	BC, Island Health, HSDA, LHA
BC Office of the Provincial Health Officer, BC Chronic Disease Registry	The BC Chronic Disease Registry (BC CDR) data is derived from multiple sources of administrative health data, prepared by the BC Office of the Provincial Health	To inform the BC CDR, administrative health data is gathered from the client roster, medical service plan, PharmaNet and the discharge abstract Database. Chronic disease counts and rates may be an underrepresentation due to the sensitivity / specificity of case finding algorithms and the inability to detect	One data point for Depression in Cowichan Valley West is suppressed for Males.	BC, Island Health, HSDA, LHA

Data Source	Definition	Limitations / Additional Information	Suppression	Geography Available
	Officer (OPHO). The BC CDR has been released annually since the 1990s to monitor trends in non-communicable diseases within the province.	cases who do not interact with the healthcare system (27).		
BC Vital Statistics Agency	The BC Vital Statistics Agency is responsible for the administration of data including birth, deaths and marriages that occur within the province and includes information from the BC Coroners Service.	BC Vital Statistics data specific to Island Health is up to date until the end of December 2023 (28).	Counts less than 5 are suppressed.	BC, Island Health, HSDA, LHA
BC Ministry of Education and Child Care, Education Analytics Office	To estimate the percentage of students who graduate, the six-year completion rate was developed.	Students who receive a BC School Completion Certificate (an "Evergreen") are excluded from this data. The school district where the student graduates is the geography used for the completion rate. The estimation attempts to account for students who move to BC during their 6-year cohort or move away before graduation. School district rates only include public schools (29).	When there are fewer than 10 students in a cohort the data is suppressed (30).	BC, Health Authority, HSDA, School District

APPENDIX B – INDICATOR DEFINITIONS

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
1	Youth Population distribution	BC Stats: Population Estimates & Projections for BC	Percentage of the population aged 9 to18, stratified by HSDA and year.	
2	Socioeconomic Status – Low Income	Statistics Canada: 2016 Census of Population and 2021 Census of Population Note: includes a 100% sample.	Percentage of children and youth aged 0 to 17 in private households with low income (using the LIM-AT indicator), stratified by LHA and year.	The low-income measures (LIM-AT) threshold (31), is set by the number of people within the household. It is defined as half the Canadian median of adjusted household after-tax income, multiplied by the square root of household size. The median is computed from all persons in private households. Based on 2020 household income the threshold was set at $26,503 for one person households to $70,119 for 7 person households (32).
3	Socioeconomic Status - Housing	Statistics Canada: 2016 Census of Population and 2021 Census of Population Note: includes a 25% sample.	Percentage of households spending 30% or more on shelter costs, stratified by LHA and year.	'Shelter-cost-to-income ratio' refers to the proportion of average total income of household which is spent on shelter costs. The shelter-cost-to-income ratio is calculated by dividing the average monthly shelter costs by the average monthly total household income and multiplying the result by 100 (33).
4	Connectedness to Community	McCreary Centre Society: BC Adolescent Health	Percentage of youth respondents aged 12 to 19 who report that they feel they are at	Respondent answers of “quite a bit” and “very much” were included in the indicator.

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
		Survey	least "Quite a bit" a part of their community, stratified by HSDA and year.	
5	Connectedness to a Safe Adult	McCreary Centre Society: BC Adolescent Health Survey	Percentage of youth respondents aged 12 to19 who indicate they have an adult they can talk to if experiencing a problem either within their family or outside of their family, stratified by HSDA and year.	Survey respondents were able to select all that apply for this question, including "yes, an adult in my family" and "yes, an adult outside of my family".
6a	Participation in Extracurricular Activities (Male/Female Gender)	BC Ministry of Education: Student Learning Survey	Percentage of student respondents (grades 4, 7, 10, and 12) who indicate involvement in extracurricular activities outside of class hours, stratified by grade, year and male/female gender for Island Health.	The Student Learning Survey question varies across grade and survey year. Between 2016/2017 and 2024/2025 the grade 10 and 12 students were asked: "At school, do you participate in activities outside of class hours (for example, clubs, dance, sports teams, music)?" The same question was asked to grade 7 students between 2016/2017 and 2020/2021. Students in grade 4 were asked "Do you go to any clubs, dance, sports, or music classes outside of school time? ". This question was also asked of grade 7's starting in 2021/2022. For both questions, respondent who responded, 'all of the time', 'many times' and 'most of the time' were included in the indicator.
6b	Participation in Extracurricular Activities (School District)	BC Ministry of Education: Student Learning Survey	Percentage of student respondents (grades 4, 7, 10, and 12) who indicate involvement in extracurricular activities outside of class hours, stratified by grade and school district for Island Health for the most recent survey year.	

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
7a	Positive Self-esteem	BC Ministry of Education: Student Learning Survey	Percentage of youth respondents (grades 4, 7, 10, and 12) who report feeling good about themselves, at least most of the time, stratified by grade (2019-2025)	The Student Learning Survey question was "do you feel good about yourself?" Respondents who answered, "all of the time", "many times", "most of the time" were included in the indicator.
7b	Positive Self-esteem	BC Ministry of Education: Student Learning Survey	Percentage of youth respondents (grades 4, 7, 10, and 12) who report feeling good about themselves, at least most of the time, stratified by grade and School District (2024/2025)	
8	Self-efficacy	McCreary Centre Society: BC Adolescent Health Survey	Percentage of youth respondents aged 12 to 19 who indicate that they can think of something they are really good at, stratified by HSDA and year.	Respondents who answered "yes" were included in the indicator.
9a	Self-rated Mental Health	BC Ministry of Education: Student Learning Survey	Percentage of youth respondents (grades 7, 10 and 12) who report good or better self-rated mental health, stratified by Grade (2021-2025).	The Student Learning Survey question was "how would you describe your mental health?" Respondents who answered "excellent", "very good" or "good" were included in the indicator. Data prior to 2021/2022 was excluded as the survey question did not ask about mental health specifically ("how would you describe your
9b	Self-rated Mental Health	BC Ministry of Education: Student	Percentage of youth respondents (grades 7, 10 and	

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
		Learning Survey	12) who report good or better self-rated mental health, stratified by grade and school district (2024/2025).	health (mental or physical)?").
10	Child Vulnerability	UBC Human Early Learning Partnership: The Early Development Instrument	Percentage of kindergarten students identified as "vulnerable" by their teacher, stratified by school district and survey iteration (i.e., "wave").	The Early Development Instrument is completed by kindergarten teachers; the teacher assesses their students. Students who were identified as vulnerable (they fall below the 10% cut-off score) on one or more of the outcomes (social competence, emotional maturity, physical health & well-being, language & cognitive development, and communication skills & general knowledge) were included in this indicator. Data are collected in February of each school year and included in an iteration or 'wave' of the survey, which includes a 2–3-year data collection period. Wave 7 includes data from 2016/2017 to 2018/2019 and wave 8 includes data from 2019/2020 to 2021/2022.
11a	Bullying	BC Ministry of Education: Student Learning Survey	Proportion of youth respondents (grade 4, 7, 10 and 12) who reported feeling bullied at school, stratified by grade and year in Island Health (2019-2025).	The Student Learning Survey question from 2016/2017 to 2020/2021 was "at school, are you bullied, teased, or picked on?" The survey question for 2021/2022 and 2024/2025 was "have you ever felt bullied at school?" Respondents who answered, "all of the time" and "many times" were included in the indicator.
11b	Bullying	BC Ministry of Education: Student	Proportion of youth respondents (grade 4, 7, 10 and	

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
		Learning Survey	12) who reported feeling bullied at school, stratified by grade and school district (2024/2025).	
12	Access to Mental Health Care	McCreary Centre Society: BC Adolescent Health Survey	Percentage of youth respondents aged 12 to 19 who reported needing emotional or mental health services in the past year, but did not get them, stratified by HSDA and year.	Respondents who answered "Yes, I needed emotional or mental health services but didn't get them" were included in the indicator.
13	Discrimination	McCreary Centre Society: BC Adolescent Health Survey	Percentage change between 2013 and 2018 of youth respondents who report having experienced discrimination, stratified by HSDA and year.	Factors for discrimination included: "Your race, ethnicity or skin colour?" "Your sexual orientation, "Your gender/sex?" "A disability you have?" "Your physical appearance ("How you look?") "How much money you or your family have?" "Your weight?" Respondents who answered "yes" to each of these factors were included in the indicator.
14	Children and Youth in Need of Protection	BC Ministry of Children and Family Development	Rate per 1,000 youth aged 0 to 18 for whom a formal report was made to MCFD for abuse and/or neglect.	Rate per 1,000 children and youth population age 0 to 18 years are based on a distinct count of children linked to Investigations & Family Development Response for whom a formal report was made to the BC MCFD) for physical, sexual, or emotional abuse and/or neglect, as explained in Section 13 of the *Child, Family and Community Service Act*.

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
15	Risk-taking Behaviour, Substance Use– Alcohol	McCreary Centre Society: BC Adolescent Health Survey	Percentage of youth respondents aged 12 to 19 who reported drinking alcohol at least once in the past month, among those who had ever tried alcohol, stratified by HSDA and year.	All respondents except those who indicated "0 days" were included in the indicator. The responses ranged from "1 or 2 days" to "all 30 days".
16	Risk-taking Behaviour, Substance Use – Cannabis	McCreary Centre Society: BC Adolescent Health Survey	Percentage of youth respondents aged 12 to 19 who reported one or more days of cannabis use in the past month, among those who had ever used cannabis, stratified by HSDA and year.	All respondents except those who indicated "0 days" were included in the indicator. The responses ranged from "1 or 2 days" to "all 30 days".
17	Risk-taking Behaviour – Sexual Activity	McCreary Centre Society: BC Adolescent Health Survey	Percentage of youth respondents aged 12 to 19 who reported that a barrier method was used during their most recent sexual encounter (among those who had ever had sex), stratified by HSDA and year.	Respondents who answered "yes" were included in the indicator. This question was only answered by respondents who responded "yes" to the question "have you ever had sex (other than oral sex or masturbation)?"
18	Children and Youth in Care	BC Ministry of Children and Family	Rate per 1,000 children and youth aged 0 to 18, who are under the guardianship of the	Children and youth in care represents any individual aged 0 to 18 who is under the guardianship of the provincial director of child

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
		Development	provincial director of child welfare.	welfare. Children and youth in care is expressed as a rate per 1,000 children and youth population (aged 0 to 18).
19	Mental Health and Substance Use-related Emergency Department Visits	CernerPM and FirstNet via the Island Health Enterprise Data Warehouse	Emergency department visits by youth aged 9 to 18 with a mental health or substance use-related presenting complaint, stratified by LHA and fiscal year of discharge.	The proportion of Island Health emergency department visits by youth aged 9 to 18 with a presenting complaint of: anxiety or situational crisis; bizarre behaviour; concern for welfare of patient; depression, suicidal, deliberate self-harm; hallucinations or delusions; overdose ingestion; pediatric disruptive behaviour; social problem; substance misuse of intoxication; substance withdrawal; violent or homicidal behaviour were included in this indicator.
20	Mental Health and Substance Use-related Hospitalizations	CernerPM and FirstNet via the Island Health Enterprise Data Warehouse	Mental health and substance use-related hospital admissions, in youth aged 9 to 18 stratified by LHA and fiscal year of discharge.	Youth presenting to an Island Health emergency department that had a subsequent admission due to a presenting complaint of anxiety or situational crisis; bizarre behaviour; concern for welfare of patient; depression, suicidal, deliberate self-harm; hallucinations or delusions; overdose ingestion; pediatric disruptive behaviour; social problem; substance misuse of intoxication; substance withdrawal; violent or homicidal behaviour were included in this indicator.
21	Mood and	BC Office of the	Crude incidence of mood and	Children and youth were included in this

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
	Anxiety Disorders	Provincial Health Officer, BC Chronic Disease Registry	anxiety disorders among those aged 1 to 19, stratified by region and fiscal year.	indicator if they had one or more hospitalizations with a mood or anxiety disorder diagnostic code, or two or more medical visits with a mood or anxiety disorder diagnostic code within one year (34).
22	Depression	BC Office of the Provincial Health Officer, BC Chronic Disease Registry	Crude incidence of depression among those aged 1 to 19, stratified region and fiscal year.	Children and youth were included in this indicator if they had one or more hospitalizations with a depression diagnostic code, or two or more medical visits with a depression diagnostic code within one year (35).
23	High School Completion	BC Ministry of Education, Education Analytics Office	Six-year high school completion rate, stratified by school district, year of graduation and sex (when available).	This indicator reports the standard six-year completion rate. A student is counted as successful if they graduate within 6 years of entering Grade 8 (however, most students complete within 5 years). Successful students are those who entered Grade 8 for the first time in 2019/2020 (or in an accordingly higher grade in subsequent years) and then graduated by the end of the 2024/2025 school year. The Dogwood Completion Rate is adjusted for outmigration – namely, those students who leave BC. For cohorts of less than 10 students the data is suppressed for privacy.
24	Death Due to Intentional	BC Vital Statistics Agency	Incidence of youth deaths aged 9 to 18, aggregated by cause of	Data from the BC Vital Statistics Agency includes information from the BC Coroners Service which

Figure & Indicator	Indicator Name	Data Source	Indicator Definition	Additional Information
	Self-Harm or Unintentional Injury		death, stratified by year within Island Health.	works in a real-time database environment, meaning that as new information becomes available the data is updated, which can change statistics reported for a given year. The deaths of all children aged 18 and under are reviewed by the Child Death Review Unit to ascertain cause of death and look for clusters or patterns. This valuable review may add to the length of time it takes for a cause of death to be reported. For this indicator, deaths were categorized by the underlying cause of death provided by the BC Coroners Service via the BC Vital Statistics Agency and aggregated into larger categories to avoid reporting small numbers (n < 5) (19).

APPENDIX C – GLOSSARY

BC	British Columbia
ED	Emergency Department
EDI	Early Developmental Index
HSDA	Health Service Delivery Area
ISHL	Island Health
LHA	Local Health Area
LIM-AT	Low Income Measure – After Tax
MCFD	Ministry of Child and Family Development
MHSU	Mental Health and Substance Use
MSP	Medical Services Plan
PTSD	Post Traumatic Stress Disorder
YMHR	Youth Mental Health and Resilience

REFERENCES

1. Dove N, Wong J, Gustafson R, Corneil T. Impact of school closures on learning, child and family well-being during the COVID-19 pandemic. Available from: http://www.bccdc.ca/Health-Info-Site/Documents/Public_health_COVID-19_reports/Impact_School_ Closures_COVID-19.pdf

2. New Zealand Ministry of Health. Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan [Internet]. Wellington; 2020. Available from: https://www.health.govt.nz/system/files/documents/publications/kia-kaha-kia-maia-kia-ora-aotearoa-covid-19-psychosocial-mental-wellbeing-plan-21dec2020-v2.pdf

3. Statistics Canada. Portrait of Youth in Canada: Data Report, Chapter 1: Health of Youth in Canada [Internet]. Ottawa, ON: Government of Canada; 2021 Feb. Available from: https://www150.statcan.gc.ca/n1/pub/42-28-0001/2021001/article/00001-eng.htm

4. Sieving RE, McRee AL, McMorris BJ, Shlafer RJ, Gower AL, Kapa HM, et al. Youth–Adult Connectedness: Am J Prev Med. 2017 Mar;52(3):S275–8.

5. Ungar M. The Importance of Parents and Other Caregivers to the Resilience of High-risk Adolescents. Fam Process. 2004 Mar;43(1):23–41.

6. Canadian Institute for Health Information. Child and Youth Health and Well-Being Indicators Project: Appendix K—Indicator Technical and Methodology Documentation [Internet]. Victoria, BC; 2013. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/appendix_k_-_technical_documentation.pdf

7. Sagone E, De Caroli ME, Falanga R, Indiana ML. Resilience and perceived self-efficacy in life skills from early to late adolescence. Int J Adolesc Youth. 2020 Dec 31;25(1):882–90.

8. Burger K, Samuel R. The Role of Perceived Stress and Self-Efficacy in Young People's Life Satisfaction: A Longitudinal Study. J Youth Adolesc. 2017 Jan;46(1):78–90.

9. Thomson KC, Richardson CG, Gadermann AM, Emerson SD, Shoveller J, Guhn M. Association of Childhood Social-Emotional Functioning Profiles at School Entry With Early-Onset Mental Health Conditions. JAMA Netw Open. 2019 Jan 4;2(1):e186694.

10. Norris AL, Rich C, Krieger N, Guthrie KM, Kaplan C, Carey KB, et al. Sexual risk behavior and substance use among young, diverse women seeking care at a reproductive health clinic. BMC Womens Health. 2019 Dec;19(1):15.

11. Foley JD, Vanable PA, Brown LK, Carey MP, DiClemente RJ, Romer D, et al. Depressive symptoms as a longitudinal predictor of sexual risk behaviors among African-American adolescents. Health Psychol. 2019 Nov;38(11):1001–9.

12. Lawrence CR, Carlson EA, Egeland B. The impact of foster care on development. Dev Psychopathol [Internet]. 2006 Mar [cited 2026 Mar 31];18(01). Available from: http://www.journals.cambridge.org/abstract_S0954579406060044

13. Lee J, Black T, Meckler G, Doan Q. Outcome of pediatric emergency mental health visits: incidence and timing of suicide. CJEM. 2020 May;22(3):321–30.

14. Olfson M, Wall M, Wang S, Crystal S, Bridge JA, Liu SM, et al. Suicide After Deliberate Self-Harm in Adolescents and Young Adults. Pediatrics. 2018 Apr 1;141(4):e20173517.

15. Hsu CJ, Ayres A, Payne L. Evaluating outcomes following adolescent and youth mental health inpatient admissions: A systematic review. Early Interv Psychiatry. 2024 Jul;18(7):481–501.

16. Shah JL, Moinfar Z, Anderson KK, Gould H, Hutt-Macleod D, Jacobs P, et al. Return on investment from service transformation for young people experiencing mental health problems: Approach to economic evaluations in ACCESS Open Minds (Esprits ouverts), a multi-site pan-Canadian youth mental health project. Front Psychiatry. 2023 Feb 21;14:1030407.

17. BC Office of the Provincial Health Officer. Chronic Disease Dashboard [Internet]. BC Observatory for Population and Public Health; Available from: https://www.bccdc.ca/health-professionals/data-reports/chronic-disease-dashboard

18. Yeh HH, Westphal J, Hu Y, Peterson EL, Williams LK, Prabhakar D, et al. Diagnosed Mental Health Conditions and Risk of Suicide Mortality. Psychiatr Serv. 2019 Sep 1;70(9):750–7.

19. BC Stats. B.C. Population Estimates and Projections: Methodological Highlights [Internet]. Victoria, BC: Government of British Columbia; 2022 Nov [cited 2025 Jan 15]. Available from: https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates/about-population-estimates

20. Statistics Canada. Census of Population [Internet]. Ottawa, ON: Government of Canada; [cited 2024 Mar 5]. Available from: https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/az/Definition-eng.cfm?ID=households-menage028

21. McCreary Centre Society. The Big Picture: An Overview of the 2023 BC Adolescent Health Survey Provincial Results [Internet]. Vancouver, BC; 2024. Available from: https://mcs.bc.ca/pdf/2023_bcahs_the_big_picture.pdf

22. McCreary Centre Society. 2023 BC Adolescent Health Survey: Methodology [Internet]. Vancouver, BC; 2024 [cited 2024 Mar 5]. Available from: https://www.mcs.bc.ca/pdf/2023_bcahs_factsheet_methodology.pdf

23. BC Ministry of Education and Child Care. 2024/2025 Student Learning Survey (SLS) Administration Manual [Internet]. Victoria, BC: Government of British Columbia; 2025 [cited 2025 Oct 3]. Available from: https://www2.gov.bc.ca/assets/gov/education/kindergarten-to-grade-12/support/satisfaction-survey/sls-administration-manual.pdf

24. Human Early Learning Partnership. EDI Info Sheet 2023 - 24 [Internet]. Vancouver, BC; 2023 Apr [cited 2024 Mar 5]. Available from: https://earlylearning.ubc.ca/app/uploads/2023/11/EDI-Info-Sheet-2023-24.pdf

25. Human Early Learning Partnership. EDI Dashboard Technical Guide [Internet]. Vancouver, BC; 2024 Sep [cited 2024 Mar 5]. Available from: https://earlylearning.ubc.ca/edi-dashboard-technical-guide/

26. BC Ministry of Children and Family Development. Children and Youth in Care (CYIC) [Internet]. Victoria, BC: Government of British Columbia; [cited 2024 Mar 5]. Available from: https://mcfd.gov.bc.ca/reporting/services/child-protection/permanency-for-children-and-youth/performance-indicators/children-in-care

27. BC Office of the Provincial Health Officer. BC Chronic Disease Registry, Version 2024/25. Victoria, BC: BC Observatory for Population and Public Health; 2026.

28. Vital Statistics Agency. Vital Events Data. Victoria, BC;

29. Government of British Columbia. A Friendly Guide to the Six-Year Completion Rate [Internet]. Ministry of Education and Education Analytics Office; 2019 Nov. Available from: https://catalogue.data.gov.bc.ca/dataset/bc-schools-six-year-completion-rate/resource/98a1d3a8-e77e-4f60-af08-dbdc8a773992

30. Government of British Columbia. Six-Year Completion Rate field definitions [Internet]. Ministry of Education and Education Analytics Office; 2024 Dec. Available from: https://catalogue.data.gov.bc.ca/dataset/bc-schools-six-year-completion-rate/resource/79e9bb52-4d8a-4e89-9c7c-0af6416f07dd

31. Statistics Canada. Low-income measure, after tax (LIM-AT) [Internet]. Ottawa, ON: Government of Canada; 2021 Nov [cited 2024 Mar 5]. (Dictionary, Census of Population, 2021). Available from: https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/az/definition-eng.cfm?ID=fam021

32. Statistics Canada. Low-income measures thresholds (LIM-AT and LIM-BT) for private households of Canada, 2020 [Internet]. Ottawa, ON: Government of Canada; 2022 Jul [cited 2024 Mar 5]. (Dictionary, Census of Population, 2021). Available from: https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/tab/index-eng.cfm?ID=t2_4

33. Statistics Canada. Shelter-cost-to-income ratio [Internet]. Ottawa, ON: Government of Canada; 2021 Nov [cited 2024 Mar 5]. (Dictionary, Census of Population, 2021). Available from: https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/az/Definition-eng.cfm?ID=households-menage028

34. BC Office of the Provincial Health Officer, Population Health Surveillance and Epidemiology Branch. British Columbia Chronic Disease Registries (BCCDR) Case Definitions: Mood and Anxiety Disorders [Internet]. Government of British Columbia; 2024 Apr [cited 2024 Mar 5]. Available from: http://www.bccdc.ca/resource-gallery/Documents/Chronic-Disease-Dashboard/mood-anxiety-disorders.pdf

35. BC Office of the Provincial Health Officer, Population Health Surveillance and Epidemiology Branch. British Columbia Chronic Disease Registries (BCCDR) Case Definitions: Depression [Internet]. Government of British Columbia; 2024 Apr [cited 2024 Mar 5]. Available from: http://www.bccdc.ca/resource-gallery/Documents/Chronic-Disease-Dashboard/depression.pdf