

Perceptions of Youth Health in Waterloo Region

A Report on Findings from Focus
Groups Conducted with Youth

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Executive Summary

Purpose

From January to March 2017, Region of Waterloo Public Health & Emergency Services conducted in-person and online focus groups with youth from across Waterloo Region in order to:

1. Explore youth's attitudes, perceptions, and experiences related to healthy eating, physical activity, alcohol and substance use, tobacco use, injury prevention, and mental health; and to
2. Identify facilitators and barriers that promote or inhibit healthy behaviours among youth in Waterloo Region.

This report describes the research methodology and findings from 17 focus groups conducted with youth.

Participants

- In total, 144 youth participated in focus groups.
- Participants' ages ranged from 12 to 23 years of age, with most participants (51.4 per cent) falling in the 16-19 year age category.
- The majority of participants were living in Kitchener (36.1 per cent), followed by Cambridge (23.6 per cent) and Waterloo (20.1 per cent).

Highlights

- Youth most often consider convenience, taste and cost when making decisions about what to eat.
- The widespread availability and appeal of unhealthy food options in youth's environments is a challenge for youth in terms of healthy eating.
- Factors that make it easier for youth to be active include having options for different types of physical activity classes in school, and having friends to exercise with. Lack of time for physical activity and exercise was the most commonly cited barrier for youth.
- Having friends that use alcohol or substances can make it difficult for youth to avoid these activities.
- Fear of the risks involved with alcohol and substance use, as well as factors that limit youth's access to these substances (for example age or money), can be protective in terms of preventing or limiting youth's engagement in alcohol or substance use.
- Youth who indicated they use cigarettes, also indicated they tend to consume more cigarettes when socializing with other people that smoke, and when feeling stressed.
- Having friends who smoke cigarettes was cited as a barrier to quitting smoking for youth.
- Youth said they are more likely to avoid activities that could cause injury if they are aware of the associated risks, but more importantly, if they believe they are susceptible to the risks.
- A lack of social support, pressure from parents and teachers, and the absence of periods or breaks in between stressful events, were all described as factors which can negatively impact youth's resilience during times of stress or struggle.

Conclusions

Findings from these focus groups help us better understand the facilitators and barriers that promote or inhibit youth's engagement in healthy behaviours. With this information, we are better able to identify protective factors, as well as areas of risk for youth, which may benefit from further investigation or intervention.

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1.0 Background and Purpose

In 2011, Region of Waterloo Public Health & Emergency Services (herein referred to as Public Health) conducted focus groups with youth from across Waterloo Region to better understand how youth think about their own health, and to identify facilitators and barriers that promote or inhibit healthy living among youth. The health topics discussed at these focus groups included healthy eating, physical activity, alcohol and substance use, tobacco use, injury prevention, and mental health. Findings from the focus groups were synthesized in the 2011 report entitled “Perceptions of Youth Health in Waterloo Region”.¹

The report was shared internally to inform health focused youth engagement programming, as well as externally with other youth-serving organizations and local youth at an event called the “Waterloo Region Youth Summit”. The Youth Summit helped to facilitate the recruitment of youth volunteers who were interested in working with Public Health staff to plan and implement health promotion programming for other youth in Waterloo Region.

From January to March 2017, Public Health conducted new focus groups with youth from across Waterloo Region as an update to the 2011 report. The purpose of these focus groups were to:

1. Explore youth’s attitudes, perceptions, and experiences related to healthy eating, physical activity, alcohol and substance use, tobacco use, injury prevention, and mental health; and to
2. Identify facilitators and barriers which promote or inhibit healthy behaviours among youth living in Waterloo Region.

Findings from this research will be used to enhance our knowledge and understanding of factors that influence youth’s health behaviours in Waterloo Region, and to identify potential areas of focus for public health promotion and intervention across the six topic areas. This report includes a description of the research methodology and procedures used to carry out the research, and a discussion of the findings from the focus groups.

2.0 Research Process

2.1 Methodology & procedures

In-person and online focus groups were conducted with youth between January and March 2017. To be eligible to participate in the focus groups, participants had to be between 12 and 24 years of age and currently living in Waterloo Region.

In-person focus groups

The in-person focus groups were hosted by various youth agencies in Waterloo Region. A recruitment email containing information about the research project was sent out to member agencies of the Waterloo Region Youth Engagement Community of Practice (Youth Engagement CoP). The Youth Engagement CoP is a collaborative group made up of staff representatives from various youth agencies across Waterloo Region. This group meets several times a year to discuss youth engagement strategies and local initiatives.

Agencies that were interested in hosting a focus group at their location were followed up with a phone call from a member of the research team. Once confirmed as hosts, the agencies were sent information they could then share with youth who attended their programming. Youth were provided with the research information letter in advance of the scheduled focus group date; and those who were interested could sign up with the host agency. The in-person focus groups were tape recorded and transcribed by an external transcription services company. The focus group interview guide is available in Appendix A.

Online focus groups

The online focus groups were advertised through targeted social media ads and posters distributed by local youth agencies. These advertisements directed youth to a page on the Public Health website where they could access more information about the online focus groups and sign up if they were interested. The online focus groups were open-call, which meant they were open to all youth who met the eligibility criteria. Eligibility was confirmed through a demographic survey, which participants filled out online (the demographic survey is available in Appendix B). The research information letter was emailed to participants in advance of the scheduled focus group date. Online focus groups were conducted using an online chat program, which allowed youth to participate in the discussion by typing out responses to the facilitator's questions.

Both the in-person and online focus groups were facilitated by members of Public Health staff; three of the focus groups were facilitated by a Public Health Nurse, while the remaining 14 were facilitated by Public Health's Youth Engagement Lead. Youth volunteers in the Healthy Living Division of Public Health assisted staff facilitators with various tasks throughout the in-person and online focus groups. During the in-person focus groups, youth volunteers took notes on a laptop (in case of any issues with the recording device) and wrote down participants' responses on flipchart paper. During the online focus groups, the youth volunteers helped keep the discussion on track by summarizing participants' responses to each question, before the staff facilitator moved on to subsequent questions.

Demographic surveys

Paper-based and online surveys were distributed to participants in order to collect demographic information such as participant's age, gender, and current place of residence. The information was used to create a demographic profile of the youth participants, which is detailed in Section 3.0 of this report. The demographic survey is available in Appendix B.

2.2 Data analysis

Descriptive statistics were produced from demographic data using Microsoft Excel; results are presented in Section 3.0 of this report.

Qualitative data analysis was conducted using NVivo software, a computer software program designed to assist researchers with organizing and analyzing qualitative data. Each health topic was analyzed separately. The discussion transcripts were coded according to themes that emerged from participants' responses to each focus group question. An iterative process was used to combine similar sub-themes into larger and larger parent themes; until a final list of unique parent themes emerged. For example, age and disposable income were both grouped under the larger parent theme of factors which affect youth's access to alcohol and substances. Once the final list of themes was completed, the original transcripts were then re-reviewed to ensure the final themes accurately reflected the original ideas and thoughts communicated by participants. Except when specifically noted, this report focusses on the themes that emerged during most or all focus group discussions.

2.3 Question development & rationale

The interview guide used in the 2011 focus groups was developed in collaboration with the Youth Engagement CoP, which at the time was called the Youth Engagement Advisory Group. The purpose of these questions were to ask youth if they thought about their health in general, and in relation to the six health topics, including healthy eating, physical activity, alcohol and substance use, tobacco use, injury prevention, and mental health. The participants were also asked to identify what specific health-related things youth think about, what they see other youth doing related to the topic areas, and what barriers and facilitators to healthy behaviours they perceive in their environments.

The interview guide used in 2011 was slightly modified for the 2017 focus groups. Questions were added which asked youth about their thoughts on the benefits and drawbacks of certain health behaviours, as well as the social influences they perceive surrounding specific health behaviours. The questions related to barriers and facilitators to healthy living were carried over from the 2011 interview guide.

Questions in the 2017 interview guide were developed around the Theory of Planned Behaviour, which posits that an individual's intention to engage or not engage in a

particular behaviour is shaped by their attitude, perceived norms, and sense of control related to that behaviour.² According to the Theory, asking individuals what they perceive as the benefits and drawbacks to a particular behaviour provides information about their attitudes towards that behaviour.² As such, their attitude will be a function of what they believe will occur after engaging in a particular behaviour, and how positively or negatively they feel about that outcome.

Asking youth about the nature of the social influences around them, in relation to a particular behaviour, provides information about the social norms they perceive related to that behaviour. Perceived norms (or subjective norms as it is referred to in the Theory) are a function of the social pressures an individual perceives towards a particular behaviour, and their motivation to comply with those pressures.²

Finally, the questions which ask youth about what makes it easier or more difficult for youth to engage in a particular behaviour, as was asked in the 2011 interview guide, provides information about youth's sense of control over that behaviour. That is, are there factors which operate outside of youth's control, which make it harder or easier for youth to engage in certain health behaviours.²

The Theory of Planned Behaviour was used to help guide the question development process in order to better ensure the focus group questions would derive meaningful information from youth about their attitudes, social norms and experiences related to the six health topics. These questions were then pilot-tested with youth volunteers to ensure they were clear and appropriate for the target audience.

3.0 Participant Profile

In total, 17 focus groups were conducted with a total of 144 youth participants. Fourteen of the focus groups were done in person with 132 youth; and three focus groups were held online with a total of 12 youth. An average of eight participants attended each focus group, but this number ranged from four to 19 participants across the different groups.

An online format was chosen for the open-call focus groups, in order to increase accessibility for youth living in different areas across Waterloo Region. It was also thought that using an online format would help increase the number of youth willing to participate, as registration was low for the open-call focus groups in 2011. This method had moderate success in increasing participation rates, as the number of open-call participants increased from two to 12 in 2017 compared to 2011.

3.1 Age distribution

The average age of focus group participants was 17 years, and ranged from 12-23 years of age. As shown in Table 1 on page 10, approximately half of all participants (51.4 per cent) fell into the 16-19 year age category, while just over one-third (38.2 per

cent) were between 12-15 years of age. The 20-24 year age category made up the smallest proportion (10.4 per cent) of all focus group participants.

Table 1: Number and proportion of focus group participants per age category.

Age category	Number of participants	% of participants
12-15	55	38.2
16-19	74	51.4
20-24	15	10.4
Total	144	100.0

3.2 Gender

Table 2 below shows the number and proportion of focus group participants who self-identified as either female or male. More participants self-identified as female (55.6 per cent) compared to male (39.6 per cent).

Table 2: Number and proportion of focus group participants that self-identified as female or male.

Self-identified gender	Number of participants	% of participants
Female	80	55.6
Male	57	39.6
Other/Did not specify	7	4.9
Total	144	100.0

3.3 Current place of residence

Table 3 below shows the number and proportion of participants that currently live in each municipality in Waterloo Region. The majority of participants indicated their current place of residence was Kitchener (36.1 per cent), followed by Cambridge (23.6 per cent) and Waterloo (20.1 per cent). In total, 16.7 per cent of participants currently live in one of the four Townships in Waterloo Region. A small proportion of participants (3.5 per cent) indicated they currently live outside of Waterloo Region.

Table 3: Number and proportion of focus group participants currently living in each municipality in Waterloo Region.

Municipality	Number of participants	% of participants
Kitchener	52	36.1
Cambridge	34	23.6
Waterloo	29	20.1
Wellesley	9	6.3
Wilmot	8	5.6
Woolwich	6	4.2
North Dumfries	1	0.7
Outside of Waterloo Region	5	3.5
Total	144	100.0

3.4 Highest level of education

As shown in Table 4 below, the majority of participants indicated their highest level of education achieved was Grade 11 or 12 (40.3 per cent); followed by Grade 9 or 10 (36.1 per cent).

Table 4: Highest level of education achieved by focus group participants.

Highest level of education	Number of participants	% of participants
Elementary school	16	11.1%
High school – Grade 9/10	52	36.1%
High school – Grade 11/12	58	40.3%
University/college	16	11.1%
Did not specify	2	1.4%
Total	144	100.0%

3.5 Race/ethnicity & country of birth

As shown in Table 5 below, slightly more than half of all focus group participants self-identified as white (56.3 per cent), followed by participants who self-identified as Asian (18.1 per cent) or black (9.0 per cent). Participants who self-identified as Middle Eastern (2.1 per cent), Indigenous (1.2 per cent), or Latin American (1.2 per cent), made up a relatively small proportion of the total participant population. The remaining 11.8 per cent of participants either did not know or did not respond to this question.

Table 5: Race/ethnicity of focus group participants.

Race/ethnicity	Number of participants	% of participants
White (e.g. European, North American)	81	56.3%
Asian (e.g. South, East, South East)	26	18.1%
Black (e.g. North American, Caribbean, African)	13	9.0%
Middle Eastern	3	2.1%
Indigenous (e.g. Status First Nations, Non-Status First Nations, Metis, Inuit)	2	1.4%
Latin American	2	1.4%
Don't know/Did not specify	17	11.8%
Total	144	100.0%

The majority of focus group participants said they were born in Canada (78.5 per cent); and approximately one in five participants (20.1 per cent) said they were born in a country outside of Canada. A small proportion (1.4 per cent) of participants did not respond to this question.

4.0 Focus Group Findings

Due to limitations on time, not all topics could be covered by each of the focus groups. Depending on the length of time available, each focus group discussed between one to three health topics each. The number of focus groups that discussed each health topic are shown in Table 6 below. Efforts were made to have an equal number of groups cover each health topic; with the exceptions of mental health and tobacco use.

Tobacco use was covered by the smallest number of groups (four) as it was decided that the data would be more informative if at least one or more participants in the group identified as being regular or occasional users of tobacco products. Mental health was covered by the largest number of groups (11) as this was the topic that youth were most interested in when these focus groups were conducted in 2011. A similar number of groups (between five to seven) covered the remaining health topics, including healthy eating, physical activity, alcohol and substance use, and injury prevention.

Table 6: Number of focus groups that covered each health topic.

Health topic	Number of focus groups that covered each topic
Healthy eating	7
Physical activity	5
Alcohol and substance use	6
Tobacco use	4
Injury prevention	6
Mental health	11

It should also be noted that participants were aware they did not have to disclose any personal information about their own experiences during the focus groups. Instead, they could choose to describe only their opinions and perceptions about each of the health topics in general. However, during the focus groups many participants willingly shared information about their own personal experiences. This information was included in the findings where anonymity could be maintained.

4.1 Healthy eating

What do youth perceive are the benefits and drawbacks of healthy eating?

Participants were asked to identify what they perceived to be the advantages and disadvantages of healthy eating. In terms of advantages, participants mentioned that healthy foods are good for their health and make them feel better after eating them. For example, participants indicated that healthy foods keep them more energized, keep them more focused at school, are good for their mental health, improve their metabolism, and contribute to a better immune system. Youth also discussed the benefits of healthy eating on their physical appearance; several participants noted this as their personal motivation for trying to eat healthier foods.

In terms of the disadvantages of healthy eating, most but not all participants agreed that less healthy foods simply taste better than healthy foods. For example, in describing unhealthy foods, one participant said: “All of it tastes good, its not like some of it tastes good like the healthy stuff, all of it tastes good.” However, some participants disagreed and argued that healthy foods taste fresher than unhealthy foods, and are more appealing because one “actually knows what’s in them.”

In addition to taste, there was general consensus across the youth that healthy foods are more expensive than less healthy foods. For example, one participant said: “A salad is \$10 whereas a burger is \$2 or a pop right so, burger and fries and a drink and it’s cheaper than one salad...” Only one participant argued that it was less expensive to eat at home as opposed to purchasing an unhealthy meal outside of home.

Finally, most participants mentioned that healthy foods were less convenient than unhealthy foods; mostly because healthy foods are not as widely available in the places youth go, and because healthy foods take more time and effort to prepare. The following is an example of how one participant described the greater availability of unhealthy food options in their environment: “We have tons and tons of different – what’s it called? – Fast food joints around here. We have some plazas that are just mainly [fast] food really... it’s actually hard to find healthy places to eat out.”

What do youth consider when deciding what to eat?

According to participants, youth most often consider the following three factors when deciding what to eat:

- Foods that take the least amount of time and effort to prepare or grab on-the-go;
- Foods that taste the best; and
- Foods that are least expensive.

One participant described how each of these factors contributes to their own decisions around what they will eat; “I want it because it tastes good, but I eat it because it’s cheap and more available. I eat it because it’s good.”

A few participants said that the impacts of food on one’s physical appearance is also a consideration for some youth when deciding what to eat: “...I think for a lot of people it might be also [the] influence of the media and the social normal, like putting a lot of emphasis on healthy eating in relation to body image and looking a certain way.”

Social influences on healthy or unhealthy eating

Participants mentioned several different people and groups as having an influence on youth’s food habits and choices. Parents and friends were the most frequently

mentioned groups; often discussed as having opposing influences on how and what youth eat. According to participants, parents tend to influence youth towards healthier eating, while friends tend to sway youth towards less healthy eating. Overall however, most participants felt that the influence of parents is stronger for youth, as parents tend to buy and prepare most of the foods that youth eat at home and outside of home: "...at least in my opinion, I'm still in high school, I would say that my parents have the biggest influence because obviously, they make me dinner and they supply me with food for the most part..." Parents also seemed to have some influence for older youth as well: "I am an off-campus university student, so the food that my family prepares for me is the number one driving force that leads me to eat healthy."

According to participants, going out for food is a fun social activity that youth often do with friends. In addition, youth are also less inclined to make healthy food choices when they are eating with friends, compared to when they are eating alone: "...when you're alone, you're like oh I'm not gonna eat this bag of chips... but when you're with your friends, it's like okay we're together, let's have fun." Another participant said: "Not exactly peer pressure but when I'm with friends it's easier to make bad decisions."

According to participants, media influences youth's food habits and choices in sometimes contradictory ways. On the one hand, participants perceived that fast food and other 'junk food' advertisements are extremely pervasive: "...when was the last time you saw a commercial for a grocery store about healthy foods versus the last time you saw a commercial about the new Big Mac with bacon." On the other hand, several participants pointed out that media constantly bombards youth with images of celebrities that are slim or physically fit. Additionally, several participants mentioned that young females are often the target of ads for weight loss and dieting products, both on television and social media: "We still do see, especially leaning towards women, you see ads for losing weight, like Activia..."

Finally, several participants perceived that, despite the influences of different groups around them, youth are themselves ultimately in control of what they eat. For example, one participant said: "But most importantly yourself. You're the one who chooses to eat or not eat what you do at the end of the day."

What makes it easier for youth to eat healthy?

Most commonly, participants indicated that eating healthy is easier for youth when healthy foods are a convenient option for youth. That is, when healthy foods are readily available at home, when healthy foods are available in quick and easy alternatives, and when youth don't have to choose between healthy and unhealthy foods options. For example one participant said: "Like I find it easy because my mom tends to make dinner so she usually makes mine healthier. It's not much of a decision; it's just kind of there." Another participant said: "For me, it's like if there's no sugar or junk food anywhere near me and it's just like gone and hidden where I can't see it, then I'll start feeling just craving for eating healthy. But if junk food is out and I see it anywhere, I'll be like no I

don't want to eat healthy, I'll eat that instead." Some participants indicated that speed and convenience is also important for them when preparing meals: "Simplicity is important to me. I don't have much time, so easy quick meals are essential."

A few participants indicated that healthy eating would be easier for youth if they knew how to cook or prepare their own meals or snacks. For example, when asked what makes it difficult to eat healthy, one participant said: "Talent, no talent would be my – I can't cook. If I knew how to cook, I would cook..." Another participant described how teaching themselves how to prepare meals has helped them maintain a healthier diet: "...The only reason I eat healthy when it's like me personally on my own, is I had to go out and to the internet and look up recipes and learn how to make things myself..."

What makes it difficult for youth to eat healthy foods?

According to participants, cravings, and the fact that unhealthy foods taste so good, makes it harder for youth to eat healthy. For example, one participant said: "I'm trying to actually eat healthy but I always tend to eat junk food instead which is crap. So the challenge for me is to – it's cravings..." Another participant said: "Just not being able to resist temptation to eat unhealthy food, lack of self control."

Several groups discussed how healthy eating becomes more difficult in social settings, for example when hanging out with friends. As mentioned in the previous section, friends can make healthy eating more difficult for youth, as youth are more likely to eat out with their friends, and less likely to opt for healthier options when they do so.

Finally, cost was another factor discussed in several focus groups. Many participants explained that the more expensive cost of healthier food can be prohibiting for youth: "Probably expense for me. If I'm out at a restaurant or something, I find a salad is more expensive, I'm just grabbing a burger and fries. So I tend to get the cheaper things, especially if you're on a school trip because you only have so much money, so you tend not to eat very healthy foods. It's cheaper." Cost also seemed to be a barrier for some of the older youth as well. For example, one participant in post-secondary school indicated that being a "broke student" made it more difficult for them to eat healthy foods.

Summary

In summary, convenience, taste, and cost appeared to be the most important factors for youth when deciding what to eat. In terms of the social influences around food, participants perceived that parents were more likely to influence youth towards healthier eating, while friends were more likely to encourage less healthy eating. Overall however, most participants felt that the influence of parents is stronger, as parents tend to buy and prepare most of the foods that youth eat at home and outside of home. The widespread availability and appeal of unhealthy food options in youth's environments was also identified as a challenge for youth in terms of healthy eating. In general, youth

are more inclined to eat healthier foods if healthy foods are a convenient option for youth, if they taste good, and if they are accessible to youth in terms of cost.

4.2 Physical activity

What do youth perceive are the benefits and drawbacks of being active?

Participants identified several benefits related to physical activity and exercise; most commonly they discussed the positive impacts of physical activity on one's health and physical appearance. Additionally, participants mentioned that physical activity can reduce stress levels and improve one's mood: "I think the feeling after going to the gym when it's like, oh I went, I did it, I feel great."

In terms of the disadvantages, many (but not all) participants mentioned they simply don't enjoy exercising, and feel that it requires a lot of effort. For example, one participant described exercising in the following way: "Feels like a chore." Another online participant indicated: "[Exercising] is incredibly boring!"

Why might some youth choose to be active?

There was little consistency across participants' responses as to why they, or other youth, choose to be active. The range of responses included:

- How good they feel – "...If I've had a really good day and I'm feeling good about myself, I'm gonna go exercise just to like – because I'm happy... but if I've had a bad day, I just kind of want to curl up in bed and not do anything."
- Health benefits – "For me, it's the healthy lifestyle is what makes like – motivates me a lot more to exercise..."
- Physical appearance – "Get ready for festival season... Summer bod kinda thing."
- School credit – "And because it's mandatory, so you – you need to be active in order to graduate."
- Enjoyment – "I normally just do it just because it's easy to do and it's pretty fun at the same time."

As mentioned previously, the above responses were discussed in some focus groups, but were not common to all.

Why might some youth choose not to be active?

There was greater consistency across youth's responses as to why they, or why other youth, may choose not to be active at times. Lack of time was the most common response from participants; several indicated they prioritize other things over exercise, such as school or work. For example, one participant said: "I work multiple jobs and I go to school as well, so having the time to find to work out, it's kind of very minimal. If I do get out, it's for half an hour maybe which I don't feel does that much for me." Another participant said: "Yeah, I just find at the end of the day I'm exhausted. And the whole be healthy, eat right, eight hours of sleep, do your homework thing. Get up at six o'clock... It's just a lot, and throwing in, hey get a six-pack."

Several participants indicated they simply aren't interested or motivated to exercise or be active on a regular basis: "For me, it's just kind of like I'm really lazy so I don't feel like it so yeah." Another participant said: "If I'm not motivated to do it, I won't do it." As mentioned earlier in this section, a number of participants pointed out they simply don't enjoy exercising: "I'd rather do something else."

Social influences on physical activity levels

Participants identified several people and groups whom they feel have some influence over youth's physical activity levels. These groups included peers, friends, parents, media, as well as gym teachers and coaches.

Friends and peers were most often discussed as having a positive influence on youth's physical activity levels. For example, as a positive influence, friends may introduce other friends to new sports or activities, or may act as each other's "workout partners". However, in other cases, friends and peers can have a less healthy influence on each other. For example, according to participants, youth often compare themselves to other youth, especially in terms of their weight or fitness levels. Though this can sometimes motivate youth to increase their physical activity levels, it can also have the opposite effect and can leave youth feeling down or de-motivated towards physical activity or exercise. One participant described this in the following way: "If everybody else just seems so much better than you, kind of you just give up and you're like I don't really feel like it. Well not like I don't really feel like it, but just you feel like no matter how much effort you put in, you'll never be what they are necessarily."

Several participants said their parents do (or at least try to) encourage them to be more active. For example, one participant said: "I would say my parents... They live for physical activity." Another participant said: "I know for me, my parents were always influential in getting me out into different sports."

Though the link to physical activity is less direct, some of the groups also discussed the pressures that media can put on youth to be physically fit. For example, it is common for both traditional and social media outlets to showcase celebrities or social media models

that fit a certain body image ideal. It is also common for youth to see advertising for fitness and weight loss programs on various social media sites: “Like seeing all the people that are super fit and encouraging you to take that – Like Fit T or what’s it called?... Like all those ads.”

Finally, participants indicated that school gym teachers have some influence on youth’s physical activity levels, as youth are required to take at least one gym credit in order to graduate. A few of the participants indicated they belonged to sport teams and cited their coaches as a positive influence on their physical activity levels as well.

What makes it difficult for youth to be active?

Lack of time was the most commonly cited barrier for youth when it comes to physical activity and exercise. Some participants said they try to reduce this barrier by scheduling time for physical activity into their day: “If you schedule it, that way you don’t have to worry about like time conflicts...then at the end of the day, if you haven’t done it, you kinda feel like you haven’t accomplished everything you were supposed to that day.”

According to participants, some youth feel intimidated to go to a fitness centre or to participate in gym class. For example, one participant said: “I know some of my friends don’t want to go out to a gym because they feel there’s pressure or they aren’t familiar with the equipment.” Another participant said: “I think the main reason I don’t do it is because it’s uncomfortable... You get anxiety because you think people are watching you because you’re not fit...” Others explained these situations can sometimes lead youth to feel less secure: “Oh, sometimes being in a gym setting, you kind of feel bad about yourself I feel.”

Lastly, some of the groups discussed how the built environment around youth can sometimes influence how easy or difficult it is to be active. For example, one participant said: “For me, where I live, there’s no sidewalks. There’s no lights. People think they can drive whatever speed down my road. So, my parents don’t necessarily want me out running.” Another participant said they aren’t comfortable biking on the roads around their house as they feel that the bike lanes are too narrow. Another participant explained that the lack of amenities where they live makes it more challenging to exercise: “And also, getting there. Like I would definitely come to this track to run everyday but I can’t because I live in the middle of nowhere...” Though these concerns were not brought up in most focus groups; they were included in this summary as this was a lengthy and engaged conversation in one particular focus group.

What makes it easier for youth to be active?

In terms of factors that make it easier for youth to be active, several participants mentioned they liked having options for different types of gym classes at their school. They explained this can make it easier for youth to find something they are interested in:

“...It kind of tailors to your interests where it’s like oh, if I prefer being in the weight room I’m going to take [this class] but if I like just doing group activities or soccer or football or that, I’ll just take regular gym.” An additional benefit to taking gym class is that it forces youth to plan physical activity into their day: “I have things I do after school so it fits in my schedule because it’s part of my daily school routine. So you have time for it.”

Finally, a few participants said that having a friend, or someone to work out with, makes it easier for youth to keep active and to exercise. Some participants mentioned they find it more enjoyable to work out with friends, while others indicated that having a workout partner encourages them to stay motivated.

Summary

Participants identified several important benefits of physical activity; including that it can help reduce stress levels and is good for one’s health and physical appearance. There was more agreement across participants’ responses as to why youth would choose not to be active (lack of time and interest) compared to why youth may choose to be active. Despite this finding, all of the social influences mentioned by youth (e.g., friends and peers) generally seemed to be encouraging of physical activity among youth. The most commonly discussed barrier to physical activity for youth was lack of time; several participants indicated they prioritize other commitments over exercise, such as work and school. Some youth try to mitigate this challenge by scheduling time for physical activity into their day. Though it was not identified as a barrier by participants, the fact that many participants indicated they don’t enjoy exercise, and perceive that it requires a lot of effort, makes this a probable barrier for youth when it comes to physical activity.

4.3 Alcohol and substance use

Why might some youth choose to drink alcohol or use substances?

When participants were asked to identify the reasons why they themselves, or why other youth, may choose to drink alcohol or use substances, the three most commonly cited reasons included:

- To escape emotional pain and stress – “As a type of escapism from whatever might be happening within their lives.”
- For enjoyment – “...like your first thought isn’t, oh it’s going to kill my liver. It’s more thinking of how much fun you’re going to have that night.”
- Because it’s a norm in one’s group of friends – “...every time that I hang out with my friends, especially in [Place], the first thing we talk about is, let’s go get drinks.”

According to participants, curiosity can also drive some youth to try these substances for the first time. For example, one participant explained how seeing others behave when under the influence can increase youth's curiosity towards these substances: "Some people will be like going along the mentality of wow, is that what I'd be like when I'm drunk? I want to find out now... It's like curiosity just to like, why do you like it?"

Additional responses from youth that indicated having prior experience with alcohol or substance use, included:

- To be more social and reduce inhibitions – "Icebreaker. Yeah, if I'm going somewhere new I will have a drink... Liquid courage."
- To sleep – "Like last night I couldn't fall asleep so I took three shots."
- Intense peer pressure – "People are forced, like I've seen... I seen a kid get forced to do a line, like, they wouldn't let him leave the room."

Why might some youth choose to abstain from drinking alcohol or using substances?

When participants were asked to identify some of the reasons why they themselves, or why other youth, choose to avoid alcohol or substances, most responses were related to the physical, mental, and emotional harms that can result from use. Some of the examples provided by participants included addiction, overdose, or feeling depressed after using. Participants agreed that fearing the risks involved with alcohol or substance use serves as a deterrent for many youth: "Well, the danger, there's so much danger to doing drugs... you never know it could be laced with anything."

Cost was also cited as a factor that can prevent or limit youth's engagement in alcohol or substance use: "...money is more of a thing that keeps me from doing things like that, just because I'm not in a place in my life where I have a lot of disposable income..."

Social influences on alcohol and substance use

Participants identified three groups as having an influence on youth's choices regarding alcohol and substance use; these groups included friends, parents, and the media. The majority of participants agreed that friends have the greatest influence on youth when it comes to these kinds of behaviours, as friends are likely the ones who youth would be engaging in these activities with. For example, one participant said: "I think the biggest influence is probably your friends, especially in these years, like teen years. You hang out more with your friends a lot so they have more of an influence on your decisions." Another participant said: "...I know this weekend I'm probably going to have my buddies be yeah, we're turning up, want to come hang out, yeah come jam." For some youth, drinking alcohol simply becomes a norm when hanging out with friends: "Friends

because I don't drink if I don't go out. When I get a night to myself, I don't sit at home, everyone's like let's go out, let's go do something, with my boyfriend too. It's the only time I ever drink."

Participants also discussed how parents can influence youth's choices around alcohol and substance use. For example, one participant said: "I'd say my parents probably because they – they drink probably once or twice a year. I've never seen them drunk in my life.... It's not something that interests me but seeing that – having that dynamic in my house has been the influence on that." Another participant explained how the "fear of getting caught" by their parents is what deters them from trying alcohol or substances. Another participant described how their behaviour around alcohol changes, as the social norms around drinking change on different sides of their family: "Like I know my dad's side, it's a party when they're over and when it's my mom's, it's like no you can't [drink alcohol]."

Participants also discussed how the media can influence youth's perceptions of alcohol and substance use, sometimes in contradictory ways. For example, several participants mentioned how alcohol and substance use is often glorified in various types of media, such as song lyrics, music videos, or movies. However, participants also provided examples of how the media can discourage youth from these activities as well; such as when youth see media figures that have suffered as a result of problematic alcohol or substance use.

What makes it difficult for youth to avoid alcohol and substances?

According to participants, having friends that engage in alcohol or substance use can make it difficult for youth to avoid these activities themselves. In some cases, this is because friends may put pressure on other friends to participate. In other cases, it is simply because youth don't want to feel like "the odd one out". For example, one participant described feeling judged by their peers as a result of their own decision not to drink alcohol: "...I'll be like oh yeah, it's not really my thing. And I've [had] people like interview me. But why not? And I'll explain and [they'll] be like, but why? And I'm like because it's my choice and just because I choose not to drink doesn't mean I don't approve you drinking. It's just they have a weird attitude, sort of judgmental." Another participant said: "I found it harder because there was always a party at my friends on the weekends and stuff like that and I always found it hard to say no." However, not all participants had experienced this type of pressure from friends or peers: "...people who I've interacted with, regardless of what social circle they've been in, have had a very – it's your choice if you use alcohol or drugs or not, and they're not going to force that on you..." In general however, most participants agreed that it is easier for youth to avoid these activities, if their friends don't typically engage in these activities themselves.

The ease with which youth can access alcohol or substances can also affect how easy or difficult it is for youth to avoid these activities. According to participants, factors that affect youth's access include age, financial situation, and the physical presence of

alcohol or substances in youth's environments. Several participants explained that the cost of alcohol and substances can deter some youth from engaging in these activities: "...If I have no money, I don't want to throw it [away] on like – or if I have only \$40 or something, I don't want to go waste it on alcohol or drugs." However, based on the responses of some youth, having alcohol or substances available in the physical environment, can sometimes remove money as a barrier to use. For example, one participant described this in the following way: "If you're at a party people don't care if you share a joint with them. They aren't going to be like – like hey you got to pay for half of that drug you smoked. Or they – people are really willing to be like yeah, sure, have one or two of my beers and stuff... It's harder to just turn down something free than something you have to pay for."

Some of the other themes that were brought forward by participants that indicated having prior experience with alcohol or substance use, included:

- Being under the influence can make it harder for youth to limit their alcohol or substance use – "Like you just feel invincible and then you mix a couple types of things and then the next thing you know there you are."
- Feeling low or stressed can lead some youth to escalate their use – "...if I'm angry, if I get angry at the bar, 100 per cent I will drink more... I'm a binge drinker when I get stressed out."

What makes it easier for youth to avoid alcohol and substances?

Having friends that abstain from alcohol and substance use, as well as factors that limit youth's ability to access alcohol and substances, are both protective in terms of preventing or limiting youth's engagement in these activities. In addition to these factors, the fear of "something going wrong" can also deter youth from wanting to try these substances. In a similar way, if youth have witnessed the negative effects that alcohol or substance use can have on a family member or friend, it can also make the decision to avoid these substances easier for youth.

Summary

A variety of reasons were provided as to why youth may choose to drink alcohol or use substances. Most responses were related to the following themes: to escape emotional pain or stress; for enjoyment or fun; or because it is a norm among one's group of friends. Youth who choose to avoid alcohol or substance use, often do so to avoid the physical, mental, and emotional harms that can result from these activities. Examples provided by participants included addiction, overdose, and feeling depressed after using. Several participants agreed that fearing the risks involved with alcohol or substance use serves as a deterrent for many youth. When it comes to youth's decisions around alcohol and substance use, friends typically have more of an influence

on youth compared to other groups. As such, having friends that engage in alcohol or substance use makes it difficult for youth to avoid these activities themselves. Though parents were seen as less influential than friends, several participants provided examples of how their parents had influenced their own thoughts and practices around alcohol and substance use. Finally, the fear of “something going wrong” from drinking alcohol or using substances, as well as factors that limit youth’s access to these substances (e.g., age, money, or availability in the physical environment), are protective in terms of preventing or limiting youth’s engagement in these activities.

4.4 Tobacco use

Though youth were aware they could discuss other tobacco products apart from cigarettes, participants most often referred to cigarettes when they were responding to questions about tobacco use. Therefore, throughout this section “cigarette smoking” is used more frequently than “other tobacco products” when summarizing responses from youth.

What do youth perceive are the benefits and drawbacks of tobacco use?

When participants were asked to identify what they perceived to be the benefits of tobacco use, most commonly participants mentioned that cigarettes help relieve stress and make people feel good. For example, one participant described the “head buzz” they experienced when they first tried cigarettes: “The first time I smoked a cigarette, I got a really big head buzz and I was like oh, this is like an easy way to feel high-ish type.” Most groups also mentioned that smoking cigarettes help individuals stay slim. Several participants indicated they had known people who had gained weight after quitting cigarettes; and that weight gain would be a concern for them if they were to quit smoking: “That’s why I am afraid to quit, I eat now, I spend all my time eating.”

In terms of the disadvantages of tobacco use, participants identified that cigarettes were detrimental to health and have negative impacts on people’s physical appearance. In general, participants appeared to be quite knowledgeable about the harms of smoking, even among those who indicated they use cigarettes: “As a smoker, I know all the benefits of not smoking.” Another participant said: “...you sleep better, you eat better, you smell better, your teeth are better, your skin is better, you hair is better, your face is better. Literally everything.”

Why might some youth choose to smoke cigarettes or use other tobacco products?

Participants most commonly cited stress as the reason why they, or other youth, choose to smoke cigarettes. For example, one participant said: “Stress relief, that’s why I smoke.” Another participant said: “If I am not stressed I can go all day without a smoke, but if I’m stressing...” Many participants said they first began smoking as a way of reducing stress; and that cigarettes continue to help them manage certain negative

emotions such as anger and stress: “Stress and anger relief. [Cigarettes] make me less angry.”

According to participants, another factor that can make some youth more likely to smoke is having friends that smoke. This concept is discussed in greater detail later on in this section under social influences related tobacco use.

Why might some youth choose not to smoke cigarettes or use other tobacco products?

When participants were asked why they themselves, or other youth, choose not to smoke cigarettes, participants most often provided the following reasons:

- Many youth know someone who has suffered from the negative health consequences of cigarette smoking;
- Cigarettes are unappealing to some youth, including the smell they produce;
- Some youth feel that cigarettes can negatively affect an individual’s physical appearance.

However, despite knowing many of the negative health outcomes associated with cigarette use, some participants indicated they still find it difficult to quit: “Yeah, I seen it but it’s so hard to quit. I want to quit.”

Social influences related to tobacco use

According to participants, friends and parents both have some influence on youth’s decisions around tobacco use. For a number of participants, friends were the first group to introduce them to smoking: “...and I got it from my friends a lot of the time because I was too young and I couldn’t afford [to buy them] and I didn’t know where to get them and everyone just gave them to me. So if my friends didn’t, I probably would’ve been no, I probably wouldn’t be smoking.” Additionally, participants who indicated they smoke cigarettes, also indicated they tend to smoke more often when around other friends that smoke: “See if we were to hang out all day I think I would smoke a half a pack...If I am home I don’t want to move off my couch so I will wait until I am absolutely craving one and then I’ll go and have one.” One participant said they only ever smoke when around friends: “To be honest, when I’m by myself I don’t think I ever, like I wouldn’t, I don’t think I ever smoke when I’m just by myself or driving.”

In terms of the influence of parents, some participants perceived that growing up in a household where their parents had smoked, made them more inclined to try it themselves: “Mine is more my parents. I watched my parents smoke my whole life, 24-

7.” For the most part however, parents were perceived by participants as being disapproving of cigarette use, and more likely than friends to advise youth against it: “Yeah friends are okay, you do you, but your family is no, you have to be on that good track, you know, stay good.”

What makes it easier for youth to avoid tobacco use?

Participants were asked what makes it easier for youth to avoid cigarette use. Most participants agreed that being around parents or other groups that disapprove of smoking, makes it easier for youth to avoid smoking or reduce the number of cigarettes they consume. For example, one participant indicated: “...it all depends where I am. If I am with someone who doesn’t smoke all day, chances are I can go with only two smokes. If I am with a smoker than I am out all the time.” Participants also perceived that it is easier for youth to avoid smoking cigarettes in places where they are not permitted to smoke, such as school or work.

What makes it harder for youth to avoid tobacco use?

Participants indicated that avoiding cigarettes is more difficult for youth when youth are feeling stressed, socializing with others that smoke, or drinking alcohol. Having other friends that smoke makes it challenging for youth who are trying to quit cigarettes: “Yeah, because everyday I try and quit and next thing you know, I’m at school and my buddies are outside smoking and I’m just like, okay, whatever. Maybe tomorrow and tomorrow comes and I’m like alright, maybe next week, and the same thing happens...” Another participant said: “...I know one of my best friends, he’s a chain smoker and whenever he offers me one I kind of find it hard to turn it down...I end up smoking 30 cigarettes a day whereas if I weren’t with him, I’d smoke maybe five.”

As mentioned, drinking alcohol can make some youth more inclined to try smoking cigarettes for the first time; or can lead youth to increase the amount of cigarettes they typically consume: “...I know people, who they won’t smoke at all, but then they’ll buy a pack of smokes and that smoke is gone when they’re drinking.” Another participant said: “If I am at a bar I have to have a smoke in between all of my drinks.”

Summary

Participants most often cited stress, or having friends that smoke, as the two most common reasons why some youth may choose to smoke cigarettes. Both friends and parents were identified as important influencers on youth’s choices regarding cigarette use. Though parents were mostly described as being disapproving of cigarette use among youth; some participants felt that growing up in a household where their parents had smoked, made them more inclined to try it themselves. Several participants said they generally consume more cigarettes when hanging out with other people that smoke, and when feeling stressed. Having friends that smoke was identified as a major challenge for youth who want to quit cigarettes. Finally, participants indicated that being

around people who don't smoke, or who disapprove of smoking, can make it easier for youth to avoid cigarettes, or reduce the number of cigarettes they consume.

4.5 Injury prevention

What activities or behaviours do youth frequently engage in, that could result in hurt or injury?

Sports, texting and walking, reckless driving, and social media challenges were identified by participants as activities or behaviours that youth often engage in, that could result in hurt or injury. Social media challenges are a growing trend on social media, where individuals challenge one another to complete a dare, and then post the video of themselves completing it on their social media accounts. According to participants, some of the challenges are harmless while others can be risky.

Why do youth engage in these behaviours or activities if they could get hurt?

According to participants, youth may engage in activities or behaviours that could result in injury, for many different reasons; including, enjoyment of the activity, to avoid feeling like the "odd one out", to impress their friends, or believing they won't get hurt. Participants perceived that youth often underestimate their risk of injury, or simply don't think about the risks at all. For example, one participant said: "So, you think you have the situation under control and you're not going to get hurt or that you've seen other people do it before and they haven't gotten hurt..." Another participant said: "If you are in the moment with your friends, you don't think about the consequences, you just think about doing it."

Social influences related to behaviours or activities that could lead to injury

Participants explained that youth are more likely to take their social cues about behaviour from other youth: "Because I just feel like I relate most to my friends, so seeing them do something and seeing them not do something is – influences how I perceive the situation." Therefore, friends are likely to have a strong influence on youth when it comes to activities and behaviours that could lead to injury. For example, one participant said, "...a lot of times you are doing those things with your friends or you are in a group of friends and you are all coercing each other into doing it." Despite this, participants also indicated that youth are less likely to engage in a behaviour or activity, if they know their parents are against it: "...also parents, if they warn you not to do something then you tend not to do it..."

What makes it easier for youth to avoid activities or behaviours that could lead to injury?

Youth are more likely to avoid behaviours or activities that could cause injury, if they are aware of the risks, but more importantly, if they believe they are susceptible to the risks.

According to participants, the latter point is important as youth are often prone to believing they can't get hurt in many situations: "I feel like as teenagers, for a lot of things, we already know the risks but since we're teenagers, and we have that mentality of like oh, we can't ever get hurt, we – like I said, we just don't care so we do it anyways." However, if youth believe they are susceptible to getting hurt, then this can serve as a strong deterrent for them: "...if you're scared, because fear can be pretty strong."

According to participants, being directly exposed to the negative consequences of a behaviour or activity (for example from being injured previously themselves or knowing someone else that has been injured) is also a strong deterrent for youth. Additionally, this can make it easier for youth to resist pressure from friends or peers: "...if maybe you've had a bad experience with it before or you know someone that has tried it and it hasn't turned out very well, then it might be easier – you'd have more of a reason to say no than just you don't want to." In one of the focus groups, participants demonstrated how seeing and hearing real life stories can often have a strong impact on the way youth perceive risk:

Participant: "...last year we had sort of – we had a MADD presentation and they played this kind of short film about –"

Participant: "Scary videos."

Participant: "Yeah, like, experiences of teens that died because of drunk driving and everyone was crying in the gym."

Participant: "It kind of scares you."

Participant: "Yeah, because, I don't know, when you hear it from your parents, it's like don't do this and that. Its like – like you know, when you actually see how it has affected a family or something, I don't know, you can put yourself in their shoes more."

Participant: "It feels more real."

Participant: "Yeah, it does."

As previously mentioned, the social influences around youth can also impact how easy or difficult it is for youth to avoid certain behaviours or activities that could cause injury. As such, it is easier for youth to avoid negative behaviours or activities if they know their parents disapprove of the behaviour, and if they've been explicitly warned against it. However, if friends typically engage in these behaviours, then this can normalize the behaviour for youth and make them more inclined to participate. For example, one participant said: "If your friends are not the type of people who actually get into these situations, then it's easier for you to avoid."

Summary

Sports, texting and walking, reckless driving, and social media challenges were identified as activities and behaviours that youth often engage in, which could result in hurt or injury. Youth typically engage in these activities for enjoyment of the activity, to avoid feeling like the “odd one out”, to impress their friends, or believing they won’t get hurt. Participants generally agreed that friends have the largest influence on youth when it comes to these kinds of risk-taking behaviours and activities. However, participants also indicated that youth will be less inclined to engage in a behaviour or activity if they know their parents are against it. It is easier for youth to avoid behaviours or activities that could cause injury, if youth are aware of the risks; but more importantly, if they believe they are susceptible to the risks. Direct exposure to the negative consequences of a behavior or activity, can make the risks feel more real to youth.

4.6 Mental health

What does mental health mean to youth?

When participants were asked to describe what mental health means to them, they responded to this question in many different ways. Some participants described what it means to them to feel mentally healthy; using descriptors such as feeling positive, motivated, and focused. For example, one participant described mental health as: “...your mind’s all around well-being. Good mental health consists of feeling balanced, having positive thoughts and feelings, and feeling that you deserve to be treated well by both yourself and others.” Several participants indicated that the way one thinks about themselves is an important indicator of their mental health.

Other youth described what it is like to feel mentally unwell; providing examples such as feeling like they are trapped, feeling like something is weighing them down, and having difficulty focusing on the tasks in front of them. One participant described this in the following way: “It’s kind of hard to focus on other things because you always have these other kinds of thoughts. Whatever – even if you’re doing something you love, you kind of have – there’s something in the back of your mind that just makes it less enjoyable or it kind of ruins the thing that you used to like so much.”

Finally, some participants described mental health as a function of one’s thoughts, perceptions, and reactions to things happening around them. For example, one participant described mental health as: “Your perception of the world around you and how it differs from other people or how it’s similar to other people.” Another participant described mental health as: “How different events in your life affect you [and] your thoughts.” Some of the youth felt mental health can feel or look different for different people: “I think that mental health can look different for everybody, in that everybody will have different levels of mental health that they hope to achieve and that are reasonable and accessible for them... not everyone’s going to have the same type or level of functioning. And I think that recognizing that is important.”

With whom or in what settings is it most important for youth to feel accepted and supported?

Feeling a sense of belonging and connectedness to others is a well recognized indicator of positive mental health.³ As such, this question was asked in order to explore where, or with whom, it is most important for youth to feel supported and accepted.

As participants indicated, it is important for youth to feel accepted and supported everywhere they go and in all situations. However, they also explained that acceptance and support is most important from those whom youth are closest to. Most often, participants discussed the need for youth to feel accepted and supported at home, at school, and among friends; as this is where youth spend the majority of their time. One participant explained this in the following way: “School. That would be a very big one I guess just for my age group, my demographic, because if it’s a place where I’m – where I have to be or where I’m encouraged to be for six hours a day, if I’m in a place where I’m feeling unsupported and not accepted for six hours every single day, that’s going to take a toll on me.” However, for others, having the support of just a small group of close family or friends is what matters most to them: “All I care [about] is [what] at least a couple [of people] think, like friends and stuff. If you have at least four people who care, those are the people you look up to, nobody else.”

Several participants discussed how difficult it would be for youth if they were missing that sense of acceptance or support at home. Many participants described this as being foundational to their own well being. For example, one participant said: “Well, I feel like it’s important to feel accepted and supported everywhere, but I mean I feel like especially at home because if you can’t go home and tell you’re mom, like hey, I had a crappy day, or tell your dad, hey, I had a crappy day, if they can’t handle that... That’s the worst thing that can happen ...” Another participant said: “I just think at home it’s especially important to feel accepted and supported because that could affect you overall.”

In a related discussion, some participants described finding it difficult to talk to their parents when they are feeling stressed or going through a difficult time: “I don’t really go to my parents because I’ve seen how they deal with anxiety and mental health, stuff like that, and I don’t really want to go through that because they’re not very – they don’t seem very helpful... They think it’s weird. Their generation was never open about it...” These participants felt that it was difficult to talk to their parents either because their parents weren’t comfortable talking about mental health issues, or because they are distracted by other stressors in their lives. Some participants perceived that their stress isn’t taken seriously by their parents: “You could say to your parents, hey mom, I’m feeling stressed and they’re like – you don’t know what stress is.” However, it’s important to note that not all youth felt this way; and many described their parents as being an important source of support in their lives.

What does acceptance and support look like to youth?

When participants were asked to describe what acceptance and support looks like to them, most participants described it as having someone who is there for them during difficult times: “Could be just letting someone know that you’re there and, you know, you’re always going to be there to support them, to listen to them, to be there. Just that sort of thing.” Another participant said: “To me acceptance and support is encouraging others and helping others feel more secure and safe, and it is important to me because I like having someone to talk to and share with.” The importance of being non-judgmental when providing support was mentioned by several participants: “Someone who is always willing to listen without judgment or offer a hug/affirmation of support when you ask for it.”

What makes it easier or harder for youth to get through a difficult time? What helps youth cope or adapt in stressful situations?

Resilience is an important indicator of positive mental health and a key focus area of mental health promotion.³ The above question was asked in order to explore the situations or factors that can help or inhibit youth from being resilient in the face of stress or struggle.

Participants most often discussed the importance of social supports during times of difficulty or challenge: “...Just having a supportive partner really helps and someone who is able to like, what do you need from me right now, if you need to talk, I will listen, that sort of person.”

Several groups also discussed how pressure from parents or teachers can make it more difficult for youth to navigate through stress: “‘Peer pressure’ I don’t just mean from your friends, I mean your family and teachers too!! Pushing you to do things you can’t achieve or then telling you, you aren’t able to do something and the only reason why I wouldn’t be able to do something at that moment is because I’m stressed and you’re putting so much pressure on me and I wouldn’t be able to think straight.”

Participants also indicated that the absence of periods or breaks in between stressful events can make it harder for youth to manage stress: “Having very little time to recover in between stressful times... when everything starts to domino.” One participant described how they sometimes experience this with school: “Yeah, it’s a tumbling effect. Once you finish – like say you want to finish studying for your English test, but it’s already 11:30. You have to wake up at 6:00 A.M. Then you – it just keeps piling on. You just keep getting more and more tired.”

When participants were asked what can help them cope or adapt during difficult times, participants often cited activities or hobbies they enjoy. Some of the examples they provided included listening to music, watching television, taking a walk, exercising, colouring, or baking. For example, one participant said: “...just doing stuff that you have passion for, or doing stuff you love, kind of takes your mind off of it.” A few participants also said that being alone, and taking some time to think, can be helpful to them.

How do youth define mental health stigma, and in what ways have youth seen it around them?

Stigma around mental health can be especially harmful to youth, as it can make youth less willing to seek support for mental health issues, and can negatively impact their self-esteem and feelings of connectedness.³ The above question was asked in order to better understand youth's experience with mental health stigma in their social environments.

Most participants perceived that mental health stigma was still fairly common in their social environments. Several participants could recall times when they had seen or heard stigmatizing actions or comments from various groups, including friends, parents, social media, and in television and movies. Participants defined mental health stigma in the following ways:

- Feeling uncomfortable to be open about mental illness because of fear of judgment – “I feel like it's not being able to talk about how you feel for fear of being judged by others.”
- Having negative views or opinions about people who have a mental illness – “...stigma is a generally negative perspective and opinion towards people who suffer from mental illness.”
- Thinking that mental illness is somehow different or not as “real” as other types of illnesses – “It's the idea that mental health is not as real as other aspects of health. It's seen as lesser than physical health and more or less that it's an excuse to have different treatment or special treatment or to be receiving overall help where others don't.”

Many participants provided specific examples of things they had seen or heard which were stigmatizing to people who live with mental illness. Most of the examples they provided were related to the following themes:

- That mental health and mental illness are a “trend”;
- That individuals claim to suffer from mental illness in order to get attention; and
- That mental illness isn't as “real” as other illnesses.

To illustrate, one participant explained the following: “There's a lot of media stuff going around that it's – there's a lot of conversation on the media that having mental health is a trend because of this openness that has come across in our day and age. As young people, a lot of people are coming forward with these mental health issues and they're being put aside because, just because the vast number of people, they assume that this

is just being used as an excuse, because some people will use it as an excuse, and that kind of causes issues for those who really do have mental health issues.” Several participants perceived that there is still a lot of misinformation around mental health issues in society, especially for certain types of mental illness. However, many participants indicated that they believe the situation is improving; and that it will continue to improve as society becomes more open about discussing mental health.

Summary

When participants were asked to describe what mental health means to them, their responses were quite varied. Some participants described what it means to feel mentally healthy; using descriptors such as feeling positive, motivated and focused. Others described what it means to feel mentally unwell; using examples such as feeling trapped or having difficulty accomplishing tasks. Several participants indicated that the way people think about themselves is a good indicator of their mental health. All groups mentioned the need for youth to feel accepted and supported everywhere they go and with everyone they interact with. However, participants explained that acceptance and support is most important from those whom youth are closest to. Participants discussed the importance of social supports in helping youth get through stressful or difficult circumstances. Finally, participants perceived that it is still common to see mental health stigma in their social environments, but that the situation is improving as society becomes more open about discussing mental health.

5.0 Conclusions

Findings from these focus groups illustrate the complexity of factors that interact at the personal, social, and environmental levels to influence the perceptions and behaviours of youth. The results of this research are intended to provide key contextual information to enhance our ability to understand and interpret existing quantitative data on youth’s health behaviours in Waterloo Region. By learning more about youth’s attitudes, perceptions, and experiences related to the six health topics, we better understand the influential factors that operate behind youth’s actions and decisions. Furthermore, by collecting information on barriers and facilitators to healthy behaviours, we are able to identify potential protective factors, as well as areas of risk for youth, which may benefit from further investigation or intervention.

6.0 References

1. Region of Waterloo Public Health (2011). Perceptions of Youth Health in Waterloo Region: Report on Focus Groups Conducted with Youth. Waterloo, ON.
2. Baranowski, T.; Cullen, K.W.; Nicklas, T.; Thompson, D.; & Baranowski, J. (2003). Are current health behavioral change models helpful in guiding prevention of weight gain efforts? *Obesity Research, Suppl:23S-43S*.
3. Murphy, J.; Pavkovic, M.; Sawula, E.; & Vandervoort, S. (2015). Identifying areas of focus for mental health promotion in children and youth for Ontario public health. *Middlesex London Health Unit, Hamilton Public Health Services & Thunder Bay District Health Unit*, p 1-53.

7.0 Appendices

7.1 Appendix A – Focus Group Interview Guide

Healthy Eating

1. Why do you sometimes choose to eat healthy foods? And why do you sometimes choose to eat less healthy foods?
2. Now looking at the list we've made, which of these factors most influences your decisions around what you are going to eat? Can you describe why that factor has more of an influence on you compared to the others?
3. Who (meaning which person or group of people) would you say has the greatest influence on what you eat? Can you share with us why they have such a big influence on you compared to others?
4. What makes eating healthy easy for you? What are some challenges to eating healthy?
5. Looking at this list, which of these factors has the greatest influence on what you choose to eat? Can you describe why that factor has more of an influence on you compared to the others?

Physical Activity

1. Why do you choose to exercise or be active? And why do we sometimes choose not to exercise or be active?
2. Looking at the list we've made, which of these factors most influences your decisions around whether or not you are going to exercise or be active? Can you describe why that factor has more of an influence on you compared to the others?
3. Who (meaning which person or group of people) would you say has the greatest influence on your exercise and physical activity levels? Can you share with us why they have such a big influence on you compared to others?
4. What makes being active or exercising easy for you? What are some challenges that make it more difficult to be active or get enough exercise?
5. Looking at this list, which of these factors has the greatest influence on your exercise and physical activity levels? Can you describe why it has more of an influence on you compared to the others?

Alcohol and substance use

1. Why do some people drink alcohol or use drugs? And why might some people choose not to drink alcohol or use drugs?
2. Now looking at the list we've made, which of these factors would you say most influences your decisions around alcohol and drugs? Can you describe why that factor has more of an influence on you compared to the others?
3. Who (meaning what person or group of people) would you say has the greatest influence on your decisions around alcohol and drugs? Can you share with us why they have such a big influence on you compared to others?
4. What situations or circumstances make it difficult for you to choose not to drink alcohol or use drugs? What situations or circumstances make it easy for you to choose not to drink alcohol or use drugs?
5. Now looking at this list we've made, which of these situations or circumstances has the most influence on your decisions around whether or not you are going to drink alcohol or use drugs? Can you describe why that factor has more of an influence on you compared to some of the others?

Tobacco use

1. Why might some people smoke cigarettes or use tobacco products? And why do some people choose not to smoke cigarettes or use tobacco products?
2. Looking at this list, which of these factors would you say most influences your decisions around cigarettes and using other tobacco products? Can you describe why that factor has more of an influence on you compared to the others?
3. Who (meaning what person or group of people) would you say has the greatest influence on your decisions around cigarettes and other tobacco products? Can you share with us why they have such a big influence on you compared to others?
4. What situations or circumstances make it difficult for you to choose not to smoke cigarettes or use tobacco products? What situations or circumstances make it easier for you to choose not to smoke cigarettes or use tobacco products?
5. Looking at this list, which of these situations or circumstances would you say has the greatest influence on your decisions around using cigarettes or other tobacco products? Can you describe why that factor has more of an influence on you compared to the others?

Injury prevention

1. What risky behaviours do youth engage in that could result in them getting hurt or injured?
2. Why might you engage in these behaviours even though you could get hurt?
3. Who (meaning what person or group of people) would you say as the greatest influence on your choices around whether or not you are going to engage in these behaviours? Why do they have more of an influence on you compared to others?
4. What things (meaning what circumstances or factors) could make it difficult to avoid these risky behaviours? What things (meaning what circumstances or factors) could make it easier to avoid these risky behaviours?
5. Looking at this list, which of these factors or circumstances has the greatest influence on your decisions around these behaviours? Can you describe why that factor has more of an influence on you compared to the others?

Mental health

1. Describe what mental health means to you? Or what does it look like or feel like to you?
2. Where (meaning with whom or in what settings) is it important for you to feel accepted and supported?
3. We've all been in circumstances where we've perhaps felt disconnected from the people around us, or felt like we don't belong. What do you think leads someone to feel this way?
4. What helps you get through a stressful time? What helps you to cope or adapt?
5. What makes it difficult to get through a stressful time? What makes it hard to cope or adapt?
6. Does anyone know what mental health stigma is – has anyone heard this term used before? Could you describe it to us?
7. In what ways have you seen mental health stigma (or negative stereotyping) around you (e.g., at home, at school, among your peers, in the media, etc.)?

7.1 Appendix B – Demographic Survey

1. What is your age?: _____
2. What is your gender?: _____
3. What area of Waterloo Region do you currently live in?
 - ___ Kitchener
 - ___ Cambridge
 - ___ Waterloo
 - ___ North Dumfries Township
 - ___ Woolwich Township
 - ___ Wellesley Township
 - ___ Wilmot Township
 - ___ I live outside of Waterloo Region
4. What are the first three digits of your postal code? (Example N3A) : _____
5. Which of the following best describes your race or ethnicity?
 - ___ Asian (e.g., South, East, South East)
 - ___ Black (e.g., North American, Caribbean, African)
 - ___ White (e.g., European, North American)
 - ___ Indigenous/Aboriginal (e.g., First Nations, Metis, Inuit)
 - ___ Latin American
 - ___ Middle Eastern
 - ___ Conservative Mennonite Amish
 - ___ I prefer not to answer
 - ___ Do not know
6. What country were you born in? _____

7. What is your highest level of education?

Elementary School (grades 7-8)

High school (grades 9-10)

High school (grades 11+)

College

Year of study: _____

University

Year of study: _____

Other

Year of study: _____

8. Why did you decide to participate in this focus group?
