Centre intégré universitaire
de santé et de services sociaux
du Centre-Sud-de-l'Île-de-Montréal

PLUS FORT AVEC VOUS

PORTRAIT OF 6TH GRADERS IN MONTRÉAL

Results of the TOPO 2017 survey conducted by Direction régionale de santé publique

Québec

Published by
Direction régionale de santé publique
CIUSSS du Centre-Sud-de-l'île-de-Montréal
1301 Sherbrooke East
Montréal, Québec H2L 1M3
514-528-2400 / www.dsp.santemontreal.qc.ca

Coordination
Louis-Robert Frigault

Analysis and writing
Vicky Springmann
Marie-Pierre Markon

Collaboration and copy editing
Rémi Coderre
Danièle Dorval
Louis-Robert Frigault
Sophie Goudreau
Mahamane Ibrahima
Marie Pinard
Hélène Riberdy
Brigitte Simard
Cat Tuong Nguyen

Data processing and mapping
Sophie Goudreau
Emanuelle Huberdeau
Vivianne Martin

Language revision, French version
Marlène Ginard

Graphic design
Atlas et Axis

This project received financial support from
City of Montréal
Québec en forme
Fondation Lucie et André Chagnon
Montréal, métropole en santé

Acknowledgements
English Montréal School Board
Lester B. Pearson School Board
Commission scolaire Marguerite-Bourgeoys
Commission scolaire de Montréal
Commission scolaire de la Pointe-de-l'Île
Fédération des établissements d'enseignement privés
Association of Jewish Day Schools

The authors would like to thank the grade 6 students who participated in the survey as well as their parents.

ISBN 978-2-550-82411-4

Legal deposit – Bibliothèque et Archives nationales du Québec, 2018
Legal deposit – Library and Archives Canada, 2018

TABLE OF CONTENTS

A MESSAGE FROM THE DIRECTOR

Grade 6 marks the transition from elementary to high school and from childhood to adolescence. It is a pivotal time in children's lives, a time when they become more independent and adopt behaviours likely to persist into adulthood. The TOPO 2017 Survey draws an accurate and up-to-date portrait of young people during this important period.

The regional director of public health's responsibilities include monitoring the health of the population and informing Montrealers about priority health issues. Little data on 11- and 12-year-old children are available. TOPO results provide a starting point from which to track the evolution of the health and living conditions of these young Montrealers as they prepare to start high school.

The TOPO survey hinged on the indispensable cooperation of intersectoral stakeholders working with young people. The data presented here provide a tool to guide regional and local initiatives that aim to improve the health, well-being and educational success of Montréal students.

Mylène Drouin, M.D.
Regional director of public health

HIGHLIGHTS

2017 TOPO Survey of 6th Graders in Montréal

▶ LIFESTYLE HABITS: ROOM FOR IMPROVEMENT

38% don't eat breakfast every day before school.

25% don't get enough sleep.

62% don't eat 6 portions of fruit and vegetables a day.

40% spend more than 2 hours a day in front of a screen (outside school hours).

21% spend more than 4 hours a day in front of a screen.

15% eat foods high in fat and sugar every day (nutrient-poor snack foods, sweets or sugary drinks).

65% don't do 60 minutes of moderate- to vigorous-intensity physical activity daily.

▶ A MAJORITY REPORT HAVING HIGH LEVELS OF SUPPORT

86% from family

54% from school

62% from friends

GOOD NEWS

68% are very satisfied with their lives.

95% perceive themselves to be in good health.

AND NOT SO GOOD

5% are at high risk of dropping out of school.

NOT ALL THE SAME

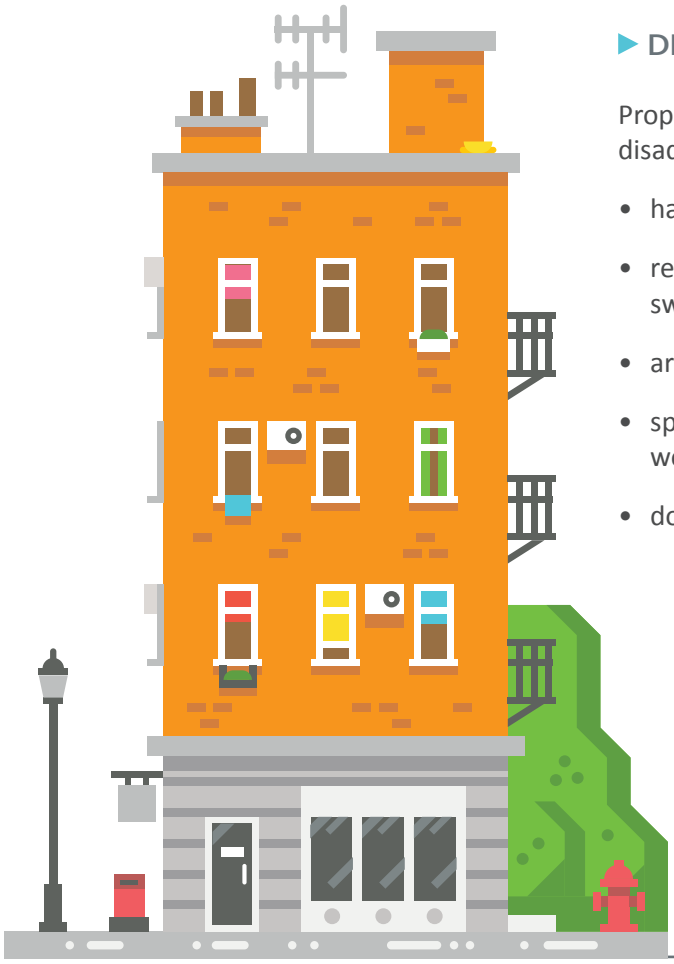
▶ DIFFERENCES BETWEEN BOYS AND GIRLS

A higher percentage of boys

- present high levels of self-efficacy;
- have direct aggressive behaviours, but are also victims of violence at school more often.

A higher percentage of girls

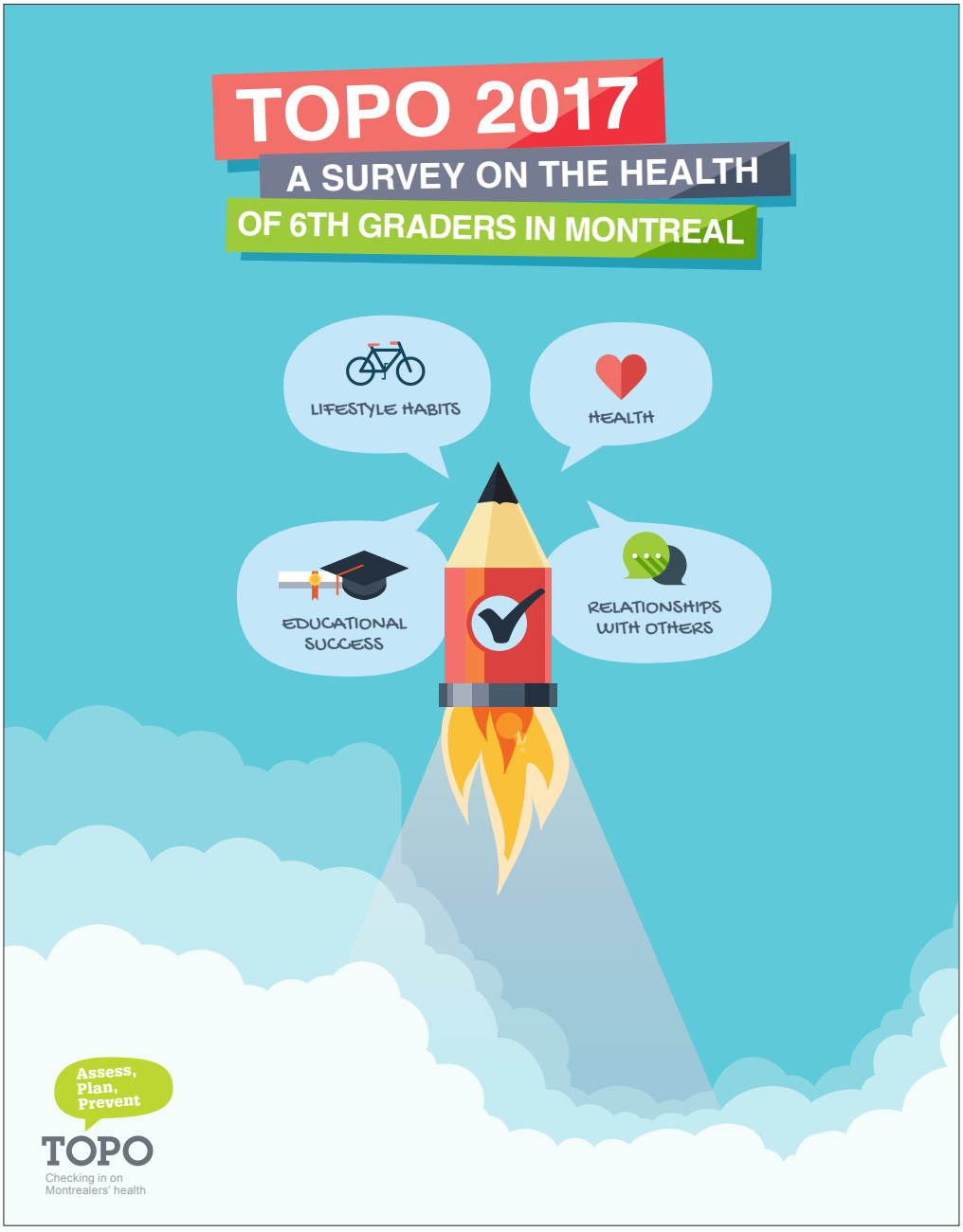
- present high levels of self-control, problem solving skills and empathy;
- have high levels of support from their friends;
- are not very or not at all physically active.



▶ DIFFERENCES BASED ON LIVING ENVIRONMENT

Proportionately more students from the most materially disadvantaged areas

- have low self-esteem;
- regularly drink sugary drinks and eat nutrient-poor snacks, sweets and junk food;
- are not physically active;
- spend more than 4 hours a day in front of a screen on weekdays;
- don't have a family doctor or pediatrician.


TOPO 2017
A SURVEY ON THE HEALTH
OF 6TH GRADERS IN MONTREAL
LIFESTYLE HABITS
HEALTH
EDUCATIONAL SUCCESS
RELATIONSHIPS WITH OTHERS
Assess, Plan, Prevent
TOPO
Checking in on Montrealers' health

INTRODUCTION

Almost all grade 6 students attending school on the island of Montréal participated in the TOPO 2017 survey, which focuses on factors influencing health and educational success. The latter is among the components with the greatest impact on young people's current and future health.

Adult health status is the result of personal and environmental characteristics that are often linked to the surroundings in which children are born and grow up. Children from disadvantaged areas are more likely to accumulate risk factors that can affect health and, over the long term, be in poorer health than youth from more affluent areas.

Results of the 2017 TOPO Survey are being released for the first time in this report. Future documents will provide data by district and delve deeper into some of the themes presented here.

2017 TOPO SURVEY – A SUMMARY

In the spring of 2017, **13,380** grade 6 students attending school in Montréal participated in the TOPO Survey. This represents **83%** of all students eligible for the survey. They were attending French and English public and private schools. Most children were born in 2004 or 2005, and were 11 or 12 years old at the time of the survey.

They completed an in-class questionnaire on lifestyle habits, health, behaviours, relationships with others and educational success.

Their parents were also asked to complete a questionnaire to provide complementary data (sociodemographic characteristics, health measurements and family environment). In all, 7,887 parents answered the questionnaire, either on the Web or over the telephone.

METHODOLOGICAL NOTES

Survey findings pertain to children living in the socio-sanitary region of Montréal, which encompasses the island of Montréal, Île-Bizard and Nun's island. In this text, the term "Montrealers" refers to the students living in this region. Some data are also presented by sex, CLSC territory, or deprivation index (for more information on the index, see the box on page 12). These subgroups are not systematically presented but rather used to highlight significant differences among the population.

Although differences presented in the text are all statistically significant ($p<0.05$), they do not form a comprehensive data set of all significant differences observed among geographical areas, between boys and girls, or deprivation index of students' area of residence.

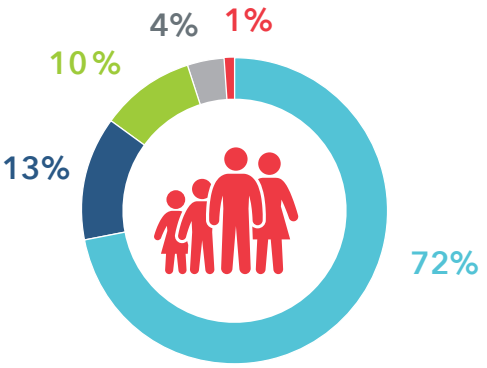
For more information about the 2017 TOPO survey, see the methodological guide at topomtl.ca

SOCIAL AND ENVIRONMENTAL DETERMINANTS

SOCIODEMOGRAPHIC MARKERS

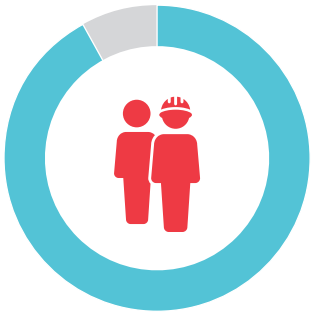
FAMILY

Family situation of 6th graders in Montréal



85%

of students come from families where at least one parent has a college or university degree.*



92%

of students have at least one parent who is currently employed.*

Despite high graduation rates and parents' employment status,

16%

of students live in households that lacked money to pay the rent or mortgage, or for food or other essential expenses in the past 12 months.*

*Source: Parent questionnaire

▶ PLACE OF BIRTH AND LANGUAGES SPOKEN AT HOME

54%

of parents of grade 6 students were born outside Canada,* while immigrants make up a third of Montréal's overall population (34%).†

Among **students**...

23%

were born outside Canada; among them, 41% arrived in the past 5 years.*

59%

were born of immigrant parents (one or both parents born outside the country).*

One outcome of such cultural diversity is that a large proportion of youth speak several languages:

57%

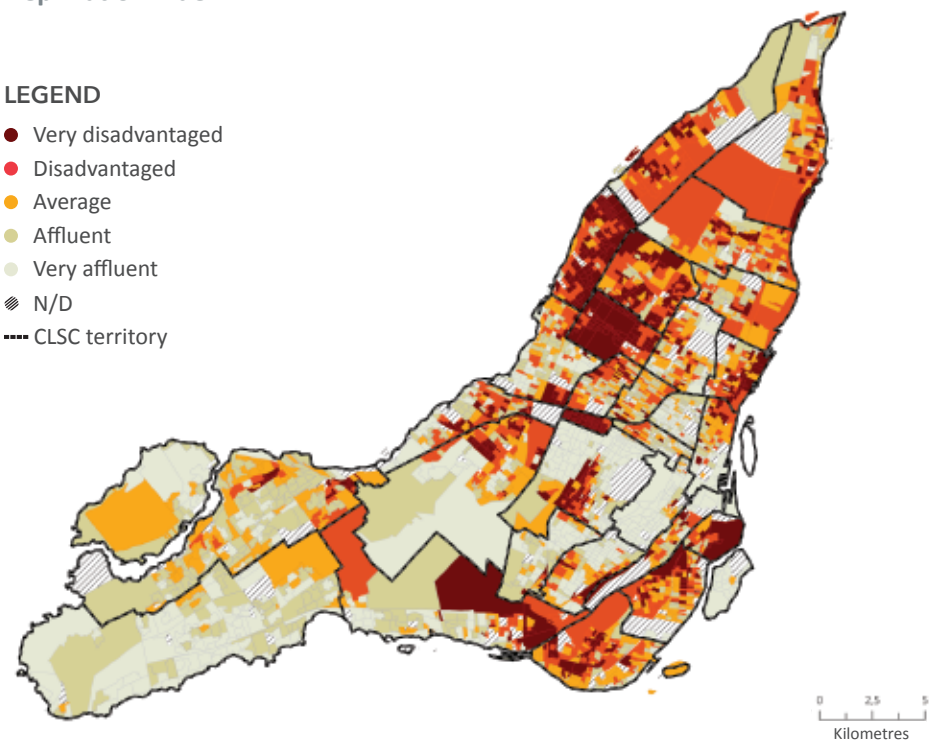
of students speak more than one language at home.

*Source: Parent questionnaire
†Source: 2016 census

MATERIAL DEPRIVATION

The map below shows the distribution of material deprivation on the island of Montréal.

Deprivation index



WHAT IS THE MATERIAL DEPRIVATION INDEX?

The index reflects children's socioeconomic environment. It is made up of an aggregation of characteristics of residents in a small geographic area (dissemination area) composed of 400 to 700 people. The index combines the three following indicators, taken from the 2011 census:

- Proportion of people aged 15 and over who don't have a high school certificate or diploma
- Proportion of people aged 15 and over who are employed
- Average income of people aged 15 and over

A score is calculated for each dissemination area. Dissemination areas are then sorted into quintiles, based on those scores, with the first quintile corresponding to the most affluent areas and the last quintile to the most disadvantaged areas.[1,2]

SOCIAL ENVIRONMENT

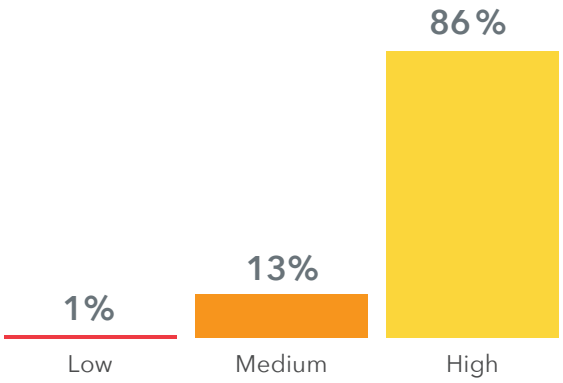
Three majors aspects of social environment—family, school and friends—play pivotal roles in children's development. Whereas family and school environments are central during childhood, the influence of friends grows as children transition into high school.[3,4]

USEFUL INFORMATION

Good family relationships have a positive influence on young people's health and well-being, for example by fostering the adoption of healthy lifestyle habits.[3]

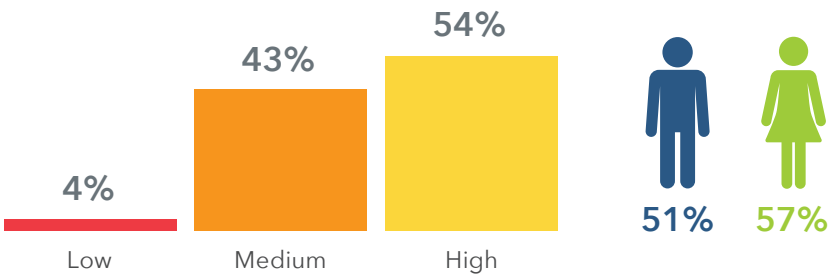
▶ A MAJORITY OF STUDENTS HAVE HIGH LEVELS OF SUPPORT WITHIN THEIR FAMILY ENVIRONMENTS

Support within the family environment is characterized by the strong presence of a parent or other responsible adult who takes an interest in the child, sets expectations, and expresses affection to him or her. A large majority of students feel they have high levels of social support in their family environments (86%).



▶ ONE IN TWO STUDENTS REPORTS A HIGH LEVEL OF SCHOOL SUPPORT

Just over half of students report high levels of support at school (54%). More girls than boys perceive this level of support at school.



WHAT IS SOCIAL SUPPORT AT SCHOOL?

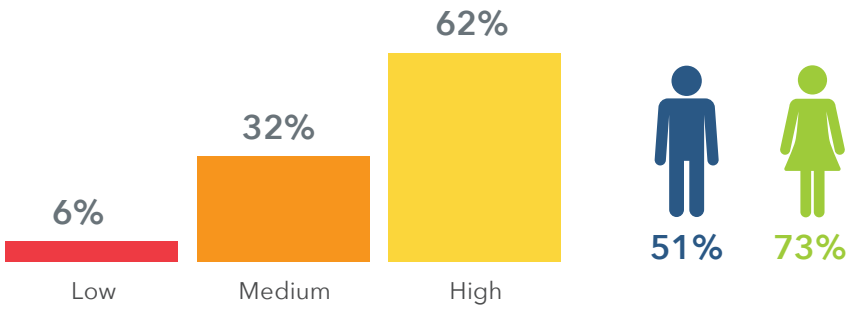
Social support at school refers to students' perception that a teacher or other adult at school cares about them, believes they can succeed and encourages them.

WHAT IS SOCIAL SUPPORT FROM FRIENDS?

Social support from friends is defined as being able to count on friends in times of need, and having friends with whom a child feels comfortable talking about his or her problems.

SOCIAL SUPPORT FROM FRIENDS: HIGHER AMONG GIRLS THAN BOYS

Almost two thirds of students (62%) have high levels of support from their friends. Girls far outnumber boys in this category.



PERSONAL AND SOCIAL SKILLS AND SELF-ESTEEM

PERSONAL AND SOCIAL SKILLS

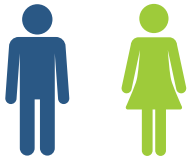
WHAT ARE PERSONAL AND SOCIAL SKILLS?

Personal and social skills are a person's ability to deal with difficult, negative or stressful experiences that arise in different situations.[5]

HIGH LEVEL OF PROBLEM-SOLVING SKILLS: MORE COMMON AMONG GIRLS

Problem-solving refers to the ability to plan, think critically and consider different facets of a situation before taking action or making a decision.

30%
of students have high levels of problem-solving skills.

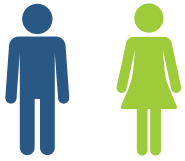


24% 37%

HIGH LEVEL OF EMPATHY, ESPECIALLY AMONG GIRLS

Empathy, or being able to understand and feel what another person is experiencing, is the basis for mutual respect. This skill can help prevent bullying and other forms of violence at school.[6]

47%
feel they have high levels of empathy.



36% 59%

IMPORTANT

Measures of self-efficacy and self-control are based on quintiles calculated from the responses of all children who participated in the survey. The percentages associated with the highest or lowest levels of these indicators are, by definition, around 20%. However, these percentages can vary due to equal scores among the children. These measures should be used only to compare groups of students (e.g. by sex, material deprivation) and to identify groups in which a higher proportion of children present the characteristics of interest.

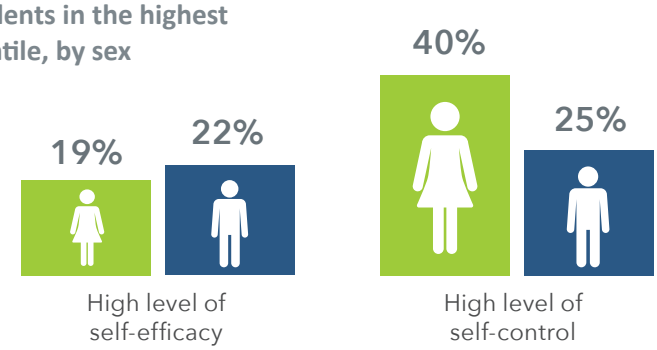
PERCEPTION OF SELF-EFFICACY HIGHEST AMONG BOYS

Self-efficacy—the belief in one's capacity to perform a task, meet a challenge or make a change—motivates a person to commit to an action or persevere when faced with difficulties.[7] Proportionately more boys than girls present high levels of self-efficacy.

MORE GIRLS HAVE HIGH LEVELS OF SELF-CONTROL

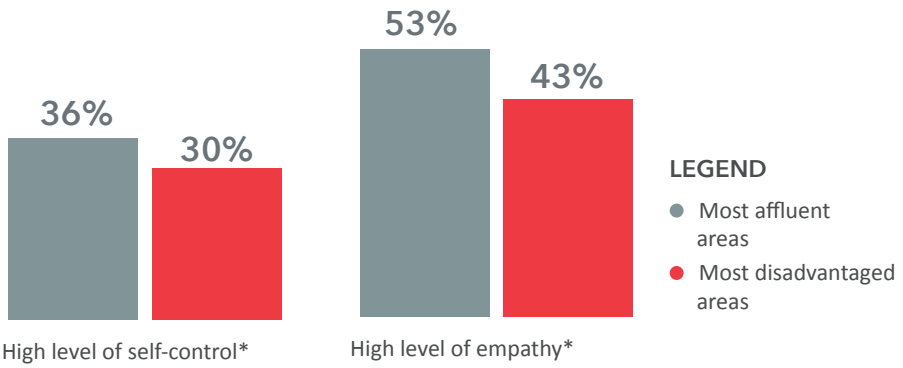
High self-control—the ability to subdue one's impulses in order to attain a goal, follow a rule or avoid an undesirable behaviour—is much more prominent among girls than boys. Higher scores on the self-control scale are associated with better relationships, good mental health and educational success.[8]

Students in the highest quintile, by sex



DIFFERENCES BASED ON LIVING ENVIRONMENT

Proportionately more students living in the most affluent areas have high levels of self-control and empathy than those living in the most disadvantaged areas.



*In the highest quintile

SELF-ESTEEM

HIGHER PROPORTION OF STUDENTS WITH LOW SELF-ESTEEM IN THE MOST DISADVANTAGED AREAS

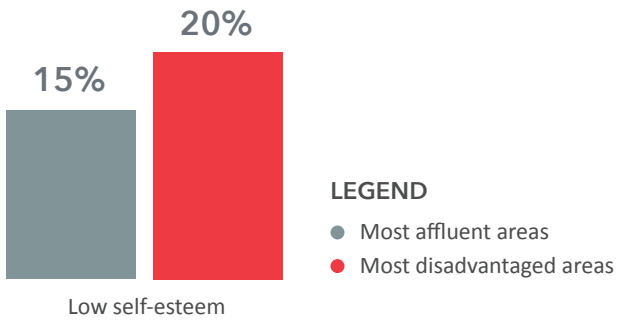
A child's self-esteem, or perceived sense of self-worth, exercises a determining influence on skills development. Children with positive self-perceptions are more open and confident when faced with challenges. However, it is more difficult for them to reach their full potential when self-perception is rather negative.[9]

Among grade 6 students, the proportion of children with low self-esteem varies according to level of material deprivation. Indeed, there is a 5-point difference between the most disadvantaged and most affluent areas.

IMPORTANT

The self-esteem measure is categorized in quartiles and should only by used to **compare** groups of students.

Students in the lowest quartile, by material deprivation



AGGRESSION, VIOLENCE AND CYBERBULLYING

KEEP IN MIND

”

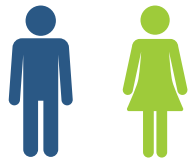
Whether direct or indirect, aggressive behaviours are associated with social maladjustment in perpetrators and their victims.[10]

DIRECT AND INDIRECT AGGRESSIVE BEHAVIOURS COMMON BETWEEN CHILDREN

Aggressive behaviours can be *direct*, that is, inflicting physical pain or uttering threats, or *indirect*, that is, done more subtly, behind a person's back, so the aggressor can remain anonymous and avoid the consequences of his or her actions.

45%

of students report having engaged in at least one direct aggressive behaviour. These behaviours are more common in boys than in girls.



59%

of students say they have engaged in indirect aggressive behaviour at least once. No differences were observed between boys and girls for this more insidious form of aggression.

▶ CHILDREN HAVING EXPERIENCED VIOLENCE OR CYBERBULLYING

46%

of students say they have been victims of at least one form of violence at school or on the way to school, or of cyberbullying during the past school year.

KEEP IN MIND

Peer violence and bullying can have serious consequences on victims (e.g. depressive symptoms, social withdrawal, low self-esteem).[11]

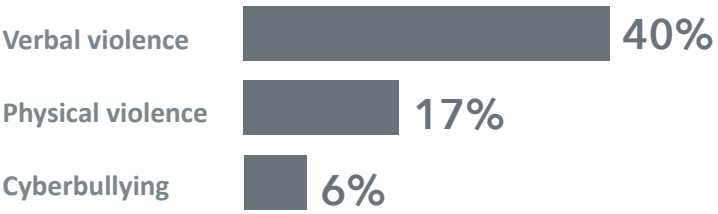
DEFINITIONS

Verbal violence refers to being insulted or called names, or getting threatened.

Physical violence involves getting violently pushed or hit.

Cyberbullying is when someone uses technologies like computers or cell phones to voluntarily hurt another person.

▶ VERBAL VIOLENCE IS THE MOST FREQUENT FORM OF VIOLENCE



Boys are systematically more numerous to report having been victims of these forms of violence.

BEHAVIOURS AND LIFESTYLE HABITS

Adopting healthy lifestyle habits helps prevent chronic diseases, and contributes to good mental health and educational success. Good habits developed during childhood and adolescence also often extend into adulthood.[12,13]

EATING HABITS

▶ MANY STUDENTS DON'T EAT BREAKFAST EVERY MORNING

38%
don't eat breakfast every day before school.

14%
hadn't eaten breakfast any day of the week preceding the survey.

USEFUL INFORMATION

Having breakfast regularly has positive effects on concentration, behaviour at school and academic performance.[14,15]

LEGEND
- Eat breakfast every day of the school week (62%)
- 1-4 days a week (24%)
- Never (14%)
- Don't eat breakfast every day (38%)

WHAT DOES THE FOOD GUIDE SAY?

Canada's Food Guide recommends that 9- to 13-year-olds eat **6 servings of fruit and vegetables a day**.

▶ MOST STUDENTS DON'T EAT ENOUGH FRUIT AND VEGETABLES

62%
don't eat the recommended number of servings.

EATING NUTRIENT-POOR FOODS: SIGNIFICANT DIFFERENCES AMONG MONTRÉAL ISLAND TERRITORIES

15%

have sugary drinks, nutrient-poor snack foods or sweets every day.

However, the percentage varies greatly across the island: 7% in the territory of CLSC Petite-Patrie versus 36% on the territory of CLSC Pointe-Saint-Charles.

DEFINITIONS

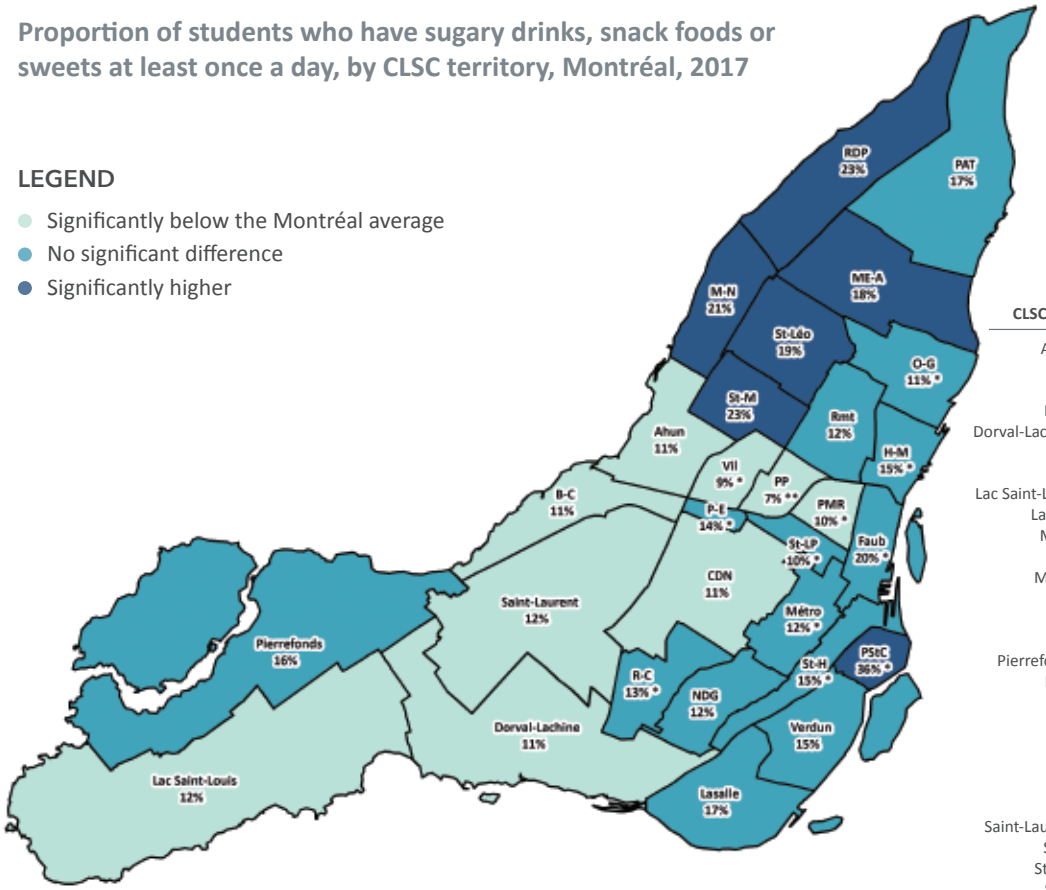
Sugary drinks: soft drinks, fruit-flavoured drinks, sport drinks or energy drinks

Nutrient-poor snack foods: chips, candied popcorn, cheese sticks, etc.

Sweets: candies, chocolate bars, jujubes, lollipops, etc.

Junk food: foods high in sugar, salt and saturated fats (fries, poutine, hamburger, pizza, hot-dogs, etc.)

Proportion of students who have sugary drinks, snack foods or sweets at least once a day, by CLSC territory, Montréal, 2017



CLSC territory	
Ahun	Ahuntsic
B-C	Bordeaux-Cartierville
CDN	Côte-des-Neiges
Faub	Des Faubourgs
Dorval-Lachine	Dorval-Lachine
H-M	Hochelaga-Maisonneuve
PP	La Petite Patrie
Lac Saint-Louis	Lac Saint-Louis
Lasalle	Lasalle
ME-A	Mercier-Est/Anjou
M-N	Montréal-Nord
Metro	Métro
NDG	Notre-Dame-de-Grâce
O-G	Olivier-Guimond
P-E	Parc Extension
Pierrefonds	Pierrefonds
PMR	Plateau Mont-Royal
PStC	Pointe Saint-Charles
PAT	Pointe-aux-Trembles/Montréal-Est
R-C	René-Cassin
RDP	Rivière-des-Prairies
Rmt	Rosemont
St-H	Saint-Henri
Saint-Laurent	Saint-Laurent
St-LP	Saint-Louis du Parc
St-Léo	Saint-Léonard
St-M	Saint-Michel
Verdun	Verdun/Côte-Saint-Paul
Vill	Villeray

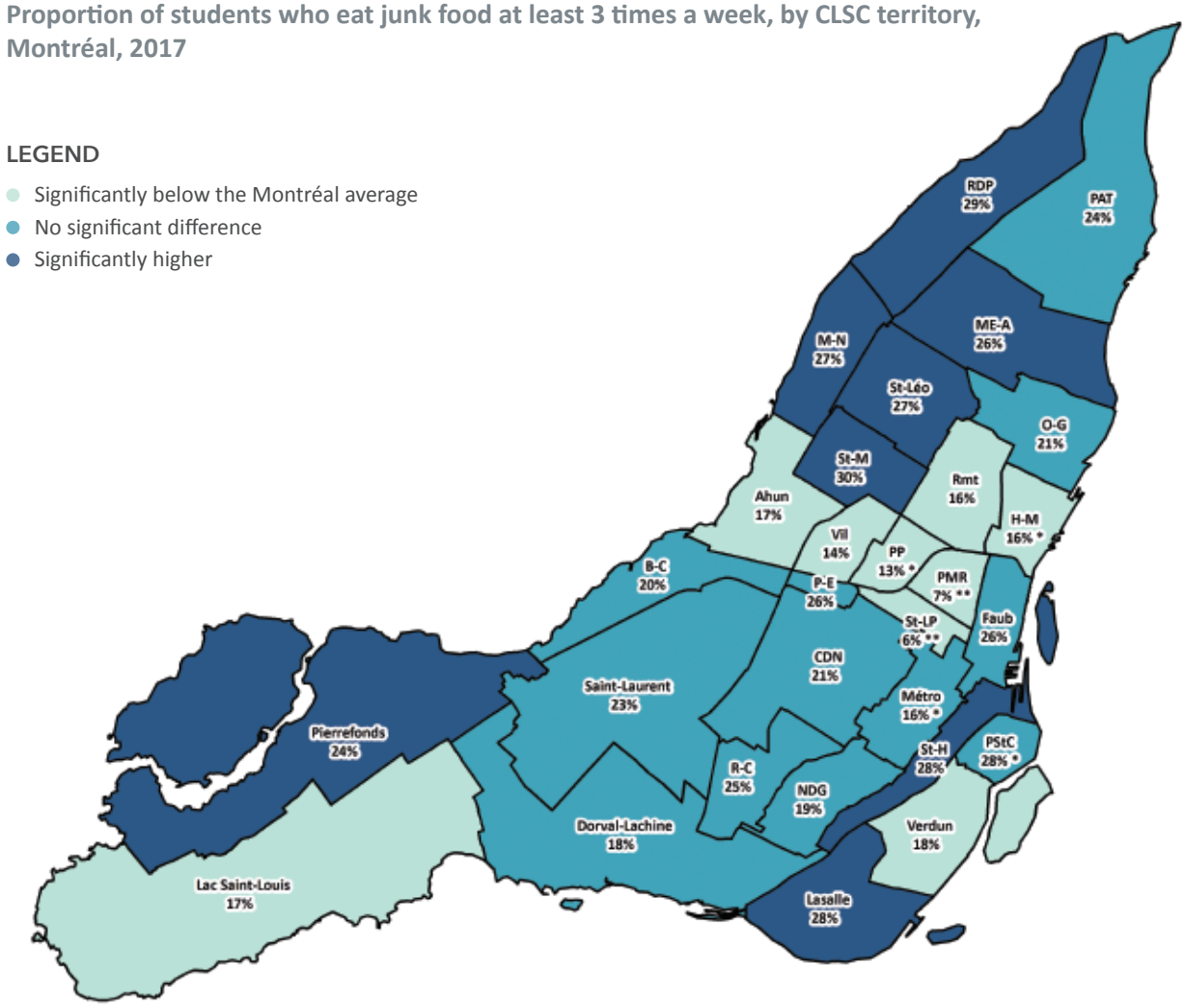
* Coefficient of variation (CV) > 15% and <=25% ; ** Coefficient of variation > 25% and <=33%

22%

of students eat junk food in a restaurant or snack bar at least three times a week, either at lunchtime or at some other time during the day.

Regular consumption of junk food is more frequent in the eastern part of the island; in the west of the island, this behaviour is less common.

Proportion of students who eat junk food at least 3 times a week, by CLSC territory, Montréal, 2017



* Coefficient of variation (CV) > 15% and <=25% ; ** Coefficient of variation > 25% and <=33%

See page 21 for a list of abbreviations of CLSC territories

EATING THOSE TYPES OF FOODS IS MUCH MORE WIDESPREAD IN VERY DISADVANTAGED AREAS

The percentage of students who eat those types of foods on a regular basis doubles when students from very affluent areas are compared to those from very disadvantaged areas.

Sugary drinks, nutrient-poor snack foods or sweets, every day

10%
VERY AFFLUENT AREAS

19%
VERY DISADVANTAGED AREAS

Junk food, at least 3 times a week

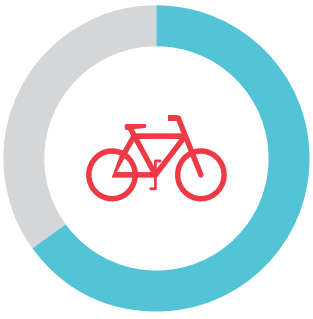
14%
VERY AFFLUENT AREAS

30%
VERY DISADVANTAGED AREAS

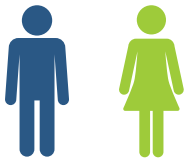
PHYSICAL ACTIVITY

PHYSICAL ACTIVITY: AN UNEVEN PORTRAIT

The benefits of doing at least 60 minutes of physical activity daily include building bone mass, reducing the risks of chronic diseases and lessening symptoms of depression.



65%
of students do not meet the recommended physical activity guidelines.



59% 71%

WHAT IS RECOMMENDED

The World Health Organization recommends that children aged 5 to 17 do **at least 60 minutes** of moderate- to vigorous-intensity physical activity* daily.[16]

* Level of physical activity is a measure that includes recreational activities and transportation, in the context of family, school, and other activities, and that takes into account duration, frequency and intensity required to perform an activity.

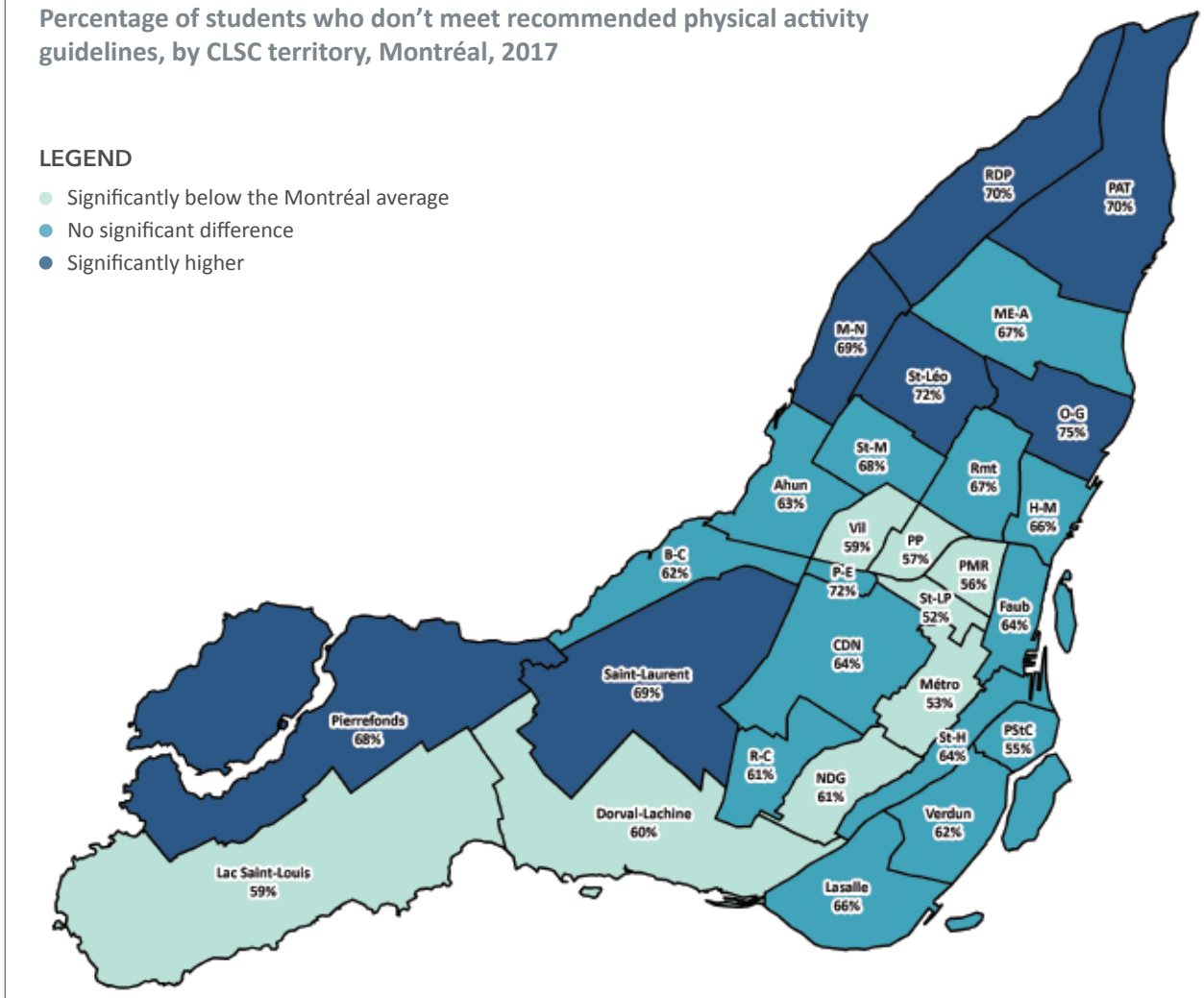
There are big differences among children who don't meet the recommendations, based on the material deprivation index.

58%
VERY AFFLUENT AREAS

69%
VERY DISADVANTAGED AREAS

The percentage of students who don't meet the recommended physical activity guidelines is lower in several central areas of the island. This is due in part to the layout of the city: it is easier to get around on foot or bicycle in these areas, which encourages active transportation.[17]

Percentage of students who don't meet recommended physical activity guidelines, by CLSC territory, Montréal, 2017



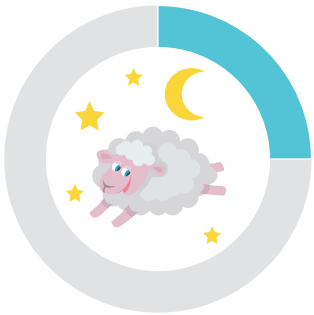
See page 21 for a list of abbreviations of CLSC territories

SLEEP

▶ MANY STUDENTS DON'T GET ENOUGH SLEEP

USEFUL INFORMATION

Getting enough good quality sleep has beneficial effects on memory, behaviour in class and academic success in elementary-school children.[18,19]



25%
sleep fewer than the 9 hours a night recommended for children this age.[20]

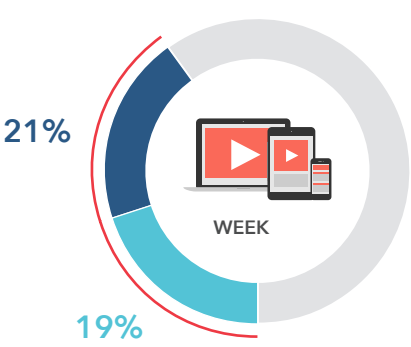
SCREEN TIME

▶ A HABIT MUCH MORE PREVALENT AMONG CHILDREN FROM VERY DISADVANTAGED AREAS

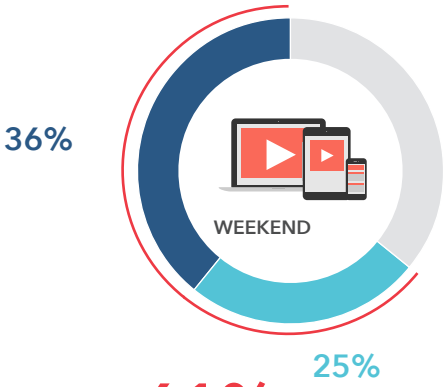
Over the last few decades, home access to computers and the Internet has risen dramatically.[21] While advances in information technologies significantly enhance children's learning, overexposure to screens is associated with a number of public health issues (sleep interference, overweight, etc.), regardless of the type of activity involved (watching television, playing video games, using social media, etc.).[22,23]

WHAT ARE THE RECOMMENDATIONS FOR SCREEN TIME?

Canadian guidelines set **maximum screen time at 2 hours a day** for children aged 5 to 17.[24]



40%
Spend more than 2 hours a day in front of a screen on weekdays.



61%
spend more than 2 hours a day in front of a screen on weekends.

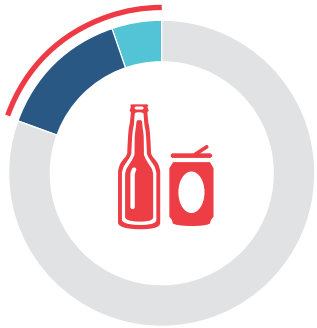
LEGEND
- 4 hours or more
- 2 to 4 hours
- 0 to 2 hours
- 2 hours or more

The number of young Montrealers who exceed the recommended screen time is all the more worrisome since many of them spend more than 4 hours in front of a screen daily.

The proportion of students who spend more than 4 hours a day in front of a screen during weekdays doubles when comparing children from the most affluent areas to those from the most disadvantaged areas.

ALCOHOL AND TOBACCO INITIATION

BEHAVIOURS TO MONITOR



20%
have already drunk alcohol, even if only just once, to taste it.

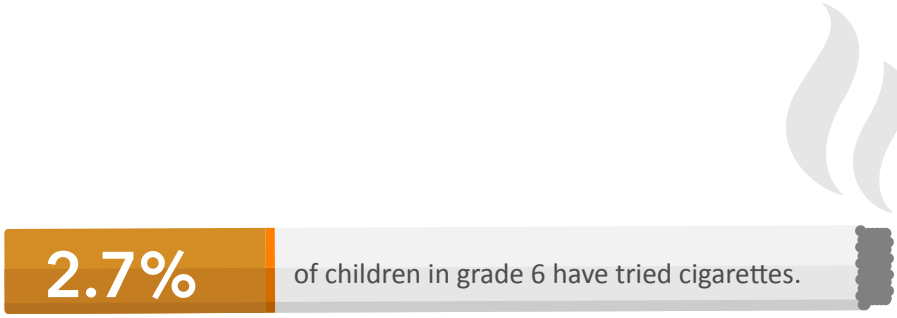
5%
have drunk alcohol more than once.

LEGEND
- More than once
- Just once
- Never
- At least once

This behaviour should be monitored during the transition to adolescence; generally, teens and young adults are more likely to engage in excessive use of alcohol, which increases some risks over the short term (injuries, intoxication, etc.) and the long term (cancers, diseases of the liver and pancreas, etc.).[3,25]

KEEP IN MIND

Nicotine in cigarettes is a highly addictive substance, and the risks of becoming a regular smoker rises significantly shortly after using the product for the first time.[24]



SCHOOL DROPOUT RISK

It has been proven that education is linked with better job opportunities and better health in adulthood.[26] In 2013–2014, the school dropout rate was 16% in Montréal.* Many individual and environmental factors contribute to school dropout. School dropout risk increases with age and is higher among high school students.†

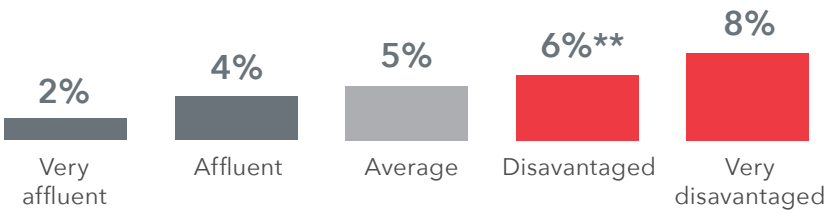
5%
of students are already at high risk of dropping out of school in grade 6.

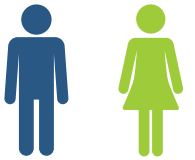
WHAT IS THE DROPOUT RISK INDEX?

The dropout risk index combines repeating one or several grades, results in French (or English) and math, and academic commitment—three factors associated with the probability of dropping out before finishing high school.

A HIGHER PROPOTION OF STUDENTS AT HIGH RISK OF DROPPING OUT IN DISADVANTAGED AREAS

By material deprivation quintile





*Source: Système Charlemagne, ministère de l'Éducation et de l'Enseignement supérieur
**No significant difference between this category and the previous one.
†Source: 2010–2011 Québec Health Survey of High School Students

PREVENTIVE HEALTH SERVICES

Access to health care and services can help mitigate the impacts of disease on people's lives. It can also help reduce health disparities in a population. Conversely, it can increase disparities when people from affluent areas have better access to services.[27]

USEFUL INFORMATION

Family doctors and pediatricians facilitate access to preventive health services, as well as to diagnoses and treatments in a timely fashion.

ACCESS TO A FAMILY DOCTOR OR PEDIATRICIAN IS MORE DIFFICULT IN DISADVANTAGED AREAS

80%

of students have a family doctor or pediatrician.*

This figure is close to 90% among students from very affluent areas, but is only 68% among those from the most disadvantaged areas.

89%

VERY AFFLUENT AREAS

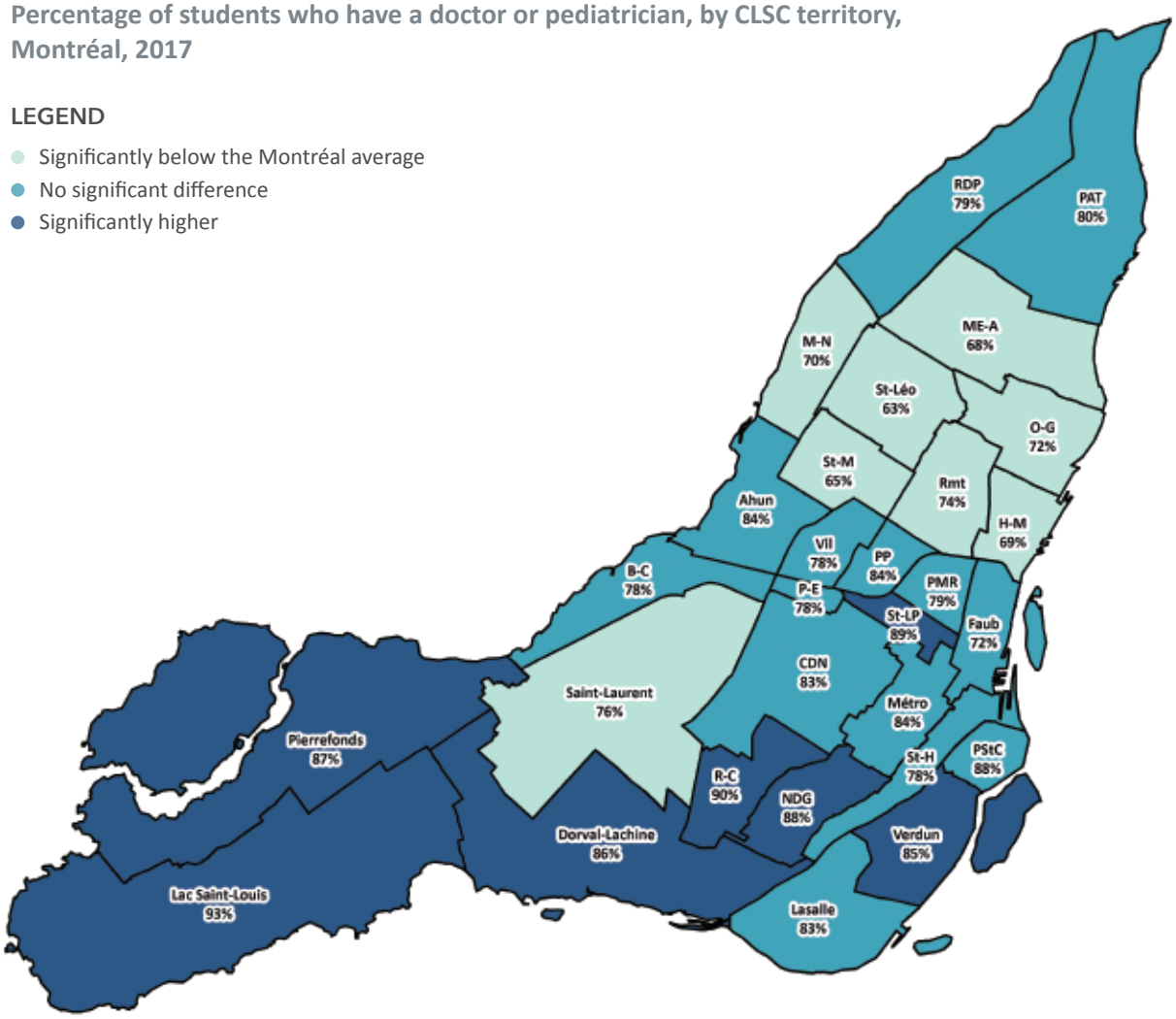
68%

VERY DISADVANTAGED AREAS

*Source: Parent questionnaire

Access to a family doctor varies greatly by CLSC territory. While many students have a family doctor or pediatrician in the west part of the island—93% on the territory of CLSC Lac Saint-Louis—the figure is much lower in some areas in the east of the island, such as the territories of CLSC Saint-Léonard (63%) and CLSC Saint-Michel (65%).

Percentage of students who have a doctor or pediatrician, by CLSC territory, Montréal, 2017



See page 21 for a list of abbreviations of CLSC territories

HEALTH STATUS

Although the prevalence of chronic diseases and disabilities is low among children, it is still possible to get an idea of the quality of their physical and mental health, using two indicators presented below: the life satisfaction scale and perception of overall health.

PLEASE NOTE

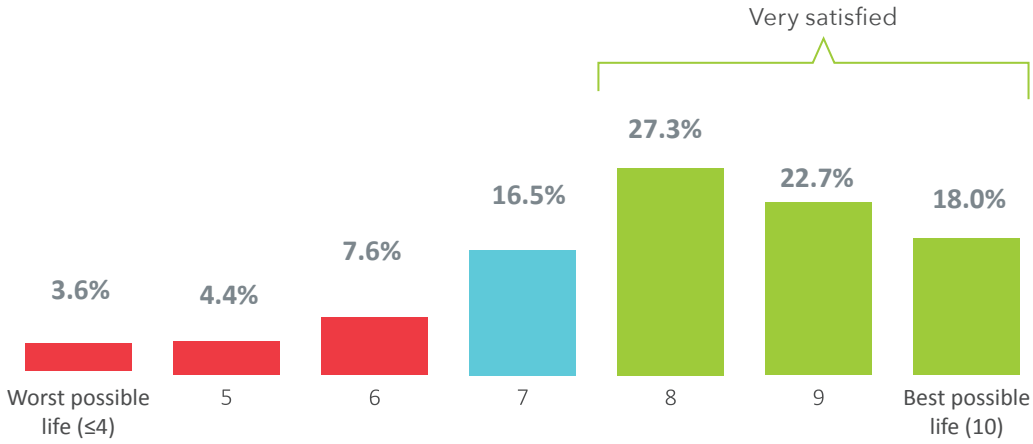
To measure a key aspect of emotional well-being, we asked students to rate their satisfaction with their lives on a scale of 0 to 10, where 0 is the worst possible life and 10, the best possible life for them.

THE MAJORITY OF CHILDREN ARE VERY SATISFIED WITH THEIR LIVES

68%

are very satisfied with their lives (rated 8 or higher).

Degree of satisfaction with their lives

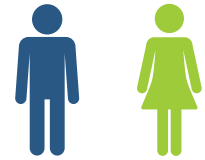


73%

VERY AFFLUENT AREAS

65%

VERY DISADVANTAGED AREAS



POORER PERCEIVED HEALTH AMONG CHILDREN FROM DISADVANTAGED AREAS

95%

of students report that their overall health is good, very good or excellent.

However, proportionately more students from very disadvantaged areas rate their health as **fair to poor**.

3.3%

VERY AFFLUENT AREAS

6.3%

VERY DISADVANTAGED AREAS

MENTAL HEALTH DISORDERS

PLEASE NOTE

Mental health disorders can have significant impacts on children's lives, for instance, on how they function at school. Providing support to children with mental health disorders is essential to foster their well-being and educational success.[27]

Most often reported mental health disorders* (confirmed by a doctor or other health specialist)	%
Attention deficit disorder with or without hyperactivity (ADHD)	9.8
Anxiety disorders	5.5
Behaviour or conduct disorders	1.9
Pervasive development disorders (PDD) or autism spectrum disorders	1.5
Depression	0.5

About twice as many boys than girls are affected by ADHD. Also, proportionately more boys than girls have behavioural or conduct disorders and PDD (autism spectrum disorders).

ADHD	Behaviour or conduct disorders	PDD or autism spectrum disorders
13.2% 6.5%	2.7% 1.1%	2.4% 0.7 %

*Source: Questionnaire for the Parent

CONCLUSION

For several years, there has been consensus on the fact that initiatives designed to improve population health have more impact when they target determinants of health and focus on disease prevention rather than treatment.

Results of the 2017 TOPO survey provide a portrait of the determinants of health and educational success of young Montrealers in grade 6. In addition, the survey highlights significant differences in behaviours, skills and lifestyle habits between boys and girls, CLSC territories, and affluent and disadvantaged areas. Those differences remind us that social inequalities in health persist and so must remain a priority for partners working to improve young people's health and well-being.

The top priority of this portrait is to encourage Montréal-area partners to work together to develop a common understanding of children's realities. To ensure mobilization is ongoing, several other publications are planned that will take into account diversity among Montréal neighbourhoods and that further explore some of the themes.

BIBLIOGRAPHY

1. Khun, K., Drouin, C., & Montpetit, C. (2006). Regard sur la défavorisation à Montréal: *Région sociosanitaire de Montréal*. Montréal, QC: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.

2. Gamache, P., Hamel, D., & Pampalon, R. (2017). *L'indice de défavorisation matérielle et sociale: en bref.* Retrieved from the Institut national de santé publique du Québec Website: https://www.inspq.qc.ca/santescope/indice-de-defavorisation

3. Freeman, J., King, M., & Pickett, W. (2016). *Health Behaviour in School-aged Children in Canada: Focus on Relationships.* Retrieved from the Government of Canada Website: http://healthycanadians.gc.ca/publications/science-research-sciences-recherches/health-behaviour-children-canada-2015-comportements-sante-jeunes/index-eng.php

4. Institut national de santé publique du Québec (2014). *The sociocultural environment and lifestyle habits of adolescents: A better understanding for action.* Retrieved from the Institut national de santé publique du Québec Website: https://www.inspq.qc.ca/pdf/publications/1797_Sociocultural_Environment_Adolescents.pdf

5. World Health Organization (2003). *Skills for health: skills-based health education including life skills: an important component of a child-friendly/health-promoting school.* Geneva: 83 p.

6. Şahin, M. (2012). An investigation into the efficiency of empathy training program on preventing bullying in primary schools. *Children and Youth Services Review*, 34(7), 1325–1330.

7. Bandura, A. (2003). *Auto-efficacité: Le sentiment d'efficacité personnelle,* Paris : Éditions De Boek.

8. Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. Journal of Personality and Social Psychology 84; 50(1): 205–220.

9. Direction de santé publique. Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal (2005). Focus on youth: support through understanding. *2004 Annual Report on the Health of the Population.*

10. Card, N. A., Stucky, B. D., Sawalanib G. M., & Little, T. D. (2008). Direct and Indirect Aggression During Childhood and Adolescence: A Meta-Analytic Review of Gender Differences, Intercorrelations, and Relations to Maladjustment. *Child Development*, 79 (5), 1185 – 1229.

11. Juvonen, J., Graham, S. (2001). Peer harassment in school: The plight of the vulnerable and victimized. New York, NY: Guilford.

12. Burkhalter, T. M., & Hillman, C. H. (2011). A narrative review of physical activity, nutrition, and obesity to cognition and scholastic performance across the human lifespan. *Adv Nutr,* 2(2), 201S-206S.

13. McIsaac, J. L., Kirk, S. F., & Kuhle, S. (2015). The Association between Health Behaviours and Academic Performance in Canadian Elementary School Students: A Cross-Sectional Study. I*nt J Environ Res Public Health,* 12(11), 14857-14871.

14. Adolphus, K., Lawton, C. L., & Dye, L. (2013). The effects of breakfast on behavior and academic performance in children and adolescents. *Front Hum Neurosci,* 7, 425.

15. Hoyland, A., Dye, L., & Lawton, C. L. (2009). A systematic review of the effect of breakfast on the cognitive performance of children and adolescents. *Nutr Res Rev*, 22(2), 220-243.

16. World Health Organization (2010). *Global recommendations on physical activity for health*. Switzerland: 60 p.

17. Directeur de santé publique de Montréal. (2015). Activité physique en milieu municipal. Retrieved from the Montréal director of public health's Website: http://www.dsp.santemontreal.qc.ca/dossiers_thematiques/environnement_urbain/thematiques/activite_physique_en_milieu_municipal/problematique.html?L=1

18. Paruthi, S., Brooks, L. J., D'Ambrosio, C., Hall, W. A., Kotagal, S., Lloyd, R. M., . . . Wise, M. S. (2016). Recommended Amount of Sleep for Pediatric Populations: A Consensus Statement of the American Academy of Sleep Medicine. J Clin Sleep Med, 12(6), 785-786.

19. Douglas Mental Health University Institute. (2015). Sleep and children: the impact of lack of sleep on daily life. Retrieved from the Douglas Institute Website: http://www.douglas.qc.ca/info/sommeil-et-enfant-repercussions-du-manque-de-sommeil-sur-la-vie-quotidienne?locale=en

20. Chaput, J.P., & Janssen, I. (2016). Sleep duration estimates of Canadian children and adolescents. J Sleep Res, 25(5), 541-548.

21. Statistics Canada (2011). General Social Survey – 2010: Overview of the Time Use of Canadians. Retrieved from Statistic Canada's Website: https://www.statcan.gc.ca/pub/89-647-x/89-647-x2011001-eng.htm

22. Biron, J.F., Bourassa Dansereau, C. (2011). *Les préoccupations et les impacts associés à l'utilisation d'Internet dans les milieux des jeunes d'âge scolaire*. Montréal, QC: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.

23. CEFRIO (2017). Portrait numérique des foyers québécois : Édition 2017. NETendances 8(1) Retrieved from the CEFRIO Website: https://cefrio.qc.ca/fr/enquetes-et-donnees/netendances2017-portrait-numerique-foyers-quebecois

24. Institut national de santé publique du Québec (2016). Le temps d'écran, une autre habitude de vie associée à la santé. Retrieved from the Institut national de santé publique du Québec Website: https://www.inspq.qc.ca/publications/2154

25. Pica, L. A., Traoré, I., Bernèche, F., Laprise, P., Cazale, L., Camirand, H., Berthelot, M., & Plante, N. (2013). L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011, Tome 1 – Le visage des jeunes d'aujourd'hui: leur santé physique et leurs habitudes de vie. Québec: Institut de la statistique du Québec.

26. Pica, L.A., Plante, N., Traoré, I. (2014). *Décrochage scolaire chez les élèves du secondaire du Québec, santé physique et mentale et adaptation sociale : une analyse des principaux facteurs associés.* Zoom santé (46). Retrieved from the Institut de la statistique du Québec Website: http://www.stat.gouv.qc.ca/statistiques/sante/bulletins/zoom-sante-201409.pdf

27. Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal. (2011). Les inégalités sociales de santé : *Les modèles explicatifs*. Retrieved from the Espace montréalais d'information sur la santé's Website: https://emis.santemontreal.qc.ca/fileadmin/emis/Sant%C3%A9_des_Montr%C3%A9alais/Inegalites_sociales_de_sante/AproposdesISS/Les_modeles_explicatifs_01.pdf

28. Initiative de leadership en matière de soutien aux élèves, district d'Hamilton (2010). Les interventions qui comptent – Guide sur les problèmes de santé mentale chez les enfants et les jeunes à l'intention du personnel enseignant. 3e éd. Ontario, Canada: 72 p.

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Sud-
de-l'Île-de-Montréal

Québec