

Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux

Québec
Montréal



Santé publique



Focus
on youth:
support
through **understanding**

2004-2005 Annual Report
on the Health of the Population



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Foreword

If we relied solely on the image of young Montrealers transmitted all too often by part of the press, we might conclude that to be young is somewhat akin to having a disease. Far be it from us to deny that some young people are grappling with somewhat serious problems. However, we chose to go beyond this image and get a clearer picture of young Montrealers of school age to better match our initiatives to the actual situation.

This seventh report on Montrealers' health pursues a series of annual examinations of various facets of the population's health and well-being. Once again, it reflects the mandate that the *Québec Act respecting health services and social services* assigns to the territory's director of public health: to inform the public and its partners of the state of and changes in Montrealers' health and well-being and suggest the best means of maintaining health.

Toward the late 1990s, following repeated efforts to accurately assess the situation of Montréal school children between 6 and 17 years of age, it became obvious that we did not have reliable data. Moreover, province-wide surveys did not enable us to pinpoint the scope of the situations experienced by young Montrealers.

The idea thus took shape to conduct in 2003 a major survey focusing on the well-being of these young people, in direct collaboration with our partners:

the Agence de santé et de services sociaux de Montréal, the ministère de la Santé et des Services sociaux, the Direction régionale de Montréal in the ministère de l'Éducation, the Comité de gestion de la taxe scolaire de l'île de Montréal, and the Centres jeunesse de Montréal — Institut universitaire. Not only did these partners provide funding but they were also represented on the scientific committee that elaborated the Survey and would use the findings in their own research and program development processes.

To focus on the health of young Montrealers is to consider, first and foremost, various sociosanitary indicators in order to produce an overview of the situation. It also means listening to young people and relying on their comments to pinpoint the conditions necessary for the enhancement of their health and well-being. The Survey of the Well-being of Young Montrealers conducted among 4500 young people and their parents will allow us to gradually integrate their viewpoint and ours, that of planners, decision-makers and adults.

This annual report offers only an initial overview of the key factors that define the health of young Montrealers. It will be followed by several in-depth studies and more specific data comparisons. However, it is based on original data that update certain earlier studies. It opens up prospects for association with our

Montréal partners, who are as aware as we are of the vital importance of keeping our young people healthy.

If the theme of the health of young people has come to the fore, it is because we firmly believe, like many other people, that developments in Montréal's economy and in social and health matters centre on the collective importance that we attach to young people. Beyond the data and surveys that inform us of their situation, we will see that the comments and words of young Montrealers indicate the road to follow.



Richard Lessard, M.D.

Director of Public Health

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Points of reference

To properly grasp the overall context of this annual report, it is important to examine from the outset a number of notions essential to understanding the development of young people and certain methods of intervention used in public health. As we saw in our previous annual report, which examined risk management and health, health officials first focused on the protection of the population's health by successfully implementing a series of hygiene measures. It was only subsequently that the officials, responsible for all facets of public health, gradually added other concerns to their professional practices, mainly promotion and prevention. Health promotion targets Quebecers' well-being, while prevention centres more on disease prevention.

Promotion is more universal since it consists in enhancing the skills of individuals and groups in the social, psychological or physical spheres, with the objective of improving their well-being. Beyond the distinction between promotion and prevention, emphasis is usually placed on a combined model in which the promotion of protective factors goes hand in hand with the prevention of disease risk factors. In Montréal, three of four regional action priorities reflect this perspective, that is, support for families and the enhancement of the living conditions of infants; the development, adaptation and integration of young people; and a

reduction in social inequalities of health through social development, as stated in the 2003-2006 Montréal Public Health Action Plan, *Action for Prevention*.

In the field of public health, the promotion of young people's health is closely linked to the development of their cognitive, emotional and behavioural skills with a view to enhancing their well-being. This approach can even successfully prevent other problems. For example, the adaptation of elementary school students is bolstered by improving how they feel about their academic success, their ability to control their attention, feelings and behaviour, and their ability to interact with their peers. This, in turn, can affect their motivation, academic achievement and psychological well-being.

Skills development, a basic concept

The concept of skills is central to the psychological development of young people. It covers an array of notions but, at present, there is general agreement that skills refer to children's or adolescents' ability to successfully coordinate their personal resources — thoughts, feelings, words and behaviour — in a given context, to carry out tasks asked of them or that they wish to perform. Skills result in good adaptation and not in outstanding performance.

Interaction with the living environment—Ongoing, reciprocal interaction between children and their environment is a basic notion of development. Children select, perceive, interpret and create in light of what they are and what they have experienced. Living environments lead to changes and biological and psychological reorganization. The quality of a child's relationships with his or her parents, self-control processes (attention, emotions and rules of behaviour), positive self-perception and recognition of skills and the development of moral rules are some of the factors that affect motivation, thoughts and behaviour. Furthermore, the quality and stability of the social network in turn affect the child's behaviour.

We also know that the influences closest to young people are those that most directly affect their development. Most important are the individual's inner strengths, the quality of relationships with parents, and the influence of friends and other significant adults, followed by lesser influences such as socioeconomic conditions and the community's characteristics.

This context highlights key factors involved in public health initiatives. First, skills development stems from interaction between children's or adolescents' individual characteristics (temperament, motivation and experience), and the characteristics of their family, day care, school or social environment (climate, guidance and support). It also emphasizes that young persons' skills develop according to their stage of development and the attendant social expectations.

The ability to change remains—Certain processes play a critical role in the stability of or changes in a child's characteristics, such as behaviour, emotions or scholastic motivation.

Currently, researchers believe that no theoretical development model is likely to explain accurately the trajectories of young people. For this reason, development models are designed in probabilistic terms. Indeed, it has been noted that young people at high risk attain tolerable levels of adaptation and, inversely, that young people who are not deemed to be at risk develop problems.

Each individual's unique characteristics and the contexts in which they develop and the time at which they interact mean that development follows numerous paths and produces variable results. Consequently, similar conditions can lead to different types of development, just as different paths can lead to the same result. We can thus surmise that potential for change exists, that such potential can be mobilized, and that early intervention to promote skills and reduce risk factors guarantees many young people's success.

Hierarchical development—The development of young people is hierarchical and organized, meaning that it is built in successive strata through the reorganization of old and new components, each one leading to physical, cognitive and emotional gains and to changes in behavioural organization. Since development hinges both on experiences and shortcomings, a child's inability to attain a sufficient level of skill in the performance of a major task alters his or her

ability to respond to new experiences. The most critical determinant of adaptation is learning, the successful management of physical, cognitive, emotional and social challenges inherent in each stage, such as positive relationships with peers and adaptation to school.

This perspective emphasizes that development occurs in response to challenges through which the child accumulates growing numbers of physical, psychological and social skills. Children are competent and prepared to engage in fruitful relationships when they master the major tasks or skills appropriate to their age, such as attachment to their parents, positive self-image, language, positive interpersonal relationships, autonomy, and so on. It is the mastery of these tasks or skills that increases the likelihood of adaptation.

Highly sensitive periods—Because some children learn later than others generally do, the principle of learning essential tasks at a set time has been abandoned. Children will learn optimally according to their own potential, and the pace at which children go through the stages varies a great deal. Thus, we refer to sensitive rather than critical periods. We also know that each developmental reorganization produces some degree of imbalance in the child, which encourages him or her to be especially receptive to change. Consequently, these periods offer excellent opportunities for both promotion and prevention.

Protection and risk factors are seldom isolated—Recent studies devoted to the functioning of risk and protection factors have also revealed the complex

relationships between these factors and development. These are key factors to be considered. First, risk factors are rarely isolated. They often occur in groups and seldom is a problem associated with only one factor. Among young people, mental health problems, social problems and health risk behaviours are often interrelated. It has also been noted that certain risk factors are generic, that they are common to several problems. Finally, the impact of certain risk factors varies according to a child's stage of development and living environments.

Broadly speaking, these are some of the assumptions on which are now predicated measures aimed at children and adolescents. These principles indicate that the success of our health promotion initiatives hinges on several criteria. Specifically, we must target the development of the young peoples' skills, take into account interactions between young people and their living environments, adapt to the characteristics of their development, act at the right time, and target the appropriate protection and risk factors. While research continues on understanding the forces at play in young peoples' development, there is agreement that these principles provide a framework that must guide our objectives and initiatives. This is the focus of the Survey examined in this annual report.

An initial broad profile of young Montrealers—First, a two-page spread presents background information on the Survey on the Well-being of Young Montrealers: the partners, the themes chosen, the grade levels sampled, the

number of schools visited, the number of students and parents reached, and certain methodological aspects.

Section 1 presents basic data drawn not from the Survey but from Québec or Canadian statistics on mortality, hospitalization and poverty. Montréal does not always fare well in these areas, which, in turn, affects various characteristics measured by the Survey. The next 6 sections analyse the findings of the Survey, which examines the opinions of young people and their parents. The Survey data, therefore, reflect their perceptions and not a medical or other diagnosis.

In Section 2, we examine data on the physical health of young people and their lifestyle habits such as diet, exercise and dental health; we observe that they suffer from various forms of malaise, especially back problems. It is clear that progress still must be made in the area of their lifestyle habits.

Section 3 focuses on the quality of young peoples' social support networks, specifically their families and friends, relationships that predominate among young people. Broadly speaking, the responses are encouraging even though shortcomings are apparent.

Section 4 reviews the findings concerning self-esteem, a key component of well-being. Young people were also asked a series of questions to ascertain their psychological distress. Their responses shed new light on the range of protection and risk factors that come into play, especially their relationships with their parents and friends. The young people also talked about their dissatis-

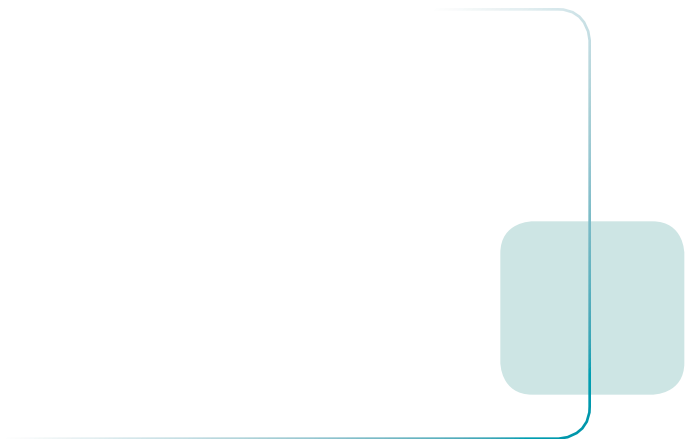
faction with their body image and it was clear that this was an important issue for adolescents, and even for younger children.

In Section 5, we examine what should be the focal point of the lives of children and adolescents, school life: Do they like school? Do they want to succeed? Do they do their homework? Do they have the impression that they will succeed? Do their parents, teachers and friends support them? In secondary school, does remunerated employment take up a lot of students' time?

Section 6 looks at insecurity and violence, including when young people say they are the victims of bullying and taxing or discrimination, or when they acknowledge that they act aggressively.

Section 7 examines health risk behaviours of young people, such as their initiation to smoking, alcohol and drugs—habits that affect a non-negligible minority of adolescents—as well as their first sexual experience, and their attitude to the protection of their health.

Overall, our findings confirm situations that were only suspected. Based on this data, we are proposing that certain avenues for action be emphasized, ranging from initiatives in schools to measures geared to municipalities or the community. Our partners will agree that, even if the majority of young people are doing well, the task before us is still imposing: helping youth grow into healthy Montrealers.



The story behind a major survey



Survey on the Well-being of Young Montrealers

Why a survey?

The information available did not allow us to estimate the scope of the key determinants of the well-being of young people. None of the surveys conducted was representative of Montréal school children overall.

Main objective

To measure the scope of the key determinants of the well-being of young people attending an elementary or secondary school in the Montréal area with the ultimate objective of fostering their development and ensuring their academic success.

Partners

Agence de santé et de services sociaux de Montréal
Ministère de la Santé et de Services sociaux, through the public health grant program

Direction régionale de Montréal of the ministère de l'Éducation du Québec

Comité de gestion de la taxe scolaire de l'île de Montréal

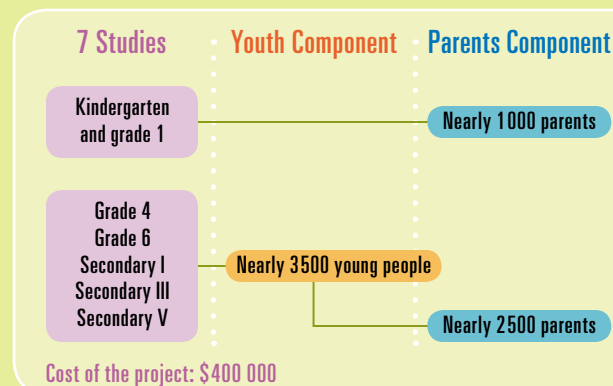
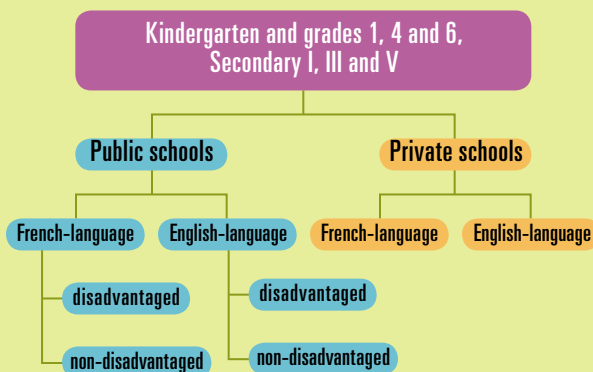
Centres jeunesse de Montréal-Institut universitaire

Survey firm

Le Bureau des intervieweurs professionnels (BIP)

When and whom

Data was collected in the spring of 2003 in 373 classes at 270 schools in the Montréal school system.



Some of the themes

- Their perception of their health and lifestyle habits
- Self-perception
- Support from families and friends
- The family as a living environment
- Their interest in school and their work habits
- Violence

Notes

- The Survey covers only young people in school, not those who left school before Secondary V. It would have been desirable to reach the latter but doing so would have required another survey better adapted to their situation.
- Given that the subjects are young, data collection was conducted very cautiously to ensure respect for the young people's rights. Questions dealing with suicide, violence inflicted by a parent, and sexual abuse were excluded. A survey focusing on these themes would have required an entirely different operation and the offer of immediate support to young people who needed it. The ethics committee at Hôpital Maisonneuve-Rosemont approved the Survey.
- All of the findings were meticulously and rigorously verified. The data were weighted and post-stratified to obtain percentages representative of all students going to school in the Montréal area.
- The impending methodological report will present a more detailed description of the methods used.



Keep it up!
We're interested
in your answers.



- The Survey is, in fact, made up of seven separate, independent surveys, each one corresponding to a grade level: kindergarten, grades 1, 4 and 6, and Secondary I, III and V. The Survey focuses on transitional levels for young people.
- Subjects were recruited not according to age but to grade level.
- Since students in grades 2, 3 and 5 were not covered by the Survey, it is not possible to extrapolate the findings to elementary school overall. The same is true of the findings for secondary schools, where secondary II and IV were not studied.
- The sample, produced independently, included both strata and clusters (complex sampling).

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