

Provincial Fact Sheets 2012-2013 New Brunswick Student Wellness Survey Grades 6 to 12 Mental Fitness



Introduction

Mental fitness refers to our personal sense of psychological wellness (positive thoughts and feelings). We are more likely to improve our mental fitness when our needs for recognition (competence), choices (autonomy), and belonging (relatedness) are met. It means having a positive sense of how we feel, think and act which improves our ability to enjoy life. It also implies the ability to efficiently respond to life's challenges, and to effectively restore and sustain a state of balance.

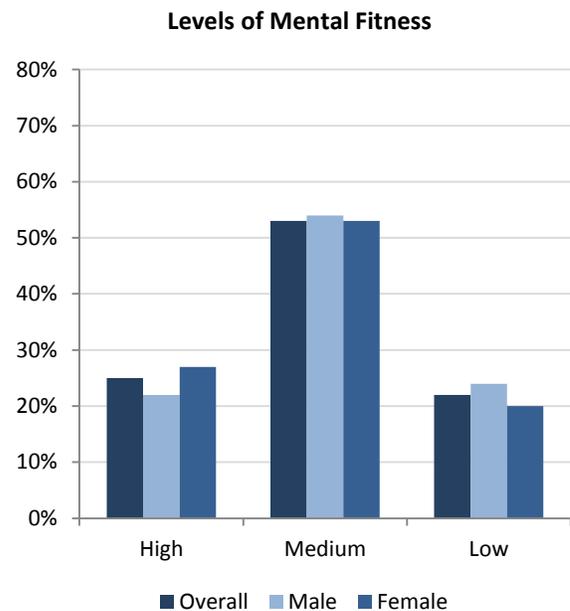
Levels of Mental Fitness

The graph on the right represents a combined measure of mental fitness among New Brunswick students, and provides the percentage of male and female students who respectively reported high, medium and low levels of mental fitness.

When mental fitness needs are sufficiently met, people become more resilient and self-determined in adopting attitudes and behaviours that contribute to their personal wellness and that of others. Evidence arising from the NBSWS data indicated that higher levels of mental fitness are associated with:

- Increases in reported pro-social attitudes and behaviours
- Decreases in reported oppositional attitudes and behaviours
- Lower probability of smoking
- Lower levels of risk of future smoking (susceptibility to smoking)
- Increased probability of engaging in competitive physical activity

- Increases in students' sense of school connectedness



Mental Fitness Needs

Mental fitness is fostered in environments and relationships that satisfy three interrelated needs: competence, autonomy and relatedness.

Competence: "I have strengths and gifts that are recognized by myself and others."

We need to recognize and use our personal strengths and gifts to meet goals and to help others. Fulfillment of this need provides us with a sense of accomplishment and worth.

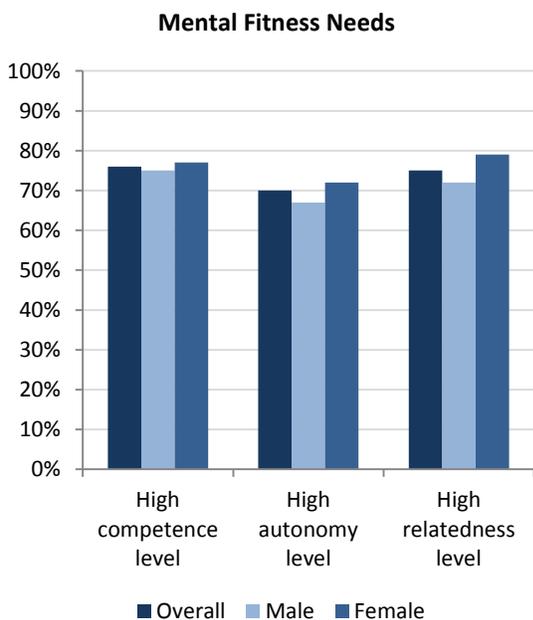
Autonomy: “I am able to make choices about things that are important to me.”

We need personal freedom to make choices or decisions that are important to us and have others support our choices. When this need is satisfied in conjunction with other need areas, freedom and choice are expressed in ways in which respect is demonstrated for self and others.

Relatedness: “I feel included, supported and encouraged by others.”

We need to feel we belong, and are connected to important relationships that support and encourage us in spirit and action. This need is met through interaction with others, our membership in groups, and the support and encouragement we receive from others.

Students were asked a series of questions for each of the three mental fitness needs. The graph below shows the provincial results, including the differences in male and female students.



School Connectedness

A sense of school connectedness can support students in making healthy choices. Students who are attached to their school, and who consider their teachers to be supportive, are less likely to engage in unhealthy or high-risk behaviours.

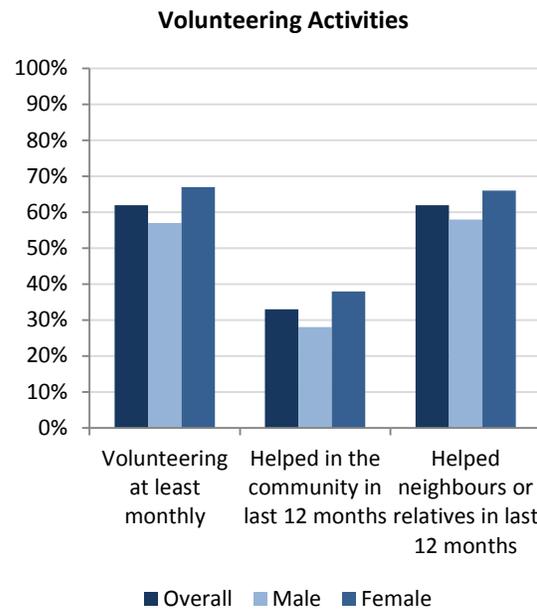
| School Connectedness | |
|----------------------|-----|
| Overall | 89% |
| Females | 90% |
| Males | 89% |

Pro-Social Behaviour

Students with higher levels of mental fitness tend to report more pro-social behaviours, such as helping out and sharing without being asked.

| Pro-Social Behaviour | |
|----------------------|-----|
| Overall | 81% |
| Females | 86% |
| Males | 75% |

Students also reported on their engagement in pro-social volunteering activities, as shown in the following graph:

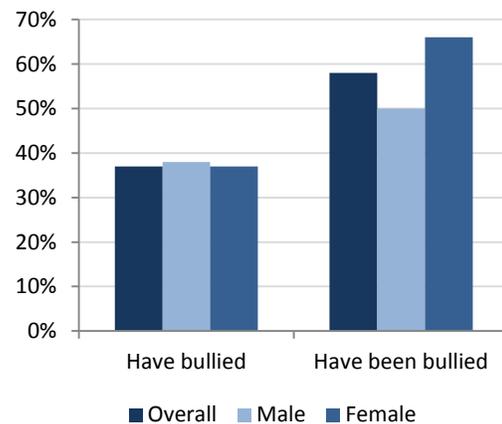


Oppositional Behaviours

Oppositional behaviours in childhood have been linked to a variety of negative outcomes later in life, including: risk of academic challenges and school drop-out; unhealthy social relationships; problem substance use; conflict with the law; and increased risk of mental health issue¹. In grades 6 to 12, 22% of students demonstrated high levels of oppositional behaviour (19% among females, and 26% among males).

In Canada, 36% of students have been a victim of bullying one or two times within a two-month period, and 20% report being both bullies and victims². Research demonstrates that both bullying victimization (being bullied) and perpetration (being a bully) are linked to academic problems (e.g. poorer academic skills and grades), psychological problems, low empathy, distorted perceptions of the impact of aggression and its role in social problem-solving, and increased risks for substance use and conflict with the law^{3, 4}.

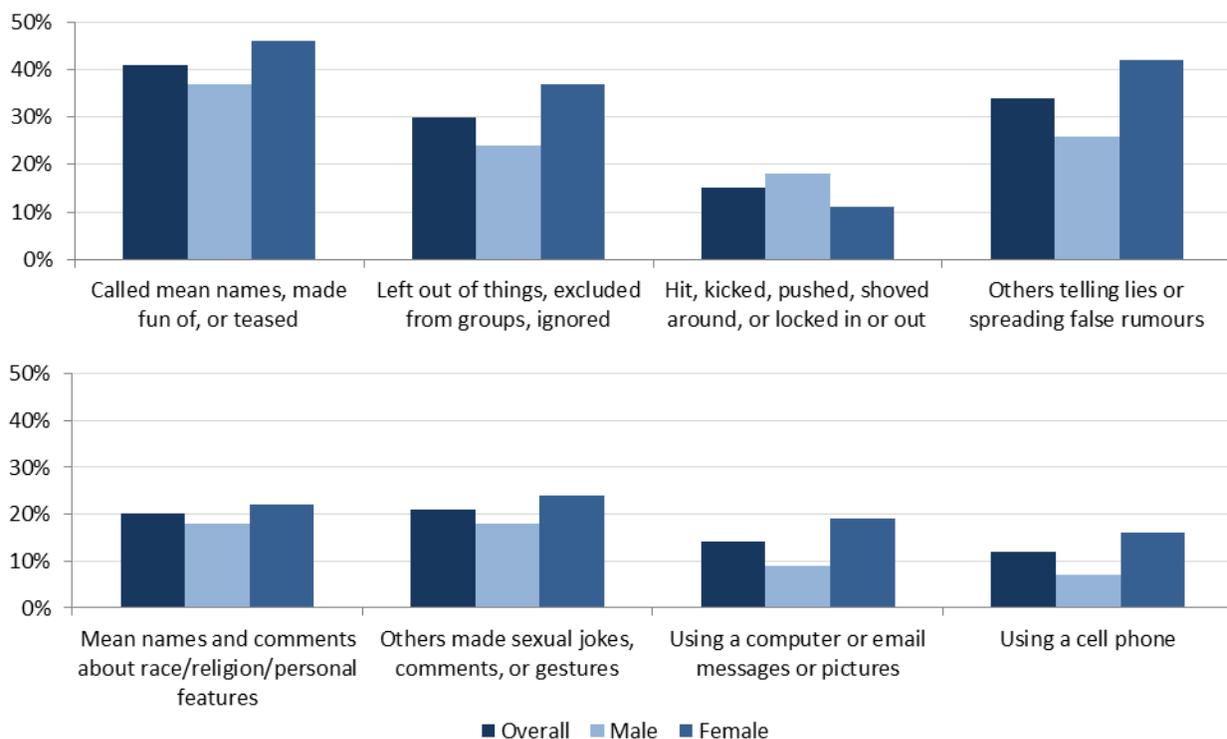
Bullying



Bullying Methods

- More female students reported being bullied than males, by all methods of bullying, except for physical bullying
- Cyber bullying and cell phone bullying among females was more than double the reported rate for males

Methods of being bullied at school in the couple months preceding the survey



Comparison of Results

The following provides a comparison of 2009-2010 and 2013-2014 outcomes of selected New Brunswick Wellness Strategy indicators and targets related to mental fitness:

| Wellness indicator | 2009-2010 | 2012-2013 | Progress |
|--|-----------|-----------|---|
| Youth who identify their own behaviour as pro-social | 81*% | 81% | -- |
| Youth who identify their own behaviour as oppositional | 27*% | 22% |  |
| Youth who feel connected to their school | 91*% | 89% |  |

* Previous values recalculated due to methodology change

The New Brunswick Student Wellness Survey (NBSWS) is a provincial initiative of the Department of Healthy and Inclusive Communities in cooperation with the Department of Education and Early Childhood Development. Data collection and analysis is conducted by the New Brunswick Health Council. The purpose of the survey is to examine the health and wellness attitudes and behaviours of students in grades 6 to 12, and to share data to promote action around wellness. The data was collected from 35,954 students across 177 schools in New Brunswick. The fact sheets are available at <http://www2.gnb.ca/content/gnb/en/departments/dhlc/wellness/content/research.html>

¹ van Lier, P. A. C., Muthén, B. O., van der Sar, R. M., & Crijnen, A. A. M. (2004). Preventing disruptive behavior in elementary school children: Impact of a universal, classroom based intervention. *Journal of Consulting and Clinical Psychology, 72*, 467-478

² World Health Organization. (2008). *Inequalities in Young People's Health: Health Behaviour in School-aged Children International Report from the 2005/2006 Survey*, 5, 159-166. Scotland

³ Borowsky, I.W., Taliaferro, L.A., & McMorris, B.J. (2012). Suicidal thinking and behavior among youth involved in verbal and social bullying: Risk and protective factors. *Journal of Adolescent Health, 53*: S4-S12

⁴ Beran, T. N., Hughes, G. & Lupart, J. (2008). Attachment Quality and Bullying Behavior in School-Aged Youth. *Canadian Journal of School Psychology, March 2010, 25*: 5-18