WHY Survey 2026 Update

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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- The Well-Being and Health Youth (WHY) Survey collects self-reported health and well-being information from students, parents and school staff in Wellington-Dufferin-Guelph (WDG). They were created in partnership with Upper Grand District School Board (UGDSB), Wellington Catholic District School Board (WCDSB) and WDG Public Health.
- The 2026 survey represents the fourth cycle of WHY data collection and expanded participation to include Conseil scolaire catholique MonAvenir (CSCMA), increasing representation of students in Grades 4-6 attending French-language schools in WDG.
- Differences in health and well-being continue to be evident between gender groups, with some groups reporting greater challenges across several indicators.
- New indicators added in 2026 provide information on emerging areas including food insecurity, food and body image, gaming and gambling, and climate and environmental concerns.
- Youth engagement provided additional context and aligned with survey findings, with bullying and mental health emerging as the most frequently discussed concerns. Students emphasized the importance of inclusive school environments, bullying prevention and response, and access to mental health supports, such as counselling.

- WHY Survey findings are being used by school boards, community partners and WDG Public Health to inform priorities, programs and supports, with ongoing work focused on sharing the findings and translating them into action across WDG.

Background

The WHY Survey collects self-reported information about the health and well-being of children and youth in WDG. Conducted every two years, the survey provides local data that can be used by service providers, including schools, community partners and public health, to better understand the needs and experiences of youth and to inform planning, programs and services.

The survey is conducted in partnership with the UGDSB, WCDSB and WDG Public Health. In 2026, participation expanded to include CSCMA, increasing representation of students in Grades 4–6 attending French-language schools across WDG. The survey covers a broad range of topics related to student health and well-being, including mental and physical health, school experiences, social connections, bullying, substance use and screen use.

Use of WHY Survey Data

The WHY Survey has become an important local source of evidence for planning and decision-making across WDG. School boards have used findings to identify student needs, establish priorities, select schools for targeted programs and supports, inform staff training and guide school- and board-level planning.

WDG Public Health uses WHY Survey data to support healthy school initiatives and other youth-focused health promotion activities. Community organizations and health care partners also use survey findings to support program and service planning, funding applications, community education and discussions about emerging youth health needs. These applications demonstrate the value of having consistent, locally relevant data that can complement other population health information and support initiatives across the community.

Youth Engagement

Following data collection for the 2026 WHY Survey, students were engaged to identify the health and well-being issues most important to them and to provide additional context to the survey findings. Seven discussion topics were selected based on emerging trends from the WHY Survey, priorities identified by school boards and community partners, input from WDG Public Health teams and other timely issues. The selected topics included bullying, mental health, food and body image, social media, gambling (sports betting), substance use and belonging.

Discussions were held during secondary student mental health and well-being events and Student Senate meetings across WCDSB and UGDSB, generating more than 300 student comments. Overall, student perspectives aligned with key themes identified in the WHY Survey findings, with bullying and mental health receiving the most comments.

Students also identified practical opportunities for action, including strengthening bullying prevention and response, creating more opportunities for connection and belonging, and improving access to supports, such as counselling. Across topics, students emphasized the value of education and prevention efforts. These discussions helped inform the report's key messages by connecting survey findings with students' experiences and identifying opportunities to better support their health and well-being.

Participation

In 2026, the WHY Survey received 20,725 student responses. The survey also included participation from 3,035 parents and 1,318 school staff, providing valuable perspectives on student health and wellbeing.

Table 1. Survey responses across all WHY Survey cycles.

	2019 Responses	2022 Responses	2024 Responses	2026 Responses
Students	18,793	21,568	22,725	20,725
Parents	1,371	6,539	3,902	3,035
Staff	2,289	2,192	1,009	1,318
Total	**20,562**	**27,282**	**24,606**	**25,078**

* Counts represent consented responses retained for analysis, including partial responses and responses with unknown residence. Responses from participants known to live outside of WDG are excluded. Historical counts have been recalculated using the current inclusion rules and may differ from earlier publications.

To calculate approximate response rates, UGDSB, WCDSB and CSCMA provided enrollment data for the 2025-26 school year. Approximately 64 percent of students enrolled in Grades 4 and above in UGDSB, WCDSB and CSCMA completed the survey. This represents a high level of participation and provides a strong foundation for interpreting the survey findings. Response rates for junior and intermediate students were considerably higher than the response rate for senior students (Table 2).

Table 2. Student Response Rates for all the WHY Survey cycles.

Division Grade	Response Rates (Surveys / Enrolled Students)			
	2019	**2022**	**2024**	**2026**
Junior Division	**80%**	**83%**	**79%**	**72%**
Grade 4	78%	82%	77%	72%
Grade 5	81%	84%	78%	75%
Grade 6	82%	83%	82%	70%
Intermediate Division	**84%**	**85%**	**82%**	**76%**
Grade 7	81%	86%	83%	74%
Grade 8	86%	84%	82%	79%
Senior Division	**39%***	**57%**	**56%**	**52%**
Grade 9	47%*	69%	73%	70%
Grade 10	46%*	64%	61%	59%
Grade 11	42%*	62%	56%	50%
Grade 12 and higher	26%*	37%	37%	32%
All Grades	**61%**	**71%**	**69%**	**64%**

* Approximately half of enrolled secondary students did not have the opportunity to participate in the 2019 survey.

Data Considerations & Limitations

When interpreting the results of the WHY Survey, several limitations should be considered:

- **Self-Reported Data:** All information collected through the WHY Surveys is self-reported. As a result, responses reflect participants' perceptions, experiences and understanding of the questions at the time of the survey. Responses can also be affected by recall or by a tendency to under- or over-report certain behaviours or experiences.
- **Participation and Sampling Bias:** Participation in the WHY Survey is voluntary. As a result, students who choose to participate may differ in important ways from those who do not. Participation may also vary across schools, grades, geographic areas and population groups, which should be considered when interpreting results.
- **Comparisons Over Time:** Changes between survey cycles may reflect actual changes in student health and well-being, but they may also be influenced by differences in participation, survey administration or broader social and environmental circumstances. These factors should be considered when comparing results across years.

- **Determining Causation:** The WHY Survey can identify patterns, differences and associations within the data, but they cannot determine why those patterns occur. Relationships between factors should not be interpreted as evidence that one factor caused another, as health and well-being are influenced by many interconnected individual, family, school, community and broader societal factors.

Discussion

The 2026 results continue to show shifts in students' experiences, behaviours and supports, with some findings showing encouraging improvements and others highlighting ongoing challenges. For the 2026 survey, questions were reviewed and refined with input from school boards, community partners, WDG Public Health teams and a local youth hub to ensure they continued to reflect student needs, local priorities and emerging issues. As a result, some new indicators were added and question wording was updated; in some cases, these changes affected comparability with previous survey cycles and should be considered when interpreting trends.

Findings should also be considered in terms of both changes over time and the overall proportion of students reporting an outcome, as an improving trend may still represent a relatively high level of concern, while a worsening trend may remain relatively low overall.

Mental Health

Several encouraging changes were observed in student mental health. In 2026, 52 percent of students scored high on the Positive Mental Health scale, which includes indicators such as "I feel hopeful about my future," "I feel proud of myself" and "I feel in control of my life," continuing an increase since 2022 and returning close to 2019 levels. 59 percent of students reported feeling connected to their peers, which included questions such as "I have many friends," "I get along easily with others my age" and "others my age want me to be their friend". The proportion of students reporting thoughts of suicide also decreased to 13 percent in 2026 from 16 percent in 2024, and the proportion reporting thoughts of self-harm decreased to 19 percent, from 21 percent respectively.

Although most mental health indicators improved, some concerning changes were noted. Twenty-three percent of students reported struggling with peer pressure, continuing an increasing trend since 2019; and more than one in three students (37 percent) reported not seeking professional help because of fear of what others might think, a slight increase from 2024 (Table 3).

These mental health findings highlight areas where students are doing well and where additional support may be needed, helping schools and community partners plan programs and

direct resources. Student engagement provided further context, emphasizing the importance of access to support, inclusion and peer connections, consistent with WHY Survey findings.

School boards are using WHY Survey findings to inform mental health priorities, program planning, and decisions about where to provide supports and services. Examples include specialized training for mental health staff, student workshops on suicide prevention and well-being, and identifying schools with greater needs for targeted prevention programs. Findings also inform mental health groups offered by child and youth counsellors and social workers, as well as considerations for staffing and resource allocation.

These findings also support broader mental health promotion and prevention initiatives, including Youth Empowering Students for Mental Health (YES4MH), which encourages student-led mental health initiatives. Another example is the Beyond the Bench Project, a collaboration between WDG Public Health, Homewood Community Addictions Services (CADS) and the Guelph Girls Hockey Association (GGHA). This project uses local youth data to support education for parents and caregivers on topics such as peer connectedness and peer pressure among youth involved in sport.

Table 3: Encouraging and concerning changes in mental health indicators for Grades 4-12 students, Wellington-Dufferin-Guelph, 2019-2026.

Indicator	2019	2022	2024	2026
Encouraging Changes				
Have a high score on the Peer Connectedness Asset	67%	58%	57%	59%
Have a high score on the Positive Mental Health scale	53%	44%	47%	52%
Feeling overwhelmed	40%	47%	44%	37%
Thoughts of self-harm†	30%	33%	21%	19%
Thoughts of suicide†	12%	15%	16%	13%
Concerning Changes				
Did not seek professional help because of fear of judgement *(Answered by those who selected they did not seek professional help)*	-	-	36%	37%
Struggling with pressure from peers	13%	14%	22%	23%

† Question wording or the response options changed from previous years.

Substance Use

Substance use was another area in which several encouraging changes were observed. Twenty-six percent of students in Grades 7–12 reported drinking alcohol in the past year, continuing a decline seen across previous survey cycles (Table 4). Decreases were also observed in the use of e-cigarettes, cannabis, prescription pain pills without a prescription, sedatives and cough medicine to get high, as well as in the percentage of students who identified as current smokers. These findings are generally consistent with the most recent Ontario Student Drug Use and Health Survey (OSDUHS), which also reported decreases across several substance use indicators.[1]

At the same time, some concerning changes were observed, particularly among students in Grades 4–6, where the proportion reporting ever trying cannabis, other drugs or alcohol increased from previous levels, although changes remained small to moderate. Among students in Grades 7–12 who reported drinking alcohol in the past year, 52 percent reported binge drinking. This percentage appears higher than in previous reports because, beginning in 2026, the measure was calculated only among students who reported drinking alcohol in the past year, rather than among all eligible students, to better reflect the population to whom the measure applies.

Although many substance use indicators are trending in a positive direction, substance use remains an important area for prevention and early intervention. Through youth engagement, students also shared the importance of continued education and prevention, as well as addressing stress, coping, peer influences and broader mental health and well-being alongside substance use.

WHY Survey findings have informed substance use initiatives in schools, staff training and school prioritization for programming. The data have also supported broader community efforts, including the Choices Rewired campaign, which provides parents and caregivers with information about youth substance and screen use, and offers practical guidance, tools and resources to support healthier choices. Community collaboratives, such as the Wellington Guelph Drug Strategy’s Youth Substance Use Working Group, also use these findings to identify youth substance use trends and develop collaborative education and prevention initiatives for youth, families and school communities.

Table 4. Proportion of student respondents who reported substance use in the past year, Wellington-Dufferin-Guelph, 2019-2026.

Indicator	Grades	2019	2022	2024	2026
Encouraging Changes					
Drank alcohol in the past year	7-12	40%	36%	31%	26%
Used cough medicine to get high in the past year †	7-12	14%	9.8%	17%	14%
Used an e-cigarette in the past year	7-12	21%	15%	11%	9%
Used cannabis in the past year †	7-12	15%	13%	11%	7.7%
Used prescription pain pills without a prescription in the past year[1]	7-12	12%	9.5%	11%	5.7%
Are current smokers	7-12	3.8%	2.6%	3.7%	3.2%
Used sedatives in the past year	7-12	2.4%	1.9%	2.0%	1.2%
Concerning Changes					
(Of those that drank in the past year) Binge drank in the past year[2]	7-12	49%	51%	49%	52%
Ever tried alcohol	4-6	7.7%	5.8%	7.0%	7.4%
Ever tried cannabis	4-6	1.6%	1.3%	1.7%	2.0%
Ever tried other drugs	4-6	3.7%	2.3%	3.5%	4.4%

† Question wording or the response options changed from previous years. For certain substance use indicators, additional substance examples were added (cannabis, cough or cold medicine, and sedatives), but response options remained unchanged.

[1] Prescription pain pills: the 2024 form added opioid examples and again in 2026 to add tramadol and morphine examples and explicitly exclude over-the-counter medicines. The 2024 Board report presented a value of 12% which has been recalculated to 10.7% using the same geographic boundaries, rules for valid answers, and inclusion rules applied in 2026.

[2] Binge drinking: the 2024 Board report showed 15% using all Grades 7-12 students as the denominator. The current method includes only students who reported alcohol use and answered the binge-drinking follow-up. This gives 49.1% for 2024 and 51.9% for 2026. The question and five response choices did not change.

Other Notable Trends

Several other indicators showed notable changes in 2026. Among students in Grades 7-12, 56 percent reported high participation in youth programs, including sports, arts programs, organized youth programs, libraries, parks and recreation centres. This continued an upward trend from 50 percent in 2024 and 38 percent in 2022. Similarly, 50 percent of students also reported feeling like a valued part of their community, up from 46 percent in 2024.

Bullying indicators showed mixed results. Among students who experienced bullying, 65 percent reported telling an adult, an increase from 54 percent in 2024. Cyberbullying decreased to 18 percent, returning to 2019 levels. However, bullying at school or on the bus increased to 33 percent, also returning to 2019 levels, while 22 percent reported being bullied outside of school.

Other behaviours remained relatively stable or increased slightly. One in five students (20 percent) reported spending more than two hours per day on social media, similar to 2024. Meanwhile, 10 percent of students in Grades 7–12 reported stealing in the past year, an increase from 8.3 percent in 2024 (Table 5).

Student engagement reinforced these themes, with students highlighting the importance of kindness, inclusion and peer support and continued efforts to prevent and address bullying. WDG Public Health and school boards are using WHY Survey findings to better understand student needs and inform school health priorities and health promotion initiatives, drawing on both survey data and student perspectives to guide planning.

Table 5. Proportion of student respondents who reported other notable trends in the past year, Wellington-Dufferin-Guelph, 2019-2026.

Indicator	Grades	2019	2022	2024	2026
Encouraging Changes					
(Of those that have been bullied at or outside of school in the past year) Told an adult about bullying †	4-12	60%	55%	54%	65%
Have a high score in Youth Programs	7-12	60%	38%	50%	56%
Feel like a valued part of the community †	4-12	45%	43%	46%	55%
Bullied by electronic or cyberbullying †	4-12	18%	27%	24%	18%
Concerning Changes					
Bullied at school or on the bus	4-12	33%	26%	31%	33%
Have been bullied outside of school in the past year	4-12	23%	20%	22%	22%
Spent more than 2 hours on social media	4-12	-	-	21%	20%
Report Stealing †	7-12	8.3%	6.3%	8.3%	10%

† Question wording or the response options changed from previous years.

Gender Differences

In 2026, one percent of students identified as neither female nor male, down from 2.2 percent in 2024 and 3.6 percent in 2022. Among students in Grades 7–12, 14 percent identified as a sexual orientation other than straight or heterosexual in 2026, compared with 18 percent in 2024 and 23 percent in 2022.

Gender differences were evident across nearly all indicators. Students who identified as a gender other than female or male generally reported poorer outcomes than female or male students. The five largest differences are listed below:

1. Report having thoughts of suicide in the past 12 months (56% vs 13%)
2. Harmed themselves in the past 12 months† (43% vs 10%)
3. Used sedatives in the past year† (4% vs 1%)
4. Attempted suicide in the past 12 months (15% vs 3.5%)
5. Report having thoughts of self-harm in the past 12 months (67% vs 18%)

† Question wording or the response options changed from previous years.

Female students generally reported poorer health outcomes than male students, although these differences were less pronounced than those between students of another gender and female or male students. The five largest differences are listed below:

1. Experienced non-consensual sexual activity (12% vs. 3.7%)
2. Harmed themselves in the past 12 months† (15% vs. 4.6%)
3. Have a high score on the Psychological Distress Scale (10% vs 4%)
4. Did not seek help for mental health concerns when professional help was needed (29% vs. 13%)
5. Attempted suicide in the past 12 months (5% vs 2%)

† Question wording or the response options changed from previous years.

Compared with female students, male students reported higher proportions of gambling through other online games (such as online poker, online casino games) in the past year (8.5% vs 1.6%), online sports betting (such as online sports lotteries, online sports pools, or online fantasy sports) in the past year (12.2% vs 2.5%), psilocybin use in the past year (0.8% vs 0.2%), and playing two or more hours of video games each day (29.2% vs 8.8%).

New Indicators

New questions were added to the 2026 WHY Survey to explore emerging issues and support future monitoring. These questions were informed by school board and community partners, along with input from WDG Public Health teams working with local populations and

communities. Selected findings related to food insecurity, food and body image, gaming and gambling, and climate and environmental issues are presented below (Table 6). A complete list of new indicators is available in Appendix A.

Food insecurity and eating-related concerns emerged as important areas for continued monitoring. Fifteen percent of students reported worrying that food at home would run out before there was money to buy more, while 19 percent of parents reported household food insecurity. Among students, 36 percent of students reported disordered eating behaviours, and 47 percent reported that their weight or shape influenced how they judged themselves.

School boards are using WHY Survey findings to inform initiatives such as Leading Body Inclusive Schools training delivered by Eating Disorders Prevention Ontario, alongside specialized training for regulated mental health staff on eating-related concerns. WDG Public Health is also developing a pre-recorded presentation to support school staff in creating positive food experiences, expected to launch in early 2027.

New questions on gaming and gambling also provided greater insight into students' experiences. Twenty percent of students reported spending more than two hours per day playing video games. Among these students, 48 percent reported making in-game purchases, including virtual currency (32 percent), skins or items (27 percent), and game or battle passes (20 percent). In the past year, eight percent of students reported participating in online sports betting, while 5.6 percent reported gambling through other online games. Among students who reported gambling, 14 percent felt upset, stressed, or annoyed when trying to reduce their gambling, 13 percent had tried to hide how much they gambled, and 11 percent had needed to ask someone for money because of gambling. WDG Public Health is working with Homewood Community Addiction Services to support education and awareness related to potential harms from youth gaming and gambling.

New questions also explored students’ experiences with climate and environmental change and what could help them take action. Thirty-four percent reported noticing more extremely hot days or heat warnings, 29 percent noticed unusual seasonal patterns, and 23 percent noticed poor air quality or wildfire smoke. When asked what could make acting on climate change easier, 32 percent identified having more information, 23 percent identified more time or money, and 19 percent identified support from family or friends. One in five students (20 percent) reported that they were already taking action on climate change. These findings complement WDG Public Health’s existing work related to heat, air quality, ticks, and mosquitoes, including seasonal messaging for schools and camps, and will help inform future public health activities.

Table 6. New indicators on the 2024 WHY Survey, Wellington-Dufferin-Guelph, 2026.

Indicator	2026
Mental Health Challenges	
Weight or shape influenced how they judged themselves	46%
Disordered eating behaviours	36%
Financial and Food Security	
Parent Survey: Household food insecurity	19%
Worry that household food would run out before there was money to buy more	15%
Gaming and Gambling	
Report more than 2 hours playing video games each day	20%
► Spend money in video games	48%
► Play video games but do not spend money in them	54%
► Spend video-game money on in-game currency	32%
► Spend video-game money on skins or items	27%
► Spend video-game money on game or battle passes	20%
Gambled in another way in the past year	9.6%
Gambled through online sports betting in the past year	8.0%
► Felt upset, stressed or annoyed when trying to reduce gambling	14%
► Tried to hide how much they gambled	13%
► Needed to ask someone for money because of gambling	11%
Climate and Environment	
Noticed more extremely hot days or heat warnings in their area	34%
Noticed unusual seasonal patterns in their area	29%
Noticed poor air quality or wildfire smoke in their area	23%
Have noticed more ticks or mosquitoes in their area	13%
More information would make climate change easier	32%
Not wanting to act on climate change	26%
More time or money would make climate change easier	23%
Already acting on climate change	20%
Support from family or friends would make climate change easier	19%
Opportunities to join environmental groups would make climate change easier	13%

► Follow up question; denominator are those that answered the preceding question rather than the total number of participants

Knowledge Sharing

The WHY Survey continues to support programming and priority setting for school board and community partners, as well as internal WDG Public Health teams. Regular data and presentation requests are received, and WDG Public Health continues to develop and share WHY Survey data products to meet the information needs of school board partners, internal staff, community organizations and the public.

School-Level Data Dashboards
Dashboards will continue to be developed for each school board to provide school-specific WHY Survey results that support school- and board-level planning. In 2026, the dashboards were also reviewed and updated to improve clarity and strengthen methodological approaches, incorporating new indicators and feedback from school board partners and WDG Public Health teams. Results were also presented to secondary school principals and vice-principals to support priority and goal setting for the new academic year.

Public Data Dashboard
The public WHY Survey dashboard, available on the WDG Public Health website, has been updated with 2026 results, allowing users to explore regional and municipal findings and trends over time.

Community Knowledge Sharing
WDG Public Health will continue to share results with youth and community partners through presentations and other knowledge-sharing opportunities. This will build on earlier engagement efforts, ensure findings are shared back with students and community partners, and provide opportunities for feedback to inform future survey cycles.

Additional Knowledge-Sharing Approaches
WDG Public Health will continue to explore and improve how WHY Survey findings are shared to support accessibility and broader use. This includes developing an infographic summarizing key findings, translated into 11 languages. Additional opportunities to share findings, such as online webinars, will continue to be explored to increase awareness and support their use in local planning and decision-making.

Health Equity Implications

Children and youth from marginalized populations may experience greater health and social challenges due to factors such as discrimination, disability, poverty, geography, gender identity and sexual orientation.

The WHY Survey allows WDG Public Health and partners to examine differences in health and well-being across sociodemographic groups. In 2026, notable differences continued to be observed by gender, while new indicators provided further insights into areas related to disability, mental health conditions, learning needs and household food insecurity.

Understanding these differences can help WDG Public Health, school boards, and community partners identify populations experiencing greater challenges and support more equitable planning, targeted interventions and access to services.

Conclusion

The WHY Survey continues to provide valuable local information about the health and well-being of children and youth in WDG. The 2026 results build on previous survey cycles and highlight both encouraging trends and areas where challenges remain, including mental health, substance use, bullying, gaming and gambling, and other emerging issues affecting youth.

The findings are being used by school boards, community partners and WDG Public Health to support planning, identify priorities and inform programs and services. Continued engagement and a range of knowledge-sharing products will help ensure that WHY Survey findings remain accessible and useful to schools, community partners, youth and the public.

Ontario Public Health Standards

Foundational Standards

- ☒ Population Health Assessment
- ☒ Health Equity
- ☐ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☒ Healthy Environments
- ☒ Healthy Growth and Development
- ☐ Immunization
- ☐ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☒ School Health
- ☒ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in WDGPH's 2024-2028 Strategic Plan.

☐ Improve health outcomes

☒ Focus on children's health

☒ Build strong partnerships

☐ Innovate our programs and services

☐ Lead the way toward a sustainable Public Health system

References

1. Boak A, Hamilton HA. *Drug use among Ontario students, 1977–2025: Findings from the Ontario Student Drug Use and Health Survey (OSDUHS)* [Internet]. Toronto (ON): Centre for Addiction and Mental Health; 2026 [cited 2026 October 1]. Available from: https://www.camh.ca/-/media/research-files/osduhs/drug-use-report_2025-osduhs-pdf.pdf

Appendices

Appendix A

2026 WHY Survey - Complete list of new indicators.

Indicator	Grade	2026
Demographics and Life context		
Worry that household food would run out before there was money to buy more	Grades 7-12	15%
Report having a drug or alcohol use problem	Grades 7-12	1.4%
Report having a hearing problem or deafness	Grades 7-12	1.1%
Report having a learning disability	Grades 7-12	5.8%
Report having a mental health problem	Grades 7-12	15%
Report having a physical disability	Grades 7-12	1.0%
Report having a speech or language problem	Grades 7-12	2.2%
Report having a vision problem	Grades 7-12	7.2%
Report having ADHD	Grades 7-12	17%
Report having autism/Asperger syndrome	Grades 7-12	3.9%
Report having chronic pain	Grades 7-12	2.2%
Report having FASD	Grades 7-12	0.4%
Report having another developmental disability	Grades 7-12	0.5%
Mental health challenges		
Disordered eating behaviors	Grades 7-12	36%
Weight or shape influenced how they judge themselves	Grades 7-12	47%
Climate and Environment		
Employment insecurity affected mental health	Grades 7-12	11%
Climate changes affected mental health	Grades 7-12	10%
War in other countries affected mental health	Grades 7-12	11%
World problems affecting mental health	Grades 7-12	5.3%
Did not affect their mental health	Grades 7-12	72%
COVID-19 pandemic negatively affected their mental health	Grades 7-12	10%

Already acting on climate change	Grades 7-12	20%
Opportunities to join environmental groups would make climate action easier	Grades 7-12	13%
More information would make climate action easier	Grades 7-12	32%
Not wanting to act on climate change	Grades 7-12	26%
Support from family or friends would make climate action easier	Grades 7-12	19%
Say more time or money would make climate action easier	Grades 7-12	23%
Noticed unusual seasonal patterns in their area	Grades 7-12	29%
Noticed more extremely hot days or heat warnings in their area	Grades 7-12	34%
Noticed more flooding or heavy rain in their area	Grades 7-12	8.6%
Not noticed climate-related changes in their area	Grades 7-12	31%
Noticed poor air quality or wildfire smoke in their area	Grades 7-12	23%
unsure whether they have noticed climate-related changes in their area	Grades 7-12	24%
Have noticed more ticks or mosquitoes in their area	Grades 7-12	13%
Substance use and Gambling		
Used a nicotine pouch in the past year	Grades 7-12	0.5%
Used cocaine in the past year	Grades 7-12	0.2%
Used fentanyl in the past year	Grades 7-12	0.2%
Used heroin in the past year	Grades 7-12	0.1%
Used methamphetamine in the past year	Grades 7-12	0.1%
Used one or more listed other drugs in the past year	Grades 7-12	0.8%
Used PCP in the past year	Grades 7-12	0.1%
Used salvia in the past year	Grades 7-12	0.2%
Gambled through online sports betting in the past year	Grades 7-12	8.0%
Gambled through other online games in the past year	Grades 7-12	5.6%
►Felt upset, stressed or annoyed when trying to reduce gambling	Grades 7-12	14%
►Tried to hide how much they gambled	Grades 7-12	13%

►Needed to ask someone for money because of gambling	Grades 7-12	11%
Gambled in another way in the past year	Grades 7-12	9.6%
Report more than 2 hours playing video games each day	Grades 4-12	20%
►Spend money in video games	Grades 4-12	48%
►Spend video-game money on skins or items	Grades 4-12	27%
►Spend video-game money on loot boxes or mystery items	Grades 4-12	7.3%
►Spend video-game money on pulls or spins	Grades 4-12	7.0%
►Spend video-game money on game or battle passes	Grades 4-12	20%
►Spend video-game money on in-game currency	Grades 4-12	32%
►Spend video-game money on upgrades or power-ups	Grades 4-12	7.4%
►Play video games but do not spend money in them	Grades 4-12	54%
►Selected another video-game purchase	Grades 4-12	6.8%
Physical Health		
Active transportation (e.g., walk or wheel) to school each day is enjoyable	Grades 4-12	78%
Active transportation feels safe	Grades 4-12	88%
Active transportation takes a long time	Grades 4-12	46%
Active transportation is supportive (e.g., bike lanes)	Grades 4-12	92%
Positive developments		
Opportunities to show increasing independence	Grades 7-12	85%
Treated fairly in their community	Grades 7-12	85%
Opportunities to learn useful life skills	Grades 7-12	90%
Parent Survey		
Household food insecurity	All Parents	19%
Child has first-language learning difficulties	All Parents	3.8%
Staff Survey		
First-language learning difficulties	All Staff	48%

► Follow up question; denominator are those that answered the preceding question rather than the total number of participants.