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Highlights from the 2017 OSDUHS Mental Health and Well-Being Report

This *eBulletin* summarizes findings regarding the mental health and well-being of Ontario students and trends over time. Data are from the 2017 cycle of the *Ontario Student Drug Use and Health Survey* (OSDUHS). The OSDUHS is a repeated, cross-sectional, anonymous survey of students in grades 7–12 in Ontario's publicly funded schools, with the purpose of monitoring drug use, mental health, physical health, gambling, and other risk behaviours. Conducted every two years since 1977, the OSDUHS is the longest ongoing school survey in Canada and one of the longest running in the world.

Table 1 presents the 2017 OSDUHS prevalence estimates for selected physical and mental health indicators and risk behaviours for Ontario students, and for males and females separately.

Table 1. Selected Mental Health and Well-Being Indicators, Ontario Students in Grades 7-12, 2017 OSDUHS

	Total %	(95% CI)	Estimated No.†	Males %	Females %	
Physical Health						
fair or poor self-rated physical health	**8.7**	(7.7-9.7)	78,200	6.6	10.9	*
sedentary behaviour (3+ hours of screen time daily)	**64.2**	(61.8-66.5)	539,100	63.4	65.1	
overweight or obese	**28.0**	(26.1-29.9)	236,000	29.8	26.0	
medically treated injury (past year)	**42.5**	(39.9-45.2)	345,700	43.2	41.8	
concussion (past year)	**14.8**	(13.7-16.0)	130,700	15.4	14.2	
texting while driving (G10-12 with licence, past year)	**32.5**	(29.0-36.2)	85,300	32.8	32.2	
Mental Health						
mental health care visit (past year)	**24.5**	(22.0-27.3)	235,100	22.0	27.2	
sought counselling over phone or Internet (past year)	**3.4**	(2.3-5.1)	32,900	2.1	4.8	*
unmet need for mental health support	**31.2**	(27.5-35.2)	299,800	20.9	42.2	*
medical use of tranquillizers/sedatives (past year)††	**3.6**	(2.8-4.6)	23,700	2.6	4.7	*
medical use of ADHD drugs (past year)	**2.9**	(2.1-4.1)	28,300	4.2	1.6	*
prescribed medication for depression/anxiety/both††	**5.2**	(4.2-6.6)	37,600	3.0	7.6	*
fair or poor self-rated mental health	**18.8**	(17.2-20.5)	180,900	11.9	26.2	*
low self-esteem	**6.5**	(5.5-7.7)	61,400	4.5	8.6	*
elevated stress	**30.4**	(27.7-33.3)	289,900	20.0	41.5	*
moderate-to-serious psychological distress (past month)	**38.7**	(34.9-42.6)	361,300	26.8	51.3	*
serious psychological distress (past month)	**17.1**	(14.9-19.4)	159,400	9.1	25.5	*
suicidal ideation (past year)	**13.6**	(12.4-15.0)	118,000	8.5	19.0	*
suicide attempt (past year)	**3.9**	(3.0-4.9)	33,400	2.5	5.3	*
symptoms of ADHD (past 6 months)	**20.1**	(18.2-22.2)	186,000	16.5	24.0	*
Risk and Problem Behaviours						
antisocial behaviour (3+/9 behaviours in past year)	**6.9**	(5.8-8.1)	62,300	8.7	5.0	*
carried a weapon (past year)	**5.7**	(4.2-7.5)	50,500	8.6	2.7	*
physical fight at school (past year)	**11.4**	(9.7-13.3)	105,900	16.8	5.6	*
threatened/injured with weapon at school (past year)	**5.5**	(4.5-6.6)	50,700	7.7	3.2	*
worried about being harmed or threatened at school	**13.0**	(11.3-14.8)	123,900	10.7	15.4	*
bullied others at school (since September)	**11.1**	(10.0-12.4)	104,100	12.0	10.2	
been bullied at school (since September)	**21.0**	(19.3-22.9)	197,400	17.7	24.5	*
been cyberbullied (past year)	**20.5**	(18.8-22.3)	191,600	16.4	24.9	*
Gambling, Video Gaming, Technology Use						
any gambling activity (past year)	**31.3**	(29.5-33.2)	285,300	37.8	24.6	*
video gaming problem (past year)	**11.7**	(9.5-14.2)	107,200	16.6	6.5	*
5 or more hours per day on social media	**20.1**	(17.4-23.1)	194,300	14.9	25.8	*
problematic technology use (serious) ††	**4.9**	(3.3-7.2)	33,300	3.2	6.6	*

Notes: CI=confidence interval; † the estimated number of students is based on a student population of about 917,800 in Ontario (numbers have been rounded down); * indicates a significant sex difference (p<.05) *not* controlling for other factors; †† among grades 9–12 only.

Differences by Sex and Grade

Males are significantly more likely than females to report:

- engaging in daily physical activity
- getting at least eight hours of sleep
- wanting to gain weight
- using ADHD drugs medically
- engaging in antisocial behaviour
- carrying a weapon
- fighting at school
- being threatened/harmed at school
- gambling money
- playing video games daily and spending more hours playing video games, and
- symptoms of a video gaming problem.

Females are significantly more likely than males to report:

- fair or poor physical health
- being physically inactive
- the belief that they are too fat
- wanting to lose weight
- using prescription opioid pain relievers medically
- seeking mental health counselling
- unmet need for mental health support
- using prescription tranquillizers medically
- being prescribed medication for anxiety, depression, or both
- fair or poor mental health
- low self-esteem
- elevated stress
- symptoms of psychological distress
- experiencing a traumatic event
- suicidal ideation and attempt
- symptoms of ADHD
- worrying about being harmed or threatened at school
- being bullied at school
- being cyberbullied
- spending more hours daily on social media
- spending more hours daily on electronic devices, and
- symptoms of problematic technology use.

Grade is also significantly related to mental health and well-being. Generally, poor physical health indicators (e.g., sedentary behaviour), health risk behaviours (e.g., not wearing a seatbelt, texting while driving), mental health problems (e.g., fair or poor self-rated mental health, stress, psychological distress), excessive social media and technology use, and coexisting problems significantly increase with grade. Daily physical activity, experiencing a concussion, getting at least eight hours of sleep, bullying and physical fighting at school are more prevalent among younger students and decline in later adolescence.

Selected Trends, 2003–2017 (Grades 7–12)

- The percentage of students who are screen time sedentary significantly increased between 2009 (57%), the first year of monitoring, and 2017 (64%).
- The percentage of students reporting a medically treated injury significantly increased between 2003 (35%), the first year of monitoring, and 2017 (43%).
- The percentage of students who rate their mental health as fair or poor significantly increased between 2007 (11%), the first year of monitoring, and 2017 (19%).
- Moderate-to-serious psychological distress significantly increased between 2013 (24%), the first year of monitoring, and 2017 (39%).
- The percentage reporting spending five hours or more per day on social media significantly increased between 2013 (11%), the first year of monitoring, and 2017 (20%).
- The percentage of students reporting being bullied at school significantly decreased between 2003 (33%), the first year of monitoring, and 2017 (21%).
- The percentage of students reporting any gambling activity significantly decreased between 2003 (57%), the first year of monitoring, and 2017 (31%).

Selected Long-Term Trends, 1991–2017 (Grades 7, 9, and 11 only)

- The percentage of students reporting antisocial behaviour is significantly lower today compared with estimates from the early 1990s.
- Since the early 1990s, there have also been significant decreases in the percentage of students reporting assaulting someone and carrying a weapon.

Methods

The Centre for Addiction and Mental Health's Ontario Student Drug Use and Health Survey (OSDUHS) is an Ontario-wide survey of elementary/middle school students in grades 7 and 8 and secondary school students in grades 9 through 12. This repeated cross-sectional survey has been conducted every two years since 1977. The 2017 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on 11,435 students in grades 7 through 12 in 764 classes, in 214 schools, from 52 public and Catholic school boards. Self-completed questionnaires, which promote anonymity, were group administered by staff from the Institute for Social Research, York University in classrooms between November 2016 and June 2017. Sixty-one percent (61%) of selected schools, 94% of selected classes, and 61% of eligible students in participating classes completed the survey. Students in French-language schools completed the questionnaire in French. The 2017 total sample of 11,435 students is representative of just under one million students in grades 7 to 12 enrolled in Ontario's English and French publicly funded schools. Some estimates shown here are based on a random half sample of students. All estimates were weighted, and variance and statistical tests accommodated the complex survey design.

Measures & Terminology

- **Sedentary behaviour** is defined as watching TV and/or on a computer for recreational purposes for three hours or more per day, on average, during the seven days before the survey.
- **Overweight or obese** classification is based on self-reported height and weight and is defined as exceeding the age-by-sex-specific body mass index (BMI) cut-off values established for children and adolescents and recommended by the *International Obesity Task Force*.
- **Mental health care visit** is defined as reporting at least one visit to a doctor, nurse, or counsellor for emotional or mental health reasons during the past 12 months.
- **Unmet need for mental health support** is defined as wanting to talk to someone about a mental health or emotional problem, but not knowing where to turn (during the past 12 months).
- **Medical drug use** is defined as reporting the use of the prescription drug with one's own doctor's prescription at least once in the past 12 months.
- **Low self-esteem** is defined as responding "strongly disagree" to the statement "On the whole, I am satisfied with myself."
- **Psychological distress** (symptoms of depression and anxiety) was measured with the *Kessler-6 Psychological Distress Scale* (K6). A score of eight or higher of 24 was used to indicate a moderate-to-serious level of distress experienced during the past four weeks. A score of 13 or higher was used to indicate serious psychological distress.
- **Symptoms of attention-deficit/hyperactivity disorder (ADHD)** is defined as scoring at least 14 of 24 on the *ADHD Self-Report Scale* (ASRS).
- **Antisocial behaviour** is defined as participating in three or more of nine behaviours (e.g., theft, vandalism, assault, car theft/joyriding, drug selling) at least once in the past 12 months.
- **Bullying at school** is defined as "...when one or more people tease, hurt or upset a weaker person on purpose, again and again. It is also bullying when someone is left out of things on purpose." Students were asked about the main way they were bullied, and bullied others, since September. The response options were: (1) was not involved in bullying at school; (2) physical attacks (e.g., beat up, pushed or kicked), (3) verbal attacks (e.g., teased, threatened, spread rumours), and (4) stole or damaged possessions. The estimates for bullying victim and perpetrator are based on these questions.

(continued)

- **Cyberbullying victimization** is defined as reporting being bullied over the Internet at least once during the 12 months before the survey.
- **Video gaming problem** is defined as reporting at least five of the nine symptoms on the *Problem Video Game Playing (PVP) Scale*, which measures problematic symptoms such as preoccupation, tolerance, school and family problems due to video gaming during the 12 months before the survey.
- **Serious problem with technology use** is defined as scoring 19 or higher of 24 on the *Short Problematic Internet Use Test* (SPIUT), which measures problematic symptoms such as preoccupation, loss of control, lack of sleep, conflict with family or friends due to technology use (i.e., use of smartphone, tablet, computer, gaming console).
- **95% CI (confidence interval)** shows the probable accuracy of the estimate – that is, with repeated sampling, 95 of 100 sample CIs would contain the "true" population value. Design-based confidence intervals account for characteristics of the sample design (i.e., stratification, clustering, weighting).
- **Statistically significant difference** refers to a difference between (or among) estimates that is statistically different at the $p<.05$ level, or lower, after adjusting for the sampling design. A finding of statistical significance implies that any differences are not likely due to chance alone; it is not necessarily a finding of public health importance.

Source

Boak, A., Hamilton, H. A., Adlaf, E. M., Henderson, J. L., & Mann, R. E. (2018). *The mental health and well-being of Ontario students, 1991-2017: Detailed findings from the Ontario Student Drug Use and Health Survey* (OSDUHS) (CAMH Research Document Series No. 47). Toronto, ON: Centre for Addiction and Mental Health. [Available online at www.camh.ca/osduhs]

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