OSDUHS Highlights

The Mental Health and Well-Being of Ontario Students

1991-2013

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Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

OSDUHS
Ontario Student Drug Use and Health Survey

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CAMH Research Document Series
No. 39

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A Pan American Health Organization / World Health Organization Collaborating Centre
Fully affiliated with the University of Toronto

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Introduction

The purpose of the *Ontario Student Drug Use and Health Survey* (OSDUHS) is to examine epidemiological trends in student drug use, mental health, physical health, gambling, bullying, violence and other risk behaviours, as well as identifying risk and protective factors. The OSDUHS, which has been repeated every two years since 1977, now spans almost four decades making it the longest ongoing surveillance program of alcohol and other drug use and other health related behaviours among adolescent students in Canada, and one of the longest in the world.

Repeated cross-sectional surveys such as the OSDUHS fit into a population health framework promoted by Health Canada and the World Health Organization, which is an evidence-based approach requiring the surveillance of a broad set of health indicators and determinants in the general population. Some objectives of the OSDUHS are to provide trustworthy and timely data regarding:

- current alcohol, tobacco, and other drug use by students;
- current mental health, physical health, and well-being indicators;
- population and sub-population changes in health indicators over time;
- risk and protective factors that correlate with these indicators;
- the uptake of risk behaviours and problems during adolescence, which affect the burden of disease in adults; and
- emerging issues facing today's youth, such as use of emerging drugs or new forms of risk behaviours.

In this Highlights Report, we summarize current physical and mental health indicators and risk behaviours among Ontario students in grades 7 through 12 using data from the 2013 cycle of the OSDUHS. To help organize the material, we classify the indicators as internalizing or externalizing. By internalizing indicators, we mean emotional health indicators such as anxiety/depression and suicidal ideation. By externalizing indicators, we mean overt risk behaviours such as aggression, theft, gambling, and bullying. This report also shows trend results for two analytical groups of students: those in grades 7 through 12, and those in grades 7, 9, and 11 only. The first group is used to assess current drug use and recent trends (1999–2013), and the second is used to assess long-term trends (1991–2013). **New indicators in this highlights report** include the use of social media daily, the use of tanning beds, bicycle helmets, and texting and driving.

A more comprehensive report on the survey's mental health, physical health and well-being findings, as well as a complete description of methodology, can be found in the detailed report entitled *The Mental Health and Well-Being of Ontario Students, 1991–2013: Detailed OSDUHS Findings* (available on our webpage: www.camh.ca/research/osduhs.aspx). Also available is an associated publication based on the 2013 OSDUHS detailing the extent of licit and illicit drug use among Ontario students since 1977.

HISTORY OF THE OSDUHS

The Centre for Addiction and Mental Health's OSDUHS is the longest ongoing survey of elementary and secondary school students in Canada. Beginning in 1977, the OSDUHS surveyed students in grades 7, 9, 11, and 13/OAC across Ontario. In 1999, the OSDUHS was further expanded to include students in grades 7 through 13/OAC. In 2003, 13th graders were excluded from the sampling plan (because this grade was eliminated by the Province of Ontario), and the number of classes surveyed in secondary schools was increased.

During the past three decades, the OSDUHS has surveyed thousands of students every two years, and to date about 100,000 students in Ontario have participated. The study's history is underscored by considering that most of the 12th graders interviewed in 1977 are now in their 50s.

Methods

Sampling Design

The survey's target population – the population we are attempting to draw conclusions about – comprised all 7th to 12th graders enrolled in Ontario's four publicly funded school systems (i.e., English language public, English language Catholic, French language public, and French language Catholic). Students excluded from the survey's target population were those enrolled in private schools, those who were home-schooled, those institutionalized for correctional or health reasons, those schooled on First Nations reserves, military bases, or in the remote northern region of Ontario. These excluded groups represent a small proportion of the Ontario student population (about 8%). Therefore, although our target population represents students, it captures the vast majority (92%) of Ontario children and adolescents aged 12–18 years.

The 2013 OSDUHS employed a stratified (region by school level), two-stage (school, class) cluster sample design, and oversampled schools in northern Ontario and in seven public health regions.*

School Selection (Stage 1)

The 2013 OSDUHS school sample selection occurred as follows:

a) Schools were selected from Ontario's Ministry of Education's 2009/2010 enrolment database (most recently available at the time).

b) Within each of the region-by-school level strata, a probability proportionate-to-size (PPS) selection of schools was drawn (i.e., larger schools had a greater probability of being selected).

c) If a selected school declined to participate, or if it had closed, a replacement school from the same stratum was randomly selected.

Class Selection (Stage 2)

Within each recruited school, a grade-stratified list of all eligible classes was used to randomly sub-sample one class per grade with equal probability. In elementary/middle schools, two classes were randomly selected – one 7th-grade and one 8th-grade. In secondary schools, four classes were randomly selected, one in each grade between 9 and 12 from either a list of classes in a required subject (e.g., English), or a required period (e.g., homeroom).

If a selected class could not participate, a replacement class from the same school and same grade was randomly re-selected, time permitting. Classes excluded as being out of scope were special education classes, English as a Second Language (ESL) classes, and classes with fewer than five students. All students in the selected classes who provided a signed consent form were eligible to participate.

Procedures

The 2013 OSDUHS protocol was approved by the Research Ethics Boards at CAMH, and York University, as well as 29 school board research review committees.

All participating schools were provided with active parental consent forms, which were available in six languages (English, French, Spanish, Portuguese, Russian, and Mandarin). Well in advance of the survey date, each school distributed the consent forms to students, who, in turn, sought the signature of one parent/guardian if they were under age 18 (students aged 18 and older did not require parental consent). Students themselves were also required to provide a signature of assent. Those who did not return a dual-signed consent form

* Since 1981, the Institute for Social Research (ISR) at York University has assisted with the survey design, selected the sample, and administered the survey in schools on behalf of CAMH.

on or before the survey date were not allowed to participate.

The survey was administered by trained ISR field staff in the classrooms between November 2012 and June 2013. Students were reminded that participation was voluntary and anonymous, and were instructed not to write their names on the questionnaires. They were also instructed to skip any question they did not understand, rather than risk disclosure by asking for assistance. Students wrote their answers directly on the questionnaire. The ISR field staff collected all questionnaires after the survey.

The OSDUHS Questionnaire

In addition to alcohol and other drug use, the OSDUHS questionnaire covers an array of topics related to mental and physical well-being. The general outline of the topics covered in the survey is as follows: demographics, family and school life, alcohol, tobacco, and other drug use, beliefs and attitudes about substance use, vehicle-related questions, mental health indicators (e.g., suicidality, symptoms of anxiety and depression), physical health indicators (e.g., physical activity, healthy weight and diet, injuries), bullying, gambling and gambling problems, video game playing problems, aggressive and other problem behaviours.

To include as many topics as possible in a fixed class period, while minimizing the burden on students, we employed four versions of the questionnaire, depending on school level. As in past cycles, we used split ballot modularized questionnaires whose item content was distributed according to questionnaire form (Form A vs. Form B). However, in 2013 we reduced the number of questions in these forms for students in elementary schools (i.e., the 7th and 8th graders). That is, elementary school students (grades 7 and 8) completed shorter questionnaires (a shorter Form A and a shorter Form B) than the secondary school students (grades 9–12). The elementary school questionnaires excluded the following topics: the use of cocaine, crack, heroin, methamphetamine, hallucinogens, club drugs and new synthetic drugs, prescription tranquillizers, drug use problem screeners, gambling problem screener, and driving-related behaviours. About half of the items in each form were designated as core, that is, items common to all four forms (and thus answered by all students). A French version of Form A (ES and SS) was used in French-language schools. The 2013 questionnaires are available at **www.camh.ca/research/osduhs.aspx**.

Final Sample Size and Data Analysis

The final sample size in 2013 was 10,272 students in grades 7–12 (63% of eligible students) from 671 classes in 198 schools in 42 school boards. This sample represents about 982,100 students in grades 7–12 in Ontario's publicly funded schools.

This report provides drug use findings according to sex, grade, and region subgroups. The statistical significance of subgroup differences in 2013 was tested using bivariate second-order design-adjusted Rao-Scott Pearson chi-square tests at the $p<.05$ level of significance. All survey estimates were weighted, and variance and statistical tests were corrected for the sampling design. The following four design-based regions are used: City of **Toronto**; **Northern** Ontario (Parry Sound District, Nipissing District and farther north); **Western** Ontario (Peel District, Dufferin County and farther west); and **Eastern** Ontario (Simcoe County, York County and farther east).

Results

Home and School Life

The OSDUHS includes many questions about students' home and school experiences including part-time work, social media use, school grades usually received, time spent on homework, and suspensions.

Family Living Arrangement

- Almost one-fifth (18.3%) of students report that they live with a single parent or with no parent (that is, neither a birth parent, nor an adoptive parent, nor a stepparent).
- About 12.3% of students report that they divide their time between two or more homes.

Part-Time Work

- The majority (54.9%) of students in grades 9–12 do not work outside of the home. About 12.4% work five hours or less per week outside of the home, while 4.7% work more than 20 hours per week (see Figure 1).

Social Media Use

- As seen in Figure 2, most students visit social media websites (e.g., Facebook, Twitter, Instagram) on a daily basis, either posting or browsing. About 14.9% spend less than 1 hour daily on these sites, whereas about 4.4% spend seven or more hours daily.

Figure 1.
Hours Per Week Work Outside the Home, 2013 OSDUHS (Grades 9–12, n=2,895)

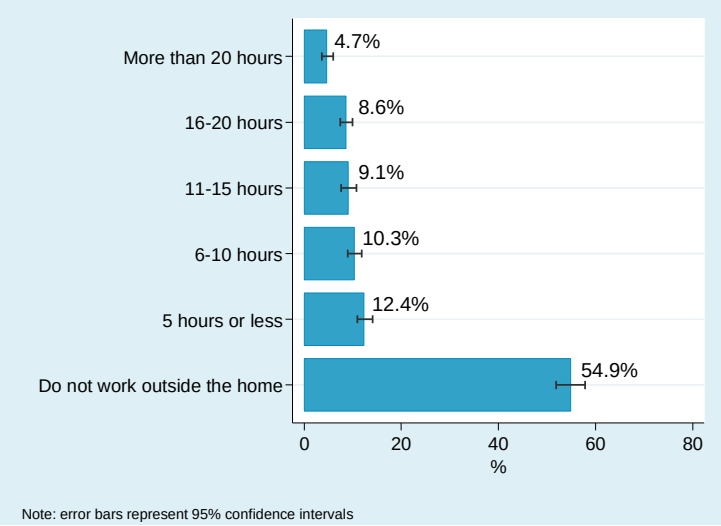
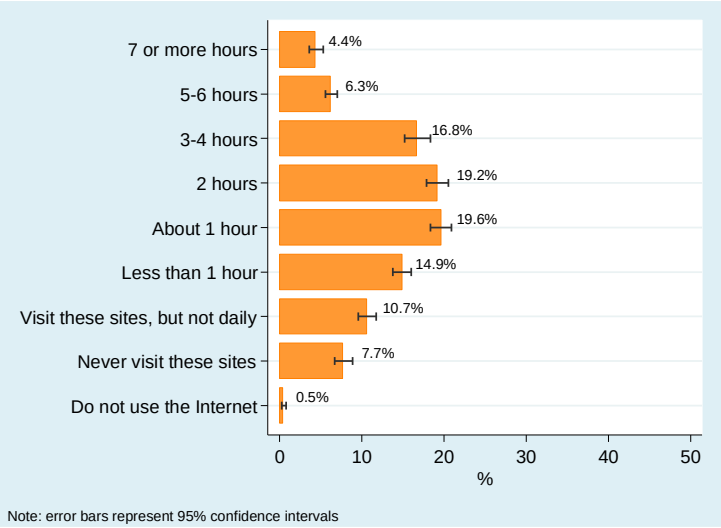


Figure 2.
Hours Per Day Spent on Social Media, 2013 OSDUHS (Grades 7–12, n=10,272)



School Performance and Attitudes

- Overall, 11% of students report usually receiving school grades of 90% or higher; 41% report grades between 80% and 89%; 37% report grades between 70% and 79%; 10% report grades between 60% and 69%; and about 1% report usually receiving grades below 60%.

- About one-quarter (23.0%) of students spend less than one hour on homework per week, outside of school. One-in-seven (14.1%) students report spending seven hours or more on homework weekly, outside of school.

- Just under half (44.1%) of students report liking school very much or quite a lot. In contrast, one-in-seven (14.6%) report not liking school very much or at all.

➢ The percentage of students who report usually receiving grades of 80% or higher significantly increased between 1999 (37.8%) and 2013 (52.1%).

➢ Significantly more students in 2013 (44.1%) report that they like school very much or quite a lot than students surveyed in 1999 (29.6%).

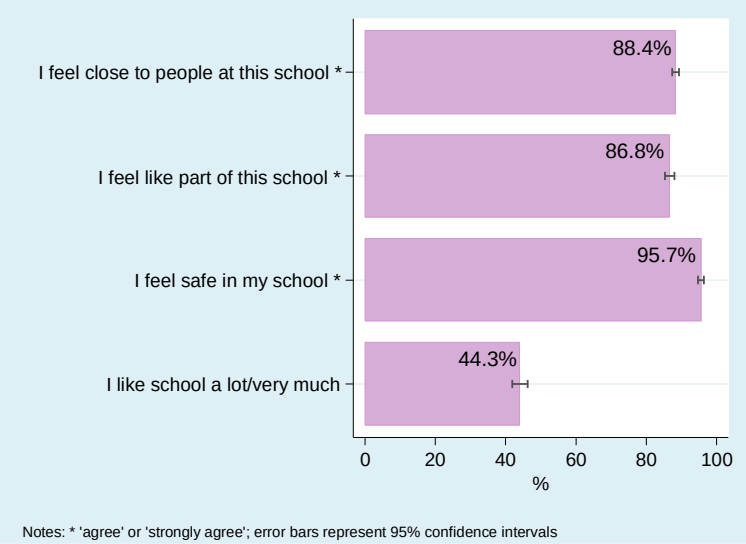
School Climate and School Safety

- Most students feel close to people at their school (88.4%), and feel like they are part of their school (86.8%).

- Although virtually all students (95.7%) generally feel safe in their school, 15.4% – an estimated 150,800 Ontario students – are worried about being harmed, threatened, or being a victim of theft at school.

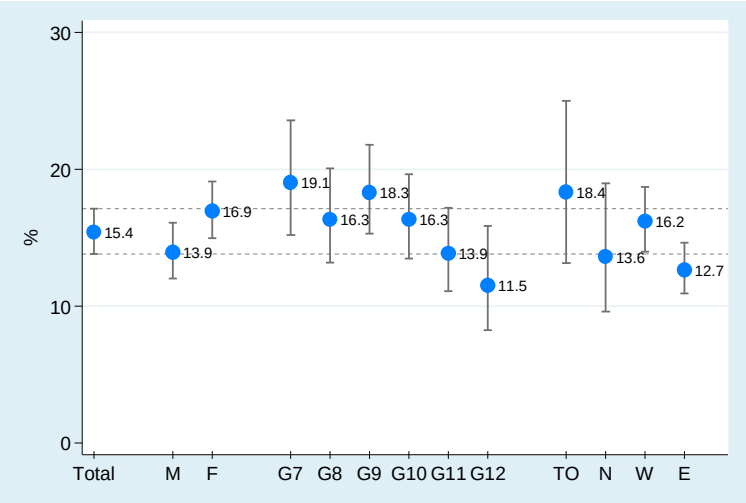
➢ The percentage of students reporting that they are worried about being harmed or threatened at school has not significantly changed between 1999 (14.2%) and 2013 (15.4%).

Figure 3.
Attitudes About School, 2013 OSDUHS (Grades 7–12, n=10,272)



Notes: * 'agree' or 'strongly agree'; error bars represent 95% confidence intervals

Figure 4.
Percentage Expressing Worry About Being Harmed, Threatened, or a Victim of Theft at School by Sex, Grade, and Region, 2013 OSDUHS (n=10,272)



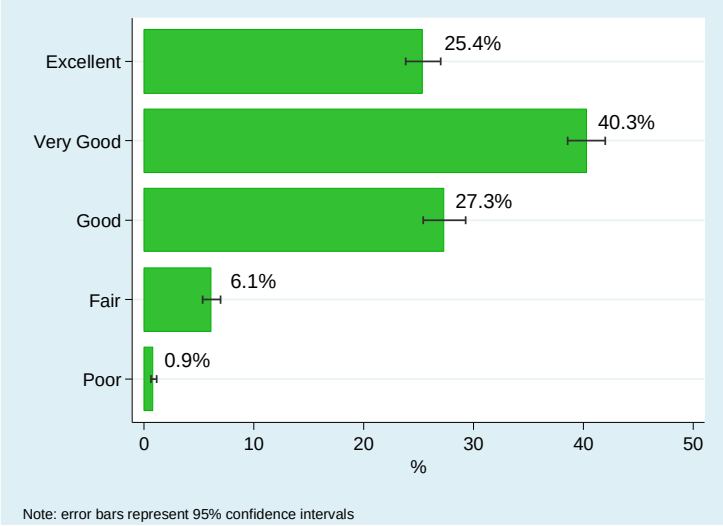
Notes: (1) vertical 'whiskers' represent 95% confidence intervals; (2) horizontal band represents 95% CI for total estimate; (3) significant difference by sex and by grade (p<.05), no significant difference by region

Physical Health

Self-Rated Physical Health

- About two-thirds of Ontario students rate their health as either excellent (25.4%) or very good (40.3%). At the risk end, 7.0% report fair or poor health. This estimate represents roughly 68,100 Ontario students.
- Males (7.1%) and females (6.9%) are equally likely to report fair or poor health.
- Fair or poor self-rated health does not significantly vary by grade.
- There are no significant differences among the four regions.

Figure 5.
Self-Rated Physical Health, 2013 OSDUHS
(Grades 7–12, n=10,272)



Asthma Diagnosis

- An estimated 7.9% of students report that currently have asthma. This estimate represents about 69,800 Ontario students in grades 7–12.
- Males (7.6%) and females (8.1%) are equally likely to report currently having asthma.
- There is no significant grade variation.
- There is no significant regional variation.

Daily Physical Activity

Students were asked to report on how many days of the past seven they were physically active "*for a total of at least 60 minutes each day. Please add up all the time you spent on any kind of physical activity that increased your heart rate and made you breathe hard some of the time. (Some examples are brisk walking, running, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football.) Please include both school and non-school activities.*" Here we describe the percentage of students who reported meeting the 60-minute daily recommendation on each of the past seven days.

- About one-fifth (21.8%) of students report meeting the 60-minute daily physical activity recommendation. This estimate represents about 211,400 Ontario students.
- Males (27.2%) are significantly more likely than females (16.0%) to be active daily.
- Daily physical activity significantly decreases with grade, from 31.1% of 7th graders to 15.2% of 12th graders.
- There are no significant differences among the four regions.

Physical Inactivity

Here we describe the percentage of students who reported no days of physical activity (defined as at least 60 minutes in total per day of moderate-to-vigorous activity) during the seven days before the survey.

- An estimated 7.3% of students were physically inactive on each of the seven days before the survey. This estimate represents about 70,500 Ontario students.
- Females (8.3%) are significantly more likely than males (6.3%) to be inactive.
- Inactivity significantly increases with grade, peaking in 12th grade at 11.9%.
- Students in Toronto (10.0%) are more likely to be inactive than students in the other three regions (about 6%–7%).

Physical Inactivity at School

Students were also asked about physical activity at school in physical education (PE) class. The question was "*On how many of the last 5 school days did you participate in physical activity for at least 20 minutes that increased your heart rate and made you breathe hard some of the time in physical education class in your school?*" In this section, we describe the percentage of students who reported no days of physical activity in PE class. Note that this estimate includes those students who reported that they were not currently enrolled in a PE class (these students were assigned to the "no days of activity" group).

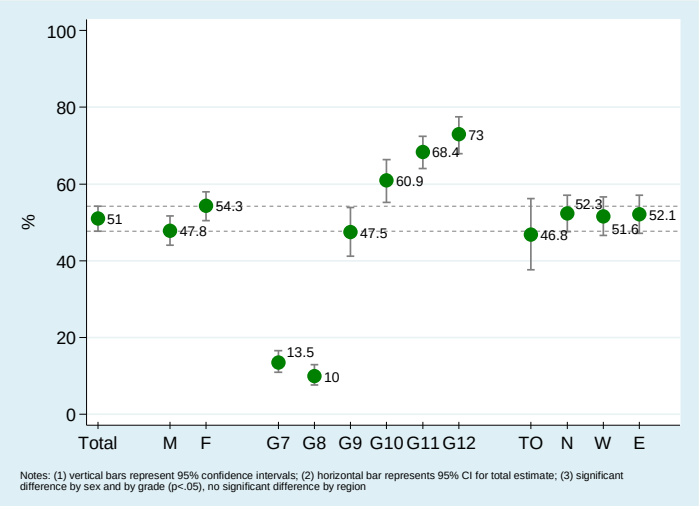
- Half (51.0%) of all students do not engage in physically activity in a PE class (Figure 6).
- Females (54.3%) are significantly more likely than males (47.8%) to be inactive at school.
- Inactivity at school significantly increases with grade, from about 10%–13% among 7th and 8th graders to 73.0% among 12 graders.
- There are no significant regional differences.
- ➢ Students in 2013 (51.0%) were significantly more likely to report being inactive at school than students who were surveyed in 1999 (43.8%), the first year of monitoring.

Screen Time Sedentary Behaviour

Here we present the percentage of students who are considered to be sedentary according to the *Canadian Sedentary Behaviour Guidelines for Children and Youth* (reporting spending three or more hours a day in front of a screen during the past seven days).

- Over half (58.3%) of students spend at least three hours a day on recreational screen time. This estimate represents about 542,500 Ontario students in grades 7–12. (At the extreme end, 10.4% report seven or more hours a day, representing about 96,600 students.)
- Males (60.7%) are significantly more likely than females (55.7%) to spend at least three hours a day in front of a screen.
- There is significant grade variation showing that 7th graders (43.5%) are least likely to be screen time sedentary.
- There are no significant regional differences.

Figure 6.
Percentage Reporting No Physical Activity at School in Physical Education Class on Any of the Past Five School Days by Sex, Grade, and Region, 2013 OSDUHS (n=10,272)

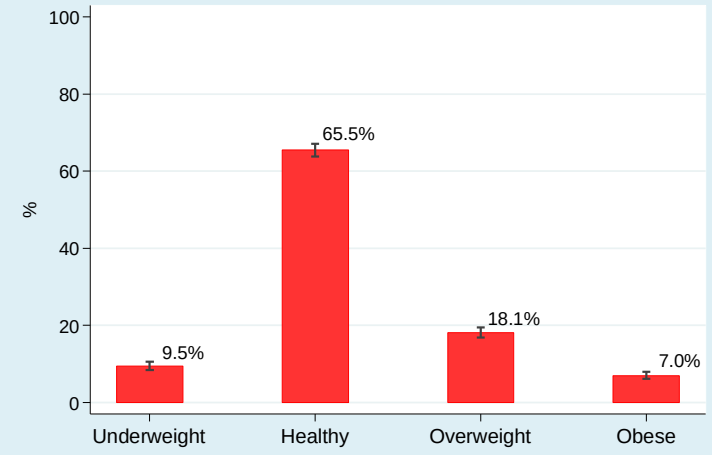


Overweight or Obese

Students were asked to report their current height and weight using precoded response options. Using the mid-point of the responses, body mass index (BMI) was calculated as weight in kilograms divided by height in metres squared. Students without valid height or weight responses (n=635, or 6.2% of the total sample) were excluded from the analysis. BMI is the most commonly used indicator to measure adiposity status among children and adolescents. The age-by-sex specific BMI cut-off points used were based on the *International Obesity Task Force* guidelines. It should be noted that BMI based on self-reported height and weight usually underestimates the true percentage overweight and obese.

- As presented in Figure 7, an estimated 9.5% of students are classified as underweight; 65.5% are a healthy weight; 18.1% are overweight, and 7.0% are classified as obese.
- One-quarter (25.1%) of students are either overweight or obese. This percentage represents about 233,300 7th–12th graders in Ontario.
- Males (28.9%) are significantly more likely than females (21.0%) to be overweight or obese.
- There is significant grade variation, with students in grades 10 and 11 (about 28%–29%) more likely to be overweight or obese than students in grades 7 and 8 (about 21%–22%).
- There is significant regional variation showing that students in the North (31.9%) are most likely to be overweight or obese, and students in Toronto (21.6%) are least likely.

Figure 7.
Percentage Classified as Underweight, Healthy Weight, Overweight, and Obese, 2013 OSDUHS (Grades 7–12, n=10,272)



Note: error bars represent 95% confidence intervals

Body Image and Weight Control

- Two-thirds (64.7%) of students are satisfied with their weight. One-quarter (23.6%) believe they are too fat, and one-tenth (11.8%) believe they are too thin.
- Females are significantly more likely than males to believe that they are too fat, (32.3% vs. 15.2%, respectively), whereas males are more likely than females to believe that they are too thin (15.9% vs. 7.5%, respectively).
- One-third (33.8%) of students are not trying to alter their weight. Another 29.7% are attempting to lose weight, 22.7% want to keep from gaining weight, and 13.8% want to gain weight.
- Females are nearly twice as likely as males to report they are trying to lose weight (38.8% vs. 21.1%, respectively), whereas males are more likely than females to report that they are trying to gain weight (21.7% vs. 5.5%, respectively).

➢ Since 2001, there has been a significant increase in the percentage who believe they are "too fat" (from 18.7% in 2001 to 23.6% in 2013). This increase is evident for females (from 23.6% in 2001 to 32.3% in 2013), but is not evident among males.

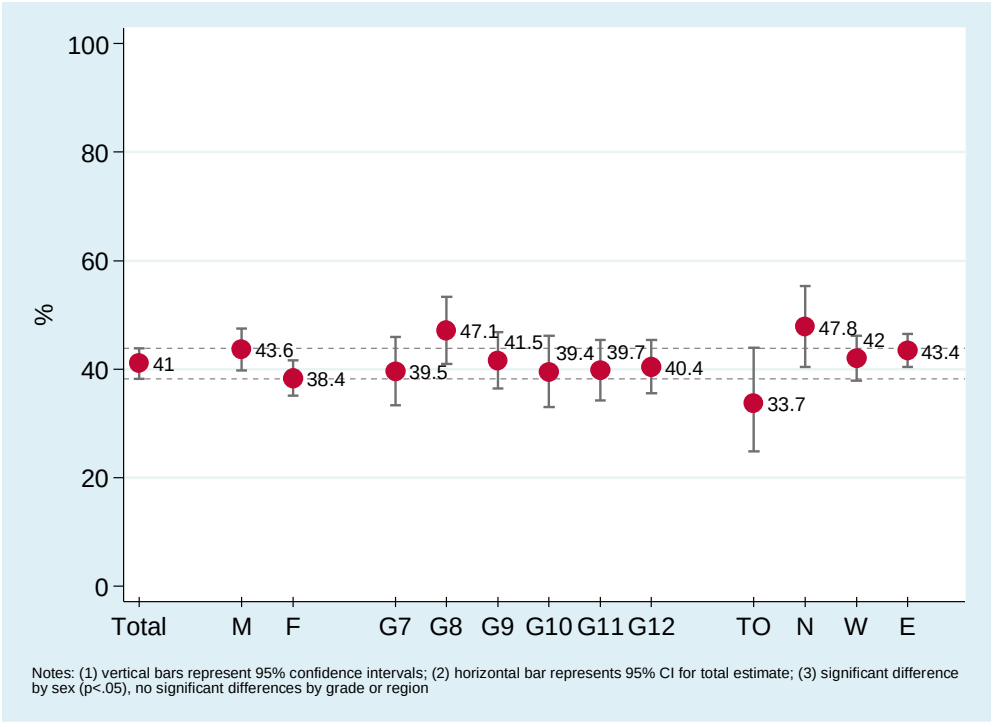
Use of an Indoor Tanning Device

- About 4.4% of students report using an indoor tanning device such as a sunlamp, sunbed, or tanning booth at least once in the past year. This estimate represents about 39,700 students in grades 7 through 12 in Ontario. About 8.0% of students report using an indoor tanning device in their lifetime.
- Females (6.3%) are twice as likely as males (2.7%) to report using an indoor tanning device at least once in the past year.
- There is significant grade variation, with 12th graders (8.0%) most likely to report using an indoor tanning device.
- There are no significant regional differences.

Medically Treated Injury

- As seen in Figure 8, an estimated 41.0% of all students were treated for an injury at least once in the 12 months before the survey. This percentage represents about 364,600 students across Ontario. More specifically, 20.0% were treated for an injury once in the past year, 12.0% were treated twice, 4.7% were treated three times, and 4.3% four or more times.
- Males (43.6%) are significantly more likely than females (38.4%) to report a medically treated injury at least once in the past year.
- There are no significant grade differences.
- There are no significant regional differences.
- ➢ The percentage of students sustaining a medically treated injury in 2013 (41.0%) is similar to the estimate from 2011 (41.9%). However, there has been an upward trend during the past decade and the current estimate is significantly higher than the estimate from 2003 (35.4%), the first year of monitoring.

Figure 8.
Percentage Reporting a Medically Treated Injury in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=4,794)



Notes: (1) vertical bars represent 95% confidence intervals; (2) horizontal bar represents 95% CI for total estimate; (3) significant difference by sex (p<.05), no significant differences by grade or region

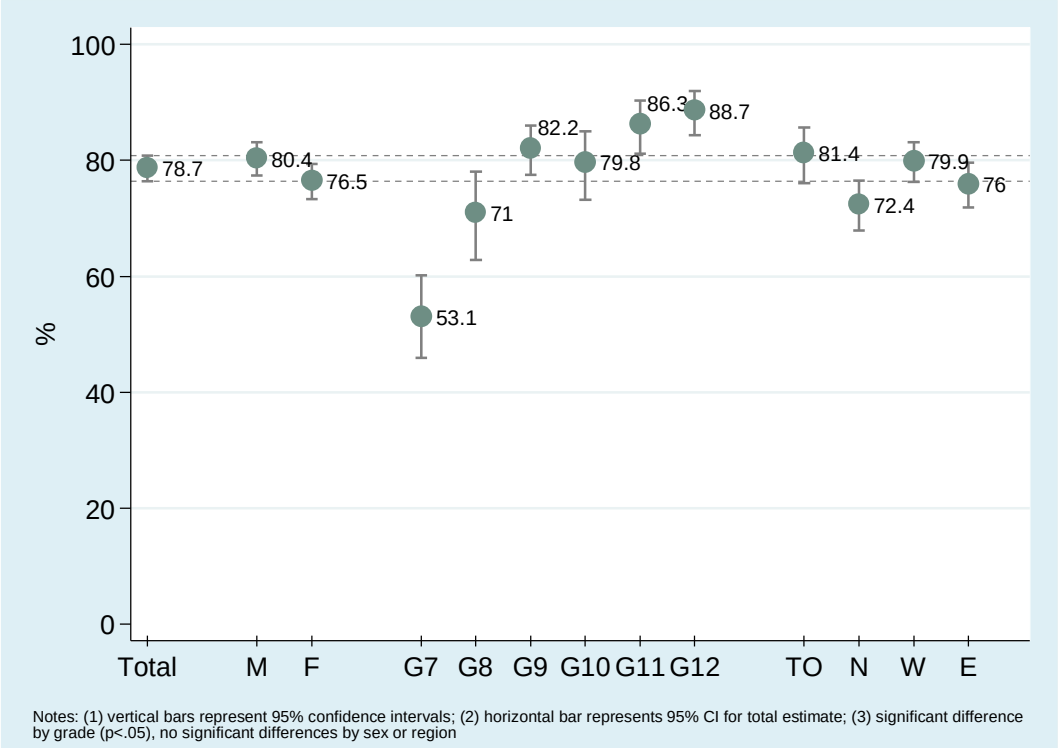
Bicycle Helmet Use

- As seen in Figure 9, over three-quarters (78.7%) of bicyclists in grades 7–12 report that they do not always wear a helmet. This estimate represents about 535,800 students in Ontario. Looking at the extreme end, 52.7% of bicyclists report that they rarely or never wear a helmet (representing 358,800 students).
- Male and female cyclists are equally likely to report that they do not always wear a helmet.
- There is significant grade variation showing that older students are most likely to report not always wearing a helmet while bicycling (increasing from 53.1% of 7th graders up to 88.7% of 12th graders).
- There are no significant regional differences.

Seatbelt Use

- About one-quarter (23.7%) of students in grades 7–12 report they do not always wear a seatbelt when riding in a vehicle. This estimate represents about 214,300 students in Ontario. Looking at the extreme end, 1.7% of students report that they rarely or never wear a seatbelt (representing 15,100 students).
- Males (26.7%) are significantly more likely than females (20.5%) to report that they do not always wear a seatbelt.
- There are significant grade differences showing that students in grades 10 and 11 (over one-quarter) are most likely to report not always wearing a seatbelt.
- There are no significant regional differences.

Figure 9.
Percentage of Students Who Rode a Bicycle in the Past Year Reporting Not Always Wearing a Helmet by Sex, Grade, and Region, 2013 OSDUHS (n=3,676)



Notes: (1) vertical bars represent 95% confidence intervals; (2) horizontal bar represents 95% CI for total estimate; (3) significant difference by grade (p<.05), no significant differences by sex or region

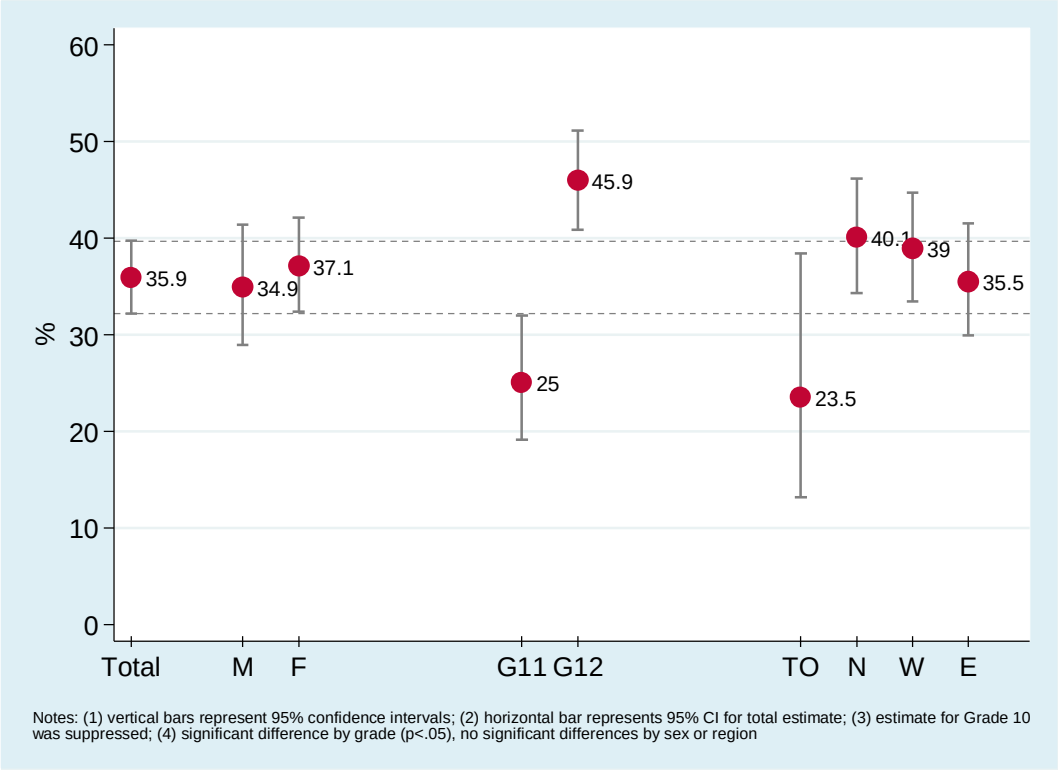
Texting While Driving

- As seen in Figure 10, just over one-third (35.9%) of drivers in grades 10–12 report texting while driving at least once in the past year. This estimate represents about 107,900 adolescent drivers in Ontario.
- Male and female drivers are equally likely to report texting while driving at least once in the past year.
- There is a significant difference by grade showing that 12th graders (45.9%) are most likely to text while they drive.
- Despite some variation, there are no significant regional differences.

Vehicle Collisions as a Driver

- Among drivers in grades 10–12, about 7.6% report being involved in a collision as a driver at least once in the past year. This percentage represents an estimated 49,300 adolescent drivers.
- Male and female drivers are equally likely to report involvement in a collision at least once in the past year.
- There is a significant difference by grade showing that 12th graders (10.8%) are most likely to report involvement in a collision.
- There are no significant regional differences.

Figure 10.
Percentage of Drivers in Grades 10–12 Reporting Texting While Driving at Least Once in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=1,139)



Notes: (1) vertical bars represent 95% confidence intervals; (2) horizontal bar represents 95% CI for total estimate; (3) estimate for Grade 10 was suppressed; (4) significant difference by grade (p<.05), no significant differences by sex or region

Health Care Utilization

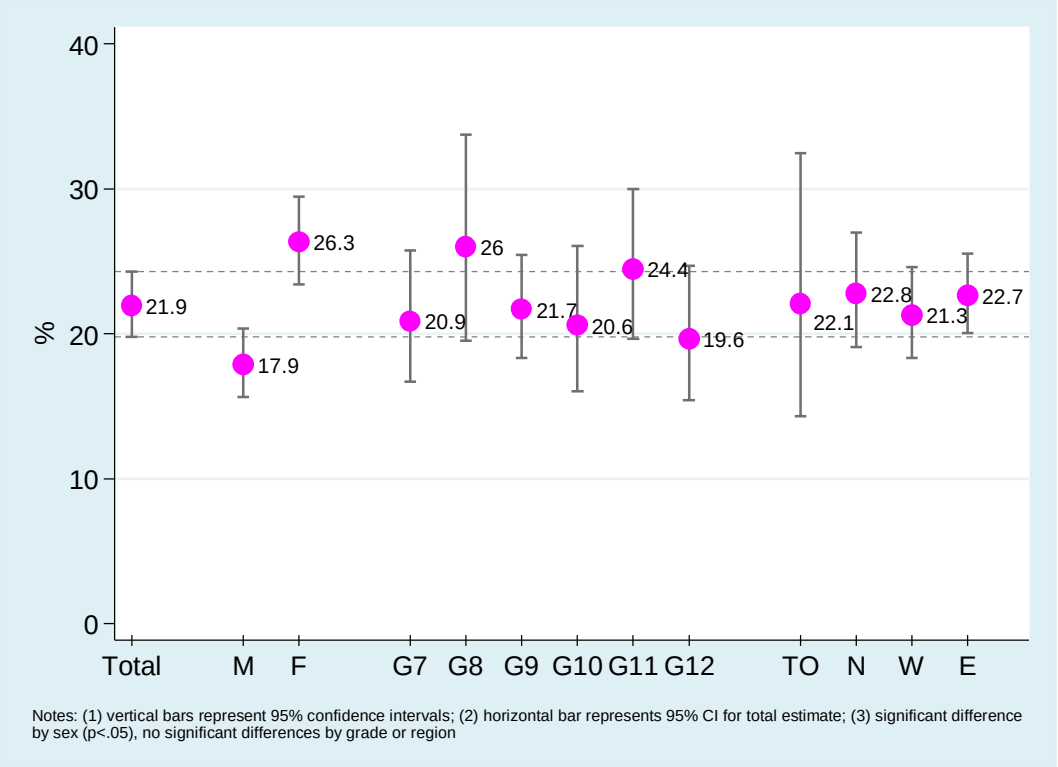
Physician Health Care Visit

- Over one-quarter (27.4%) of students did not visit a physician, not even for a check-up, in the past year. This estimate represents about 243,600 students in Ontario.
- Males (30.8%) are significantly more likely than females (23.7%) to report they that did not visit a doctor in the past year.
- There are no significant grade differences.
- There are no significant regional differences.

Mental Health Care Visit

- As seen in Figure 11, just over one-fifth (21.9%) of students report visiting a professional (such as a doctor, nurse, or counsellor) about a mental health issue at least once in the past year. This estimate represents about 227,500 students in Ontario.
- Females (26.3%) are significantly more likely than males (17.9%) to report a mental health care visit.
- Despite some variation among the grades, these differences are not statistically significant.
- There are no significant regional differences.

Figure 11.
Percentage Reporting at Least One Mental Health Care Visit in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



Notes: (1) vertical bars represent 95% confidence intervals; (2) horizontal bar represents 95% CI for total estimate; (3) significant difference by sex (p<.05), no significant differences by grade or region

Medical Use of an Attention Deficit Hyperactivity Disorder (ADHD) Drug

- About 3.2% of students used an ADHD drug (such as Ritalin, Adderall, Concerta) by prescription in the past year. This estimate represents about 31,400 students in grades 7–12.
- Males are significantly more likely than females to report using an ADHD drug medically (4.6% vs. 1.8%, respectively).
- Medical use of an ADHD drug does not significantly differ among the grades.
- There are no significant regional differences.

Prescription Medication to Treat Anxiety or Depression

- An estimated 5.5% of students in grades 9–12 report being prescribed medication to treat anxiety, depression, or both conditions in the past year (Figure 12). This represents about 43,200 secondary students in Ontario.
- Females (7.9%) are twice as likely as males (3.4%) to report being prescribed medication to treat anxiety, depression, or both.
- There is significant grade variation showing the highest likelihood among grades 11 and 12.
- There are no significant regional differences.

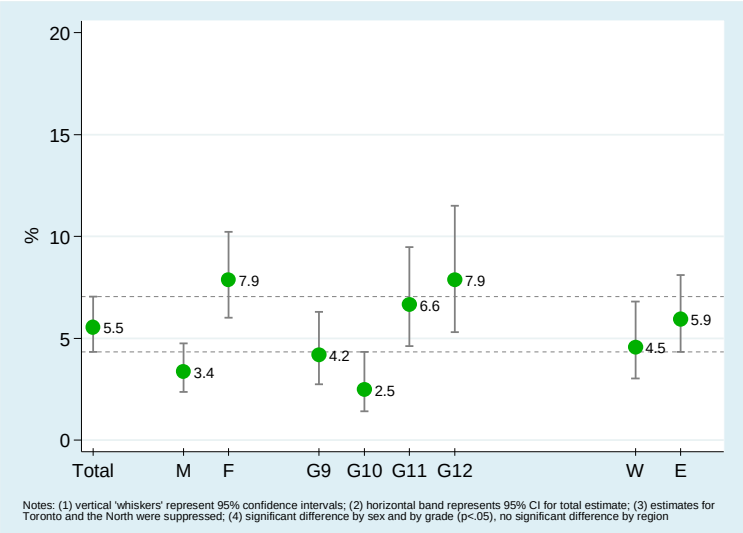
Sought Counselling Over the Telephone or the Internet

- About 3.0% of students report using a helpline or a website or both to seek counselling at least once in the past year (representing roughly 31,000 students).
- Females (4.2%) are more likely than males (1.8%) to seek counselling either over the phone, the Internet, or both.
- There are no significant grade differences.
- There are no significant regional differences.

Unmet Need for Mental Health Support

- Over one-quarter (27.9%) of students report that they wanted to talk to someone about a mental health or emotional problem, but did not know where to turn. This estimate represents about 288,300 students.
- Females (37.5%) are more likely than males (19.0%) to report an unmet need for mental health support.
- There are no significant grade differences.
- There are no significant regional differences.

Figure 12.
Percentage Reporting Having Been Prescribed Medication to Treat Either Anxiety or Depression or Both in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (Grades 9–12, n=3,264)



Internalizing Indicators

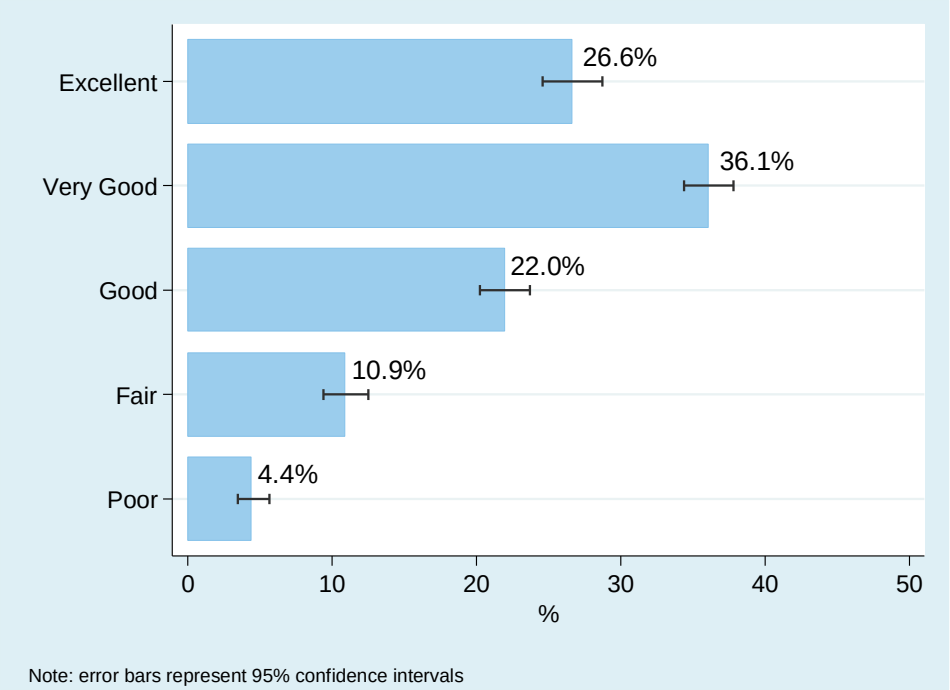
Self-Rated Mental Health

- As seen in Figure 13, almost two-thirds of Ontario students rate their mental health as excellent (26.6%) or very good (36.1%). At the risk end, 15.3% report fair or poor mental health. This estimate represents about 157,900 students in Ontario.
- Females (20.5%) are significantly more likely than males (10.5%) to rate their mental health as fair or poor.
- Ratings of fair or poor mental health significantly increase with grade, ranging from 8.8% among 7th graders to about 16% to 18% among students in grades 9–12.
- There are no significant regional differences.
- ➢ The percentage of students rating their mental health as fair/poor in 2013 (15.3%) does not significantly differ from 2011 (13.7%). However, the 2013 percentage is significantly higher than that found in 2007 (11.4%), the first year of monitoring.

Low Self-Esteem

- Just over half (53.4%) of students feel that sometimes they cannot do anything right; 35.4% feel that they are no good at all; 34.2% feel that they do not have much to be proud of; 18.6% do not feel good about themselves; and 17.6% feel that they cannot do things as well as others.
- An estimated 6.8% (95% CI: 5.6%-8.2%) of students report low self-esteem – that is, report low esteem on all five items mentioned above.
- Females (11.4%) are significantly more likely than males (2.4%) to report low self-esteem.
- There are no significant grade differences.
- There are no significant regional differences.

Figure 13.
Self-Rated Mental Health, 2013 OSDUHS (Grades 7–12, n=5,478)



Psychological Distress

- Of the ten symptoms that make up the *Kessler 10-Item Psychological Distress Scale* (K10) – which is a screening instrument designed to detect nonspecific psychological distress (symptoms of anxiety and depression) – the three most common experienced "most of the time" or "all of the time" during the past month were: feeling tired out for no good reason (19.1%), feeling that everything was an effort (12.9%), and feeling restless or fidgety (11.6%). The least prevalent symptom was feeling so nervous that nothing could calm you down (3.4%) (Figure 14).

- As seen in Figure 15, based on the K10 scale, an estimated 26.0% of 7th–12th graders report psychological distress during the past month. This represents about 264,200 students.

- Females are twice as likely as males to report psychological distress (35.5% vs. 17.2%, respectively). Moreover, females are significantly more likely than males to report 8 of the 10 symptoms.

- Psychological distress significantly increases with grade, from 13.4% of 7th graders to 31.7% of 11th graders, with a slight drop to 26.8% of 12th graders.

- There are no significant regional differences.

Figure 14.
Kessler-10 (K10) Symptoms of Psychological Distress Experienced "Most of the Time" or "All of the Time" in the Past Month, 2013 OSDUHS (Grades 7–12, n=5,478)

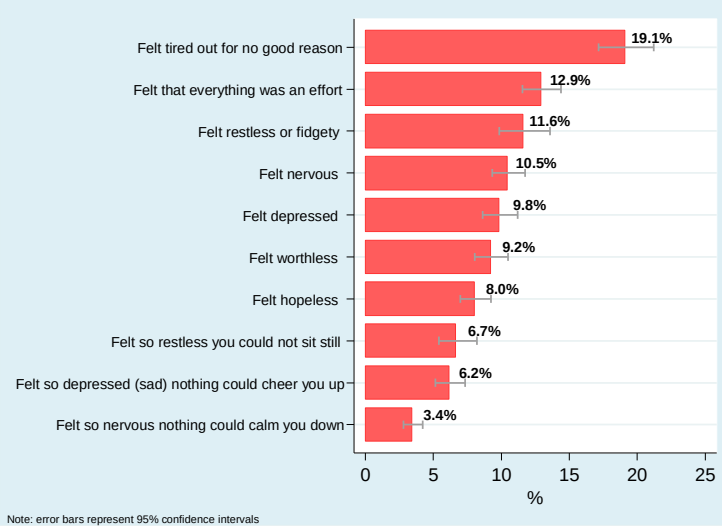
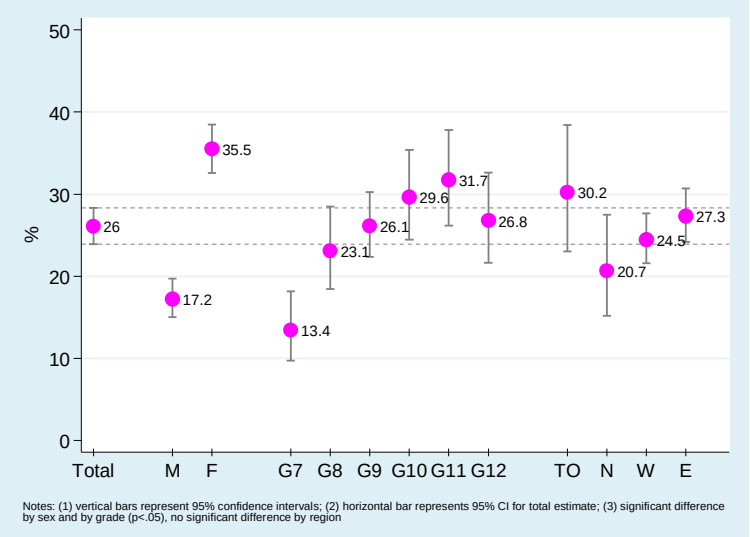


Figure 15.
Percentage Classified as Having a Moderate to High Level of Psychological Distress (K10/22+) in the Past Month by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



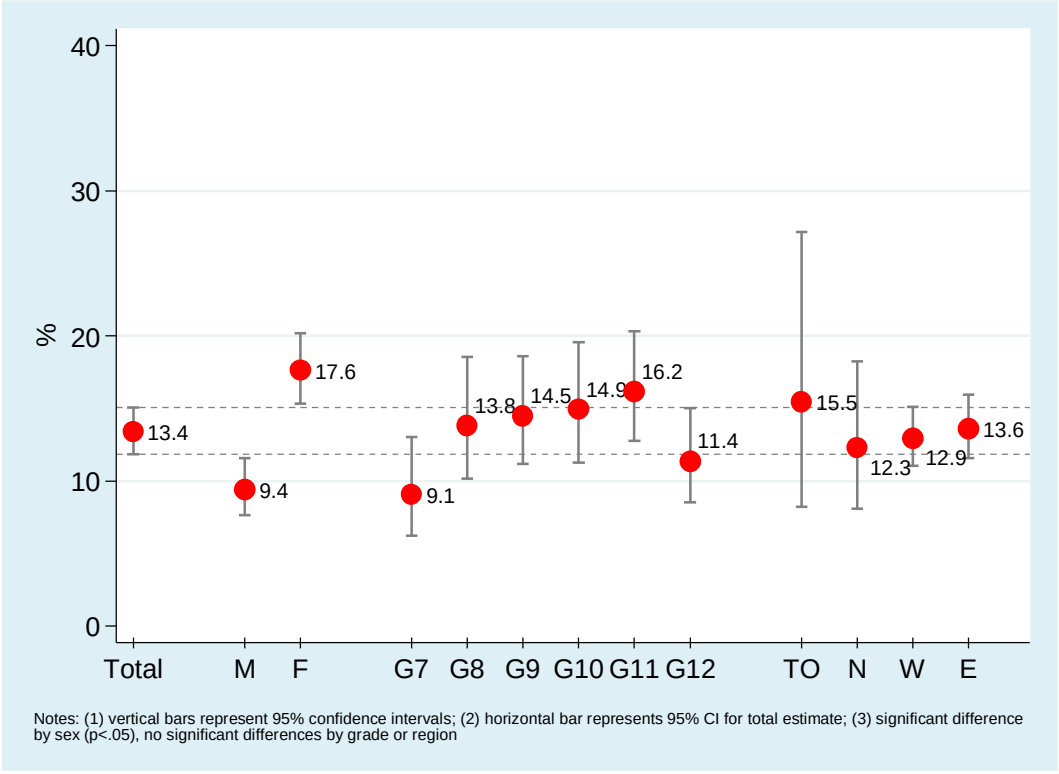
Suicidal Ideation

- One-in-eight (13.4%) students report that they had seriously contemplated suicide in the past year (Figure 16). This percentage represents an estimated 128,400 Ontario students in grades 7–12
- Females are twice as likely as males to report suicidal ideation (17.6% vs. 9.4%, respectively).
- There are no significant grade differences.
- There are no significant regional differences.
- ➢ Among the total sample, the percentage who reported contemplating suicide significantly increased between 2011 (10.3%) and 2013 (13.4%), reverting back to a level seen about a decade ago when monitoring first began.

Suicide Attempt

- An estimated 3.5% of students report attempting suicide in the past year. This represents about 33,300 Ontario students in grades 7–12.
- Females are twice as likely as males to report as a suicide attempt in the past year (5.0% vs. 2.0%, respectively).
- There are no significant grade differences.
- There are no significant regional differences.

Figure 16.
Percentage Reporting Suicidal Ideation in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



Notes: (1) vertical bars represent 95% confidence intervals; (2) horizontal bar represents 95% CI for total estimate; (3) significant difference by sex (p<.05), no significant differences by grade or region

Externalizing Indicators

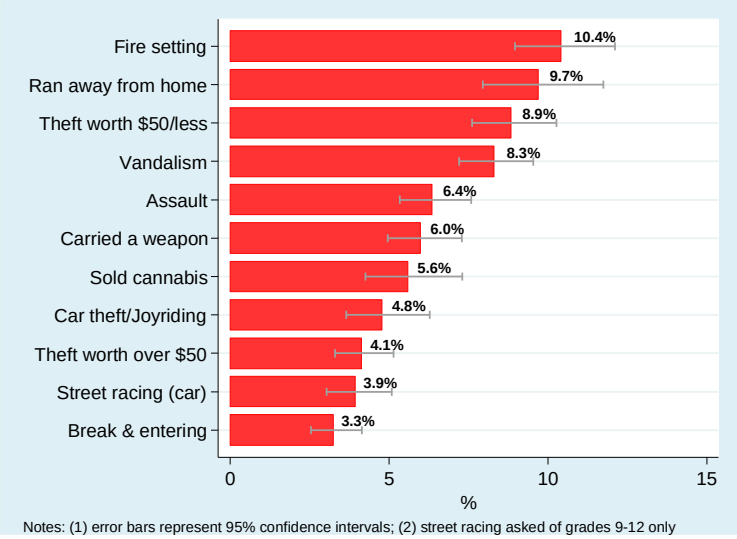
Antisocial Behaviours

- As seen in Figure 17, among all students, the most prevalent of the 11 antisocial behaviours asked about in the survey was fire setting (10.4%) and the least prevalent was breaking and entering (3.3%).

- As seen in Figure 18, except for car theft/joyriding, there is a significant sex difference for each antisocial behaviour, typically showing an increased likelihood among males. Females, however, are significantly more likely than males to report running away from home.

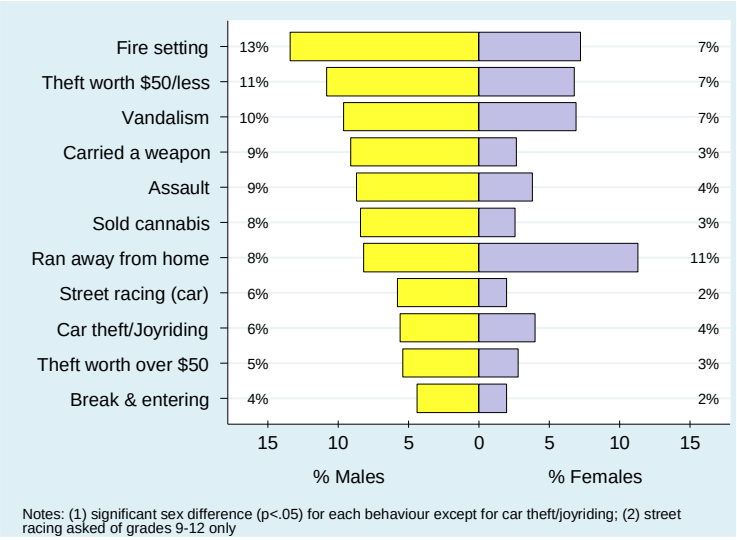
➢ Long-term trend data, beginning in 1991, show that most of the antisocial behaviours have declined over time.

Figure 17.
Percentage Reporting Engaging in Antisocial Behaviours at Least Once in the Past Year, 2013 OSDUHS (Grades 7–12, n=5,478)



Notes: (1) error bars represent 95% confidence intervals; (2) street racing asked of grades 9-12 only

Figure 18.
Percentage Reporting Engaging in Antisocial Behaviours at Least Once in the Past Year by Sex, 2013 OSDUHS (Grades 7–12, n=5,478)



Notes: (1) significant sex difference (p<.05) for each behaviour except for car theft/joyriding; (2) street racing asked of grades 9-12 only

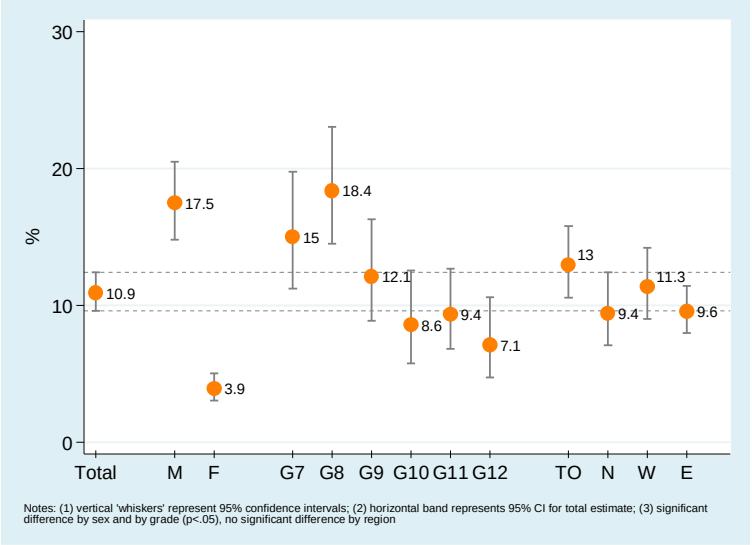
Violence on School Property

Physical Fighting

- As seen in Figure 19, about one-in-ten (10.9%) – an estimated 109,700 students in grades 7 through 12 – report fighting on school property at least once in the past year (6.6% report a single time, while 4.3% report two or more times).
- Males (17.5%) are four times as likely as females (3.9%) to report fighting at school.
- Fighting at school significantly decreases with grade. Students in grades 7 and 8 (about 15%–18%) are most likely to fight at school, whereas 12th graders (7.1%) are least likely.
- There are no significant regional differences.

➢ The percentage of students reporting physical fighting at school in 2013 (10.9%) is similar to the estimate from 2011 (11.9%), but significantly lower than the estimate from 2001 (16.9%), the first year of monitoring.

Figure 19.
Percentage Reporting Fighting at School at Least Once in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)

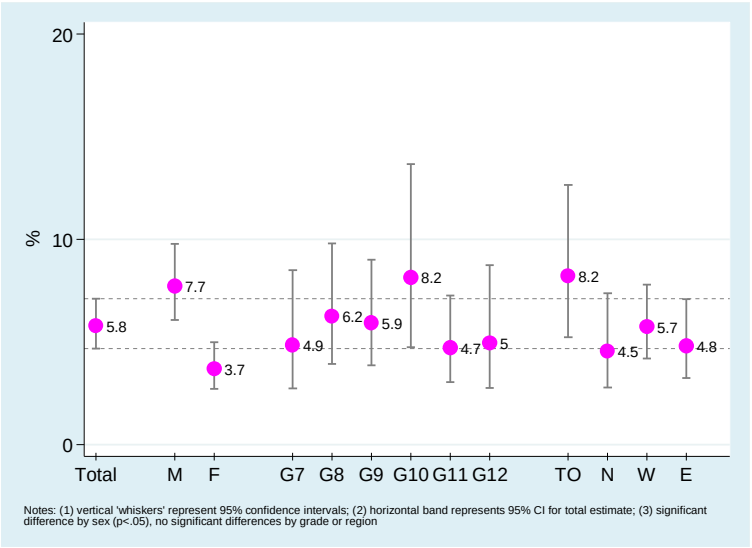


Threatened or Injured with a Weapon

- As seen in Figure 20, 5.8% – roughly 59,400 students in grades 7 through 12 – report being threatened or injured with a weapon on school property at least once in the past year (4.1% report a single event, while 1.7% report two or more times).
- Males (7.7%) are twice as likely as females (3.7%) to report being threatened or injured with a weapon at school.
- There are no significant grade differences.
- There are no significant regional differences.

➢ The percentage of students reporting being threatened or injured with a weapon at school in 2013 (5.8%) is similar to the estimate from 2011 (6.5%), and 2003 (7.7%), the first year of monitoring.

Figure 20.
Percentage Reporting Having Been Threatened or Injured with a Weapon at School at Least Once in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



Bullying at School

Bullying Victims

- One-quarter (25.0%) of 7th to 12th graders report being bullied at school since September. This represents about 256,200 students in Ontario. As seen in Figure 21, the most prevalent form of bullying victimization is verbal (21.4%), while 1.7% report that they are primarily bullied physically, and 1.9% of students are victims of theft/vandalism at school.

- An estimated 7.3% of students report being bullied on a daily or weekly basis, and 17.1% are bullied monthly or less often.

- As seen in Figure 22, females are significantly more likely than males to report being bullied in any way at school (28.1% vs. 22.2%, respectively). This sex difference, however, varies by mode. Females are more likely than males to be bullied verbally, whereas males are more likely to be bullied physically or be victims of theft/vandalism.

- There is significant grade variation, with students in grades 7 and 8 (about one-third) most likely to be bullied in any manner, while 12th graders (16.6%) are least likely. Grade 7 and 8 students are also the most likely to be bullied physically (about 5%), and to be bullied on a daily/weekly basis (12%–14%).

- Despite some variation, there are no significant differences among the four regions regarding reports of being bullied at school in any manner.

➢ Despite a slight numerical decrease, the percentage of 7th to 12th graders reporting being bullied at school did not significantly change between 2011 (28.6%) and 2013 (25.0%). However, there has been a significant decline since 2003 (32.7%), the first year of monitoring.

Figure 21.
Percentage Reporting the Typical Way They Were Bullied at School Since September by Sex, 2013 OSDUHS (Grades 7–12, n=5,478)

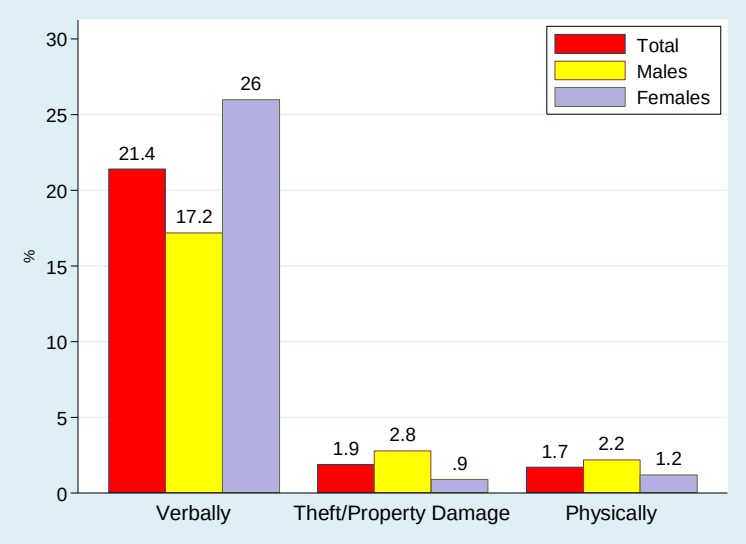
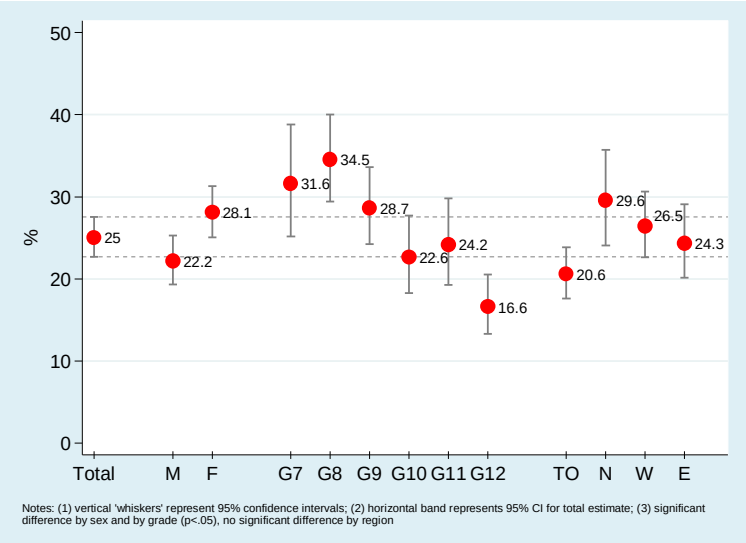


Figure 22.
Percentage Reporting Being Bullied (in Any Way) at School Since September by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



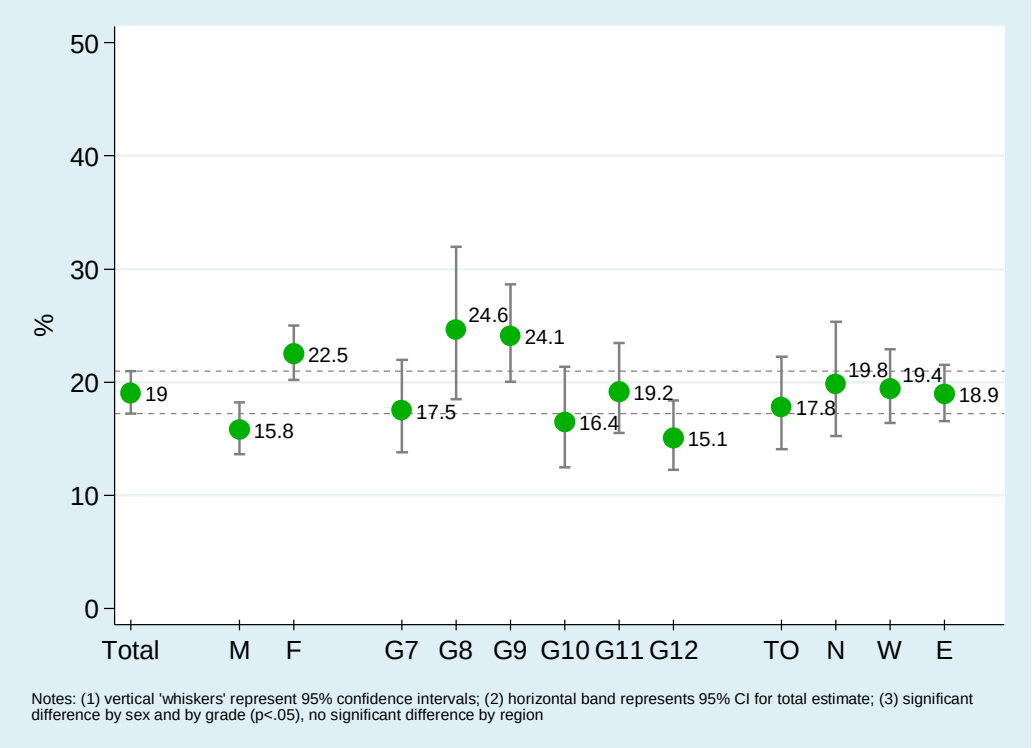
Bullying Perpetrators

- One-in-six (16.0%) students report bullying others at school since September. This represents about 163,900 in grades 7–12. The most prevalent mode of bullying others is through verbal attacks (14.0%), followed distantly by physical attacks (1.1%). Theft or damage to others' property is reported by less than 1% of students.
- Males (17.5%) and females (14.3%) are equally likely to report bullying others at school.
- There are no significant grade differences.
- There are no significant regional differences.
- ➢ Among 7th to 12th graders, the percentage reporting bullying others at school in 2013 (16.0%) is not significantly different from the estimate seen in 2011 (20.7%), but is significantly lower than the estimate seen in 2003 (29.7%), the first year of monitoring.

Victim of Cyberbullying

- As seen in Figure 23, about one-fifth (19.0%) of students in grades 7 through 12 report being bullied over the Internet at least once in the past year. This represents about 195,500 students in Ontario.
- Females are significantly more likely than males to report being cyberbullied in the past year (22.5% vs. 15.8%, respectively).
- There are significant differences among the grades showing that 8th and 9th graders (about 25%) are most likely to report being cyberbullied.
- There are no significant regional differences.
- ➢ Among 7th to 12th graders, the percentage reporting being cyberbullied did not significantly change between 2011 (21.6%) and 2013 (19.0%). However, there was a significant decrease among females (from 28.0% to 22.5%). No other subgroup showed a significant change.

Figure 23.
Percentage Reporting Being Cyberbullied at Least Once in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



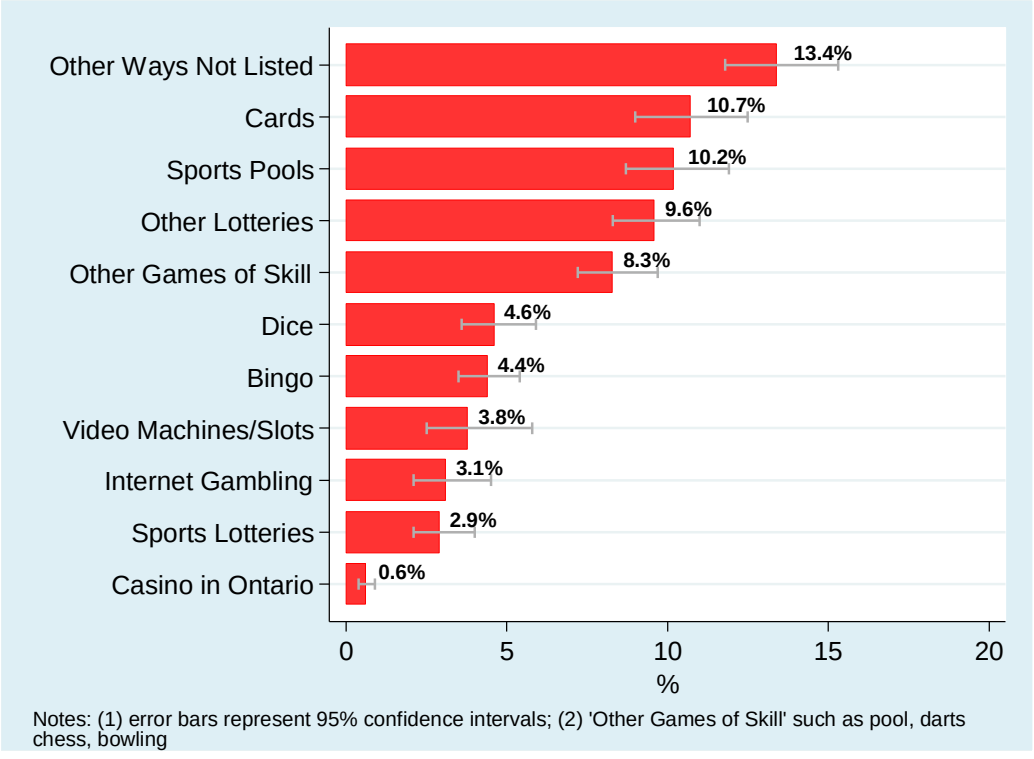
Notes: (1) vertical 'whiskers' represent 95% confidence intervals; (2) horizontal band represents 95% CI for total estimate; (3) significant difference by sex and by grade (p<.05), no significant difference by region

Gambling and Video Gaming

Individual Gambling Activities

- Of the specific gambling activities surveyed, card games are the most prevalent (10.7%) among 7th–12th graders, followed closely by sports pools (10.2%). Casino gambling (prohibited to those under age 19) is the least prevalent activity (less than 1%). About one-in-eight (13.4%) students are gambling money on activities not included in our list of activities (see Figure 24).
- All gambling activities, except for two, significantly vary by sex. The activities that do not differ by sex are playing bingo and gambling with lottery tickets (excluding sports lottery tickets).
- There are significant grade differences for five of the gambling activities: card games, dice games, sports lottery tickets, other lottery tickets, and casino gambling. Generally, these activities increase with grade and peak in grade 12.
- Of the activities, only betting money on dice games significantly varies by region. Toronto students (10.4%) are significantly more likely than students in the other three regions (about 3%) to bet money on dice games.

Figure 24.
Percentage Reporting Gambling Activities in the Past Year, 2013 OSDUHS
(Grades 7–12, n=5,478)



Notes: (1) error bars represent 95% confidence intervals; (2) 'Other Games of Skill' such as pool, darts chess, bowling

Any Gambling Activity

- As seen in Figure 25, about one-third (34.9%) of students in grades 7–12 report at least one gambling activity in the past year. This percentage represents about 352,400 students across Ontario.
- Males (44.1%) are significantly more likely than females (24.8%) to report any gambling.
- Gambling significantly increases with grade, from 24.3% of 7th graders to 44.5% of 12th graders.
- There are no significant regional differences.
- ➢ There has been a significant decline in the percentage of students who report any gambling activity during the past decade, from 57.3% in 2003 to 34.9% in 2013.

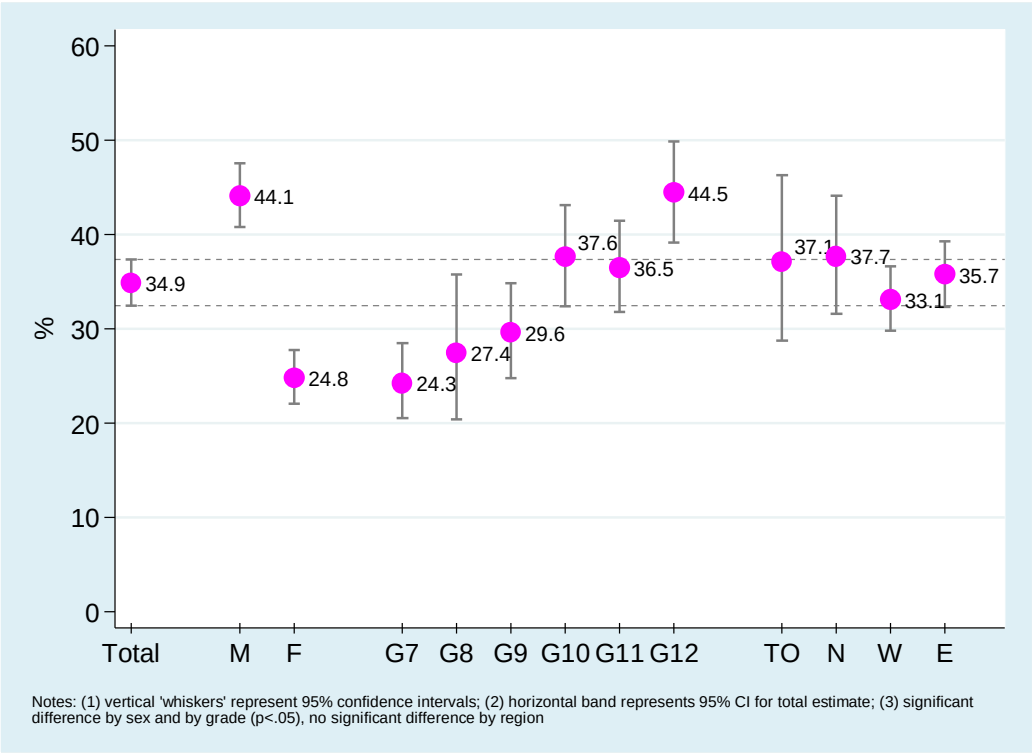
Multi-Gambling Activity

- An estimated 2.6% of students in grades 7–12 gambled at five or more activities during the past 12 months. This percentage represents about 26,600 students.
- Males are significantly more likely than females to report multi-gambling activity (4.4% vs. 0.7%, respectively).
- Multi-gambling activity is significantly more likely among the older grades.
- There are no significant regional differences.

Gambling Problem

- An estimated 1.1% of secondary school students are classified as having a gambling problem, as measured by an abbreviated version of the *South Oaks Gambling Screen*. This percentage represents roughly 8,800 Ontario students in grades 9–12.

Figure 25.
Percentage Reporting Any Gambling Activity in the Past Year by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



Notes: (1) vertical 'whiskers' represent 95% confidence intervals; (2) horizontal band represents 95% CI for total estimate; (3) significant difference by sex and by grade (p<.05), no significant difference by region

Video Game Playing

- Among 7th to 12th graders, 13.3% report that they do not play video games; 28.6% report playing three times a month or less often; 7.6% play once a week; 16.6% play two to three times a week; 13.3% play four to five times a week; and 20.7% play daily or almost daily (see Figure 26).
- Males (31.6%) are about three times as likely as females (8.9%) to play video games daily.
- Over one-quarter (26.3%) of students usually play video games for less than one hour a day; 21.1% play for about one hour; 19.4% play for two hours; 13.4% play for three to four hours; 4.3% play for five to six hours; and 2.1% play for seven or more hours a day (see Figure 27).
- Males are significantly more likely than females to play video games for more hours per day.

Figure 26.
Frequency of Playing Video Games in the Past Year, 2013 OSDUHS (Grades 7–12, n=5,478)

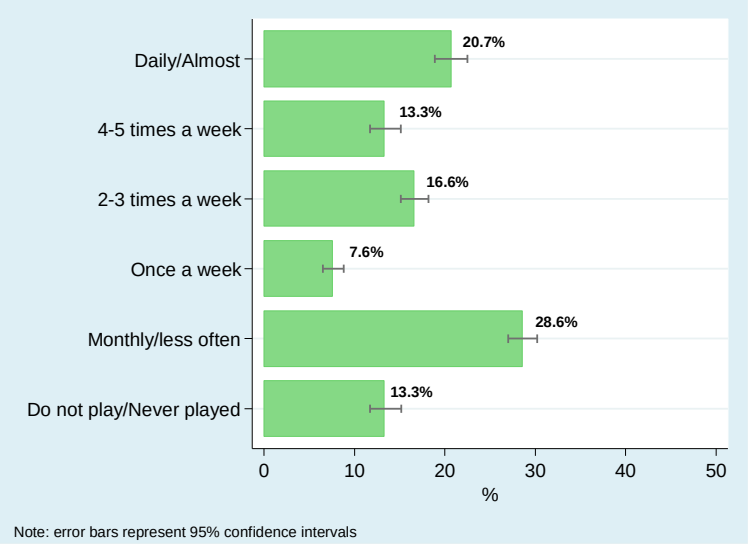
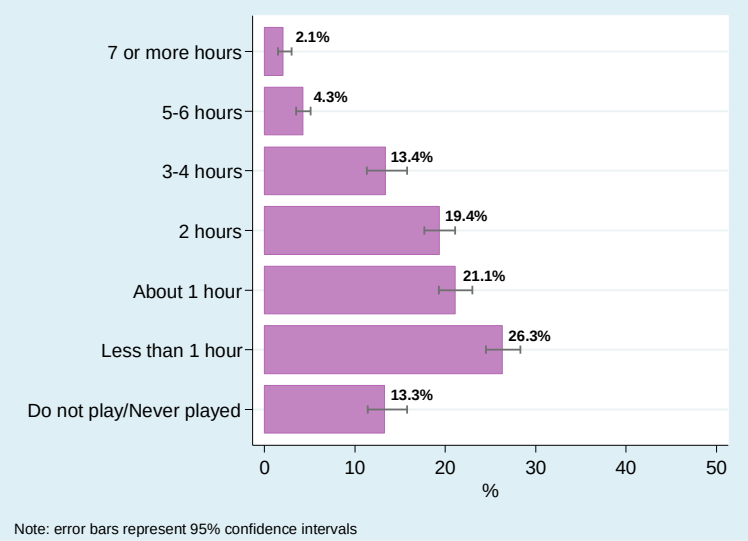


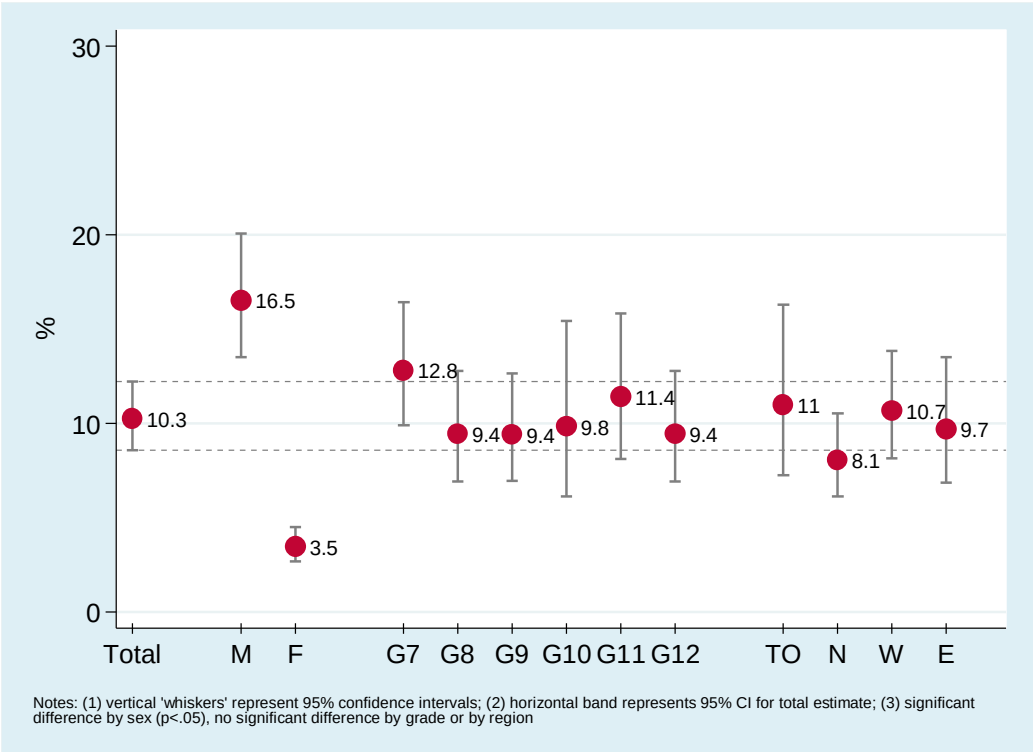
Figure 27.
Usual Number of Hours Per Day Spent Playing Video Games in the Past Year, 2013 OSDUHS (Grades 7–12, n=5,478)



Video Gaming Problem

- As shown in Figure 28, about 10.3% of students are classified as having a video gaming problem, based on the 9-item *Problem Video Game Playing Scale* (PVP Scale). The scale measures dimensions of preoccupation, tolerance, loss of control, withdrawal, escape, disregard for consequences, and disruption to family/school. This percentage represents about 105,600 students in grades 7–12 in Ontario.
- Males are about four times as likely as females to report the symptoms of a video gaming problem (16.5% vs. 3.5%, respectively).
- Despite some variation, there are no significant differences among the grades.
- There are no significant regional differences.

Figure 28.
Percentage Classified as Having a Video Gaming Problem (PVP Scale) by Sex, Grade, and Region, 2013 OSDUHS (n=5,478)



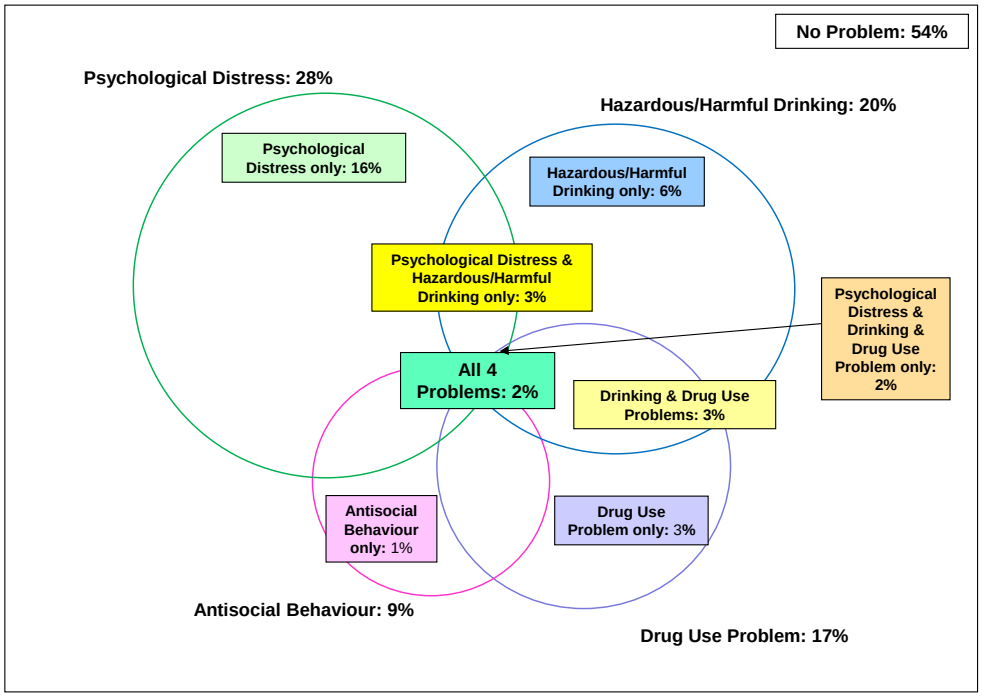
Notes: (1) vertical 'whiskers' represent 95% confidence intervals; (2) horizontal band represents 95% CI for total estimate; (3) significant difference by sex (p<.05), no significant difference by grade or by region

Coexisting Problems

This section describes the co-occurrence or overlap between substance use problems, mental health problems, and antisocial behaviour among secondary school students. Specifically, we look at the overlap of the following four problems: (1) moderate-to-high psychological distress (indicated by a score of 22 or higher on the K10 screener); (2) antisocial behaviour (indicated by engaging in three or more of nine antisocial acts); (3) hazardous/harmful drinking (indicated by a score of eight or higher on the AUDIT screener); and (4) a drug use problem (indicated by a score of two or higher on the CRAFFT screener). Also presented is the percentage of secondary school students who report three or all four indicators.

- The majority (54.2%) of secondary school students report none of the four problems. Another 27.7% report one problem, 11.5% report two problems, 4.8% report three problems, and 1.8% report all four problems.
- As seen in Figure 29, the most prevalent configuration is psychological distress only, reported by 16% of secondary school students. The remaining configurations, such as hazardous/harmful drinking only or drug problem only, are reported by about 6% or less.
- An estimated 6.6% of 9th to 12th graders, (representing about 52,200 students) report three or all four problems.
- There is no significant sex difference in the likelihood of experiencing three or all four of these problems (6.4% for males, 6.8% for females). Although the combined category does not vary by sex, readers should recognize that the component problems do vary by sex (as noted earlier in the findings).
- The likelihood of experiencing three or all four problems significantly increases three-fold with grade, rising from 3.0% of 9th graders to 8.7% of 12th graders.
- There are no significant regional differences.

Figure 29.
Coexisting Problems: Psychological Distress, Antisocial Behaviour, Hazardous/Harmful Drinking, and Drug Use Problem, 2013 OSDUHS (Grades 9–12)



Notes: (1) based on a random half sample (n=3264); (2) not all combinations are shown so percentages do not total 100%.

Overview by Ontario Local Health Integration Networks (LHIN) Areas

In 2006, the province designated 14 geographic areas each to function as health systems that plan, integrate and fund local health services. These areas are called Local Health Integration Networks or LHINs (see http://www.lhins.on.ca). This section provides the 2013 estimates for most mental health and well-being indicators **among secondary school students only (grades 9 through 12)** according to the LHINs. Students in grade 7 and 8 were excluded from the analysis because of a considerable imbalance of the number of elementary/middle schools across the LHINs. For the present analysis, students were assigned to LHINs using the six-digit postal code of the school. Due to small sample sizes, some adjacent LHINs were merged. The ten LHIN areas presented here are as follows:

- Erie St. Clair & South West (merged)
- Waterloo Wellington
- Hamilton Niagara Haldimand Brant
- Central West
- Mississauga Halton
- Toronto Central & Central (merged)
- Central East & North Simcoe Muskoka (merged)
- South East
- Champlain
- North East & North West (merged)

Table 1. Percentage of Secondary School Students (**Grades 9–12**) Reporting Mental Health and Well-Being Indicators, by Local Health Integration Network (LHIN) Areas, 2013 OSDUHS

	Erie St. Clair + South West	Waterloo Wellington	Hamilton Niagara Haldimand Brant	Central West	Mississauga Halton	Toronto Central + Central	Central East + North Simcoe Muskoka	South East	Champlain	North East + North West	Ontario
(Student n=) *(School n=)*	*(239)* *(5)*	*(221)* *(4)*	*(301)* *(5)*	*(726)* *(12)*	*(781)* *(11)*	*(1,305)* *(22)*	*(832)* *(16)*	*(247)* *(5)*	*(833)* *(13)*	*(674)* *(16)*	*(6,159)* *(109)*
Fair/Poor Self-Rated Physical Health	**7.0** (4.2-11.4)	†	**7.5** (6.0-9.4)	**7.3** (5.7-9.3)	**8.1** (5.9-11.0)	**9.4**** (7.6-11.5)	**6.3** (4.6-8.6)	**4.9** (3.1-7.7)	**6.2** (3.9-9.6)	**7.7** (5.4-10.8)	**7.1** (6.2-8.2)
Asthma Diagnosis (current)	†	**11.0** (6.8-17.3)	†	**5.8** (3.9-8.5)	**7.8** (4.9-12.2)	**6.2** (3.7-10.3)	**6.6** (4.0-10.6)	†	**6.4** (3.4-11.8)	**7.6** (4.9-11.5)	**7.7** (6.3-9.4)
Indoor Tanning Device	†	**6.1** (3.9-9.6)	**9.5**** (6.4-14.0)	**2.6**** (1.7-3.8)	**2.5**** (1.7-3.8)	**3.2** (1.9-5.2)	†	**14.3**** (9.6-20.6)	**5.6** (4.1-7.6)	†	**5.0** (3.9-6.4)
Physically Inactive (past week)	†	**6.6** (3.4-12.4)	**7.2** (4.9-10.5)	**11.7*** (8.1-16.7)	**9.1** (7.1-11.5)	**11.8**** (9.6-14.4)	**8.7** (6.3-11.9)	**3.6**** (2.4-5.6)	**8.2** (6.5-10.4)	†	**8.5** (7.4-9.8)
Screen Time Sedentary Behaviour (3+ hours/day)	**53.1**** (49.1-57.1)	**54.4** (45.3-63.2)	**60.0** (55.1-64.6)	**68.1**** (63.2-72.7)	**69.1**** (66.1-72.0)	**67.3**** (63.2-71.1)	**61.6** (54.8-67.9)	**57.2*** (55.5-58.9)	**56.6** (47.2-65.4)	**54.5** (45.9-62.9)	**60.8** (58.5-63.1)
Overweight/Obese	**26.1** (21.8-30.9)	**26.7** (19.1-36.0)	**29.9** (24.4-36.1)	**22.0*** (18.3-26.1)	**24.2** (20.3-28.5)	**22.3*** (18.8-26.2)	**27.3** (22.0-33.5)	**30.2*** (27.6-32.9)	**26.8** (23.8-30.0)	**31.8*** (27.6-36.3)	**26.1** (24.3-28.0)
Medically Treated Injury	**53.5**** (43.6-63.2)	**33.1**** (30.7-35.6)	**46.7** (33.9-59.9)	**39.7** (31.8-48.2)	**30.5**** (26.7-34.5)	**32.3** (23.2-42.9)	**42.1** (34.5-50.1)	**41.9** (31.9-52.7)	**45.0** (40.0-50.0)	**47.8** (38.2-57.6)	**40.2** (36.8-43.7)
Not Always Wear Bicycle Helmet (cyclists)	**88.8** (84.0-92.2)	**82.7** (68.6-91.2)	**85.0** (77.7-90.2)	**87.9** (82.1-91.9)	**92.6**** (87.8-95.6)	**86.0** (81.5-89.6)	**81.4** (72.7-87.8)	**78.7*** (72.2-84.0)	**81.8** (74.2-87.6)	**77.7**** (72.3-82.3)	**84.6** (82.2-86.8)
Not Always Wear Seatbelt in Vehicle	**22.9** (14.1-34.9)	**16.6** (9.8-26.7)	**23.4** (20.0-27.3)	**32.4** (21.0-46.2)	**24.5** (20.6-28.8)	**31.2*** (26.3-36.5)	**26.2** (20.5-32.8)	**14.9*** (12.6-17.4)	**22.9** (20.5-25.5)	**23.6** (16.6-32.4)	**25.5** (22.9-28.2)
Texting While Driving (Drivers in G10–G12)	**37.1** (28.2-47.0)	**47.3** (34.6-60.3)	**37.1** (24.0-52.4)	**33.7** (24.3-44.6)	**32.7** (25.8-40.4)	**23.2**** (16.2-32.1)	**33.6** (28.5-39.2)	**42.0** (28.2-57.1)	**44.0*** (37.9-50.3)	**40.1** (34.3-46.2)	**35.9** (32.2-39.7)
Collision as a Driver (Drivers in G10–G12)	**11.4*** (8.6-14.8)	**4.8** (2.6-8.8)	**5.7** (2.0-15.2)	**9.6** (5.5-16.1)	**7.4** (5.4-10.3)	**6.4** (4.2-9.8)	**7.9** (5.1-12.0)	**10.4** (6.1-17.3)	**8.1** (5.5-11.7)	**7.3** (4.6-11.4)	**7.6** (6.4-9.1)
No Physician Health Care Visit	**28.8** (20.0-39.6)	**27.8** (21.1-35.6)	**24.6** (18.6-31.8)	**32.4** (26.2-39.2)	**25.6** (21.3-30.4)	**28.9** (24.3-34.0)	**28.6** (23.4-34.4)	**32.5** (20.1-48.0)	**16.6**** (11.5-23.2)	**33.5** (26.1-41.8)	**27.3** (24.8-29.9)
Medical Use of Prescr. Opioid Pain Reliever	**20.0** (15.5-25.3)	**17.6** (13.3-23.0)	**24.3** (21.7-27.1)	**21.2** (14.8-29.5)	**22.9** (19.1-27.0)	**22.4** (18.8-26.4)	**27.9**** (24.4-31.8)	**17.4** (10.2-27.9)	**22.6** (20.6-24.6)	**20.8** (16.9-25.4)	**22.7** (21.2-24.3)
Medical Use of Prescr. Tranquillizer (Grades 9–12)	**5.1** (2.7-9.3)	†	†	†	**3.0** (1.8-5.0)	**1.6*** (1.2-2.1)	**3.1** (1.7-5.4)	†	**4.1** (2.2-7.5)	†	**2.9** (2.3-3.7)
Medical Use of Prescr. ADHD Drug	**5.3** (3.0-9.1)	**2.4** (1.4-4.2)	†	†	**2.3** (1.4-3.7)	**2.4** (1.3-4.4)	**1.8** (1.0-3.2)	†	**4.8*** (3.3-6.8)	**3.4** (2.0-5.6)	**3.2** (2.5-4.2)
Mental Health Care Visit	**20.8** (17.7-24.4)	**17.0** (11.6-24.0)	**26.4** (15.9-40.4)	**19.8** (16.2-23.9)	**13.7**** (11.0-17.0)	**23.4** (14.6-35.2)	**19.3** (14.4-25.4)	**16.2** (12.2-21.2)	**24.9** (19.9-30.8)	**22.1** (17.4-27.6)	**21.4** (18.7-24.4)
Unmet Need for Mental Health Support	**34.0** (25.0-44.5)	**21.8** (12.7-35.0)	**24.3** (20.7-28.2)	**24.4** (15.4-36.3)	**25.2** (21.6-29.3)	**30.9** (23.6-39.3)	**33.0** (27.9-38.7)	**35.7** (25.3-47.7)	**27.4** (25.2-29.6)	**27.6** (22.5-33.4)	**28.5** (26.0-31.2)
Fair/Poor Self Rated Mental Health	**16.0** (10.1-24.4)	†	**13.4** (7.8-22.1)	**16.8** (12.8-21.7)	**13.7** (11.2-16.7)	**20.9** (13.8-30.3)	**20.1** (16.2-24.7)	**23.4**** (20.0-27.3)	**14.7** (9.3-22.5)	**13.6** (9.6-19.0)	**16.6** (14.2-19.3)

(continued…)

	Erie St. Clair + South West	Waterloo Wellington	Hamilton Niagara Haldimand Brant	Central West	Mississauga Halton	Toronto Central + Central	Central East + North Simcoe Muskoka	South East	Champlain	North East + North West	Ontario
(Student n=) *(School n=)*	*(239)* *(5)*	*(221)* *(4)*	*(301)* *(5)*	*(726)* *(12)*	*(781)* *(11)*	*(1,305)* *(22)*	*(832)* *(16)*	*(247)* *(5)*	*(833)* *(13)*	*(674)* *(16)*	*(6,159)* *(109)*
Psychological Distress (past month)	**28.0** (20.5-37.0)	**26.1** (16.8-38.3)	**25.3** (17.6-34.8)	**29.5** (21.8-38.6)	**25.5** (21.2-30.3)	**32.5** (24.8-41.2)	**32.8** (24.9-41.8)	**32.8** (25.3-41.2)	**26.1** (22.4-30.3)	**23.8** (16.8-32.6)	**28.4** (25.7-31.3)
Suicidal Ideation	**16.6** (11.3-23.9)	**11.3** (8.6-14.8)	**9.5*** (6.7-13.3)	**14.0** (10.6-18.4)	**11.5** (8.5-15.3)	**17.1** (10.2-27.0)	**16.2** (11.2-22.9)	**19.0** (13.0-26.9)	**13.4** (10.3-17.4)	**13.3** (8.1-21.2)	**14.0** (12.2-16.0)
Suicide Attempt	**7.2**** (3.8-13.2)	†	†	**3.0** (1.6-5.5)	**1.4*** (0.8-2.6)	**2.5** (1.4-4.6)	**5.9*** (3.2-10.4)	†	**3.8** (2.9-5.0)	†	**3.7** (2.9-4.8)
Antisocial Behaviour	**13.2** (6.7-24.3)	†	**8.8** (5.2-14.6)	**12.2** (7.6-19.0)	**7.2** (5.4-9.6)	**7.3** (4.1-12.7)	**8.5** (5.6-12.8)	†	**6.0** (3.6-9.6)	**7.0** (4.4-10.9)	**8.5** (6.8-10.6)
Fire Setting	**11.6** (8.6-15.4)	**10.7** (6.5-17.1)	**10.2** (6.5-15.5)	**10.5** (7.8-14.1)	**8.9** (6.0-13.1)	**11.9** (9.4-14.9)	**11.0** (7.5-15.7)	**14.6** (8.8-23.1)	†	**8.3** (4.4-15.1)	**10.4** (8.8-12.3)
Carried a Weapon	**7.5** (4.5-12.4)	†	**7.8** (4.0-14.6)	†	**4.6** (3.0-6.9)	**6.5** (4.3-9.8)	**4.0** (2.4-6.7)	†	†	**6.7** (3.6-12.1)	**6.2** (4.9-7.8)
School Fight	**5.8*** (4.2-7.9)	†	**13.0*** (8.1-10.2)	**15.0*** (9.2-23.3)	**10.0** (5.5-17.5)	**10.2** (7.9-13.1)	**10.3** (6.6-15.8)	**11.8** (7.0-19.0)	**8.4** (6.7-10.6)	**4.3*** (2.8-6.6)	**9.1** (7.7-10.8)
Worried be Harmed/ Threatened at School	**14.3** (9.0-21.9)	**13.6** (8.2-21.6)	**15.0** (11.0-20.1)	**19.4** (14.2-25.7)	**15.9** (12.3-20.3)	**15.7** (10.2-23.4)	**16.3** (12.6-20.8)	**17.1** (12.2-23.3)	**9.4*** (7.1-12.3)	**12.0** (6.9-20.0)	**14.6** (12.9-16.6)
Threatened/Injured with Weapon at School	†	**3.4** (1.9-6.0)	†	**7.7** (4.4-13.2)	**6.2** (4.4-8.5)	**5.9** (3.8-9.1)	**7.2** (3.7-13.4)	**7.1** (5.2-9.7)	†	**4.2** (2.2-7.8)	**5.8** (4.6-7.5)
Bullied Someone at School (Since September)	**23.7**** (17.9-30.8)	**17.7** (10.7-27.9)	**13.7** (9.9-18.8)	**10.6** (5.5-19.7)	**15.4** (11.8-19.8)	**11.4*** (8.3-15.4)	**20.2** (15.2-26.4)	**20.4** (13.2-30.1)	**12.8** (10.2-15.8)	**16.4** (10.9-24.0)	**15.8** (13.8-18.0)
Been Victim of Bullying at School	**30.6** (19.5-44.5)	**25.0** (21.4-29.0)	**20.9** (10.7-36.9)	**17.9**** (15.3-20.8)	**17.0**** (14.2-20.3)	**18.5**** (16.1-21.2)	**24.9** (18.7-32.4)	**35.4**** (27.7-43.8)	**20.1** (13.5-28.8)	**26.3** (19.7-34.2)	**22.4** (19.8-25.4)
Been Victim of Cyberbullying	**25.1*** (19.3-32.0)	**12.7** (7.8-20.0)	**21.0** (14.6-29.3)	**13.5** (9.6-18.5)	**13.9*** (10.8-17.7)	**18.6** (15.3-22.5)	**19.1** (13.4-26.6)	**21.2** (13.6-31.6)	**17.7** (14.7-21.1)	**17.8** (12.3-25.0)	**18.3** (16.4-20.5)
Any Gambling Activity	**38.1** (32.1-44.5)	**40.3** (30.4-51.0)	**32.8** (26.1-40.1)	**32.0*** (27.8-36.5)	**36.3** (31.9-41.0)	**38.9** (30.1-48.4)	**42.3** (34.8-50.2)	**37.4** (26.4-49.8)	**36.8** (32.0-41.9)	**39.4** (32.3-47.0)	**37.7** (35.1-40.4)
Video Game Playing Problem	**5.4**** (3.7-7.9)	†	†	**12.7** (8.4-18.7)	**14.8**** (11.6-18.7)	**14.6**** (10.6-19.8)	**7.3** (4.1-12.5)	**10.1** (6.4-15.5)	†	**7.0** (4.6-10.5)	**10.0** (7.9-12.5)
3 or all 4 Coexisting Problems (Grades 9–12)	†	†	†	†	**3.1*** (1.6-5.8)	**6.1** (3.9-9.3)	**8.3** (5.6-12.3)	†	**4.8** (2.7-8.4)	**4.2** (2.4-7.1)	**6.6** (5.2-8.3)

Notes: (1) due to small sample sizes, the Erie St. Clair and the South West LHINs were merged, the Toronto Central and Central LHINs were merged, the Central East and North Simcoe Muskoka LHINs were merged, and the North West and the North East LHINs were merged; (2) please see Table A1 for indicator definitions; (3) most of the indicators refer to the past 12 months (past year); (4) some of the indicators are based on a random half sample; (5) entries in brackets are 95% confidence intervals; (6) † estimate suppressed due to unreliability; (7) *p<.05, **p<.01 significant difference, LHIN area vs. Ontario.

Source: OSDUHS, Centre for Addiction & Mental Health

Overview of the Greater Toronto Area (GTA)

In this section, we present estimates of mental health and well-being among students from schools in the Greater Toronto Area (GTA) and comparisons with the province as a whole. The GTA encompasses the City of Toronto, Durham Region, York Region, Peel Region, and Halton Region.

Table 2. Percentage of Students in the Greater Toronto Area (GTA) Reporting Mental Health and Well-Being Indicators, 2011–2013 OSDUHS (Grades 7–12)

Indicator	**2011 GTA** % (95% CI) (*n*=3,726)	**2013 GTA** % (95% CI) (*n*=4,806)		**2013 Ontario** % (95% CI) (*n*=10,272)
Fair/poor self-rated physical health	16.3 (14.3-18.4)	7.2 (6.2-8.4)		7.0 (6.2-7.9)
Asthma diagnosis (current)	7.2 (6.2-8.5)	7.2 (5.8-9.0)		7.9 (6.6-9.3)
No physician health care visit	29.2 (25.7-32.9)	25.4 (22.4-28.6)		27.4 (25.1-29.8)
Physically inactive (past week)	9.8 (8.2-11.7)	9.0 (7.8-10.3)	*	7.3 (6.4-8.3)
Screen time sedentary behaviour (3+ hours daily)	65.1 (61.2-68.9)	62.4 (60.1-64.6)	*	58.3 (19.8-24.3)
Overweight or obese	23.4 (20.6-26.3)	22.6 (20.3-25.2)	*	25.1 (23.5-26.7)
Use of an indoor tanning device	n/a	3.8 (2.7-5.3)		4.4 (3.6-5.5)
Medically treated injury	38.4 (35.7-41.1)	37.2 (33.0-41.5)	*	41.0 (38.2-43.9)
Not always wear a bike helmet (among bicyclists)	n/a	80.7 (77.8-83.3)		78.7 (76.4-80.8)
Not always wear a seatbelt when in motor vehicle	30.1 (25.7-34.8)	24.9 (22.0-28.0)		23.7 (21.5-26.0)
Texting while driving (among drivers in Grades 10-12)	n/a	29.5 (25.0-34.5)	*	35.9 (32.2-39.7)
Vehicle collision as a driver (among drivers in G10-12)	7.3 (5.2-10.2)	7.9 (6.0-10.2)		7.6 (6.4-9.1)
Mental health care visit	14.3 (12.4-16.3)	21.0 (17.2-25.4)		21.9 (19.8-24.3)
Sought counselling over phone or Internet	2.3 (1.6-3.4)	3.8 (2.8-5.1)		3.0 (2.4-3.7)
Unmet need for mental health support	n/a	29.3 (26.2-32.5)		27.9 (25.8-30.1)
Used tranquillizers/sedatives medically±	3.8 (2.8-5.1)	2.2 (1.5-3.1)		2.9 (2.3-3.7)
Used an ADHD drug medically	1.7 (1.2-2.5)	2.2 (1.6-3.1)	*	3.2 (2.5-4.2)
Prescribed medication for depression/anxiety/both±	2.5 (1.6-3.8)	5.4 (3.6-7.9)		5.5 (4.3-7.1)
Fair/poor self-rated mental health	13.4 (11.8-15.3)	16.7 (14.0-19.7)		15.3 (13.5-17.4)
Psychological distress (past month)	n/a	27.9 (24.5-31.6)		26.0 (23.9-28.3)
Suicidal ideation	9.2 (7.6-11.1)	13.8 (11.1-17.0)		13.4 (11.8-15.1)
Suicide attempt	1.9 (1.2-3.0)	3.1 (2.3-4.1)		3.5 (2.8-4.3)
Antisocial behaviour (3+/9 behaviours)	7.2 (5.9-8.9)	6.6 (5.1-8.5)		7.1 (5.8-8.8)
Carried a weapon	4.0 (3.1-5.3)	4.2 (3.2-5.4)	*	6.0 (5.3-7.6)
Physical fight at school	12.5 (11.0-14.1)	12.2 (10.4-14.2)		10.9 (9.6-12.4)
Worried be harmed/threatened at school	21.1 (18.0-24.5)	17.1 (14.7-19.9)		15.4 (13.8-17.1)
Threatened/injured with weapon at school	7.4 (5.8-9.4)	6.4 (5.0-8.3)		5.8 (4.7-7.1)
Bullied others at school (since September)	16.5 (14.0-19.2)	15.5 (13.1-18.1)		16.0 (14.4-17.8)
Victim of bullying at school (since September)	23.7 (21.1-26.5)	22.7 (20.5-25.0)		25.0 (22.7-27.5)
Victim of cyberbullying	19.8 (17.3-22.7)	17.9 (15.7-20.4)		19.0 (17.2-21.0)
Any gambling activity	39.0 (35.9-42.3)	34.8 (30.9-38.8)		34.9 (32.4-37.4)
Multi-gambling activity	2.7 (1.6-4.6)	2.7 (1.8-4.1)		2.6 (2.0-3.4)
Video gaming problem	13.8 (11.1-17.2)	11.8 (9.9-13.9)		10.3 (8.6-12.2)
3 or all 4 coexisting problems±	n/a	6.2 (4.7-8.2)		6.6 (5.2-8.3)

Notes: (1) please see Table A1 for indicator definitions; (2) most of the indicators refer to the past 12 months (past year); (3) some of the indicators are based on a random half sample; (4) entries in brackets are 95% confidence intervals; (5) ± results among Grades 9–12 only; (6) * 2013 GTA estimate differs from the 2013 Ontario estimate, p<.05 (not controlling for other factors.

Source: OSDUHS, Centre for Addiction & Mental Health

Summary and Discussion

The Public Health Approach to Mental Health and Risk Behaviours

Designating mental health problems and risk behaviours as public health issues enables health professionals from diverse disciplines to work collaboratively on matters of prevention. Preventing problems from occurring, or reducing their risk, is far more preferable over treating problems, both on an individual and a societal level.

The OSDUHS performs several public health functions, including: identifying the extent of impaired well-being in the mainstream student population; tracking changes over time; and identifying risk and protective factors. As well, the OSDUHS provides a knowledge base for designing and targeting preventive and health promotion programs; informing public health policy; evaluating the efficacy of a policy or program on a population level; and disseminating trustworthy information to health and education professionals and the general public.

Encouraging Findings

There are many findings in this report that should be viewed as encouraging. A majority of Ontario students:

- get along very well with their parents;
- like school and report a positive school climate;
- rate their physical health and mental health as excellent or very good;
- are neither overweight nor obese;
- are satisfied with their weight;
- are not being bullied;
- do not report internalizing indicators (e.g., psychological distress) or externalizing behaviours (e.g., bullying, violence); and
- experience none of the four coexisting problems (psychological distress, antisocial behaviour, hazardous drinking, and drug use problems).

We also found several **improvements over time**:

- Antisocial behaviour has been trending downward during the past two decades. Fewer students today report behaviours such as vandalism, theft, breaking and entering, assaulting others, and weapon carrying than they did in the early 1990s.
- Gambling has declined during the past few years, and the proportion of students identifying difficulties due to their gambling also shows a downturn during the past decade.
- Bullying victimization, bullying perpetration, and fighting at school have declined during the past decade.
- The youngest students in our study, that is students in grades 7 and 8, show a decrease in physical inactivity at school during the past few survey cycles. That is, more young students today are engaging in moderate to vigorous physical activity at school in physical education class compared with their counterparts from a few years ago. If this finding holds stable, it could point to an important shift in the physical activity of adolescents.
- More students today report that they like school “very much” or “quite a lot” than students surveyed over a decade ago.

Public Health Concerns

Although the majority of students do not report a problem, an important minority report some form of impaired well-being or functioning. Please see Figure 30 for an overview.

About **one-in-two** students or more report…

- sustaining an injury that required treatment in the past year
- sedentary behaviour
- not always wearing a bicycle helmet while bicycling

About **one-in-three** students report…

- texting while driving (among drivers)
- gambling in the past year

About **one-in-four** students …

- do not always wear a seatbelt in a vehicle
- are classified as overweight or obese
- are bullied at school
- report a moderate to high level of psychological distress
- report an unmet need for mental health support

About **one-in-five** students report…

- being cyberbullied

About **one-in-six** to **one-in-eight** students report…

- suicidal ideation
- fair/poor mental health
- worry about being harmed or threatened at school
- a drug use problem
- hazardous/harmful drinking

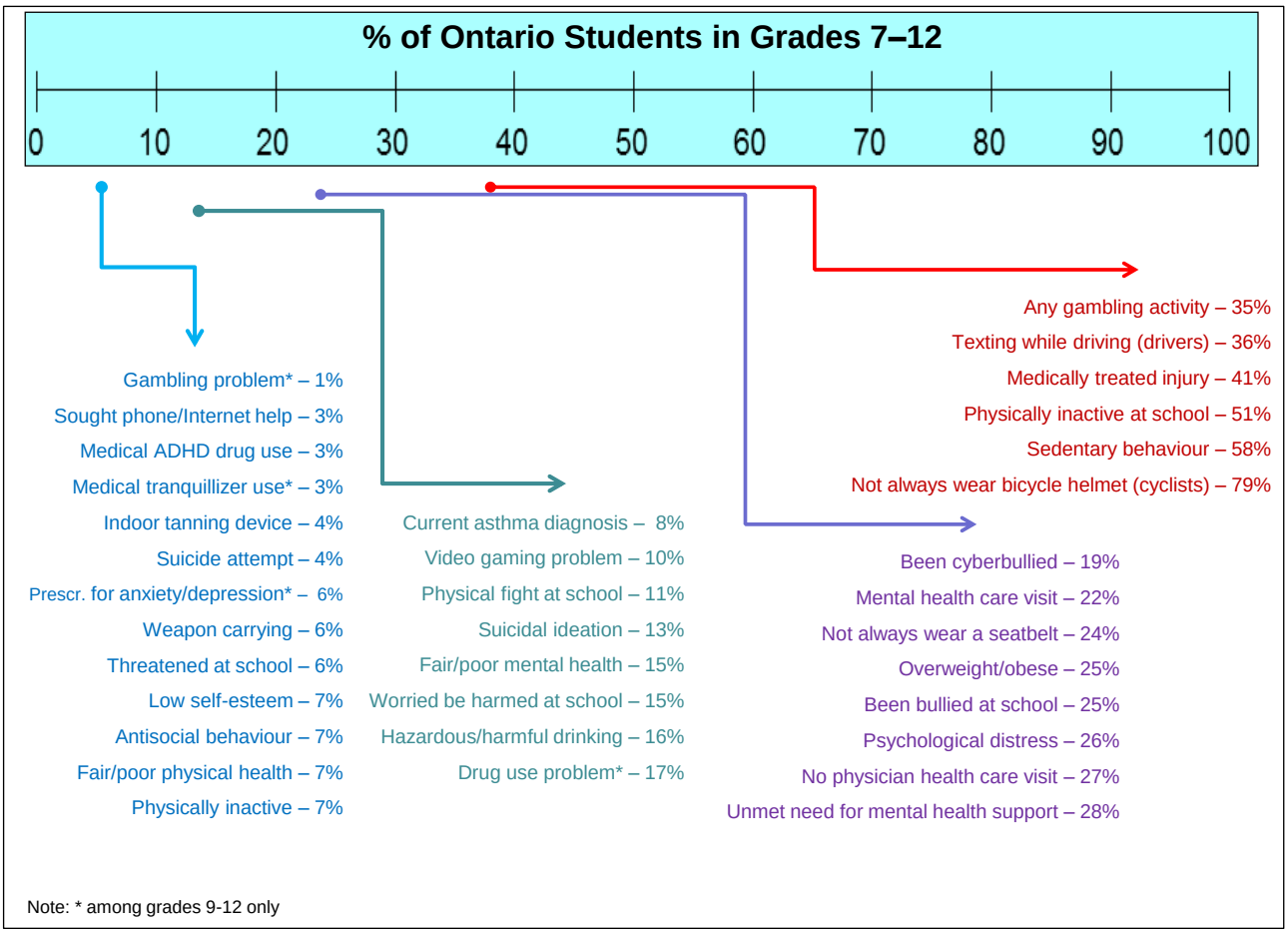
About **one-in-ten** students report…

- a video gaming problem
- fighting at school
- antisocial behaviour
- physical inactivity

Some findings point to **concerning trends**:

- Reports of injuries that require medical attention have increased during the past decade.
- More students today rate their mental health as fair or poor than did students a few years ago. Furthermore, there has been an increase between the last two survey cycles in suicidal ideation.
- Females and the youngest students (7th graders) show an increase in poor body image during the past decade.

Figure 30.
Overview of Mental Health and Well-Being Indicators, 2013 OSDUHS



Demographic Correlates

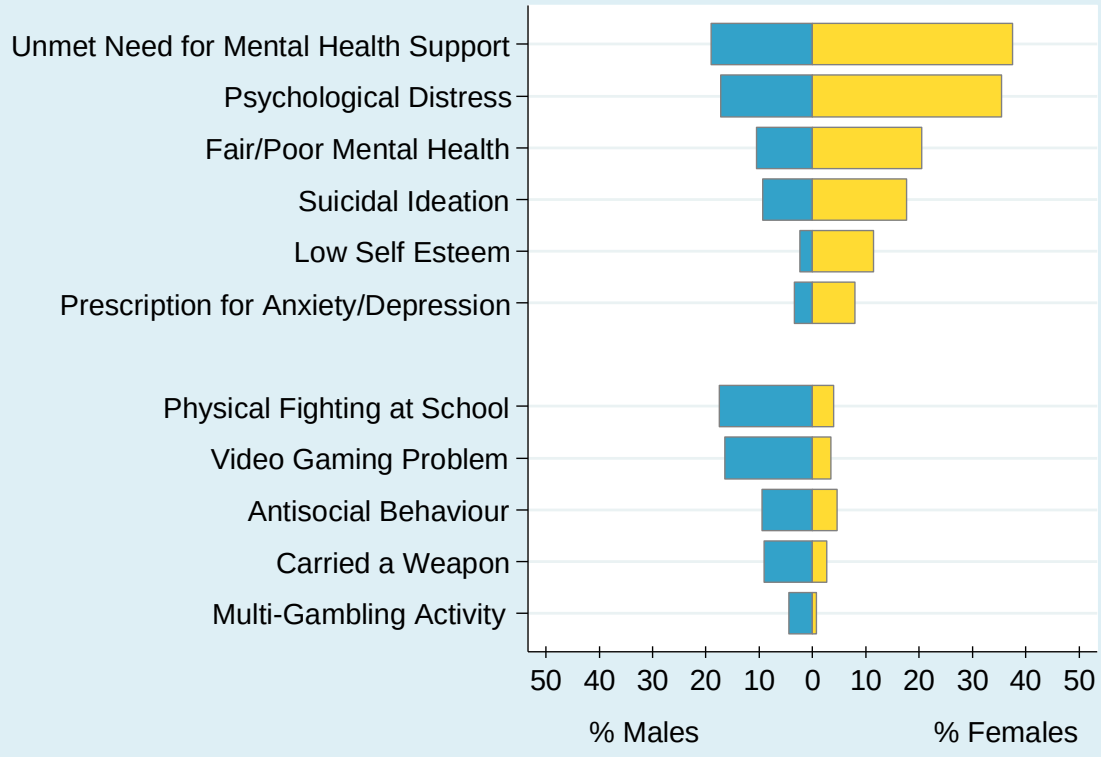
Our report found that mental health and well-being varies by sex, even after controlling for grade and region. As seen in Figure 31, the general pattern shows that females are more likely to experience internalizing indicators (psychological distress, suicidal ideation), whereas males are more likely to exhibit risk or externalizing behaviours (such as antisocial behaviour, gambling).

Age/grade is also significantly related to mental health and well-being. Generally, poor physical health indicators (e.g., physical inactivity, sedentary behaviour), risk behaviours (e.g., tanning bed use, not wearing a helmet or seatbelt), internalizing indicators (e.g., fair/poor self-rated mental health, distress), antisocial behaviour, gambling, and coexisting problems increase with grade. Bullying and fighting at school are more prevalent in the younger grades and decline in later adolescence.

Only two major indicators significantly differ according to region:

- Compared with the provincial average, **Toronto** students are less likely to be classified as overweight or obese, yet are more likely to report no physical activity in the past seven days.
- Compared with the provincial average, **Northern** Ontario students are more likely to be classified as overweight or obese.
- Students in **Western** Ontario and **Eastern** Ontario do not differ from the provincial average on any indicator.

Figure 31.
Internalizing and Externalizing Indicators by Sex, 2013 OSDUHS



Note: significant sex difference for each indicator (p<.05)

Conclusion

The purpose of this OSDUHS report was to provide a snapshot of Ontario students' mental and physical well-being and to assess whether changes have occurred over time. A major strength of these data is that they are not based on a selective sample of adolescents already experiencing emotional or other difficulties – rather they are based on a large representative sample of the population. Consequently, our findings should be highly generalizable.

Our findings are consistent with many expectations of the adolescent stage of development. While most Ontario students are in good physical and mental health, a sizeable minority experience an array of functional impairments. Some mental health indicators, such as suicidal ideation and psychological distress remain high. One-in-eight Ontario students (an estimated 128,400) report past year suicidal ideation and one-in-twenty-five (about 33,300) report a suicide attempt in the past year. These large population numbers should remind us of the vulnerability of this age group.

While our results show that the level of bullying victimization at school has decreased during the past decade – perhaps due to initiatives such as the safe school policies implemented in Ontario – the level of cyberbullying victimization shows no change. Cyberbullying is a growing concern as electronic media become predominant in the lives of adolescents. This report showed that one-in-five students are cyberbullied. Bullying victimization not only causes immediate adverse consequences, it can also have serious, enduring effects on mental health.

In the past, there has been a lack of focus and priority on adolescent mental health in Canada. However, this is shifting with the release of the recent *Mental Health Strategy for Canada*, which seeks to bring mental health issues "out of the shadows" and into the public health domain. One of the *Strategy's* priorities is to promote the mental health of children and adolescents. School-based prevention and treatment programs are an ideal way to reach this age group. Systematic reviews of school programs promoting mental health and reducing behavioural problems have found that universal programs can be effective if implemented with fidelity to the program, intensity, and a long-term commitment.

This report also presented some concerning findings about the physical health of Ontario students. We found continuing increases in medically treated injuries – in fact, almost half of Ontario students report a treated injury in the past year. This is especially worrisome given that injuries are the leading cause of morbidity and mortality among Canadian children and adolescents. Related to this, one-in-four students do not always wear a seatbelt when riding in a vehicle, and over three-quarters of cyclists do not always wear a bicycle helmet. Our report also showed no improvement in the proportion of Ontario students who are overweight or obese, with the level remaining elevated at one-in-four. Continued and enhanced surveillance of these health indicators is clearly needed.

Our findings also showed some encouraging improvements in well-being during the past decade or so, in particular declines in antisocial behaviour, gambling activities, and gambling problems. Ongoing monitoring will determine whether these trends reflect more enduring changes or temporary fluctuations.

The OSDUHS focuses on a wide range of indicators that affect young people's health and well-being. The overarching goal of the study is to stimulate programs and policies that enable youth to experience optimal well-being. We hope the findings provided in this report – whether showing new concerns or enduring trends – help to raise awareness and to identify priority issues facing adolescents today.

Please visit the OSDUHS webpage for the companion drug use report and FAQs about the study: www.camh.ca/research/osduhs.aspx

Appendix Tables

Table A1. Definitions of Terms Used in the Report

Term	Definition
95% Confidence Interval (CI)	The 95% CI is interpreted as follows: the "true" population value would be expected within this range in 95 of 100 samples. Design-based CIs (presented here) also account for the characteristics of the complex sampling design.
Fair/Poor Self-Rated Physical Health	Rating one's physical health as either "fair" or "poor"
Daily Physical Activity	Reporting 7 days of physical activity (defined as a total of at least 60 minutes of moderate-to-vigorous activity per day) during the 7 days before the survey
Physically Inactive	Reporting no days of physical activity (defined as a total of at least 60 minutes of activity per day) during the 7 days before the survey
Screen Time Sedentary Behaviour	Reporting watching TV and/or on a computer for recreational purposes for 3 hours or more per day, on average, during the 7 days before the survey
Overweight or Obese	Exceeding the age-and-sex-specific body mass index (BMI) cut-off values as established for children and adolescents and recommended by the *International Obesity Task Force*, based on self-reported height and weight
Asthma Diagnosis	Reporting currently having asthma, as diagnosed by a doctor or nurse. Those who reported "not sure" remained in the analysis and were classified as "no diagnosis."
No Physician Health Care Visit	Reporting no visits to a doctor for physical health reasons, not even for a check-up, during the 12 months before the survey
Mental Health Care Visit	Reporting at least one visit to a doctor, nurse, or counsellor for emotional or mental health reasons during the 12 months before the survey
Medical Drug Use	Reporting use of a prescription drug with a doctor's prescription at least once in the 12 months before the survey
Unmet Need for Mental Health Support	Reporting not knowing where to turn when wanted to talk to someone about a mental health or emotional problem (during the 12 months before the survey)
Fair/Poor Self-Rated Mental Health	Rating one's mental or emotional health as either "fair" or "poor"
Low Self-Esteem	Reporting positively (low esteem) to all 5 of 5 items selected from the Rosenberg Self-Esteem Scale
Psychological Distress	Scoring at least 22 of 50 (Likert scoring) on the *Kessler-10 Psychological Distress Scale* (K10). The K10 scale measures unspecified psychological distress (symptoms of anxiety and/or depression) experienced during the past 4 weeks. Those scoring 22 or higher were classified as having a moderate to high level of psychological distress.
Suicidal Ideation	Reporting having seriously considered suicide during the 12 months before the survey
Antisocial Behaviour (Index)	Reporting at least 3 of the following 9 antisocial behaviours in the 12 months before the survey: vandalized property, theft of goods worth $50 or less, theft of goods worth more than $50, stole a car/joyriding, breaking and entering, sold cannabis, ran away from home, assaulted someone (not a sibling), and carried a weapon
Fire Setting Behaviour	Reporting setting something on fire (that they were not supposed to) at least once during the 12 months before the survey
Carried a Weapon	Reporting carrying a weapon, such as a gun, knife, or club, at least once during the 12 months before the survey
Bullying Victim (at School)	Reporting being bullied at school since September in any one of the following manners: verbally, physically, or being a victim of theft/vandalism
Bully Perpetrator (at School)	Reporting bullying others at school since September in any one of the following manners: verbally, physically, or stealing/damaging something of theirs
Cyberbullying Victim	Reporting being bullied over the Internet at least once during the 12 months before the survey. Those who reported that they did not use the Internet were classified as "not bullied."
Any Gambling Activity	Reporting gambling money at any gambling activity during the 12 months before the survey
Multi-Gambling Activity	Reporting gambling money at 5 or more gambling activities during the 12 months before the survey
Gambling Problem	Reporting at least 2 of 6 symptoms selected from the *South-Oaks Gambling Screen Revised for Adolescents* (abbreviated SOGS-RA6), which measures problems due to gambling during the 12 months before the survey
Video Gaming Problem	Reporting at least 5 of the 9 items on the *Problem Video Game Playing (PVP) Scale*, which measures problems with preoccupation, tolerance, and disruption to school/family due to video gaming during the 12 months before the survey

Note: Please see the 2013 OSDUHS Detailed Mental Health and Well-Being report for specific details and references associated with the scales and screeners used. The report is available in PDF format at: www.camh.ca/research/osduhs.aspx.

Table A2. Percentage Reporting Selected Mental Health and Well-Being Indicators by Sex, 2013 OSDUHS

Indicator	Total %	(95% CI)	Estimated Number†	Males %	Females %	
fair/poor self-rated physical health	**7.0**	(6.2-7.9)	68,100	7.1	6.9	
asthma diagnosis (current)	**7.9**	(6.6-9.3)	69,800	7.6	8.1	
no physician health care visit (past year)	**27.4**	(25.1-29.8)	243,600	30.8	23.7	*
physically inactive (no days of activity in past week)	**7.3**	(6.4-8.3)	70,500	6.3	8.3	*
sedentary behaviour (3+ hours of screen time daily)	**58.3**	(56.2-60.4)	542,500	60.7	55.7	*
overweight or obese	**25.1**	(23.5-26.7)	233,300	28.9	21.0	*
use of diet pills, powders, or liquids (past year)	**2.9**	(2.3-3.7)	25,800	2.2	3.7	*
use of an indoor tanning device (past year)	**4.4**	(3.6-5.5)	39,700	2.7	6.3	*
medically treated injury (past year)	**41.0**	(38.2-43.9)	364,600	43.6	38.4	*
not always wear a bike helmet (among bicyclists)	**78.7**	(76.4-80.8)	535,800	80.4	76.5	
not always wear a seatbelt when in motor vehicle	**23.7**	(21.5-26.0)	214,300	26.7	20.5	*
texting while driving (past year, among drivers)	**35.9**	(32.2-39.7)	107,900	34.9	37.1	
vehicle collision as a driver (past year, among drivers)	**7.6**	(6.4-9.1)	49,300	8.0	7.1	
mental health care visit (past year)	**21.9**	(19.8-24.3)	227,500	17.9	26.3	*
sought counselling over phone or Internet (past year)	**3.0**	(2.4-3.7)	31,100	1.8	4.2	*
unmet need for mental health support	**27.9**	(25.8-30.1)	288,300	19.0	37.5	*
used tranquillizers/sedatives medically (past year)††	**2.9**	(2.3-3.7)	21,300	2.6	3.2	
used an ADHD drug medically (past year)	**3.2**	(2.5-4.2)	31,400	4.6	1.8	*
prescribed medication for depression/anxiety/both††	**5.5**	(4.3-7.1)	43,200	3.4	7.9	*
fair/poor self-rated mental health	**15.3**	(13.5-17.4)	157,900	10.5	20.5	*
low self-esteem	**6.8**	(5.6-8.2)	60,600	2.4	11.4	*
psychological distress (past month)	**26.0**	(23.9-28.3)	264,200	17.2	35.5	*
suicidal ideation (past year)	**13.4**	(11.8-15.1)	128,400	9.4	17.6	*
suicide attempt (past year)	**3.5**	(2.8-4.3)	33,300	2.0	5.0	*
antisocial behaviour (3+/9 behaviours in past year)	**7.1**	(5.8-8.8)	72,400	9.5	4.6	*
carried a weapon (past year)	**6.0**	(5.0-7.3)	60,500	9.1	2.7	*
physical fight at school (past year)	**10.9**	(9.6-12.4)	109,700	17.5	3.9	*
threatened/injured with weapon at school (past year)	**5.8**	(4.7-7.1)	59,400	7.7	3.7	*
worried be harmed or threatened at school	**15.4**	(13.8-17.1)	150,800	13.9	17.0	*
bullied others at school (since September)	**16.0**	(14.4-17.8)	163,900	17.5	14.3	
been bullied at school (since September)	**25.0**	(22.7-27.5)	256,200	22.2	28.1	*
been cyberbullied (past year)	**19.0**	(17.2-21.0)	195,500	15.8	22.5	*
any gambling activity (past year)	**34.9**	(32.4-37.4)	352,400	44.1	24.8	*
multi-gambling activity (5+ activities in past year)	**2.6**	(2.0-3.4)	26,600	4.4	0.7	*
gambling problem (past year)††	**1.1**	(0.7-2.0)	8,800	s	s	
video gaming problem (past year)	**10.3**	(8.6-12.2)	105,600	16.5	3.5	*
3 or all 4 coexisting problems††	**6.6**	(5.2-8.3)	52,200	6.4	6.8	

Notes: the survey sample size is 10,272 students; some estimates are based on a random half sample; CI=confidence interval; † the estimated number of students is based on a student population of about 982,100 in Ontario (numbers have been rounded down); * indicates a significant sex difference ($p<.05$) not controlling for other factors; †† among grades 9–12 only; medical drug use refers to use with a prescription; "coexisting problems" refers to the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, and drug use problem.

Table A3. Percentage Reporting Selected Mental Health and Well-Being Indicators by Grade, 2013 OSDUHS

Indicator	G7	G8	G9	G10	G11	G12	
fair/poor self-rated physical health	5.8	7.3	5.8	6.2	8.9	7.4	
asthma diagnosis (current)	8.2	8.4	8.2	7.5	7.9	7.4	
no physician health care visit (past year)	29.0	26.3	30.5	26.7	28.1	25.0	
physically inactive (no days of activity in past week)	4.4	2.4	4.3	7.4	9.0	11.9	*
sedentary behaviour (3+ hours of screen time daily)	43.5	56.0	56.8	62.3	62.4	61.4	*
overweight or obese	21.1	22.1	24.0	27.8	28.9	24.2	*
use of diet pills, powders, or liquids (past year)	s	s	2.2	3.7	3.9	4.0	*
use of an indoor tanning device (past year)	s	s	s	3.9	5.4	8.0	*
medically treated injury (past year)	39.5	47.1	41.5	39.4	39.7	40.4	
not always wear a bike helmet (among bicyclists)	53.1	71.0	82.2	79.8	86.3	88.7	*
not always wear a seatbelt when in motor vehicle	16.0	20.4	23.7	29.2	26.1	23.7	*
texting while driving (past year, among drivers)	--	--	--	s	25.0	45.9	*
vehicle collision as a driver (past year, among drivers)	--	--	--	s	3.2	10.8	*
mental health care visit (past year)	20.9	26.0	21.7	20.6	24.4	19.6	
sought counselling over phone or Internet (past year)	2.3	3.1	3.2	1.5	4.5	3.1	
unmet need for mental health support	25.5	26.4	29.0	27.8	29.4	28.1	
used tranquillizers/sedatives medically (past year)††	--	--	3.7	2.7	2.9	2.6	*
used an ADHD drug medically (past year)	4.1	3.6	2.0	3.5	4.0	s	*
prescribed medication for depression/anxiety/both††	--	--	4.2	2.5	6.6	7.9	*
fair/poor self-rated mental health	8.8	13.8	16.4	16.5	18.1	15.7	*
low self-esteem	5.3	6.9	6.1	8.7	7.0	6.6	
psychological distress (past month)	13.4	23.1	26.1	29.6	31.7	26.8	*
suicidal ideation (past year)	9.1	13.8	14.5	14.9	16.2	11.4	
suicide attempt (past year)	s	2.6	4.2	4.0	4.3	2.8	
antisocial behaviour (3+/9 behaviours in past year)	1.9	3.9	6.0	10.1	8.6	9.1	*
carried a weapon (past year)	2.6	8.2	6.4	8.6	5.7	4.7	*
physical fight at school (past year)	15.0	18.4	12.1	8.6	9.4	7.1	*
threatened/injured with weapon at school (past year)	4.9	6.2	5.9	8.2	4.7	5.0	
worried be harmed or threatened at school	19.1	16.3	18.3	16.3	13.9	11.5	*
bullied others at school (since September)	12.7	20.2	17.6	18.7	15.5	12.7	
been bullied at school (since September)	31.6	34.5	28.7	22.6	24.2	16.6	*
been cyberbullied (past year)	17.5	24.6	24.1	16.4	19.2	15.1	*
any gambling activity (past year)	24.3	27.4	29.6	37.6	36.5	44.5	*
multi-gambling activity (5+ activities in past year)	s	s	s	3.8	1.5	4.4	*
gambling problem (past year)††	--	--	s	s	s	s	
video gaming problem (past year)	12.8	9.4	9.4	9.8	11.4	9.4	
3 or all 4 coexisting problems††	--	--	3.0	6.0	7.8	8.7	*

Notes: * indicates a significant grade difference ($p<.05$) not controlling for other factors; 's' indicates estimate suppressed due to unreliability; †† among grades 9–12 only; medical drug use refers to use with a prescription; "coexisting problems" refers to the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, and drug use problem.

Table A4. Percentage Reporting Selected Mental Health and Well-Being Indicators by Region, 2013 OSDUHS

Indicator	Toronto	North	West	East	
fair/poor self-rated physical health	7.8	7.3	7.1	6.3	
asthma diagnosis (current)	5.4	6.9	9.4	7.1	
no physician health care visit (past year)	24.7	34.5	29.0	25.2	
physically inactive (no days of activity in past week)	10.0	7.0	6.2	7.4	*
sedentary behaviour (3+ hours of screen time daily)	63.1	54.5	57.2	57.8	
overweight or obese	21.6	31.9	25.4	25.3	*
use of diet pills, powders, or liquids (past year)	s	3.4	2.6	4.2	
use of an indoor tanning device (past year)	2.4	s	4.4	5.8	
medically treated injury (past year)	33.7	47.8	42.0	43.4	
not always wear a bike helmet (among bicyclists)	81.4	72.4	79.9	76.0	
not always wear a seatbelt when in motor vehicle	26.9	22.9	22.2	24.1	
texting while driving (past year, among drivers)	23.5	40.1	39.0	35.5	
vehicle collision as a driver (past year, among drivers)	5.9	7.3	7.9	7.9	
mental health care visit (past year)	22.1	22.8	21.3	22.7	
sought counselling over phone or Internet (past year)	3.8	s	2.1	3.9	
unmet need for mental health support	29.2	25.7	26.6	29.6	
used tranquillizers/sedatives medically (past year)††	2.0	s	3.1	3.3	
used an ADHD drug medically (past year)	s	3.4	3.7	3.3	
prescribed medication for depression/anxiety/both††	s	s	4.5	5.9	
fair/poor self-rated mental health	19.8	12.2	13.9	15.8	
low self-esteem	9.2	5.8	6.4	6.0	
psychological distress (past month)	30.2	20.7	24.5	27.3	
suicidal ideation (past year)	15.5	12.3	12.9	13.6	
suicide attempt (past year)	s	4.7	3.3	4.0	
antisocial behaviour (3+/9 behaviours in past year)	8.0	6.1	7.9	5.8	
carried a weapon (past year)	4.6	6.3	7.3	4.8	
physical fight at school (past year)	13.0	9.4	11.3	9.6	
threatened/injured with weapon at school (past year)	8.2	4.5	5.7	4.8	
worried be harmed or threatened at school	18.4	13.6	16.2	12.7	
bullied others at school (since September)	16.1	16.2	17.2	14.0	
been bullied at school (since September)	20.6	29.6	26.5	24.3	
been cyberbullied (past year)	17.8	19.8	19.4	18.9	
any gambling activity (past year)	37.1	37.7	33.1	35.7	
multi-gambling activity (5+ activities in past year)	s	3.9	2.2	2.7	
gambling problem (past year)††	s	s	s	s	
video gaming problem (past year)	11.0	8.1	10.7	9.7	
3 or all 4 coexisting problems††	6.3	4.2	7.4	6.2	

Notes: * indicates a significant region difference ($p<.05$) not controlling for other factors; 's' indicates estimate suppressed due to unreliability; †† among grades 9–12 only; medical drug use refers to use with a prescription; "coexisting problems" refers to the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, and drug use problem.

Table A5. Overview of Trends for Selected Mental Health and Well-Being Indicators Among the Total Sample of Students, OSDUHS

Indicator	Among Grades	Period	Change
% fair/poor self-rated physical health	7, 9, 11	1991–2013	Increased from 6% to 14% in 2011, declined to 7% in 2013
% physically inactive (no days of activity past week)	7–12	2009–2013	Stable
% sedentary behaviour (3+ hours screen time daily)	7–12	2009–2013	Stable
% overweight/obese	7–12	2009–2013	Stable
% asthma diagnosis (current)	7–12	2011–2013	Stable
% not always wearing a seatbelt in vehicle	7–12	2011–2013	Decreased from 28% to 24%
% medically treated injury	7–12	2003–2013	Increased from 35% to 41%
% 1+ mental health care visit (past year)	7–12	1999–2013	Increased from 12% to 22%
% medical use of ADHD prescription drugs	7–12	2007–2013	Stable
% prescription for depression/anxiety/both	9–12	2001–2013	Stable
% fair/poor self-rated mental health	7–12	2007–2013	Increased from 11% to 15%
% suicidal ideation (past year)	7–12	2001–2013	Stable between 2001 and 2009 (about 10%), increased to 13% in 2013
% suicide attempt (past year)	7–12	2007–2013	Stable
% antisocial behaviour (past year)	7, 9, 11	1993–2013	Decreased from 16% to 6%
% carried a weapon (past year)	7, 9, 11	1993–2013	Decreased from 16% to 5%
% physical fighting at school (past year)	7–12	2001–2013	Decreased from 17% to 11%
% threatened/injured with a weapon at school	7–12	2003–2013	Stable
% worried be threatened/harmed at school	7–12	1999–2013	Stable
% been bullied at school (since September)	7–12	2003–2013	Decreased from 33% to 25%
% been cyberbullied (past year)	7–12	2011–2013	Stable
% any Internet gambling (past year)	7–12	2003–2013	Stable
% any gambling activity (past year)	7–12	2003–2013	Decreased from 57% to 35%
% multi-gambling activity (past year)	7–12	2003–2013	Decreased from 6% to 3%
% gambling problem (past year)	9–12	1999–2013	Decreased from 8% to 1%
% video gaming problem (past year)	7–12	2007–2013	Stable

Note: trend analyses are based on a p-value of <0.01.

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