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Highlights from the 2011 OSDUHS Mental Health and Well-Being Report

This *eBulletin* summarizes the physical and mental health findings from the 2011 Ontario Student Drug Use and Health Survey (OSDUHS), an Ontario-wide school survey of 9,288 students in grades 7 through 12. Also presented is an overview of changes since 1991, where possible.

Table 1 shows the 2011 OSDUHS prevalence estimates for selected indicators of physical health, mental health and risk behaviours for Ontario students in grades 7 through 12, and for males and females separately.

Table 1. Selected Mental Health and Well-Being Indicators from the 2011 OSDUHS (Grades 7–12)

	Total %	(95% CI)	Estimated No.†	Males %	Females %	
Physical Health Indicators						
fair/poor self-rated physical health	**15.6**	(14.2-17.1)	155,100	12.2	19.2	*
asthma diagnosis (current)	**8.9**	(7.0-11.3)	86,700	6.1	12.1	*
no physician health care visit (past year)	**32.7**	(30.4-35.0)	305,900	36.1	28.9	*
physically inactive (no days of activity in past week)	**8.4**	(7.4-9.6)	83,600	8.9	7.9	
sedentary behaviour (7+ hours of screen time daily)	**10.2**	(8.7-11.8)	97,100	11.9	8.3	*
overweight or obese	**25.5**	(23.2-28.0)	245,600	29.5	21.3	*
medically-treated injury (past year)	**41.9**	(39.4-44.4)	402,800	44.2	39.3	*
not always wear a seatbelt when in a motor vehicle	**28.4**	(25.9-31.0)	280,100	28.8	27.8	
vehicle collision as a driver (*among drivers*)	**9.8**	(7.0-13.5)	30,200	10.6	8.7	
Mental Health Indicators						
mental health care visit (past year)	**15.1**	(12.8-17.6)	154,100	11.1	19.2	*
sought counselling over phone or Internet (past year)	**2.1**	(1.6-2.9)	21,500	1.7	2.5	
used tranquillizers/sedatives medically (past year)	**3.6**	(2.9-4.3)	35,700	3.0	4.2	
used an ADHD drug medically (past year)	**2.5**	(2.1-3.1)	25,500	3.0	2.1	
prescribed medication for depression/anxiety/both	**3.3**	(2.4-4.4)	33,400	2.2	4.4	*
fair/poor self-rated mental health	**13.7**	(12.2-15.7)	138,300	9.4	18.2	*
elevated psychological distress (past few weeks)	**33.5**	(31.0-36.1)	341,200	24.0	43.2	*
symptoms of anxiety/depression (past few weeks)	**6.0**	(4.6-7.9)	61,100	3.0	9.1	*
suicide ideation (past year)	**10.3**	(9.0-11.8)	103,800	7.0	13.7	*
suicide attempt (past year)	**2.8**	(2.1-3.6)	28,000	1.6	4.0	*
Risk & Problem Behaviours						
antisocial behaviour (3+/9 behaviours in past year)	**8.0**	(6.9-9.3)	78,700	9.2	6.8	*
carried a weapon (past year)	**4.6**	(3.6-5.8)	44,300	7.6	1.6	*
fought at school (past year)	**11.9**	(9.9-14.2)	115,900	17.4	6.4	*
threatened/injured with weapon at school (past year)	**6.5**	(5.2-8.0)	65,100	7.4	5.5	
worried be harmed or threatened at school	**18.2**	(16.4-20.2)	183,700	16.8	19.7	*
bullied others at school (since September)	**20.7**	(16.9-25.2)	208,000	18.6	22.8	
been bullied at school (since September)	**28.6**	(25.8-31.5)	288,000	25.8	31.3	*
been cyber-bullied (past year)	**21.6**	(19.5-24.0)	217,500	15.2	28.0	*
Gambling & Video Gaming						
any gambling activity (1+/10 activities in past year)	**38.4**	(35.6-41.2)	380,200	47.3	29.5	*
multi-gambling activity (5+/10 activities in past year)	**2.7**	(1.9-3.7)	26,300	3.6	1.7	*
gambling problem (past year)	**1.7**	(1.2-2.5)	17,300	2.4	1.0	*
video gaming problem (past year)	**11.9**	(9.4-14.9)	119,800	18.7	5.1	*

Notes: CI is the confidence interval; † the estimated number of Ontario students is based on a population of about 1,009,900 students;
* indicates a statistically significant sex difference ($p<.05$) not controlling for other factors.

Males are significantly more likely than females to be classified as overweight or obese, based on self-reported height and weight. Males are significantly more likely than females to report the following: "screen time" sedentary behaviour, a medically-treated injury, no physician health care visit, antisocial and violent behaviours, gambling and related problems, and video gaming and related problems.

Females are significantly more likely than males to report the following: fair/poor physical health, having asthma, a mental health care visit, being prescribed medication to treat anxiety or depression, fair/poor mental health, elevated psychological distress, symptoms of anxiety/depression, suicide ideation, suicide attempt, being bullied at school, and being cyber-bullied.

Selected Recent Trends, 1999–2011 (Grades 7–12)

- The percentage of students reporting a medically-treated injury during the past year significantly increased between 2003 (35%), the first year of monitoring, and 2011 (42%).
- The percentage of students reporting any gambling activity in 2011 (38%) is significantly lower than 2003 (57%), the first year of monitoring. Similarly, multi-gambling activity is significantly lower in 2011 (3%) than in 2003 (6%).
- The percentage of students who express worry about being harmed or threatened at school is significantly higher today (18%) than a decade ago (about 12% to 14%).
- Females show a significant upturn in elevated distress over the past decade, from 36% in 1999 to 43% in 2011. More females today (31%) believe they are too fat compared with their counterparts a decade ago in 2001 (24%). There has been no comparable increase among males for either of these indicators.
- Male students show significant declines in bullying victimization and perpetration at school between 2003, the first year of monitoring, and 2011. There have been no comparable declines in bullying among females.

Selected Long-Term Trends, 1991–2011 (Grades 7, 9, and 11 only)

- Fair or poor self-rated physical health was lowest in 1991, when monitoring first began. Fair/poor self-rated health significantly increased until the mid-2000s and has since remained stable and elevated.
- The percentage of students reporting antisocial behaviour is significantly lower today compared with estimates from the early 1990s.
- Since the early 1990s, there have been significant decreases in the percentage of students reporting assaulting someone and carrying a weapon.

Methods

CAMH's *Ontario Student Drug Use and Health Survey* (OSDUHS) is an Ontario-wide survey of elementary/middle school students in grades 7 and 8 and secondary school students in grades 9 through 12. This repeated cross-sectional survey has been conducted every two years since 1977. The 2011 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on 9,288 students in grades 7 through 12 from 40 public and Catholic school boards, 181 schools, and 581 classes. Self-administered questionnaires, which promote anonymity, were administered by staff from the Institute for Social Research, York University on a classroom basis between October 2010 and June 2011. Seventy-one percent of selected schools, and 62% of eligible students in participating classes participated in the survey. The 2011 total sample of 9,288 students is representative of over one million Ontario students in grades 7 through 12 in publicly-funded schools. Note that beginning in 1999, students in grades 7 through 12 were surveyed, whereas only grades 7, 9, and 11 were surveyed in the cycles prior to 1999. All estimates presented were weighted, and variance and statistical tests were accommodated for the complex sampling design.

Measures & Terminology

- **Physical inactivity** was measured by asking students to indicate on how many of the past seven days they engaged in moderate to vigorous activity (i.e., that "increased your heart rate and made you breathe hard some of the time") for a total of at least 60 minutes per day. Inactivity is defined as reporting no days of activity during the past seven days.
- **"Screen time" sedentary behaviour** is defined as watching TV and/or using a computer for an average of seven hours or more per day during the past seven days.
- **Overweight or obese** classification is based on self-reported height and weight and is defined as exceeding the age-by-sex-specific body mass index (BMI) cut-off values established for children and adolescents and recommended by the International Obesity Task Force.
- **Asthma diagnosis** is defined as reporting currently having asthma, as diagnosed by a doctor or nurse.
- **Medical drug use** is defined as reporting the use of the prescription drug with a doctor's prescription at least once in the past 12 months.
- **Mental health care visit** is defined as reporting at least one visit to a doctor, nurse, or counsellor for emotional or mental health reasons in the past 12 months.
- **Elevated psychological distress** is measured with the 12-item General Health Questionnaire (GHQ12), a screening instrument designed to assess current mental health. The items assess the recent frequency of experiencing 12 symptoms (e.g., stress, depression, problem making decisions). Elevated psychological distress is defined as experiencing at least 3 of the 12 symptoms during the past few weeks.
- **Symptoms of anxiety/depression** were measured with six items of the GHQ12 that measure anxiety and depression, and is defined as experiencing all six symptoms during the past few weeks.
- **Antisocial behaviour** is defined as participating in 3 or more of 9 behaviours (e.g., theft, vandalism, assault, car theft/joyriding, drug selling) at least once in the past 12 months.

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- **Bullying at school** is defined as "...when one or more people tease, hurt or upset a weaker person on purpose, again and again. It is also bullying when someone is left out of things on purpose." Students were asked about the main way they were bullied, and bullied others, since September. The response options were: (1) was not involved in bullying at school, (2) physical attacks (e.g., beat up, pushed or kicked), (3) verbal attacks (e.g., teased, threatened, spread rumours), and (4) stole or damaged possessions. The estimates for bullying victim and perpetrator are based on these questions.
- **Cyber-bullying victimization** is defined as reporting being bullied over the Internet at least once during the 12 months before the survey.
- **Any gambling activity** is defined as reporting gambling money in the past 12 months on 1 or more of 10 gambling activities asked about in the survey.
- **Multi-gambling activity** is defined as gambling money in the past 12 months on 5 or more of 10 gambling activities.
- **Gambling problem** is measured with a reduced version of the South Oaks Gambling Screen Revised for Adolescents (SOGS-RA), and is defined as experiencing two or more of six symptoms in the past 12 months.
- **Video gaming problem** is measured with the Problem Video Game Playing (PVP) scale, and is defined as experiencing five or more of nine symptoms in the past 12 months.
- **95% confidence interval (CI)** shows the uncertainty in inferring a true population value from a single sample. The CI is interpreted as follows: with repeated sampling, 95 of 100 sample CIs would contain the "true" population value. Design-based confidence intervals also account for characteristics of the sample design (i.e., stratification, clustering, weighting).
- **Significant difference** refers to a difference between (or among) estimates that is statistically different at the $p<.05$ level, or lower, after adjusting for the sampling design. A finding of statistical significance infers that any differences are not likely due to chance alone.

Source

Paglia-Boak, A., Adlaf, E.M., Hamilton, H.A., Beitchman, J.H., Wolfe, D., & Mann, R.E. (2012). *The mental health and well-being of Ontario students, 1991-2011: Detailed OSDUHS findings* (CAMH Research Document Series No. 34). Toronto, ON: Centre for Addiction and Mental Health. [Available online at http://www.camh.ca/research/osduhs.aspx]

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Media Enquiries: Tel: 416-595-6015