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

CAMH
POPULATION STUDIES
eBULLETIN

June 2014
Vol. 15, No. 2

Highlights from the 2013 OSDUHS Mental Health and Well-Being Report

This *eBulletin* summarizes the physical and mental health findings from the 2013 *Ontario Student Drug Use and Health Survey* (OSDUHS), an Ontario-wide school survey of 10,272 7th–12th graders Also presented is an overview of changes since 1991, where possible.

Table 1 presents the 2013 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 2013 OSDUHS (Grades 7–12)

	Total %	(95% CI)	Estimated No.†	Males %	Females %	
Physical Health						
fair/poor self-rated physical health	**7.0**	(6.2-7.9)	68,100	70.1	6.9	
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 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						
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	*
Risk and Problem Behaviours						
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	*
Gambling and Video Gaming						
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	*

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.

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: sedentary behaviour, a medically treated injury, not always wearing a seatbelt, using an ADHD drug medically, antisocial and violent behaviours, gambling, and video gaming and related problems.

Females are significantly more likely than males to report the following: physical inactivity, use of diet pills/powders/liquids, use of an indoor tanning device, a mental health care visit, seeking counselling over the phone or Internet, an unmet need for mental health support, being prescribed medication to treat anxiety or depression, fair/poor mental health, low self-esteem, psychological distress, suicide ideation, suicide attempt, being bullied at school, and being cyberbullied.

Selected Recent Trends, 1999–2013 (Grades 7–12)

- Since 1999, more students report that they like school "very much" or "quite a lot," increasing from 29% to 44%.
- The percentage of students reporting experiencing a medically treated injury significantly increased between 2003 (35%), the first year of monitoring, and 2013 (41%).
- The percentage of students who rated their mental health as fair or poor in 2013 (15%) is significantly higher than in 2007 (11%), the first year of monitoring.
- Suicidal ideation increased between 2011 (10%) and 2013 (13%), returning to a level observed about decade ago. The percentage reporting a suicide attempt has remained stable since 2007, the first year of monitoring.
- More females today (32%) believe they are too fat compared with their counterparts in 2001 (24%), the first year of monitoring. There has been no comparable increase among males.
- The percentage reporting being bullied at school shows a linear decline between 2003 and 2013, from 33% to 25%. Similarly, the percentage reporting bullying others at school significantly declined during the past decade, from 30% in 2003 to 16% in 2013.
- The percentage of students reporting any gambling in 2013 (35%) is significantly lower than the estimate from 2003 (57%). Similarly, multi-gambling activity is significantly lower in 2013 (3%) than in 2003 (6%).
- The percentage of secondary school students with a gambling problem significantly decreased during the past decade, from 8% in 1999 to 1% in 2013.

Selected Long-Term Trends, 1991–2013 (Grades 7, 9, and 11 only)

- The percentage of students reporting antisocial behaviour is significantly lower today compared with estimates from the early 1990s.
- Since the early 1990s, there have 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 2013 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on 10,272 students in grades 7 through 12 from 42 public and Catholic school boards, 198 schools, and 671 classes. Self-completed questionnaires, which promote anonymity, were group administered by staff from the Institute for Social Research, York University in classrooms between November 2012 and June 2013. Sixty-three percent (63%) of eligible students in participating classes completed the survey. The 2013 total sample of 10,272 students is representative of just under one million students in grades 7 through 12 enrolled in Ontario's 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 were weighted, and variance and statistical tests were accommodated for the complex survey data.

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.
- **Sedentary behaviour** is defined as watching TV and/or using a computer for an average of three 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*.
- **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.
- **Unmet need for mental health support** is defined as wanting to talk to someone about a mental health or emotional problem, but not knowing where to turn (during the past 12 months).
- **Medical drug use** is defined as reporting the use of the prescription drug with a doctor's prescription at least once in the past 12 months.
- **Low self-esteem** was measured with five items from the *Rosenberg Self-Esteem Scale* and is defined as indicating low esteem on all five items.
- **Psychological distress** (symptoms of depression and anxiety) was measured with *Kessler-10 Psychological Distress Scale* (K10) and is defined as a score of 22 or higher of a maximum 50.
- **Antisocial behaviour** is defined as participating in three or more of nine behaviours (e.g., theft, vandalism, assault, car theft/joyriding, drug selling) at least once in the past 12 months.
- **Bullying at school** is defined as "...when one or more people tease, hurt or upset a weaker person on purpose, again and again. It is also bullying when someone is left out of things on purpose." Students were asked about the main way they were bullied, and bullied others, since September. The response options were: (1) was not involved in bullying at school; (2) physical attacks (e.g., beat up, pushed or kicked), (3) verbal attacks (e.g., teased, threatened, spread rumours), and (4) stole or damaged possessions. The estimates for bullying victim and perpetrator are based on these questions.
- **Cyberbullying 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 one 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 five or more of 10 gambling activities.
- **Gambling problem** was measured with an abbreviated 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** was 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** shows the probable accuracy of the estimate – that is, with repeated sampling, 95 of 100 sample CIs would contain the "true" population value. Design-based confidence intervals account for characteristics of the sample design (i.e., stratification, clustering, weighting).
- **Statistically significant difference** refers to a difference between (or among) estimates that is statistically different at the $p<.05$ level, or lower, after adjusting for the sampling design. A finding of statistical significance implies that any differences are not likely due to chance alone.

(continued…)

Source

Boak, A., Hamilton, H. A., Adlaf, E. M., Beitchman, J. H., Wolfe, D. & Mann, R. E. (2014). *The mental health and well-being of Ontario students, 1991–2013: Detailed OSDUHS findings* (CAMH Research Document Series No. 38). Toronto, ON: Centre for Addiction and Mental Health. [Available online at http://www.camh.net/research/osdus.html]

Suggested Citation

Centre for Addiction and Mental Health. (2014, June). Highlights from the 2013 OSDUHS Mental Health and Well-Being Report. *CAMH Population Studies eBulletin, 15(2).* Retrieved from http://www.camh.ca/en/research/news_and_publications/Pages/research_population_ebulletins.aspx

For information about CAMH's population health surveys, please visit our webpage: http://www.camh.ca/en/research/research_areas/community_and_population_health/Pages/population_health_surveys.aspx

Media Enquiries: please send an email to media@camh.ca