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Highlights from the 2015 OSDUHS Mental Health and Well-Being Report

This *eBulletin* summarizes findings related to students' mental and physical health from the 2015 Ontario Student Drug Use and Health Survey (OSDUHS). The OSDUHS is a repeated, cross-sectional, anonymous survey of students in grades 7 through 12 in Ontario, with the purpose of monitoring drug use, mental and physical health, gambling, and other risk behaviours. Conducted every two years since 1977, the OSDUHS is the longest ongoing school survey in Canada and one of the longest running in the world. Trends in mental and physical health indicators are also presented.

Table 1 presents the 2015 OSDUHS prevalence estimates for selected indicators of physical health, mental health, and risk behaviours for Ontario students in grades 7–12, and for males and females separately.

Table 1. Selected Mental Health and Well-Being Indicators from the 2015 OSDUHS (Grades 7–12)

	Total %	(95% CI)	Estimated No.†	Males %	Females %	
Physical Health						
physically inactive (no days of activity in past week)	**6.4**	(5.5-7.5)	60,400	5.4	7.4	*
sedentary behaviour (3+ hours of screen time daily)	**62.6**	(60.7-64.4)	570,300	61.6	63.6	
overweight or obese	**26.4**	(24.9-28.0)	239,600	30.0	22.5	*
8 or more hours of sleep on an average school night	**41.0**	(38.9-43.2)	388,800	44.9	36.9	*
medically treated injury (past year)	**43.7**	(41.0-46.3)	390,500	45.4	41.8	
not always wear a seatbelt when in a motor vehicle	**23.9**	(21.8-26.3)	219,100	22.5	25.5	
texting while driving (past year, among drivers)	**35.3**	(31.0-39.9)	103,400	35.5	35.1	
Mental Health						
mental health care visit (past year)	**20.9**	(18.9-23.0)	205,300	17.1	24.9	*
sought counselling over phone or Internet (past year)	**3.0**	(2.3-3.7)	29,200	1.8	4.2	*
unmet need for mental health support	**28.4**	(26.1-30.9)	280,400	18.6	39.0	*
used tranquillizers/sedatives medically (past year)††	**3.3**	(2.9-3.7)	22,800	1.8	4.9	*
used an ADHD drug medically (past year)	**2.6**	(2.1-3.3)	26,000	2.9	2.4	
prescribed medication for depression/anxiety/both††	**5.6**	(4.4-6.9)	39,300	2.8	8.4	*
fair/poor self-rated mental health	**16.5**	(14.5-18.9)	163,800	10.3	23.2	*
low self-esteem	**7.0**	(5.7-8.5)	68,700	4.7	9.5	*
elevated stress	**28.7**	(26.1-31.4)	283,500	19.8	38.2	*
moderate-to-serious psychological distress (past month)	**34.0**	(31.5-36.7)	328,600	22.7	45.9	*
serious psychological distress (past month)	**14.2**	(12.5-16.0)	137,000	7.0	21.7	*
suicidal ideation (past year)	**12.4**	(10.9-14.1)	113,500	8.2	16.9	*
suicide attempt (past year)	**3.0**	(2.2-3.9)	27,000	1.5	4.5	*
symptoms of ADHD (past 6 months)	**15.8**	(14.0-17.6)	152,700	13.6	18.1	*
Risk and Problem Behaviours						
antisocial behaviour (3+/9 behaviours in past year)	**5.2**	(4.2-6.4)	50,700	6.4	4.1	*
carried a weapon (past year)	**5.1**	(4.1-6.4)	49,600	7.8	2.3	*
physical fight at school (past year)	**10.4**	(9.1-11.9)	102,200	15.9	4.5	*
threatened/injured with weapon at school (past year)	**5.8**	(4.8-6.9)	56,900	7.9	3.6	*
worried about being harmed or threatened at school	**12.1**	(10.2-14.4)	120,300	11.4	12.9	
bullied others at school (since September)	**13.1**	(11.5-14.8)	127,700	14.6	11.5	
been bullied at school (since September)	**23.6**	(21.5-25.8)	231,200	19.6	27.8	*
been cyberbullied (past year)	**19.8**	(18.0-21.7)	194,200	14.0	25.8	*
Gambling and Video Gaming						
any gambling activity (past year)	**31.8**	(29.3-34.5)	308,200	40.3	22.9	*
high gambling problem severity (past 3 months)††	**1.1**	(0.7-1.8)	7,500	1.9	s	*
video gaming problem (past year)	**12.5**	(11.1-14.1)	122,600	20.2	4.5	*

Notes: the survey sample size was 10,426 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 961,500 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 one's own prescription.

Males are significantly more likely than females to:

- engage in daily physical activity
- be classified as overweight/obese
- get at least eight hours of sleep
- engage in antisocial behaviour
- carry a weapon
- fight at school
- be harmed/threatened at school
- gamble money
- have a gambling problem
- play video games daily
- have a video gaming problem.

Females are significantly more likely than males to:

- rate their physical health as fair/poor
- be physically inactive
- use prescription opioid pain relievers medically
- seek mental health counselling
- have an unmet need for mental health support
- use prescription tranquillizers medically
- be prescribed medication for anxiety, depression, or both
- rate their mental health as fair/poor
- have low self-esteem
- feel stressed
- feel psychological distress
- contemplate and attempt suicide
- have symptoms of ADHD
- be bullied at school
- be cyberbullied
- spend more hours daily on social media
- have coexisting problems.

Grade is also significantly related to mental health and well-being. Generally, poor physical health indicators (e.g., inactivity, sedentary behaviour), health risk behaviours (e.g., not wearing a helmet or seatbelt, texting while driving), internalizing problems (e.g., fair/poor self-rated mental health, stress, psychological distress), antisocial behaviour, gambling, and coexisting problems significantly increase with grade. Physical fighting at school is more prevalent in the younger grades and declines in later adolescence.

Selected Trends, 1999–2015 (Grades 7–12)

- The percentage of students who are screen time sedentary significantly increased between 2009 (57%), the first year of monitoring, and 2015 (63%).
- The percentage of students reporting a medically treated injury significantly increased between 2003 (35%), the first year of monitoring, and 2015 (44%).
- The percentage of secondary school students who report being prescribed medication for anxiety, depression, or both conditions is higher today (6%) than in 2001 (3%), the first year of monitoring.
- The percentage of students who rate their mental health as fair or poor is significantly higher today (17%) than in 2007 (11%), the first year of monitoring.
- Moderate and serious psychological distress significantly increased between 2013, the first year of monitoring, and 2015.
- The percentage of students reporting being bullied at school significantly decreased between 2003 (33%), the first year of monitoring, and 2015 (24%).
- The percentage of students reporting any gambling activity is significantly lower today (32%) than in 2003 (57%), the first year of monitoring.
- The percentage of students indicating a video gaming problem is significantly higher today (13%) than in 2007 (9%), the first year of monitoring.

Long-Term Trends, 1991–2015 (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

The Centre for Addiction and Mental Health's Ontario Student Drug Use and Health Survey (OSDUHS) is an Ontario-wide survey of elementary/middle school students in grades 7 and 8 and secondary school students in grades 9 through 12. This repeated cross-sectional survey has been conducted every two years since 1977. The 2015 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on **10,426 students in grades 7 through 12** in 750 classes, in 220 schools, in 43 public and Catholic school boards. Self-completed questionnaires, which promote anonymity, were group administered by staff from the Institute for Social Research, York University in classrooms between November 2014 and June 2015. Sixty-three percent (63%) of selected schools, 88% of selected classes, and 59% of eligible students in participating classes completed the survey. The 2015 total sample of 10,426 students is representative of just under one million students in grades 7 to 12 enrolled in Ontario's publicly funded schools. 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 report 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 on a computer for recreational purposes for three hours or more per day, on average, during the seven days before the survey.
- **Overweight or obese** classification is based on self-reported height and weight and is defined as exceeding the age-by-sex-specific body mass index (BMI) cut-off values established for children and adolescents and recommended by the *International Obesity Task Force.*
- **Mental health care visit** is defined as reporting at least one visit to a doctor, nurse, or counsellor for emotional or mental health reasons during the past 12 months.
- **Unmet need for mental health support** is defined as wanting to talk to someone about a mental health or emotional problem, but not knowing where to turn (during the past 12 months).
- **Medical drug use** is defined as reporting the use of the prescription drug with one's own doctor's prescription at least once in the past 12 months.
- **Low self-esteem** is defined as responding "strongly disagree" to the statement "On the whole, I am satisfied with myself."
- **Psychological distress** (symptoms of depression and anxiety) was measured with the Kessler-6 Psychological Distress Scale (K6). A score of eight or higher of 24 was used to indicate a moderate-to-serious level of distress experienced during the past four weeks. A score of 13 or higher was used to indicate serious psychological distress.
- **Symptoms of attention-deficit/hyperactivity disorder (ADHD)** is defined as scoring at least 14 of 24 on the ADHD Self-Report Scale (ASRS).
- **Antisocial behaviour** is defined as participating in three or more of nine behaviours (e.g., theft, vandalism, assault, car theft/joyriding, drug selling) at least once in the past 12 months.

(continued)

- **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.
- **High gambling problem severity** is defined as scoring six or higher of 27 on the Gambling Problem Severity Subscale (GPSS) of the Canadian Adolescent Gambling Inventory (CAGI).
- **Video gaming problem** is defined as reporting at least five of the nine symptoms on the Problem Video Game Playing (PVP) Scale.
- **95% CI** (confidence interval) shows the probable accuracy of the estimate – that is, with repeated sampling, 95 of 100 sample CIs would contain the "true" population value. Design-based confidence intervals account for characteristics of the sample design (i.e., stratification, clustering, weighting).
- **Statistically significant difference** refers to a difference between (or among) estimates that is statistically different at the $p<.01$ level, or lower, after adjusting for the sampling design. A finding of statistical significance implies that any differences are not likely due to chance alone; it is not necessarily a finding of public health importance.

Source

Boak, A., Hamilton, H. A., Adlaf, E. M., Henderson, J. L., & Mann, R. E. (2016). *The mental health and well-being of Ontario students, 1991–2015: Detailed OSDUHS findings* (CAMH Research Document Series No. 43). Toronto, ON: Centre for Addiction and Mental Health. [Available online at http://www.camh.ca/research/osduhs]

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