

Highlights from the 2009 OSDUHS Mental Health and Well-Being Report

This *eBulletin* presents a summary of physical and mental health-related findings from the 2009 Ontario Student Drug Use and Health Survey (OSDUHS), an Ontario-wide school survey of 9,112 students in grades 7 to 12. Also presented is an overview of changes since 1991, where possible.

Table 1 presents the 2009 prevalence estimates for selected indicators of physical health, mental health and risky behaviours among students in grades 7 through to 12, for the total sample and for males and females separately.

Table 1. Selected Mental Health and Well-Being Indicators from the 2009 OSDUHS (Grades 7 to 12)

	Total % (95% CI)	Estimated No. [†]	Males %	Females %
Physical Health Indicators				
poor self-rated physical health	14.5 (13.3-15.8)	146,000	10.8	18.5 *
physically inactive (no days of activity in past week)	8.5 (7.6-9.5)	85,000	7.9	9.1
sedentary behaviour (7+ hours of screen time daily)	9.7 (8.7-10.7)	93,000	11.4	7.8 *
overweight or obese	25.2 (23.8-26.7)	246,000	30.0	20.1 *
treated for a physical injury (past year)	40.5 (38.5-42.5)	386,000	43.0	37.6 *
participated in the "choking game" (lifetime)	5.3 (4.4-6.3)	55,000	5.1	5.5
Mental Health Indicators				
used tranquilizers/sedatives medically (past year)	3.7 (3.0-4.7)	39,000	2.8	4.7 *
used an ADHD drug medically (past year)	2.7 (2.1-3.5)	28,000	3.9	1.4 *
prescribed medication for depression/anxiety/both	3.3 (2.7-4.0)	34,000	2.6	4.0
mental health professional visit (past year)	23.8 (22.0-25.8)	253,000	22.3	25.5
used telephone crisis helpline (past year)	1.9 (1.4-2.6)	20,000	1.1	2.8 *
poor self-rated mental health	11.7 (10.3-13.2)	122,000	8.4	15.0 *
low self-esteem	8.3 (7.3-9.5)	87,000	6.5	10.1 *
depressive symptoms (past week)	5.4 (4.4-6.6)	56,000	2.8	8.1 *
elevated psychological distress (past few weeks)	31.0 (29.1-32.9)	327,000	23.4	38.8 *
suicide ideation (past year)	9.5 (8.3-10.8)	99,000	7.6	11.4 *
suicide attempt (past year)	2.8 (2.2-3.5)	29,000	2.5	3.1
Risky and Problem Behaviours				
delinquent behaviour (past year)	10.7 (9.3-12.2)	113,000	14.1	7.2 *
carried a weapon (past year)	7.3 (6.2-8.6)	78,000	11.4	3.2 *
gang fighting (past year)	2.8 (2.2-3.5)	29,000	4.4	1.1 *
belong to a gang currently	2.3 (1.8-3.0)	24,000	3.3	1.3 *
fought at school (past year)	15.1 (13.4-16.9)	156,000	23.3	6.7 *
threatened/injured with weapon at school (past year)	6.8 (5.7-8.1)	70,000	8.5	5.1 *
worried be harmed or threatened at school	12.3 (11.2-13.5)	125,000	11.6	13.0
been bullied at school (since September)	28.9 (26.9-31.0)	300,000	26.5	31.4 *
bullied others at school (since September)	25.1 (23.2-27.2)	260,000	28.1	22.1 *
Gambling and Video Gaming				
any gambling activity (past year)	42.6 (40.2-45.0)	452,000	50.5	34.3 *
multi-gambling activity (past year)	3.0 (2.2-4.0)	32,000	4.5	1.5 *
gambling problem (past year)	2.8 (2.0-3.9)	29,000	4.3	1.2 *
video gaming problem (past year)	10.3 (9.0-11.7)	97,000	16.0	4.0 *

Notes: CI is the confidence interval; [†] the estimated number of students is based on a population of about 1,023,900 students in Ontario; * indicates a significant sex difference (p<.05).

Males are significantly more likely than females to be overweight or obese. Males are significantly more likely than females to report the following: sedentary behaviour, experiencing an injury that requires treatment, using a prescribed ADHD drug, delinquent and violent behaviours, belonging to a “gang,” bullying others, gambling, a gambling problem, and video gaming problem.

Females are more likely to report the following: poor physical health, using prescribed tranquillizer medication, being prescribed medication to treat anxiety or depression, visiting a professional for mental health reasons, using a crisis helpline, low self-esteem, depressive symptoms, psychological distress, suicide ideation, and being bullied at school.

Selected Ten-Year Trends, 1999–2009 (Grades 7 to 12)

- The percentage of students reporting at least one physical injury in the past year was significantly higher in 2009 (40%) than in 2003 (35%), when monitoring first began.
- The percentage of student reporting a mental health care visit significantly increased over the past decade (from 12% in 1999 to 24% in 2009).
- Over the past decade, there were no significant changes in the percentage of students who reported elevated psychological distress, depressive symptoms, or suicide ideation.
- The percentage of students reporting any gambling in 2009 (43%) is significantly lower than the estimate from 2003 (57%), when this measure first began. Similarly, multi-gambling activity is significantly lower in 2009 (3%) compared with the estimate from 2003 (6%).
- The percentage of students reporting a gambling problem significantly decreased over the past decade, from 7% in 1999 down to 3% in 2009.

Selected Long-Term Trends, 1991–2009 (Grades 7, 9, and 11 only)

- Reports of poor physical health were lowest in 1991, when monitoring first began. Poor self-rated health significantly increased until the mid-2000s and has since remained elevated.
- The percentage of students reporting delinquent 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, carrying a weapon, and gang fighting.
- The percentage of students reporting selling cannabis significantly increased between 1991 and 2001, and still remains at a higher level compared with the estimates from the early 1990s.

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 to 12. The survey has been conducted every two years since 1977 with the purpose of monitoring substance use, perceptions about substance use, mental health, physical health, and risk behaviours among students. The 2009 survey, which used a stratified (region, school type) two-stage (school, class) cluster design was based on 9,112 students in grades 7 to 12 from 47 public and Catholic school boards, 181 schools, and 573 classes. Self-administered questionnaires, which promote anonymity, were administered by staff from the Institute for Social Research, York University on a classroom basis between November 2008 and June 2009. The student participation rate was 65%. The 2009 total sample represents about 1,023,900 students in grades 7 to 12. Note that beginning in 1999, students in grades 7 through to 12 were surveyed, whereas only grades 7, 9, and 11 were surveyed in the cycles prior to 1999. All survey estimates were weighted, and variance and statistical tests were corrected for the sampling design.

Measures & Terminology:

- **Physical activity** was measured by asking students to indicate on how many of the past 7 days they exercised or played sports for a total of at least 60 minutes that "increased your heart rate and made you breathe hard some of the time." Inactive is defined as reporting no days of physical activity.
- **Sedentary behaviour** (also called "screen time") is defined as watching TV and/or on a computer for 7 hours or more per day, on average, during the 7 days before the survey.
- **Overweight and obesity:** exceeding the age-and-sex-specific body mass index (BMI) cut-off values established for children and adolescents and recommended by the International Obesity Task Force, based on self-reported height and weight.
- **The "choking game"** is self-asphyxiation or being choked by someone else for the purpose of a euphoric feeling (or "a high").
- **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 professional 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.
- **Low self-esteem** is defined as responding negatively to at least 3 out of 6 items adapted from the Rosenberg Self-Esteem Scale.
- **Depressive symptoms** is defined as "usually" or "often" experiencing all 4 symptoms on the Center for Epidemiologic Studies Depression subscale (past 7 days time frame).
- **Elevated psychological distress** is measured with the General Health Questionnaire (GHQ), which is a 12-item 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). Psychological distress is defined as experiencing at least 3 of the 12 symptoms.
- **Delinquent behaviour** is defined as participating in 3 or more of 11 behaviours (e.g., theft, vandalism, assault, car theft/joyriding, drug selling) at least once in the past 12 months.

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- **Bullying** 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 what was 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 prevalence rates for bullying victim and perpetrator are based on these modal questions.
- **Any gambling activity** is defined as reporting gambling money in the past 12 months on 1 or more of the 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 the 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 2 or more of the 6 symptoms in the past 12 months.
- **Video gaming problem** is measured with the Problem Video Game Playing (PVP) Scale, and is defined as experiencing 5 or more of 9 symptoms in the past 12 months.
- **Region:** the survey design divides the province into four regions: 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).
- **95% confidence interval (CI)** can be crudely interpreted as being 95% likely to include the "true" value if every student in grade 7 to grade 12 in Ontario was surveyed.
- **Statistically significant difference** refers to a difference between two percentages that is not likely due to chance. For example, a difference found at the $p < .05$ level of statistical significance is one that is less than 5% likely to occur by chance alone.

Source:

Paglia-Boak, A., Mann, R.E., Adlaf, E.M., Beitchman, J.H., Wolfe, D., & Rehm, J. (2010). *The mental health and well-being of Ontario students, 1991-2009: Detailed OSDUHS findings* (CAMH Research Document Series No. 29). 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. (2010, June). Highlights from the 2009 OSDUHS mental health and well-being report. *CAMH Population Studies eBulletin*, 11(2). Retrieved from http://www.camh.net/research/areas_of_research/population_life_course_studies/eBulletins/research_population_ebulletins.html

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