

## Highlights from the 2007 OSDUHS Mental Health and Well-Being Report

This *eBulletin* highlights the main physical and mental health-related findings from the 2007 Ontario Student Drug Use and Health Survey (OSDUHS), an Ontario-wide school survey of students in grades 7 to 12. Also presented is

an overview of changes since 1991, where possible. Table 1 displays the 2007 prevalence estimates for selected indicators of physical health, mental health and risky behaviours, for the total sample and broken down by sex.

**Table 1. Selected Mental Health and Well-Being Indicators for the Total Student Sample (N=6,323) and by Sex, 2007 OSDUHS (Grades 7 to 12)**

	Estimated Number	Total % (95% CI)	Males %	Females %	
<b>Physical Health Indicators</b>					
% self-rated poor physical health (current)	129,000	12.9 (11.8-14.2)	9.6	16.6	*
% physically inactive (past week)	129,000	13.1 (11.8-14.6)	12.1	14.2	
% daily physical activity (past week)	207,000	21.1 (19.4-22.9)	26.5	15.3	*
% treated for a physical injury (past year)	342,000	37.4 (35.2-39.6)	39.4	35.2	
% ever participated in the "choking game" (lifetime)	79,000	7.4 (6.2-8.8)	7.0	7.8	
<b>Mental Health Indicators</b>					
% used tranquilizers/sedatives medically (past year)	48,000	4.5 (3.7-5.3)	3.2	5.8	*
% used an ADHD drug medically (past year)	23,000	2.3 (1.9-2.9)	3.2	1.3	*
% 1+ mental health care visits (past year)	224,000	21.2 (19.4-23.1)	19.5	23.0	*
% prescribed medication for depression/anxiety/both	39,000	3.7 (2.9-4.6)	2.4	5.0	*
% used telephone crisis helpline (past year)	20,000	1.9 (1.5-2.5)	1.0	2.8	*
% self-rated poor mental health (current)	121,000	11.4 (10.0-13.0)	7.1	15.8	*
% low self-esteem (current)	90,000	8.5 (7.3-9.9)	6.2	10.9	*
% high risk for depression (past week)	56,000	5.3 (4.4-6.3)	2.4	8.3	*
% elevated psychological distress (past few weeks)	329,000	30.8 (28.8-32.8)	19.9	42.0	*
% suicide ideation (past year)	103,000	9.8 (8.6-11.1)	5.9	13.7	*
% suicide attempt (past year)	35,000	3.3 (2.6-4.2)	1.8	4.9	*
<b>Risky and Problem Behaviours</b>					
% overall measure of delinquent behaviour (past year)	138,000	13.1 (11.8-14.6)	16.1	10.1	*
% gang fighting (past year)	50,000	4.8 (3.9-5.9)	7.1	2.4	*
% currently belong to a gang	41,000	4.0 (3.0-5.3)	5.6	2.4	*
% carried a weapon (past year)	90,000	8.7 (7.5-10.0)	13.2	4.2	*
% carried a handgun (past year)	15,000	1.5 (1.0-2.1)	2.5	s	*
% set something on fire (past year)	166,000	15.9 (14.1-17.9)	19.6	12.2	*
% physically fought at school (past year)	166,000	15.8 (14.2-17.7)	24.0	7.5	*
% threatened/injured with weapon at school (past year)	90,000	8.6 (7.5-9.8)	11.0	6.0	*
% been bullied at school (since September)	315,000	29.9 (27.8-32.0)	27.7	32.1	*
% bullied others at school (since September)	261,000	24.7 (22.8-26.7)	26.0	23.4	*
<b>Gambling and Video Gaming</b>					
% heavy gambling activity (past year)	49,000	4.7 (3.8-5.8)	7.5	1.8	*
% potential gambling problem	24,000	2.3 (1.8-2.9)	3.5	1.1	*
% potential video gaming problem	86,000	9.4 (8.2-10.8)	15.1	3.1	*

Notes: the estimated number of students is based on a student population of about 1,011,200; \* indicates a significant sex difference ( $p < .05$ ), not controlling for other factors; 's' indicates estimate suppressed (less than 0.5%).

Males are more likely than females to: be physically active on a daily basis, use a prescribed ADHD drug, report delinquent, violent and fire setting behaviours, belong to a “gang,” bully others, gamble heavily, be at risk for a gambling problem, and a video gaming problem.

Females are more likely to: report poor physical and mental health, use prescribed tranquillizers, report receiving a prescription medication to treat anxiety or depression, visit a mental health professional, use a crisis helpline, report low self-esteem, depressive symptoms, psychological distress, suicide ideation and a suicide attempt, and report being bullied.

### **Selected Short-Term Trends, 1999 – 2007 (Grades 7 to 12)**

- Students in 2007 (13%) were significantly more likely to report being in poor health compared to their counterparts in 1999 (9%).
- Rates of physical inactivity increased between 1999 (15%) and 2005 (18%), but the rate significantly decreased since then, down to 13% in 2007.
- Reported daily physical activity significantly increased between 2005 (17%) and 2007 (21%).
- The percentage of students who visited a doctor for their physical health at least once in the past year decreased from 70% in 1999 down to 61% in 2007.
- Between 1999 and 2005, there was no change in the percentage of students who visited a mental health care professional at least once in the past year (at about 12%), but there was a significant increase in 2007 (21%).
- There was a significant increase in the percentage reporting being treated for a physical injury between 2005 (34%) and 2007 (37%).
- Overall delinquent behaviour significantly decreased between 1999 (18%) and 2005 (13%), and remained at this level in 2007.
- The percentage reporting assaulting someone significantly decreased between 1999 and 2001 (from 20% to 13%), and remained stable in 2007 at 11%.

- Gang fighting was significantly lower in 2007 (5%) compared to the estimate found in 1999 (8%).
- The percentage reporting weapon carrying (i.e., knife or gun) was significantly lower in 2007 (9%) compared to the 1999 estimate (14%).
- The only gambling activity that showed a significant increase over time is card playing, increasing from 25% in 2001 to 29% in 2007.
- Some gambling activities showed significant decreases over the short-term: bingo, sports pools, sports lottery tickets, and dice playing. Activities that remained stable are: any Internet gambling, casino gambling, lottery tickets, and video gambling machines/slots.
- The percentage of students indicating a potential gambling problem in 2007 (2%) was significantly lower than the estimate from 2005 (4.5%) and that from 1999 (6%).

### **Selected Long-Term Trends, 1991 – 2007 (Grades 7, 9, and 11 only)**

- Reports of poor health were lowest in 1991. Poor health significantly increased to an all-time high in 2005 and remained stable in 2007.
- Overall delinquent behaviour among students in 2007 was significantly lower than the rates among their counterparts in 1993 and 1995.
- Assault peaked in 1997, subsequently decreased in 2001, and remained stable in 2007.
- Carrying a weapon (i.e., knife or gun) peaked in 1993, steadily decreased up until 2001, and remained stable in 2007.
- The percentage of students reporting selling cannabis was significantly higher in 2007 compared to the 1991 estimate.

### Methods:

The *Ontario Student Drug Use and Health Survey (OSDUHS)* is an Ontario-wide survey of elementary (grades 7 and 8) and secondary (grades 9-12) school students conducted every two years since 1977. The 2007 survey, which used a stratified (region, school type) two-stage cluster design (school, class) included 6,323 students in grades 7 to 12 from 43 school boards, 119 schools, and 385 classes. The student participation rate was 68%. The 2007 sample represents about 1,011,000 students in grades 7 to 12 in public and Catholic schools across the province. Self-administered questionnaires, which promote anonymity, were administered by staff from the Institute for Social Research, York University on a classroom basis between November 2006 and June 2007.

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.

### Terminology:

- **Physical Activity** was measured by asking students to indicate on how many of the past 7 days they exercised or played sports “for at least 20 minutes that made you sweat and breathe hard.” Inactive is defined as reporting no days of the past 7, and daily activity is defined as reporting 7 days.
- **The “Choking Game”** is self-asphyxiation or being choked by someone else for the purpose of a euphoric feeling (or “a high”). Acting alone or with friends, the goal is to use belts, cords, ties or bare hands to choke oneself or others and constrict blood flow enough to nearly pass out, and then release. The reduced blood flow and lack of oxygen to the brain causes light-headedness and the release allows a surge of blood back to the brain, which causes a “rush.” This behaviour can lead to brain damage or death.
- **Low Self-Esteem** is defined as responding negatively to at least 3 out of 6 items adapted from the Rosenberg Self-Esteem Scale.
- **Risk for Depression** is defined as “usually” or “often” experiencing all 4 symptoms on the Center for Epidemiologic Studies Depression Scale (CES-D; 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). Distress is defined as experiencing at least 3 of the 12 symptoms.
- **Overall Delinquent Behaviour** is defined as participating in 3 or more of 11 acts (e.g., theft, vandalism, assault, joyriding, drug selling) at least once during the past 12 months.
- **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 4 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.
- **Heavy Gambling Activity** is defined as gambling money on 5 or more, of 10, gambling activities during the past 12 months.

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- **Potential Gambling Problem** is measured with the South Oaks Gambling Screen Revised for Adolescents (SOGS-RA), and is defined as experiencing 2 or more of the 6 symptoms during the past 12 months.
- **Potential Video Gaming Problem** is measured with the Problem Video Game Playing (PVP) Scale, and is defined as experiencing 5 or more of 8 symptoms during the past 12 months.
- **95% Confidence Interval (CI)** can be crudely interpreted as being 95% likely to include the “true” value if every student in grades 7 to 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:

Adlaf, E.M. & Paglia-Boak, A, Beitchman, J.H., & Wolfe, D. (2008). *The Mental health and Well-Being of Ontario Students, 1991-2007: Detailed OSDUHS Findings*. CAMH Research Document Series, No. 22. Toronto: Centre for Addiction and Mental Health. (The report is available in PDF format at <http://www.camh.net/research/osdus.html>.)

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To receive future issues of the *eBulletin*, please contact Maureen Kothare via email at: [maureen\\_kothare@camh.net](mailto:maureen_kothare@camh.net)

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Media Enquiries: Tel: 416-595-6015