

# The Mental Health and Well-Being of Ontario Students

# 1991– 2019

Detailed Findings from the Ontario Student Drug Use and Health Survey

## SUMMARY REPORT



**camh**

**OSDUHS**  
Ontario Student Drug  
Use and Health Survey

# The 2019 OSDUHS Mental Health and Well-Being Report Summary

## The Study

The Centre for Addiction and Mental Health's *Ontario Student Drug Use and Health Survey* (OSDUHS) has been conducted every two years since 1977, making it the longest ongoing school survey of adolescents in Canada, and one of the longest in the world. Between November 2018 and June 2019, a total of 14,142 students in grades 7 to 12 from 992 classes, in 263 schools, in 47 school boards participated in the 2019 cycle of the OSDUHS.

This report describes physical health indicators, mental health indicators, bullying, gambling and related problems, video gaming and related problems, and other risk behaviours among Ontario students in 2019 and changes since 1991, where available. Although the OSDUHS began in 1977, most mental health and physical health measures were introduced in the survey in the early 1990s. New indicators in this report include self-harm, coping ability, help-seeking preference for a mental health problem, virtual gambling while playing video games, and talking on a hand-held phone while driving. All data are based on students' self-reports derived from anonymous questionnaires completed in classrooms. The survey was administered in schools across Ontario by the Institute for Social Research (at York University) on CAMH's behalf.

## Home Life

- About one-in-five (22%) Ontario students report living with a single parent or no parent (birth, adoptive, or step). About one-in-eight (13%) students report splitting their time between two or more homes.
- Over one-third (37%) of students report that they rarely or never talk to their parents about their problems or feelings.
- Nearly half (42%) of secondary school students have a part-time job. Five percent work more than 20 hours per week.

## School Life

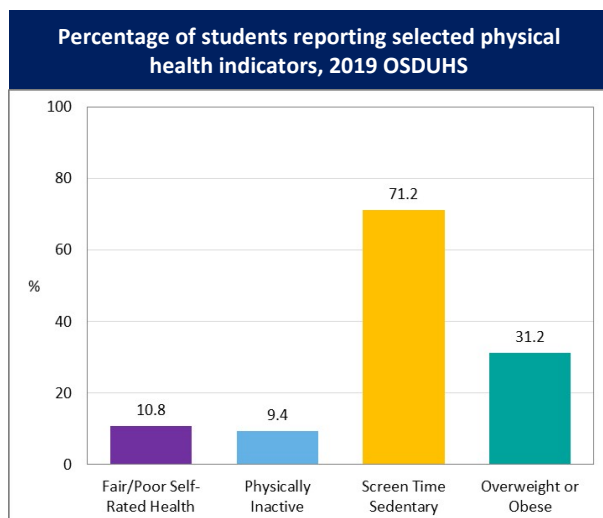
- About one-in-seven (15%) students report they are receiving special education, 78% report that they are not receiving special education, and about 8% are not sure.
- One-in-six (16%) students report being suspended or expelled from school at least once in their lifetime.
- Over one-third (36%) of students report they like school very much or quite a lot. About 42% like school to some degree, and 23% do not like school.
- The percentage of students who report that they like school very much or quite a lot has significantly increased since 1999 and the early 2000s (from about 27% to 36%).

- Most students feel close to people at their school (85%), and feel like they are part of their school (82%). Most students (73%) feel there is at least one caring adult at school that they can talk to if needed.
- Almost one-quarter (23%) of students report low subjective social status at school (i.e., feeling that other students exclude them and do not respect them).
- Although most students feel safe in their school, one-in-seven (14%) are worried about being harmed or threatened at school.

## Physical Health

### Self-Rated Physical Health

- Although the majority (58%) of students rate their health as excellent or very good, about 11% (an estimated 96,500 Ontario students in grades 7–12) report fair or poor physical health.
- Ratings of fair or poor physical health have increased in recent years (since 2013). The current estimate is also significantly higher than the early 1990s when the estimate was about 6%.



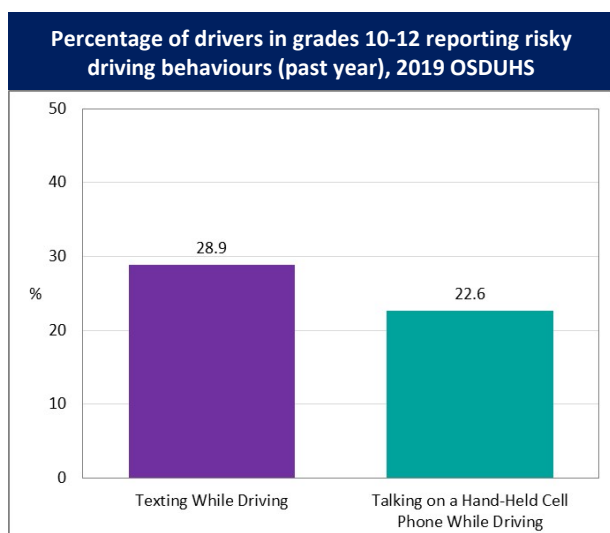
### Physical Activity, Weight, Sleep

- One-in-five (21%) students met the recommended daily physical activity guideline (defined as a total of at least 60 minutes of moderate-to-vigorous activity per day) during the past seven days. In contrast, about one-in-eleven (9%) students were physically inactive on each of the past seven days.
- Nearly half (47%) of students do not engage in physical activity in a physical education class at school.
- Almost three-quarters (71%) of students spend three hours or more per day in front of an electronic screen in their free time (“screen time” sedentary behaviour). This amount of screen time exceeds the *Canadian 24-Hour Movement Guidelines for Children and Youth*.
- The percentage of students who are screen time sedentary significantly increased between 2017 (60%) and 2019 (71%). The current estimate is the highest on record since monitoring began in 2009.
- Just under one-third (31%) of students are classified as overweight or obese (an estimated 265,400 Ontario students).
- The percentage of students classified as overweight or obese has remained stable in recent years, but there has been a significant increase since 2007, the first year of monitoring, from 26% to 31%.
- Only about one-third (37%) of students report they usually get eight hours or more of sleep on an average school night. Therefore, most students (63%) are not getting at least eight hours of sleep.

- The percentage of students who report at least eight hours of sleep on an average school night has significantly decreased since 2015, the first year of monitoring, from 41% to 37%.
- About 6% of students report always or often going to bed or school hungry. This percentage represents about 55,500 students in Ontario.

### Body Image

- Well over half (59%) of students are satisfied with their weight. One-quarter (26%) believe they are “too fat,” and one-in-seven (15%) believe they are “too thin.”
- The perception of being “too fat” has remained stable during the past decade. However, there has been a significant increase since 2001, the first year of monitoring, from 19% to 26%. Of note, the increase in this perception over time is evident for females and males.
- One-third (32%) of students are not trying to change their weight. Another third (31%) are trying to lose weight, 21% want to keep from gaining weight, and 16% want to gain weight.



### Injuries and Related Behaviours

- Almost half (44%) of students were treated for an injury at least once during the past year (representing about 349,800 students).
- The percentage of students reporting a medically treated injury has remained stable during the past decade, but has significantly increased since the early-to-mid 2000s (from about 34%-37% to 44%).
- Over one-third (39%) of students report experiencing a concussion in their lifetime. About one-in-seven (15%) report experiencing a concussion in the past year (about 128,500 students in Ontario). Of the specific causes asked about, falls and playing team sports (such as hockey, football, rugby) are among the most commonly reported causes of concussions.
- One-quarter (25%) of students report that they do not always wear a seatbelt when in a motor vehicle (about 198,500 Ontario students).
- Over one-quarter (29%) of drivers in grades 10–12 report texting while driving at least once in the past year. This percentage represents an estimated 73,300 adolescent drivers.
- The percentage of adolescent drivers reporting texting while driving did not significantly change between 2017 (33%) and 2019 (29%). However, there has been a significant decrease since 2013 (36%), the first year of monitoring.
- Just under one-quarter (23%) of drivers in grades 10–12 report talking on a hand-held cell phone while driving at least once in the past year. This percentage represents an estimated 57,200 adolescent drivers.

- About 9% of drivers in grades 10–12 (about 23,700 adolescent drivers) report being involved in a collision as a driver at least once in the past year.

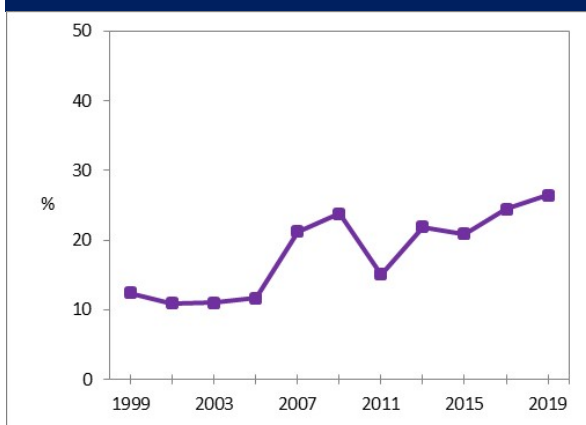
- The percentage of students who report seeking counselling through a helpline or over the Internet has significantly increased compared to earlier this decade (2011-2015) when estimates were about 2%-3%.

## Health Care Utilization

### Mental Health Care

- One-quarter (27%) of students visited a mental health care professional (such as a doctor, nurse, or counsellor) for a mental health issue at least once in the past year. This estimate represents about 260,900 students in Ontario.
- The percentage of students reporting visiting a mental health professional has remained stable during the past few years, but has significantly increased since 1999 and the early 2000s (from about 11%-12% to 27%).
- About 5% of students report seeking counselling by either calling a telephone helpline or over the Internet (or both) at least once in the past year. This estimate represents about 44,600 Ontario students.

Percentage of students reporting visiting a mental health professional in the past year, 1999-2019 OSDUHS



### Mental Health Support

- About one-third (35%) of students report that, in the past year, there was a time they wanted to talk to someone about a mental health problem, but did not know where to turn. This estimate represents about 348,700 Ontario students.
- The percentage reporting an unmet need for mental health support has significantly increased since 2013, the first year of monitoring, from 28% to 35%.
- Students were asked how they would prefer to receive professional help for a mental health problem, if needed. Less than half (43%) of students would prefer to receive help in person. About 7% would prefer to receive help over the Internet (website or chat), and 2% would prefer to receive help over the phone. About one-quarter (24%) of students would probably not look for professional help, and another quarter (25%) are not sure how they would prefer to receive help.

### Use of Drugs for Medical Reasons

- One-in-five (20%) students report the medical use of prescription opioid pain relievers (e.g., Tylenol #3, Percocet) in the past year. About 4% of students used prescribed drugs for ADHD (e.g., Adderall, Ritalin, Concerta) in the past year. About 3% of secondary school students used prescribed tranquilizers/sedatives (e.g., Xanax, Valium, Ativan) in the past year.

- The percentage of students who report medical use of prescription opioid pain relievers has remained stable during this decade, but has significantly decreased since monitoring began in 2007 (from 41% to 20%). The percentage who report medical use of ADHD drugs has remained stable during the past few years, but has significantly increased since monitoring began in 2007 (from 2% to 4%). The percentage who report medical use of tranquilizers/sedatives has remained stable since the 1990s.
- About 7% of secondary school students report they were prescribed medication for anxiety, depression, or both conditions in the past year. This estimate represents about 54,000 secondary school students in Ontario.
- The percentage of secondary school students reporting having been prescribed medication to treat anxiety, depression, or both has been stable in recent years (since 2013), but has significantly increased since the early 2000s (from about 3% to 7%).

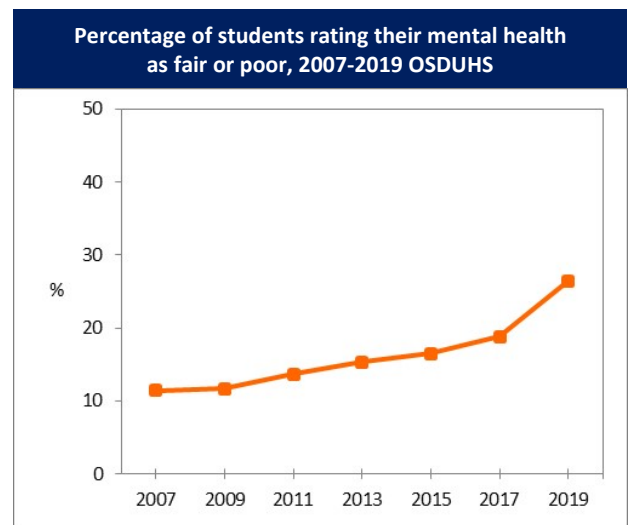
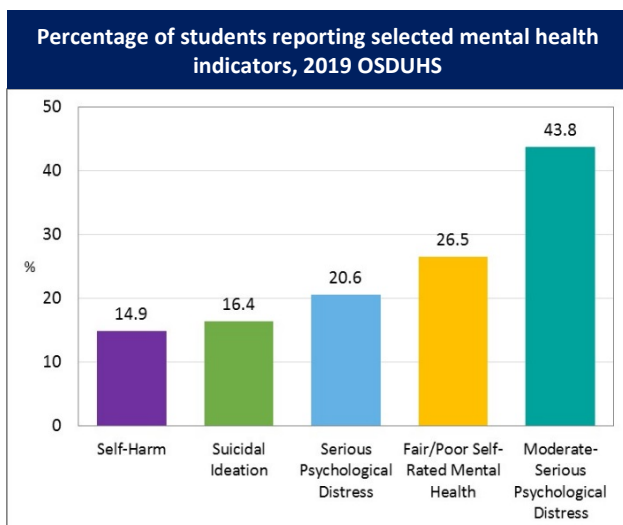
## Mental Health

### Self-Rated Mental Health

- Just under half (46%) of students rate their mental health as excellent or very good, while over one-quarter (27%) rate their mental health as fair or poor.
- The percentage of students who rate their mental health as fair or poor significantly increased between 2017 and 2019, from 19% to 27%. The current estimate is the highest level on record since monitoring began in 2007 (11%).

### Low Self-Esteem

- About 9% of students indicate low self-esteem (feeling very unsatisfied with oneself).
- The percentage of students indicating low self-esteem has slightly, but significantly, increased since 2015, the first year of monitoring, from 7% to 9%.



## Elevated Stress

- One-third (33%) of students report experiencing an elevated level of stress or pressure in their lives.
- The percentage of students reporting elevated stress has significantly increased since 2015, the first year of monitoring, from 29% to 33%.

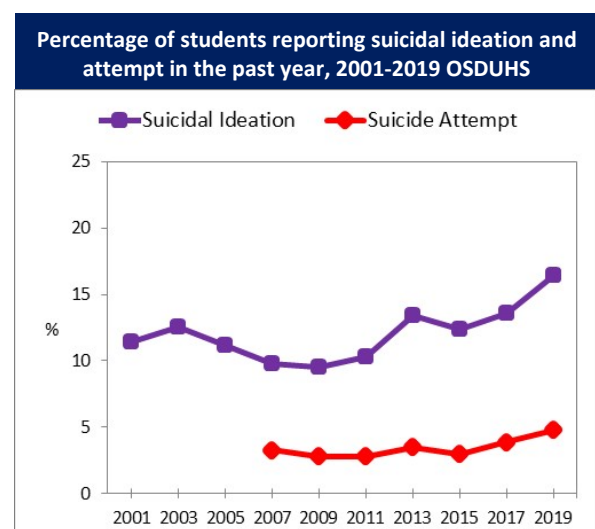
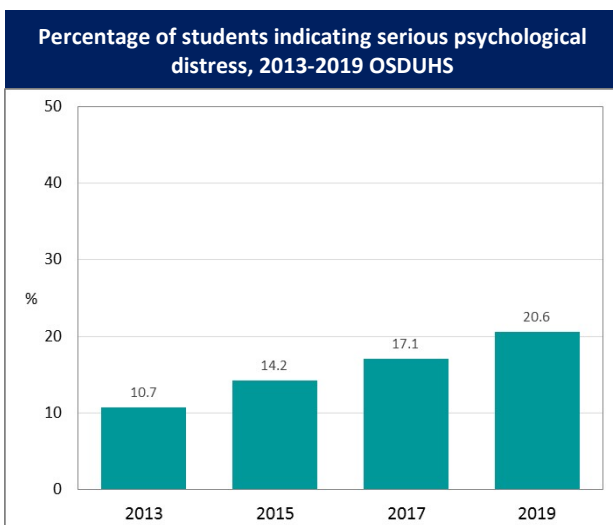
## Psychological Distress

- Just under half (44%) of students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). This estimate represents about 417,600 Ontario students.
- Moderate-to-serious psychological distress remained stable between 2017 and 2019, but the percentage has increased almost two-fold since 2013 (24%), the first year of monitoring.
- One-in-five (21%) students indicate a serious level of psychological distress (representing about 196,000 Ontario students).

- The percentage indicating serious psychological distress significantly increased between 2017 and 2019, from 17% to 21%, reaching a record high since monitoring began in 2013 (11%).

## Self-Harm and Suicide

- About one-in-seven (15%) students report harming themselves on purpose in the past year. This estimate represents about 127,800 Ontario students.
- One-in-six (16%) students had serious thoughts about suicide in the past year (an estimated 140,300 Ontario students), and 5% report a suicide attempt in the past year (an estimated 40,900 students).
- The percentage of students reporting suicidal ideation in the past year significantly increased between 2017 and 2019, from 14% to 16%, reaching a record high since monitoring began in 2001 (12%).
- The percentage of students reporting a suicide attempt in the past year has remained relatively stable since 2007 (the first year of monitoring), fluctuating between 3% and 5%.



## Traumatic Event

- Over one-third (39%) of secondary school students report experiencing a traumatic or negative event (nonspecific) in their lifetime. This estimate represents about 292,300 secondary school students.

## Ability to Cope

- Over one-third (39%) of students rate their ability to cope with unexpected and difficult problems as excellent or very good. In contrast, almost one-quarter (23%) rate their ability as fair or poor.

## Antisocial Behaviour and Bullying

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### Antisocial Behaviour

- About 8% of students report engaging in antisocial behaviour (defined as three or more of nine specific behaviours) during the past year (about 80,000 students).
- Antisocial behaviour significantly decreased between 1999 and 2015, followed by a small, but significant, increase (from 5% to 8%).

### Violent Behaviour

- About 8% of students report that they assaulted someone at least once in the past year, and a similar percentage (6%) report carrying a weapon in the past year (about 60,100 students).

- The percentage of students reporting assaulting someone and the percentage reporting carrying a weapon have been stable during the past decade. However, over the long-term, both behaviours have shown significant declines since the early 1990s.

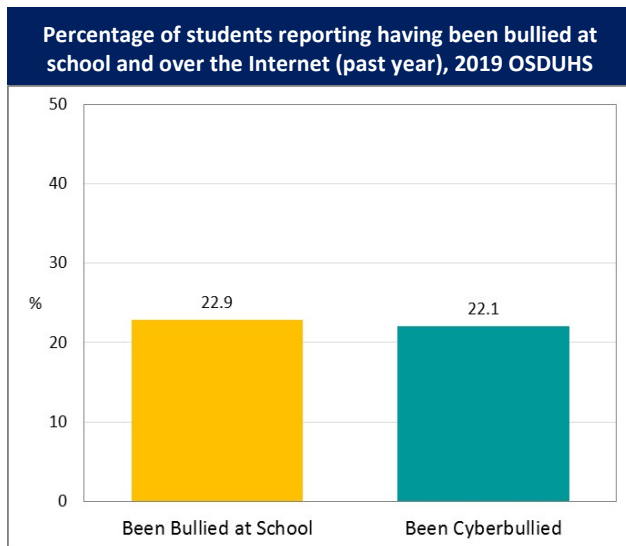
## Bullying at School

- About one-quarter (23%) of students report being bullied at school since the beginning of the school year (representing about 222,400 students). The most prevalent form of bullying victimization at school is verbal (19%), while 2% report that they are primarily bullied physically, and 2% of students are victims of theft/vandalism.
- One-in-ten (10%) students report bullying others at school since September. The most prevalent form of bullying others at school is through verbal attacks (9%), followed by physical attacks (1%), and theft/vandalism (less than 1%).
- The percentage of students reporting being bullied at school has remained stable during the past few years (since 2013), but the current estimate is significantly lower than all estimates between 2003 (the first year of monitoring) and 2011 (about 29%-33%).
- The percentage reporting bullying others at school remained stable between 2017 and 2019, but it is significantly lower than all estimates between 2003 and 2015.



## Cyberbullying

- About one-in-five (22%) students report being bullied over the Internet in the past year. This estimate represents about 216,100 students.
- One-in-nine (11%) students report bullying others over the Internet in the past year.
- The percentage reporting being cyberbullied has remained stable since 2011, the first year of monitoring, at about 19%-22%.



## Gambling, Video Gaming, and Technology Use

### Gambling Activities

- Of the gambling activities surveyed in 2019, the most prevalent is betting money on a dare or private bet (11%), followed by betting in card games (8%), and sports pools/fantasy sports (8%). The least prevalent activity is casino gambling (less than 1%).
- Gambling money on video games is reported by about 7% of students. Gambling money online (in any way) is reported by about 4% of students.
- One-third (32%) of students report gambling at one or more activities in the past year (about 302,800 Ontario students). About 4% of students gambled at five or more activities in the past year (about 36,200 students).
- The percentage of students reporting any gambling activity in the past year has remained stable in recent years (since 2013), but is significantly lower today compared to the early-to-mid 2000s (about 53%-57%).
- While gambling at five or more activities significantly increased between 2017 and 2019 (from 2% to 4%), the current estimate is significantly lower compared to the early-to-mid 2000s (about 6%).
- No individual gambling activity surveyed in 2019 showed an increase since the previous survey in 2017. In fact, most activities show significant downward trends over time, with one exception. Online gambling (any) is the only activity to show a significant increase since the early 2000s, when monitoring first began, from 2% to 4%.

## Gambling Problem

- About 4% of secondary school students indicate symptoms of a low-to-moderately severe gambling problem. About 2% indicate symptoms of a high-severity gambling problem (representing about 12,200 Ontario secondary school students).

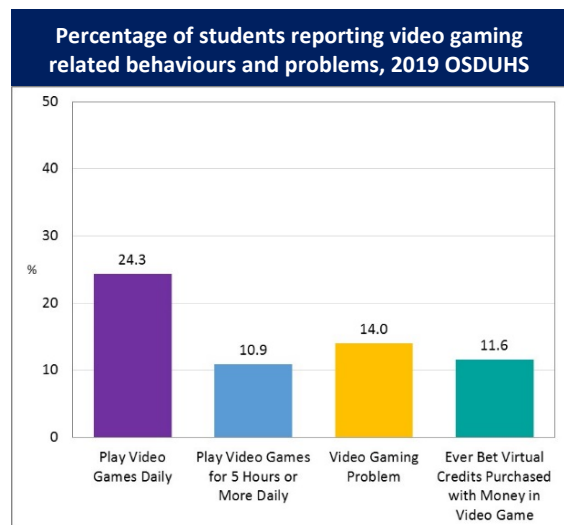
## Video Gaming

- One-quarter (24%) of students play video games daily or almost daily. About one-in-nine (11%) students play video games for five hours or more per day.
- One-in-seven (14%) students (an estimated 137,000 in Ontario) report symptoms of a video gaming problem (preoccupation, tolerance, loss of control, withdrawal, escape, disregard for consequences, disruption to family or school).
- The percentage of students reporting symptoms of a video gaming problem remained stable between 2017 and 2019, but there has been a significant increase compared to a decade or so ago (from about 10% to 14%).
- The OSDUHS also asked students about betting virtual credits when playing a video game. Almost one-in-five (19%) students have ever bet virtual credits that they won or earned in a video game. One-in-eight (12%) students have bet virtual credits that they purchased with money.


## Technology Use

- The majority (87%) of students visit social media sites daily. About one-in-five (21%) students spend five hours or more on social media daily.



- The percentage of students who report spending five hours or more on social media daily remained stable between 2017 and 2019, but there has been a significant increase since 2013, the first year of monitoring (from 11% to 21%).
- About one-in-five (21%) students report posting something personal on social media that they wish they had not.
- Over one-third (35%) of secondary school students spend five hours or more daily on electronic devices (smartphones, tablets, laptops, computers, gaming consoles) in their free time.
- About one-in-five (19%) secondary school students report symptoms that may suggest a moderate-to-serious problem with technology use (preoccupation, loss of control, withdrawal, problem with family/friends). About 3% of secondary school students report symptoms that may suggest a serious problem with technology use (representing about 21,200 secondary school students).
- The percentage of students reporting symptoms of a moderate problem or a serious problem with technology use did not significantly change in 2019 compared to 2017, the first year of monitoring.



## Sex Differences



 Males are more likely to:	 Females are more likely to:
<ul style="list-style-type: none"> <li>▪ engage in daily physical activity</li> <li>▪ be classified as overweight or obese</li> <li>▪ experience a concussion</li> <li>▪ use ADHD drugs (medically)</li> <li>▪ engage in antisocial behaviour</li> <li>▪ carry a weapon</li> <li>▪ bully others at school</li> <li>▪ cyberbully others</li> <li>▪ gamble (any)</li> <li>▪ spend 5 hours or more video gaming daily</li> <li>▪ indicate a video gaming problem</li> <li>▪ bet virtual credits in a video game</li> </ul>	<ul style="list-style-type: none"> <li>▪ rate their physical health as fair or poor</li> <li>▪ be physically inactive</li> <li>▪ not get at least 8 hours of sleep on a school night</li> <li>▪ use prescription opioids (medically)</li> <li>▪ not always wear a seatbelt when in a vehicle</li> <li>▪ visit a mental health care professional</li> <li>▪ seek counselling over the phone or Internet</li> <li>▪ report an unmet need for mental health support</li> <li>▪ use prescription sedatives/tranquillizers (medically)</li> <li>▪ be prescribed medication for anxiety/depression</li> <li>▪ rate their mental health as fair or poor</li> <li>▪ report low self-esteem</li> <li>▪ report elevated stress</li> <li>▪ indicate psychological distress</li> <li>▪ report self-harm</li> <li>▪ report suicidal ideation and attempt</li> <li>▪ experience a traumatic life event</li> <li>▪ rate their ability to cope with problems as fair/poor</li> <li>▪ be bullied at school</li> <li>▪ worry about being harmed/threatened at school</li> <li>▪ be cyberbullied</li> <li>▪ spend 5 hours or more on social media daily</li> <li>▪ spend 5 hours or more on devices daily (free time)</li> <li>▪ indicate a problem with technology use</li> </ul>

## Grade Differences

 Increases with grade	 Decreases with grade
<ul style="list-style-type: none"> <li>▪ ratings of fair or poor physical health</li> <li>▪ sedentary behaviour (3 hours or more screen time)</li> <li>▪ going to school or bed hungry</li> <li>▪ medical use of prescription opioids</li> <li>▪ texting while driving</li> <li>▪ talking on a hand-held cell phone while driving</li> <li>▪ unmet need for mental health support</li> <li>▪ being prescribed medication for anxiety/depression</li> <li>▪ ratings of fair or poor mental health</li> <li>▪ elevated stress</li> <li>▪ psychological distress</li> <li>▪ suicidal ideation</li> <li>▪ antisocial behaviour</li> <li>▪ carrying a weapon</li> <li>▪ any gambling</li> <li>▪ 5 hours or more on social media daily</li> </ul>	<ul style="list-style-type: none"> <li>▪ engaging in daily physical activity</li> <li>▪ getting at least eight hours of sleep</li> <li>▪ experiencing a concussion</li> <li>▪ being bullied at school</li> <li>▪ worry about being harmed/threatened at school</li> </ul>








## Regional Differences

The survey design divided the province into four regions: Greater Toronto Area (Toronto, Durham Region, York Region, Peel Region, and Halton Region); Northern Ontario (Parry Sound District, Nipissing District and farther north); Western Ontario (Dufferin County and farther west); and Eastern Ontario (Simcoe County and farther east). The following table shows significant regional differences.

 Above provincial average	 Below provincial average
<b>Greater Toronto Area (GTA)</b>	
<ul style="list-style-type: none"> <li>▪ physical inactivity</li> <li>▪ sedentary behaviour (3 hour or more of screen time)</li> <li>▪ video gaming problem</li> <li>▪ five hours or more on devices daily (in free time)</li> </ul>	<ul style="list-style-type: none"> <li>▪ experiencing a concussion</li> <li>▪ medically treated injury</li> <li>▪ texting or talking on cell phone while driving</li> <li>▪ prescription for anxiety and/or depression</li> <li>▪ use of ADHD drugs (medically)</li> <li>▪ mental health care visit</li> <li>▪ antisocial behaviour</li> <li>▪ being cyberbullied</li> <li>▪ any gambling</li> </ul>
<b>North</b>	
<ul style="list-style-type: none"> <li>▪ overweight or obese</li> <li>▪ prescription for anxiety and/or depression</li> <li>▪ any gambling</li> </ul>	
<b>West</b>	
<ul style="list-style-type: none"> <li>▪ prescription for anxiety and/or depression</li> <li>▪ carry a weapon</li> </ul>	
<b>East</b>	
<ul style="list-style-type: none"> <li>▪ daily physical activity</li> <li>▪ experiencing a concussion</li> <li>▪ at least 8 hours of sleep on an average school night</li> <li>▪ mental health care visit</li> </ul>	<ul style="list-style-type: none"> <li>▪ five hours or more on social media daily</li> </ul>

## Changes in 2019 vs. 2017

The following table summarizes the significant changes between 2017 and 2019 among the total sample of students.

	<b>2017</b>		<b>2019</b>
Fair or poor self-rated physical health	8.7%		10.8%
Sedentary behaviour (3 hours or more of screen time)	60.0%		71.2%
Fair or poor self-rated mental health	18.8%		26.5%
Low self-esteem	6.5%		9.2%
Serious psychological distress	17.1%		20.6%
Suicidal ideation in the past year	13.6%		16.4%
Five hours or more on electronic devices daily (in free time)	29.5%		35.4%

## Percentage Reporting Selected Mental Health and Well-Being Indicators by Sex, 2019 OSDUHS (Grades 7–12)

Indicator	Total (95% CI) %	Estimated Number <sup>†</sup>	Males %	Females %	
fair or poor self-rated physical health	10.8 (9.9-11.7)	96,500	9.3	12.4	*
daily physical activity (60 mins. activity daily in past week)	21.2 (20.0-22.4)	188,900	26.4	15.7	*
physically inactive (no days of activity in past week)	9.4 (8.6-10.3)	83,800	8.1	10.8	*
sedentary behaviour (3 or more hours per day of screen time)	71.2 (70.0-72.4)	635,500	70.9	71.6	
overweight or obese	31.2 (30.0-32.6)	265,400	33.9	28.5	*
8 or more hours of sleep on an average school night	36.9 (35.3-38.5)	328,200	41.7	31.9	*
often or always go to school or bed hungry	6.3 (5.5-7.1)	55,500	6.1	6.5	
medically treated injury (past year)	44.2 (42.0-46.4)	349,800	46.0	42.2	
concussion (past year)	14.5 (13.5-15.5)	128,500	15.4	13.5	*
medical use of opioid pain relievers (past year)	20.3 (18.9-21.8)	163,300	18.7	22.0	*
not always wear a seatbelt when in motor vehicle	24.6 (23.0-26.4)	198,500	22.9	26.5	*
texting while driving (G10-12 with licence, past year)	28.9 (25.9-32.2)	73,300	29.7	28.0	
talking on phone while driving (G10-12 with licence, past year)	22.6 (19.8-25.8)	57,200	24.3	20.8	
mental health care visit (past year)	26.5 (24.9-28.2)	260,900	22.1	31.1	*
sought counselling over phone or Internet (past year)	4.5 (3.9-5.3)	44,600	2.6	6.6	*
unmet need for mental health support	35.4 (33.8-37.0)	348,700	23.9	47.4	*
medical use of tranquilizers/sedatives (past year) <sup>††</sup>	2.7 (2.3-3.2)	18,400	2.0	3.4	*
medical use of ADHD drugs (past year)	3.9 (3.2-4.8)	38,400	5.3	2.5	*
prescribed medication for depression/anxiety/both <sup>††</sup>	7.2 (6.2-8.4)	54,000	3.6	10.9	*
fair or poor self-rated mental health	26.5 (24.7-28.3)	260,500	17.9	35.4	*
low self-esteem	9.2 (8.3-10.3)	90,200	5.7	12.9	*
elevated stress	32.8 (31.1-34.5)	321,700	23.8	42.2	*
moderate-to-serious psychological distress (past month)	43.8 (41.9-45.7)	417,600	31.4	56.6	*
serious psychological distress (past month)	20.6 (19.2-22.0)	196,000	12.0	29.4	*
self-harm (past year)	14.9 (13.4-16.5)	127,800	7.9	21.9	*
suicidal ideation (past year)	16.4 (15.0-17.9)	140,300	11.3	21.5	*
suicide attempt (past year)	4.8 (3.9-5.8)	40,900	2.9	6.7	*
experienced a traumatic event (lifetime) <sup>††</sup>	39.0 (37.0-41.0)	292,300	32.7	45.6	*
fair or poor ability to cope with unexpected/difficult problems	22.6 (21.1-24.1)	220,500	16.2	29.1	*
antisocial behaviour (3 or more of 9 behaviours in past year)	8.3 (7.5-9.2)	80,000	10.0	6.6	*
carried a weapon (past year)	6.3 (5.6-7.1)	60,100	8.9	3.6	*
worried about being harmed or threatened at school	14.3 (12.9-15.8)	140,400	12.3	16.3	*
been bullied at school (since September)	22.9 (21.4-24.5)	222,400	20.5	25.4	*
bullied others at school (since September)	10.4 (9.3-11.6)	100,800	12.3	8.4	*
been cyberbullied (past year)	22.1 (20.7-23.6)	216,100	18.6	25.7	*
cyberbullied others (past year)	11.0 (9.9-12.2)	107,600	12.7	9.3	*
any gambling activity (past year)	31.8 (30.3-33.3)	302,800	39.5	23.9	*
any online gambling (past year)	4.3 (3.7-5.0)	41,100	6.9	1.7	*
multi-gambling activity (5 or more activities in past year)	3.8 (3.3-4.4)	36,200	6.0	1.6	*
high gambling problem severity (past 3 months) <sup>††</sup>	1.7 (1.2-2.3)	12,200	2.9	s	
video gaming problem (past year)	14.0 (12.8-15.4)	137,000	22.7	5.1	*
ever bet virtual credits in video game (purchased with money)	11.6 (10.4-12.8)	111,900	19.3	3.6	*
5 or more hours per day on social media	20.5 (19.4-21.8)	185,900	15.6	25.8	*
moderate-to-serious problem with technology use <sup>††</sup>	18.6 (17.0-20.2)	135,500	14.7	22.5	*
serious problem with technology use <sup>††</sup>	2.9 (2.3-3.7)	21,200	1.9	3.9	*

Notes: the total sample size is 14,142 students; some estimates based on a random half sample; CI=confidence interval; <sup>†</sup> the estimated number of students is based on a population of about 908,800 students in grades 7–12 in Ontario, and have been rounded down; 's' indicates estimate suppressed due to unreliability; \* indicates a significant sex difference (p<.05) *not* controlling for other factors; <sup>††</sup> among grades 9–12 only; medical drug use is defined as use with a prescription.

## Percentage Reporting Selected Mental Health and Well-Being Indicators by Grade, 2019 OSDUHS (Grades 7–12)

Indicator	G7	G8	G9	G10	G11	G12	
fair or poor self-rated physical health	7.2	8.3	9.1	10.7	13.6	12.9	*
daily physical activity (60 mins. activity daily in past week)	28.6	28.6	24.8	21.0	18.9	12.9	*
physically inactive (no days of activity in past week)	5.2	5.1	5.7	10.0	12.2	13.8	*
sedentary behaviour (3 or more hours per day of screen time)	54.3	66.0	72.5	73.8	77.4	74.5	*
overweight or obese	34.2	32.5	32.0	31.0	30.5	29.5	
8 or more hours of sleep on an average school night	69.6	58.8	41.0	31.6	23.5	21.1	*
often or always go to school or bed hungry	3.7	5.5	6.2	6.1	5.8	8.5	*
medically treated injury (past year)	46.1	46.4	47.9	43.5	42.0	41.8	
concussion (past year)	19.0	19.0	13.6	13.5	12.1	13.2	*
medical use of opioid pain relievers (past year)	12.2	18.5	19.0	20.0	20.5	25.7	*
not always wear a seatbelt when in motor vehicle	20.2	22.3	25.4	24.8	26.7	25.5	
texting while driving (G10-12 with licence, past year)	--	--	--	11.1	16.3	38.8	*
talking on phone while driving (G10-12 with licence, past year)	--	--	--	s	13.4	30.2	*
mental health care visit (past year)	28.6	29.8	24.6	23.2	25.1	29.1	*
sought counselling over phone or Internet (past year)	2.7	2.6	4.3	4.8	6.2	5.1	
unmet need for mental health support	25.1	31.2	32.0	34.4	41.2	42.2	*
medical use of tranquilizers/sedatives (past year)**	--	--	2.2	1.7	3.2	3.4	*
medical use of ADHD drugs (past year)	4.5	4.4	3.2	4.4	3.2	4.2	
prescribed medication for depression/anxiety/both**	--	--	3.6	5.3	8.4	10.7	*
fair or poor self-rated mental health	17.3	20.2	24.9	25.6	31.4	32.7	*
low self-esteem	7.1	7.5	10.2	9.1	9.7	10.3	
elevated stress	18.3	20.1	29.7	34.1	39.6	43.6	*
moderate-to-serious psychological distress (past month)	31.0	35.3	40.1	45.6	50.0	51.3	*
serious psychological distress (past month)	13.5	16.5	19.6	19.2	24.3	25.2	*
self-harm (past year)	11.8	13.5	13.8	15.9	16.1	16.0	
suicidal ideation (past year)	12.2	14.8	14.2	16.8	18.9	18.7	*
suicide attempt (past year)	4.4	5.1	3.7	4.9	4.9	5.5	
experienced a traumatic event (lifetime)**	--	--	35.2	36.1	39.7	44.1	*
fair or poor ability to cope with unexpected/difficult problems	21.3	19.1	23.1	21.1	24.4	24.5	
antisocial behaviour (3 or more of 9 behaviours in past year)	4.8	6.7	8.3	7.3	8.1	12.1	*
carried a weapon (past year)	3.5	4.5	5.6	7.1	7.3	7.8	*
worried about being harmed or threatened at school	18.5	16.4	15.5	12.7	12.8	12.6	*
been bullied at school (since September)	29.2	28.2	22.0	22.2	19.7	20.1	*
bullied others at school (since September)	9.6	11.2	11.1	10.4	10.8	9.3	
been cyberbullied (past year)	22.9	22.1	24.0	21.2	23.9	19.5	
cyberbullied others (past year)	9.4	10.5	12.8	9.7	13.1	10.1	
any gambling activity (past year)	26.2	30.6	29.2	31.0	33.4	37.0	*
any online gambling (past year)	2.9	3.8	4.6	4.1	4.6	5.0	
multi-gambling activity (5 or more activities in past year)	2.8	1.7	3.6	4.1	4.7	4.6	
high gambling problem severity (past 3 months)**	--	--	s	s	s	s	
video gaming problem (past year)	14.3	14.9	17.2	12.8	13.9	12.0	*
ever bet virtual credits in video game (purchased with money)	11.8	8.8	12.2	10.7	11.0	13.7	
5 or more hours per day on social media	12.4	15.7	23.6	21.9	23.7	21.2	*
moderate-to-serious problem with technology use**	--	--	17.3	17.6	19.9	19.3	
serious problem with technology use**	--	--	2.8	3.0	2.7	3.1	

Notes: \* indicates a significant grade difference ( $p < .05$ ) not controlling for other factors; 's' indicates estimate suppressed due to unreliability; \*\* among grades 9–12 only; medical drug use is defined as use with a prescription.

## Percentage Reporting Selected Mental Health and Well-Being Indicators by Region, 2019 OSDUHS (Grades 7–12)

Indicator	GTA	North	West	East
fair or poor self-rated physical health	10.7	11.8	11.2	10.3
daily physical activity (60 mins. activity daily in past week)	19.1	20.2	22.1	24.9 *
physically inactive (no days of activity in past week)	10.6	6.7	9.3	7.8 *
sedentary behaviour (3 or more hours per day of screen time)	73.3	67.8	71.0	67.9 *
overweight or obese	31.0	38.5	30.7	30.6 *
8 or more hours of sleep on an average school night	35.1	40.8	33.6	43.6 *
often or always go to school or bed hungry	6.4	7.4	5.4	6.8
medically treated injury (past year)	40.6	53.0	44.7	50.7 *
concussion (past year)	12.9	16.4	14.1	17.7 *
medical use of opioid pain relievers (past year)	19.7	19.1	21.7	20.2
not always wear a seatbelt when in motor vehicle	24.8	20.5	24.6	25.4
texting while driving (G10-12 with licence, past year)	20.4	37.4	33.3	36.5 *
talking on phone while driving (G10-12 with licence, past year)	17.0	28.2	25.9	27.1 *
mental health care visit (past year)	23.6	27.6	27.1	30.9 *
sought counselling over phone or Internet (past year)	4.1	5.4	5.1	4.5
unmet need for mental health support	36.2	33.7	36.6	33.3
medical use of tranquilizers/sedatives (past year)**	2.3	4.0	2.9	2.9
medical use of ADHD drugs (past year)	2.2	6.0	5.1	5.3 *
prescribed medication for depression/anxiety/both**	4.3	10.8	10.0	8.3 *
fair or poor self-rated mental health	26.8	27.0	28.1	24.1
low self-esteem	9.1	11.6	9.3	8.8
elevated stress	34.0	30.2	34.0	30.2
moderate-to-serious psychological distress (past month)	44.6	43.7	43.3	42.9
serious psychological distress (past month)	19.7	24.7	20.5	21.2
self-harm (past year)	13.0	17.9	16.3	15.4
suicidal ideation (past year)	15.4	18.5	16.4	17.3
suicide attempt (past year)	3.5	5.7	5.4	5.8
experienced a traumatic event (lifetime)**	34.3	45.1	43.5	40.9 *
fair or poor ability to cope with unexpected/difficult problems	23.3	22.5	22.7	21.2
antisocial behaviour (3 or more of 9 behaviours in past year)	7.1	9.5	10.7	7.8 *
carried a weapon (past year)	5.4	6.4	9.0	5.2 *
worried about being harmed or threatened at school	16.1	13.4	12.8	12.8
been bullied at school (since September)	21.5	24.3	23.5	24.3
bullied others at school (since September)	9.7	8.5	11.0	10.9
been cyberbullied (past year)	19.9	25.9	24.8	22.6 *
cyberbullied others (past year)	11.5	9.7	11.5	10.2
any gambling activity (past year)	29.4	36.0	32.4	34.3 *
any online gambling (past year)	4.2	3.7	4.5	4.4
multi-gambling activity (5 or more activities in past year)	3.5	3.4	5.0	3.3
high gambling problem severity (past 3 months)**	s	s	s	s
video gaming problem (past year)	16.7	12.5	12.7	11.0 *
ever bet virtual credits in video game (purchased with money)	11.4	10.8	11.2	12.4
5 or more hours per day on social media	21.6	18.6	22.0	17.1 *
moderate-to-serious problem with technology use**	20.9	16.0	17.0	16.7
serious problem with technology use**	2.4	s	4.0	2.5

Notes: GTA=Greater Toronto Area; \* indicates a significant regional difference ( $p < .05$ ) not controlling for other factors; 's' indicates estimate suppressed due to unreliability; \*\* among grades 9–12 only; medical drug use is defined as use with a prescription.

## Overview of Trends for Selected Mental Health and Well-Being Indicators Among the Total Sample of Students, OSDUHS

Indicator	Among Grades	Period		Change
% fair or poor self-rated physical health	7, 9, 11	1991–2019	↑	Increased from 6% to 10%
% daily physical activity (60 minutes daily)	7–12	2009–2019	↔	Stable
% sedentary behaviour (3 hours or more screen time daily)	7–12	2009–2019	↑	Increased from 57% to 71%
% overweight or obese	7–12	2009–2019	↑	Increased from 26% to 31%
% medically treated injury	7–12	2003–2019	↑	Increased from 35% to 44%
% medical use of prescription opioid pain relievers	7–12	2007–2019	↓	Decreased from 41% to 20%
% texting and driving (G10–12 with a driver's licence)	10–12	2013–2019	↓	Decreased from 36% to 29%
% mental health care visit (past year)	7–12	1999–2019	↑	Increased from 12% to 27%
% medical use of ADHD prescription drugs	7–12	2007–2019	↑	Increased from 2% to 4%
% prescription for anxiety, depression, or both	9–12	2001–2019	↑	Increased from 3% to 7%
% fair or poor self-rated mental health	7–12	2007–2019	↑	Increased from 11% to 27%
% elevated level of stress	7–12	2015–2019	↑	Increased from 29% to 33%
% moderate-to-serious psychological distress	7–12	2013–2019	↑	Increased from 24% to 44%
% serious psychological distress	7–12	2013–2019	↑	Increased from 11% to 21%
% suicidal ideation (past year)	7–12	2001–2019	↑	Increased from 11% to 16%
% suicide attempt (past year)	7–12	2007–2019	↔	Stable
% antisocial behaviour (past year)	7, 9, 11	1993–2019	↓	Decreased from 16% to 8%
% carried a weapon (past year)	7, 9, 11	1993–2019	↓	Decreased from 16% to 6%
% worried about being harmed/threatened at school	7–12	1999–2019	↔	Stable
% been bullied at school (since September)	7–12	2003–2019	↓	Decreased from 33% to 23%
% been cyberbullied (past year)	7–12	2011–2019	↔	Stable
% any gambling activity (past year)	7–12	2003–2019	↓	Decreased from 57% to 31%
% online gambling (past year)	7–12	2003–2019	↑	Increased from 2% to 4%
% video gaming problem (past year)	7–12	2007–2019	↑	Increased from 9% to 14%
% 5 hours or more on social media daily	7–12	2013–2019	↑	Increased from 11% to 21%
% serious problem with technology use	9–12	2017–2019	↔	Stable

Note: trend analyses are based on a p-value <0.01.



## Methodology

The Centre for Addiction and Mental Health's Ontario Student Drug Use and Health Survey (OSDUHS) is an Ontario-wide health survey of elementary/middle school students in grades 7 and 8 and secondary school students in grades 9 through 12. This cross-sectional survey has been conducted every two years since 1977. The 2019 survey cycle, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on 14,142 students in grades 7 to 12 from 992 classes, in 263 schools, in 47 English and French public and Catholic school boards. Excluded from selection were schools in First Nations communities, on military bases, in hospitals and other institutions, and private schools. Special Education classes and English as a Second Language (ESL) classes were excluded from selection.

Active parental consent procedures were used. Self-completed paper-and-pencil questionnaires, which promote anonymity, were group administered in classrooms during regular school hours by staff from the Institute for Social Research, York University between November 2018 and June 2019. Students in French-language schools completed questionnaires in French. Fifty-nine percent (59%) of eligible students in participating classes completed the survey. Data from the sample of 14,142 students were weighted to be representative of just under one million students in grades 7 to 12 enrolled in Ontario's publicly funded schools.

Please visit the OSDUHS webpage for reports and FAQs:

[www.camh.ca/osduhs](http://www.camh.ca/osduhs)