

Celebrating 40 Years of OSDUHS

1991–
2017

**The
Mental Health
and Well-Being of
Ontario Students**

Findings from the
Ontario Student Drug
Use and Health Survey

SUMMARY

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The 2017 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. The 2017 cycle of the OSDUHS marked the study's 40th anniversary. A total of 11,435 students in grades 7 through 12 from 764 classes in 214 schools in 52 boards participated in the 2017 OSDUHS. The survey was administered in schools across Ontario by the Institute for Social Research, York University between November 2016 and June 2017.

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 2017 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 descriptive report include parental support, experiencing a concussion, experiencing a traumatic life event (nonspecific), cyberbullying others, gambling on video games, and problematic technology use. All data presented are based on students' self-reports derived from anonymous questionnaires administered in classrooms.

Home Life

- One-in-five (20%) Ontario students report living with a single parent or no parent (birth, adoptive, or step). One-in-seven (14%) students report splitting their time between two or more homes.
- Over one-third (39%) of students report that they rarely or never talk to their parents about their problems or feelings.
- Nearly half (43%) of secondary school students have a part-time job. Five percent work more than 20 hours per week.

School Life

- Almost half (47%) of students report that they like school very much or quite a lot. One-third (34%) of students like school to some degree. About 19% do not like school very much or at all.
- The percentage of students who report that they like school very much or quite a lot has significantly increased since the 1990s.
- Although most students feel safe in their school, one-in-eight (13%) express worry about being harmed or threatened at school.
- One-in-six (17%) students report being suspended or expelled from school at least once in their lifetime.

- About one-in-five (19%) students report low subjective social status at school (i.e., feeling that other students exclude them and do not respect them).
- Over one-quarter (29%) of students believe that their mental health affects their school grades a “great deal” or “quite a lot.”

Physical Health

- Although the majority (62%) of students rate their health as excellent or very good, about 9% (an estimated 78,200 Ontario students in grades 7–12) report fair or poor physical health.
- Ratings of fair or poor physical health have been stable in recent years, and the current estimate resembles estimates seen in the early 1990s.
- Only one-quarter (23%) of 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. At the other extreme, about one-in-eleven (9%) students were physically inactive on each of the past seven days.
- Nearly half (45%) of students do not engage in physical activity in a physical education class at school.
- Almost two-thirds (64%) of students spend three hours or more per day in front of an electronic screen in their free time (“screen time” sedentary behaviour).
- The percentage of students who are screen time sedentary has significantly increased since 2009, which was the first year of monitoring, from 57% to 64%.

- Over one-quarter (28%) of students are classified as overweight or obese (an estimated 236,000 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 (23%), the first year of monitoring.
- Less than half (39%) of students report that they usually get eight or more hours of sleep on an average school night. Therefore, most students (61%) are not getting at least eight hours of sleep.
- About 7% of students report always or often going to bed or school hungry. This percentage represents about 60,000 students in Ontario.
- There was a small, but significant, increase between 2015 and 2017 in the percentage of students reporting going to bed or school hungry, from 5% to 7%.

Body Image

- Almost two-thirds (64%) of students are satisfied with their weight. One-quarter (24%) believe they are “too fat,” and one-in-eight (12%) believe they are “too thin.”
- The perception of being “too fat” has remained stable in recent years, but there has been a significant increase since 2001 (19%), the first year of monitoring. The increase in this perception over time is evident among females (from 24% in 2001 to 31% in 2017), but not among males.
- One-third (35%) of students are not attempting to change their weight. Another 29% are attempting to lose weight, 22% want to keep from gaining weight, and 14% want to gain weight.

Injuries and Related Behaviours

- Almost half (43%) of students were treated for an injury at least once during the past year (representing about 345,700 Ontario students).
- The percentage of students reporting a medically treated injury has remained stable in the past few years, but it is currently significantly higher than in 2003 (35%), the first year of monitoring.
- Over one-third (36%) of students report experiencing a concussion in their lifetime. One-in-seven (15%) report experiencing a concussion in the past year (about 130,700 students in Ontario). Of the specific causes asked about, playing hockey or another team sport were among the most commonly reported causes of a concussion.
- One-quarter (24%) of students report that they do not always wear a seatbelt when in a motor vehicle (about 199,500 Ontario students).
- One-third (33%) of drivers in grades 10–12 report texting while driving at least once in the past year. This percentage represents an estimated 85,300 adolescent drivers.
- The percentage of adolescent drivers reporting texting while driving has not significantly changed since 2013 (36%), the first year of monitoring.
- About 8% of drivers in grades 10–12 (about 22,000 adolescent drivers) report being involved in a collision as a driver at least once in the past year.

Health Care Utilization

Physician Health Care Visit

- One-third (34%) of students did not visit a doctor for their physical health, not even for a check-up, during the past year.

Mental Health Care Visit

- One-quarter (25%) of students visited a mental health care professional (such as a doctor, nurse, or counsellor) for a mental health matter at least once during the past year. This estimate represents about 235,100 students in Ontario.
- The percentage of students reporting visiting a mental health professional has remained stable in the past few years, but it is currently significantly higher than in 1999 (12%), the first year of monitoring.

Seeking Support for a Mental Health Problem

- About 3% of students report seeking help either by calling a telephone counselling helpline or over the Internet at least once in the past year. This estimate represents about 32,900 Ontario students.
- Almost one-third (31%) 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 299,800 Ontario students.

Use of Drugs for Medical Reasons

- One-in-six (18%) students report the medical use of prescription opioid pain relievers (e.g., Tylenol #3, Percocet) in the past year. About 3% of students used prescribed drugs for ADHD (e.g., Ritalin, Adderall, Concerta) in the past year. About

4% of secondary school students used prescribed tranquillizers/sedatives (e.g., Valium, Ativan, Xanax) in the past year.

- The percentage of students who report medical use of prescription opioid pain relievers has remained stable in recent years, but has significantly decreased since 2007 (41%), the first year of monitoring. The percentage who report medical use of ADHD drugs has not significantly changed since monitoring first began in 2007. The percentage who report medical use of tranquillizers/sedatives has remained stable since the 1990s.
- About 5% of secondary school students report they were prescribed medication for anxiety, depression, or both conditions in the past year. This estimate represents about 37,600 secondary school students in Ontario.

Mental Health

Self-Rated Mental Health

- While the majority (54%) of students rate their mental health as excellent or very good, almost one-in-five (19%) rate their mental health as fair or poor.
- The percentage of students who rate their mental health as fair or poor today is significantly higher than estimates seen between 2007 (the first year of monitoring) and 2013 (about 11%-13%).

Low Self-Esteem

- About 7% of students report low self-esteem (feeling very unsatisfied with oneself).

Elevated Stress

- About 30% of students report experiencing an elevated level of stress or pressure in their lives.

Psychological Distress

- Over one-third (39%) of students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). One-in-six (17%) students indicate a serious level of psychological distress (representing about 159,400 students).
- Both measures of psychological distress remained stable between 2015 and 2017, but are significantly higher today than in 2013, the first year of monitoring.

Traumatic Event

- About one-third (35%) of secondary school students report experiencing a traumatic or negative event (nonspecific) in their lifetime. This estimate represents about 252,100 secondary school students in Ontario.

Suicidal Ideation and Suicide Attempt

- One-in-seven (14%) students had serious thoughts about suicide in the past year (an estimated 118,000 Ontario students), and 4% report a suicide attempt in the past year (an estimated 33,400 Ontario students).
- The percentage reporting suicidal ideation has been stable in recent years, and is currently similar to the estimate seen in 2001 (11%), the first year of monitoring. There has been no change over time in the percentage reporting a suicide attempt.

Symptoms of ADHD

- One-in-five (20%) students report symptoms of ADHD (such as trouble with organizing, completing tasks, remembering obligations). This percentage represents about 186,000 Ontario students.
- The percentage of students reporting symptoms of ADHD significantly increased between 2015 and 2017 (from 16% to 20%).

Antisocial Behaviour and Bullying

Antisocial Behaviour

- About 7% of students report engaging in antisocial behaviour (defined as three or more of nine specific behaviours) during the past year (about 62,300 students).
- The percentage of students engaging in antisocial behaviour is significantly lower today than in the early 1990s.

Violent Behaviour

- About 5% 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 50,500 students).
- The percentage of students reporting assaulting someone and the percentage reporting carrying a weapon have both shown significant declines since the early 1990s.

School Violence

- One-in-nine (11%) students report physically fighting on school property at least once during the past year (representing about 105,900 students).

- About 6% of students were threatened or injured with a weapon on school property at least once during the past year (representing about 50,700 students).
- Both of these indicators have remained stable in recent years, but show significant declines since the early 2000s, when monitoring first began.

Bullying at School

- One-in-five (21%) students report being bullied at school since the beginning of the school year (representing about 197,400 students). The most prevalent form of bullying victimization at school is verbal (17%), while 2% report that they are primarily bullied physically, and 2% of students are victims of theft/vandalism.
- One-in-nine (11%) students report bullying others at school since September. The most prevalent form of bullying others at school is through verbal attacks (10%), followed by physical attacks (1%), and theft/vandalism (less than 1%).
- The percentage of students reporting being bullied at school did not significantly change since the last survey in 2015, but the current estimate is significantly lower than all estimates between 2003 (the first year of monitoring) and 2013.
- Similarly, the percentage reporting bullying others at school in 2017 is significantly lower than all estimates between 2003 and 2013.

Cyberbullying

- One-in-five (21%) students report being bullied over the Internet in the past year. This estimate represents about 191,600 students.

- One-in-ten (10%) students report bullying others over the Internet in the past year.
- The percentage reporting being cyberbullied has remained stable since 2011 (22%), the first year of monitoring.

Gambling, Video Gaming, and Technology Use

Gambling Activities

- Of the gambling activities surveyed in 2017, the most prevalent is betting money on a dare or private bet (12%), followed by betting in sports pools (10%). The least prevalent activity is casino gambling (less than 1%).
- Gambling money on video games is reported by about 8% of students. Gambling money over the Internet is reported by about 4% of students.
- One-third (31%) of students report gambling at one or more activities in the past year (about 258,300 Ontario students). About 2% of students gambled at five or more activities in the past year (about 19,200 students).
- The percentage of students reporting any gambling activity in the past year has remained stable in recent years, but is significantly lower today compared to 2003 (57%), the first year of monitoring. Similarly, multi-gambling activity is significantly lower today than in 2003 (6%).
- The percentage reporting any Internet gambling has remained stable since 2003.

Gambling Problem

- About 7% of secondary school students indicate symptoms of a low-to-moderately severe gambling problem. About 2% indicate a high-severity gambling problem (representing about 12,200 secondary school students in Ontario).

Video Gaming

- One-quarter (23%) of students play video games daily or almost daily. About one-in-ten (9%) students play video games for five hours or more per day.
- One-in-eight (12%) students (an estimated 107,200 in Ontario) report symptoms of a video gaming problem (preoccupation, tolerance, loss of control, withdrawal, escape, disregard for consequences, disruption to family/school).
- The percentage of students reporting symptoms of a video gaming problem remained stable in recent years and the current estimate is similar to the estimate in 2007 (9%), the first year of monitoring.

Technology Use

- The majority (86%) of students visit social media sites daily. One-in-five (20%) students spend five hours or more on social media daily.
- The percentage of students who report spending five hours or more on social media per day is significantly higher in 2017 than in 2015 (16%) and 2013 (11%), the first year of monitoring.
- Almost one-third (30%) of secondary school students spend five hours or more per day on electronic devices (smartphones, tablets, laptops, computers, gaming consoles) in their free time.

- About one-in-six (18%) 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 5% of secondary school students report symptoms that may suggest a serious problem with technology use (representing about 33,300 secondary school students).

Coexisting Problems

- About half (48%) of secondary school students report none of the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, or a drug use problem. About 36% of secondary school students report one of these problems, 10% report two of these problems, 4% report three, and 2% report all four problems.

Sex Differences

- There are many differences between males and females regarding mental health and well-being. Males are significantly more likely than females to report:
 - engaging in daily physical activity
 - getting at least eight hours of sleep
 - wanting to gain weight
 - using ADHD drugs medically
 - engaging in antisocial behaviour
 - carrying a weapon
 - fighting at school
 - being threatened/harmed at school
 - gambling money
 - playing video games daily and spending more hours playing video games, and
 - symptoms of a video gaming problem.

- Females are significantly more likely than males to report:
 - fair or poor physical health
 - being physically inactive
 - the belief that they are too fat
 - wanting to lose weight
 - using prescription opioid pain relievers medically
 - seeking mental health counselling
 - unmet need for mental health support
 - using prescription tranquilizers medically
 - being prescribed medication for anxiety, depression, or both
 - fair or poor mental health
 - low self-esteem
 - elevated stress
 - symptoms of psychological distress
 - experiencing a traumatic event
 - suicidal ideation and attempt
 - symptoms of ADHD
 - worrying about being harmed or threatened at school
 - being bullied at school
 - being cyberbullied
 - spending more hours daily on social media
 - spending more hours daily on electronic devices, and
 - symptoms of problematic technology use.

Grade Differences

- Grade is also significantly related to mental health and well-being. Generally, poor physical health indicators (e.g., sedentary behaviour), health risk behaviours (e.g., not wearing a seatbelt, texting while driving), mental health problems (e.g., fair or poor self-rated mental health, stress, psychological distress), excessive social media and technology use, and coexisting problems significantly increase with grade. Daily physical activity, experiencing a concussion, getting at least eight hours of sleep, bullying and physical fighting at school are more prevalent among younger students and decline in later adolescence.

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 regional differences were found:

- Compared with the provincial average, **Greater Toronto Area** students are significantly *more* likely to report being physically inactive, symptoms of a video gaming problem, and symptoms of a serious problem with technology use. Compared with the provincial average, they are significantly *less* likely to report meeting the daily physical activity guideline, getting at least eight hours of sleep on a school night, experiencing a concussion in the past year, being prescribed medication for anxiety or depression, and to rate their mental health as poor or fair.
- Compared with the provincial average, **Northern** Ontario students are *more* likely to report getting at least eight hours of sleep on a school night, and being prescribed medication for anxiety or depression.
- Compared with the provincial average, **Western** Ontario students are *more* likely to report experiencing a concussion in the past year, being cyberbullied, texting while driving, and to rate their mental health as fair or poor.
- Compared with the provincial average, **Eastern** Ontario students are *more* likely to report meeting the daily physical activity guideline, and experiencing a concussion in the past year. Compared with the average, they are significantly *less* likely to report bullying others at school, being cyberbullied, and symptoms of a video gaming problem.

An overview of results according to Ontario's Local Health Integration Networks (LHINs) is also provided in the report.

Percentage Reporting Selected Mental Health and Well-Being Indicators by Sex, 2017 OSDUHS (Grades 7–12)

Indicator	Total (95% CI) %	Estimated Number [†]	Males %	Females %
fair or poor self-rated physical health	8.7 (7.7-9.7)	78,200	6.6	10.9 *
daily physical activity (60 mins. activity daily past week)	23.0 (21.7-24.4)	207,000	29.5	16.2 *
physically inactive (no days of activity in past week)	8.9 (7.8-10.2)	80,300	6.7	11.4 *
sedentary behaviour (3+ hours of screen time daily)	64.2 (61.8-66.5)	539,100	63.4	65.1
overweight or obese	28.0 (26.1-29.9)	236,000	29.8	26.0
8 or more hours of sleep on an average school night	39.2 (37.1-41.3)	349,400	42.2	35.9 *
often or always go to bed or school hungry	6.7 (5.9-7.7)	60,000	7.1	6.3
medically treated injury (past year)	42.5 (39.9-45.2)	345,700	43.2	41.8
concussion (past year)	14.8 (13.7-16.0)	130,700	15.4	14.2
medical use of opioid pain relievers (past year)	17.6 (15.6-19.9)	148,800	15.9	19.5 *
not always wear a seatbelt when in motor vehicle	23.7 (21.4-26.1)	199,500	22.8	24.6
texting while driving (G10-12 with licence, past year)	32.5 (29.0-36.2)	85,300	32.8	32.2
mental health care visit (past year)	24.5 (22.0-27.3)	235,100	22.0	27.2
sought counselling over phone or Internet (past year)	3.4 (2.3-5.1)	32,900	2.1	4.8 *
unmet need for mental health support	31.2 (27.5-35.2)	299,800	20.9	42.2 *
medical use of tranquilizers/sedatives (past year) ^{††}	3.6 (2.8-4.6)	23,700	2.6	4.7 *
medical use of ADHD drugs (past year)	2.9 (2.1-4.1)	28,300	4.2	1.6 *
prescribed medication for depression/anxiety/both ^{††}	5.2 (4.2-6.6)	37,600	3.0	7.6 *
fair or poor self-rated mental health	18.8 (17.2-20.5)	180,900	11.9	26.2 *
low self-esteem	6.5 (5.5-7.7)	61,400	4.5	8.6 *
elevated stress	30.4 (27.7-33.3)	289,900	20.0	41.5 *
moderate-to-serious psychological distress (past month)	38.7 (34.9-42.6)	361,300	26.8	51.3 *
serious psychological distress (past month)	17.1 (14.9-19.4)	159,400	9.1	25.5 *
experienced a traumatic event (lifetime) ^{††}	35.2 (32.8-37.7)	252,100	27.7	43.0 *
suicidal ideation (past year)	13.6 (12.4-15.0)	118,000	8.5	19.0 *
suicide attempt (past year)	3.9 (3.0-4.9)	33,400	2.5	5.3 *
symptoms of ADHD (past 6 months)	20.1 (18.2-22.2)	186,000	16.5	24.0 *
antisocial behaviour (3+/9 behaviours in past year)	6.9 (5.8-8.1)	62,300	8.7	5.0 *
carried a weapon (past year)	5.7 (4.2-7.5)	50,500	8.6	2.7 *
physical fight at school (past year)	11.4 (9.7-13.3)	105,900	16.8	5.6 *
threatened/injured with weapon at school (past year)	5.5 (4.5-6.6)	50,700	7.7	3.2 *
worried about being harmed or threatened at school	13.0 (11.3-14.8)	123,900	10.7	15.4 *
been bullied at school (since September)	21.0 (19.3-22.9)	197,400	17.7	24.5 *
bullied others at school (since September)	11.1 (10.0-12.4)	104,100	12.0	10.2
been cyberbullied (past year)	20.5 (18.8-22.3)	191,600	16.4	24.9 *
cyberbullied others (past year)	9.7 (8.3-11.3)	100,100	9.7	9.7
any gambling activity (past year)	31.3 (29.5-33.2)	285,300	37.8	24.6 *
any online gambling (past year)	3.5 (2.6-4.6)	31,500	5.1	s
multi-gambling activity (5 or more activities in past year)	2.1 (1.4-3.2)	19,200	2.9	s
high gambling problem severity (past 3 months) ^{††}	1.8 (1.4-2.2)	12,200	2.5	s
video gaming problem (past year)	11.7 (9.5-14.2)	107,200	16.6	6.5 *
5 or more hours per day on social media	20.1 (17.4-23.1)	194,300	14.9	25.8 *
problematic technology use (serious) ^{††}	4.9 (3.3-7.2)	33,300	3.2	6.6 *
3 or all 4 coexisting problems ^{††}	5.7 (4.7-6.9)	41,500	5.9	5.5

Notes: the total sample size is 11,435 students; some estimates based on a random half sample; CI=confidence interval; [†] the estimated number of students is based on a population of about 917,800 in grades 7–12 in Ontario, and have been rounded down; * indicates a significant sex difference ($p < .05$) *not* controlling for other factors; ^{††} among grades 9–12 only; medical drug use is defined as use with a prescription; “coexisting problems” refers to the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, and drug use problem.

Percentage Reporting Selected Mental Health and Well-Being Indicators by Grade, 2017 OSDUHS (Grades 7–12)

Indicator	G7	G8	G9	G10	G11	G12	
fair or poor self-rated physical health	4.7	5.3	8.1	9.4	10.0	11.7	*
daily physical activity (60 mins. activity daily past week)	31.9	29.9	28.8	21.6	18.3	14.4	*
physically inactive (no days of activity in past week)	5.0	3.5	6.3	7.1	12.3	15.0	*
sedentary behaviour (3+ hours of screen time daily)	53.2	59.8	61.2	69.0	66.4	69.5	*
overweight or obese	21.9	25.7	26.1	29.7	33.7	28.1	*
8 or more hours of sleep on an average school night	72.3	60.8	41.8	30.4	26.5	21.1	*
often or always go to bed or school hungry	5.5	5.3	6.7	8.9	5.5	7.6	
medically treated injury (past year)	41.8	42.5	46.4	43.2	46.9	36.7	
concussion (past year)	16.2	22.0	12.3	13.7	14.1	12.8	*
medical use of opioid pain relievers (past year)	12.1	12.0	13.1	20.0	23.5	22.5	*
not always wear a seatbelt when in motor vehicle	18.8	14.6	25.1	28.3	31.2	23.9	*
texting while driving (G10-12 with licence, past year)	--	--	--	s	18.1	42.6	*
mental health care visit (past year)	28.9	28.7	24.2	22.5	22.1	23.6	
sought counselling over phone or Internet (past year)	2.1	2.8	s	3.9	1.6	4.3	
unmet need for mental health support	25.5	24.0	30.7	29.5	32.9	38.3	*
medical use of tranquilizers/sedatives (past year) ^{††}	--	--	3.2	3.2	4.6	3.4	
medical use of ADHD drugs (past year)	4.7	2.8	2.4	s	3.0	1.8	
prescribed medication for depression/anxiety/both ^{††}	--	--	4.5	2.6	4.0	8.6	*
fair or poor self-rated mental health	8.9	11.4	17.5	21.8	20.0	26.0	*
low self-esteem	4.8	4.2	7.7	6.8	6.6	7.4	
elevated stress	14.9	17.1	25.3	35.5	40.9	37.8	*
moderate-to-serious psychological distress (past month)	24.9	32.8	31.2	39.9	46.8	47.0	*
serious psychological distress (past month)	9.4	12.0	15.0	17.9	19.8	22.4	*
experienced a traumatic event (lifetime)	--	--	30.6	31.9	32.6	42.9	*
suicidal ideation (past year)	8.9	11.7	14.7	14.3	11.0	17.5	
suicide attempt (past year)	s	2.9	4.4	4.9	1.9	5.4	*
symptoms of ADHD (past 6 months)	16.2	12.7	17.3	19.9	24.0	25.1	*
antisocial behaviour (3+/9 behaviours in past year)	4.2	6.6	4.5	8.4	7.6	8.3	
carried a weapon (past year)	4.5	3.9	5.5	6.7	6.5	5.8	
physical fight at school (past year)	20.5	16.9	14.4	8.2	9.6	5.3	*
threatened/injured with weapon at school (past year)	6.2	6.9	5.1	7.2	3.5	4.9	
worried about being harmed or threatened at school	14.3	16.6	16.6	11.7	8.4	12.1	
been bullied at school (since September)	27.4	28.8	22.7	20.6	18.3	15.0	*
bullied others at school (since September)	11.1	13.2	12.6	11.3	8.8	10.7	
been cyberbullied (past year)	21.7	22.1	24.7	19.9	20.9	16.3	
cyberbullied others (past year)	9.8	9.2	9.3	11.3	10.0	8.7	
any gambling activity (past year)	27.2	29.4	28.1	31.1	32.3	36.2	
any online gambling (past year)	2.6	3.1	3.1	4.0	s	2.8	
multi-gambling activity (5 or more activities in past year)	s	s	s	s	s	s	
high gambling problem severity (past 3 months) ^{††}	--	--	s	s	s	s	
video gaming problem (past year)	11.2	10.8	9.6	11.1	16.4	10.7	
5 or more hours per day on social media	11.5	15.0	22.9	20.6	24.2	22.1	*
problematic technology use (serious) ^{††}	--	--	3.6	4.5	s	3.2	
3 or all 4 coexisting problems ^{††}	--	--	1.3	6.0	5.1	9.1	*

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; "coexisting problems" refers to the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, and drug use problem.

Percentage Reporting Selected Mental Health and Well-Being Indicators by Region, 2017 OSDUHS (Grades 7–12)

Indicator	GTA	North	West	East
fair or poor self-rated physical health	9.0	8.7	8.9	7.7
daily physical activity (60 mins. activity daily past week)	20.6	24.6	24.4	26.4 *
physically inactive (no days of activity in past week)	10.4	8.2	7.0	8.4 *
sedentary behaviour (3+ hours of screen time daily)	66.0	58.0	63.7	62.3
overweight or obese	27.6	31.3	29.7	25.2
8 or more hours of sleep on an average school night	36.5	45.5	42.7	38.5 *
often or always go to bed or school hungry	7.8	7.9	5.5	5.6
medically treated injury (past year)	41.0	47.1	46.0	38.2
concussion (past year)	11.5	14.4	18.1	18.0 *
medical use of opioid pain relievers (past year)	18.7	17.6	18.6	14.6
not always wear a seatbelt when in motor vehicle	24.5	17.5	25.1	21.4
texting while driving (G10-12 with licence, past year)	28.7	30.7	39.8	26.3 *
mental health care visit (past year)	24.3	32.8	24.7	22.4
sought counselling over phone or Internet (past year)	s	3.9	3.6	2.3
unmet need for mental health support	32.2	26.4	31.7	29.2
medical use of tranquilizers/sedatives (past year) ^{††}	3.6	4.6	3.3	3.7
medical use of ADHD drugs (past year)	2.4	4.0	3.7	s
prescribed medication for depression/anxiety/both ^{††}	3.3	11.6	7.7	6.1 *
fair or poor self-rated mental health	16.9	22.6	23.2	17.7 *
low self-esteem	5.9	5.0	8.9	5.4
elevated stress	30.9	32.3	31.1	27.7
moderate-to-serious psychological distress (past month)	40.2	36.5	39.2	34.3
serious psychological distress (past month)	17.4	16.6	18.7	14.0
experienced a traumatic event (lifetime)	34.9	35.8	38.1	32.5
suicidal ideation (past year)	14.2	12.4	14.8	11.1
suicide attempt (past year)	4.0	4.9	3.9	3.1
symptoms of ADHD (past 6 months)	20.4	16.5	19.5	21.4
antisocial behaviour (3+/9 behaviours in past year)	7.8	5.8	6.1	5.6
carried a weapon (past year)	6.0	4.6	6.8	3.5
physical fight at school (past year)	12.1	11.3	11.3	9.1
threatened/injured with weapon at school (past year)	5.5	3.4	6.8	4.1
worried about being harmed or threatened at school	12.5	9.8	13.9	14.0
been bullied at school (since September)	18.9	21.9	25.3	21.1
bullied others at school (since September)	12.2	10.4	11.3	7.8 *
been cyberbullied (past year)	20.0	23.0	23.8	16.9 *
cyberbullied others (past year)	10.3	9.5	10.0	7.3
any gambling activity (past year)	31.3	33.0	32.1	29.7
any online gambling (past year)	3.8	5.2	3.5	1.7
multi-gambling activity (5 or more activities in past year)	s	s	s	s
high gambling problem severity (past 3 months) ^{††}	s	s	s	s
video gaming problem (past year)	13.5	10.4	11.3	7.0 *
5 or more hours per day on social media	21.8	18.8	19.4	16.6
problematic technology use (serious) ^{††}	7.1	2.7	2.9	1.6 *
3 or all 4 coexisting problems ^{††}	5.1	8.0	7.1	5.1

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; "coexisting problems" refers to the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, and drug use problem.

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	1991–2017	Stable
% daily physical activity (60 mins. per day)	7–12	2009–2017	Stable
% sedentary behaviour (3+ hours screen time daily)	7–12	2009–2017	Increased from 57% to 64%
% overweight or obese	7–12	2009–2017	Increased from 23% to 28%
% medically treated injury	7–12	2003–2017	Increased from 35% to 43%
% medical use of prescription opioid pain relievers	7–12	2007–2017	Decreased from 41% to 18%
% texting and driving (G10-12 with a licence)	10–12	2013–2017	Stable
% 1+ mental health care visit (past year)	7–12	1999–2017	Increased from 12% to 25%
% medical use of ADHD prescription drugs	7–12	2007–2017	Stable
% prescription for anxiety, depression, or both	9–12	2001–2017	Stable
% fair or poor self-rated mental health	7–12	2007–2017	Increased from 11% to 19%
% moderate-to-serious psychological distress	7–12	2013–2017	Increased from 24% to 39%
% serious psychological distress	7–12	2013–2017	Increased from 11% to 17%
% suicidal ideation (past year)	7–12	2001–2017	Stable
% suicide attempt (past year)	7–12	2007–2017	Stable
% antisocial behaviour (past year)	7, 9, 11	1993–2017	Decreased from 16% to 6%
% carried a weapon (past year)	7, 9, 11	1993–2017	Decreased from 16% to 6%
% physical fighting at school (past year)	7–12	2001–2017	Decreased from 17% to 11%
% threatened/injured with a weapon at school	7–12	2003–2017	Decreased from 8% to 6%
% worried about being harmed/threatened at school	7–12	1999–2017	Stable
% been bullied at school (since September)	7–12	2003–2017	Decreased from 33% to 21%
% been cyberbullied (past year)	7–12	2011–2017	Stable
% any gambling activity (past year)	7–12	2003–2017	Decreased from 57% to 31%
% online gambling (past year)	7–12	2003–2017	Stable
% video gaming problem (past year)	7–12	2007–2017	Stable
% 5 hours or more per day on social media	7–12	2013–2017	Increased from 11% to 20%

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 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 its inception in 1977. The 2017 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on 11,435 students in grades 7 through 12 in 764 classes in 214 schools in 52 English and French public and Catholic school boards. Excluded from selection were schools on military bases, in First Nations communities, 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 by staff from the Institute for Social Research, York University in classrooms between November 2016 and June 2017 during regular school hours. Students in French-language schools completed French questionnaires. Sixty-one percent (61%) of randomly selected schools, 94% of selected classes, and 61% of eligible students in those classes completed the survey. The 2017 total sample of 11,435 students is 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