



Mental Health, School Climate and Bullying among Youth

Results from the Ontario Student Drug Use and Health Survey 2009 – 2011

Introduction

The transition from elementary into high school can be a stressful time for youth, together with the physical and emotional changes of puberty. This is also the time when mental health and bullying issues tend to arise and are most frequently first seen at school.² For youth, poor mental health is strongly linked to lower success in school, and greater risk-taking behaviour related to substance misuse, violence, and sexual activity.² In addition, youth with poor mental health are often victims of bullying.³ School climate is the physical environment and social and cultural atmosphere of a school, and can have a strong impact on student academic performance, social behaviours, mental health and bullying.

This fact sheet is meant to inform program development by professionals who work with youth. Mental health, school climate and bullying among Ottawa youth are estimated from the Ontario Student Drug Use and Health Survey (OSDUHS) conducted during the 2008/09 and 2010/11 school years.¹ The OSDUHS surveys a random sample of students in grades 7 through 12, enrolled in the public and Catholic school systems. The survey has been repeated every two years since 1977, making it the longest ongoing school survey in Canada. A representative sample of 1,200 Ottawa students completed the survey in 2009 and 1,015 in 2011. The survey will be repeated in 2013 to help assess trends over time.

2011 Highlights

- Over 60% of students in Ottawa reported **excellent or very good mental health**.
- Just over a third (34%) of students scored as having **elevated psychological distress**, based on a screening questionnaire.
- Eighteen percent (18%) of students reported **visiting a mental health professional** at least once in the past year.
- One in ten (12%) students reported they had seriously **considered attempting suicide** in the past year.
- Most students **felt they were part** of their school (90%), **felt close to people** in their school (93%) and **enjoyed going** to school (86%).
- While 18% of students were **worried about being harmed or threatened** at school, almost all (97%) reported they **felt safe** at school.
- Over a quarter (28%) of students reported having **been bullied** at school at least once in the past year. In nearly all cases the bullying had been verbal rather than physical.
- Just under a quarter (23%) reported having **bullied others** at school at least once in the past year.
- One in five (21%) students reported having been **bullied on the internet** at least once in the past year.
- Boys were more likely than girls to report **excellent mental health**.
- Girls are more likely to report having been **bullied**.
- There is no significant difference between results for Ottawa youth and those in Ontario.



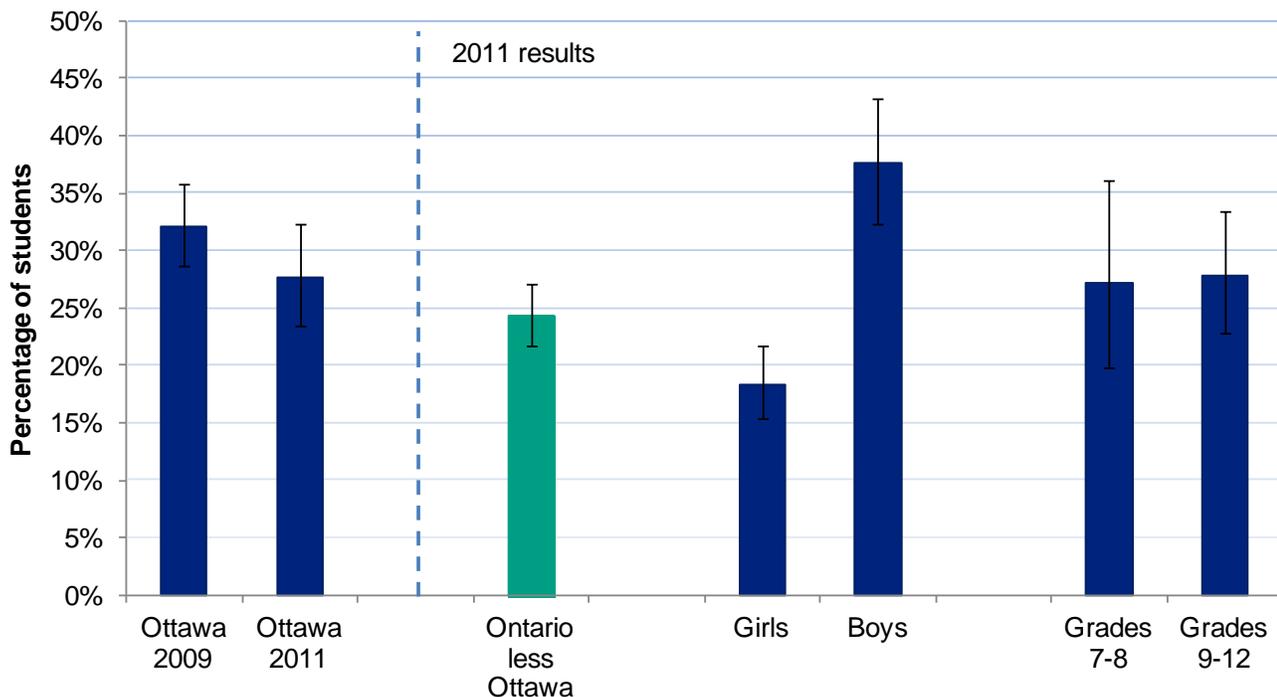
Mental Health

For young people, mental health is strongly linked to school performance, and to risk-taking behaviours such as those involving substance misuse, violence, and sexual activity.² Youth with poor mental health are often victims of bullying.³ The OSDUHS asked students how they would rate their mental health, and whether they had taken steps to improve their mental health.

Self-Rated Mental Health

The OSDUHS asked students to rate their mental/emotional health as either: 'poor', 'fair', 'good', 'very good', or 'excellent'. 'Poor mental health' reflects responses of 'fair' or 'poor' (Figure 1).

Figure 1. Ottawa students in 2011 who reported excellent mental health compared to 2009, Ontario and by sex and grade



Data Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009 and 2011), Centre for Addiction and Mental Health. Vertical bars represent 95% confidence intervals.

Summary

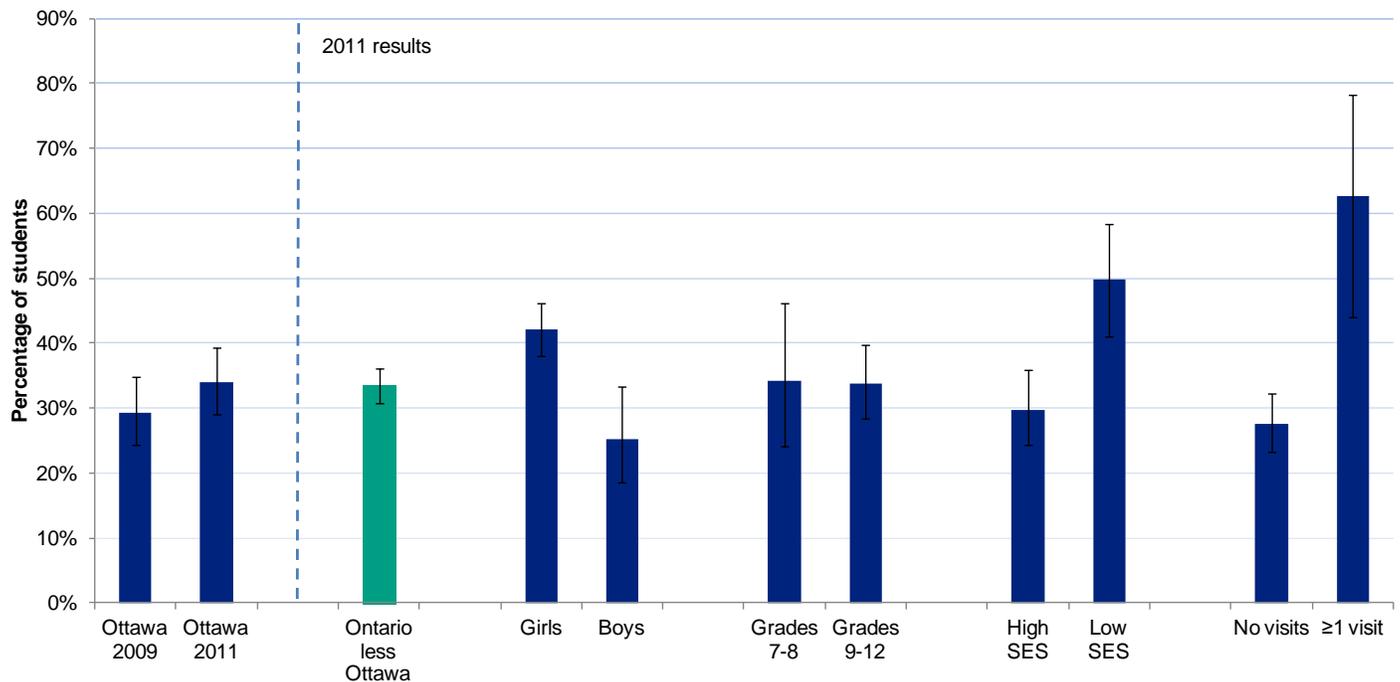
- In 2011, 28% (23%, 32%)[†] of grade 7 to 12 students in Ottawa reported **excellent** mental health. An additional 34% (27%, 41%) reported **very good** mental health, 22% (18%, 27%) reported **good** mental health, and 16% (12%, 20%) reported **poor** mental health.
- Boys were more likely to report **excellent** mental health than girls (38% (32%, 43%) vs. 18% (15%, 22%).)
- Students from high socioeconomic status (SES) homes were more likely to report **very good** mental health than those from low SES homes (39% (32%, 47%) vs. 17%* (10%, 27%).)
- Rates of self-reported mental health did not differ by survey year, between Ottawa students and those in Ontario, or between younger (grades 7 to 8) and older (grades 9 to 12) students.
- Very few students reported they had **low self-esteem**, were at **risk for depression**, had been **prescribed medication** to treat depression and/or anxiety, or had used a **telephone crisis line** in the past year.



Elevated Psychological Distress

To assess whether students had experienced elevated psychological distress over the past few weeks, the OSDHUS used the General Health Questionnaire (GHQ), a 12-item instrument used to screen for three problems: **depressed mood, anxiety and problems with social functioning**. Students were categorized as having experienced **elevated psychological distress** if they reported at least three of the 12 symptoms in the screening instrument (Figure 2).¹

Figure 2. Ottawa students in 2011 who reported elevated psychological distress in the previous few weeks compared to 2009, Ontario and by sex, grade, SES, and visits to a mental health professional



Data Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009 and 2011), Centre for Addiction and Mental Health. Vertical bars represent 95% confidence intervals. SES – socio-economic status.

Summary

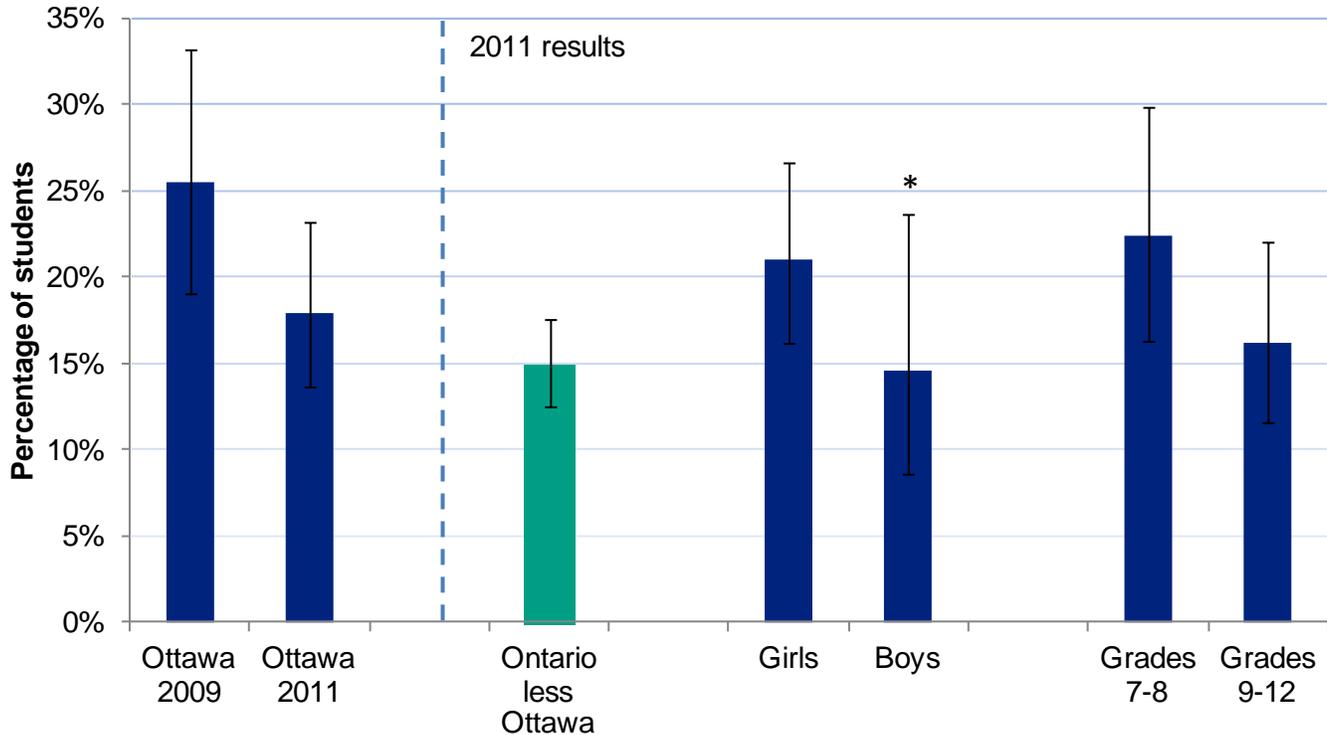
- In 2011, 34% (29%, 39%) of grades 7 to 12 students in Ottawa scored as having **elevated psychological distress** over the previous few weeks.
- Girls were more likely than boys to score as having elevated psychological distress (42% (38%, 46%) vs. 25% (19%, 33%)). There was no difference by survey year, between Ottawa students and those in Ontario or between students in grades 7 to 8 and those in grades 9 to 12.
- Students from lower SES homes were more likely than those from higher SES homes to score as having elevated psychological distress (50% (41%, 58%) vs. 30% (24%, 36%)).
- Students with elevated psychological distress levels were more likely to report one or more visits to a health professional about their mental health in the previous 12 months (63% (44%, 78%) vs. 28% (23%, 32%) who reported no mental health visits).



Mental Health Care Visits

Students were asked if they had visited a doctor, nurse or counselor for emotional or mental health reasons during the 12 months before the survey (Figure 3).

Figure 3. Ottawa students in 2011 who reported one or more mental health care visit in the previous year compared to 2009, Ontario and by sex and grade



a Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009 and 2011), Centre for Addiction and Mental Health.

* = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

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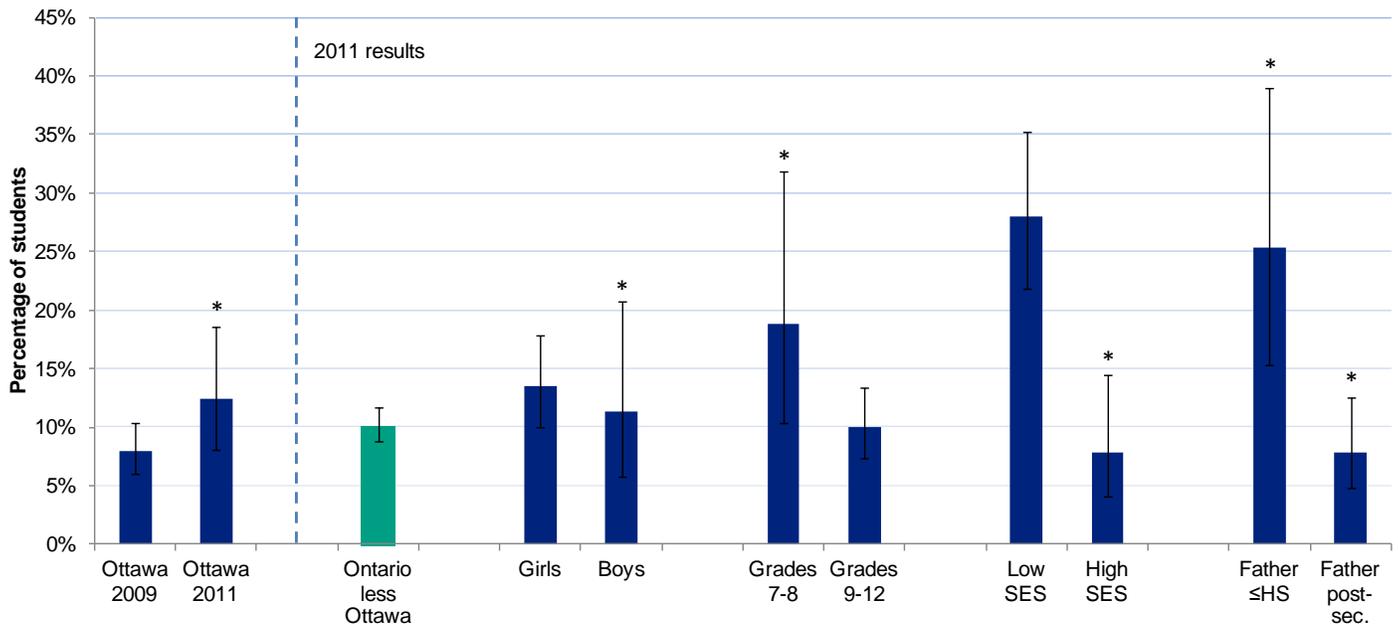
- In 2011, 18% (14%, 23%) of students in Ottawa reported **at least one visit** to a mental health professional during the 12 months before the survey.
- There were no significant differences in the proportions of students who **had visited** a mental health professional between survey years, between sexes, between Ottawa and Ontario, or between students in grades 7 to 8 and students in grades 9 to 12.



Suicidal Ideation and Attempts

Mental health disorders are strong risk factors for youth suicide, as are family history of suicide and previous suicide attempts.⁴ The OSDUHS asked students about suicidal ideation (“During the last 12 months, did you ever seriously consider attempting suicide?”) (Figure 4) and about actual suicide attempts (“In the last 12 months, did you actually attempt suicide?”).

Figure 4. Ottawa students in 2011 who in the past year considered suicide compared to 2009, Ontario and by sex, grade, SES, and father’s education level



Data Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009 and 2011), Centre for Addiction and Mental Health.

* = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals. HS – high school, post-sec – post-secondary, SES – socio-economic status.

Summary

- In 2011, 12%* (8%, 19%) of students in Ottawa reported that they had seriously **considered suicide** during the past year.
- There were no differences between survey years, between sexes, between Ottawa and Ontario, or between students in grades 7 to 8 and those in grades 9 to 12.
- The rate of suicidal ideation may be linked to the socioeconomic and/or educational status of the student’s family. Students from lower SES homes were more likely than those from higher SES homes to have reported that they had seriously **considered suicide** during the past year (28% (22%, 35%) vs. 8%* (4%, 14%)). Students whose fathers had a high school education or less were more likely to have reported they had seriously **considered suicide** than those whose fathers had some post-secondary education (25%* (15%, 39%) vs. 8%* (5%, 13%)).
- There was some indication that students who had seriously **considered suicide** were more likely to report they had seen a mental health professional in the past year than those who had not considered suicide; however, additional data are needed to confirm whether this difference truly exists.
- The estimate for Ottawa students who reported they had actually **attempted suicide** is unreliable and cannot be reported. However, about 3% (2%, 4%) of students in Ontario (including Ottawa) reported having **attempted suicide** in the past year.



School Climate

Most young people spend a great deal of time at school, and school climate has an effect on their mental health, academic performance and social behaviour. School climate includes both the school's physical environment and its social and cultural atmosphere. Examples of school climate characteristics include the school's size, teaching quality, and level of student misconduct and attachment to the school.

School Attachment

In 2011, the majority (90% (88%, 92%)) of students in Ottawa reported that they **felt they were a part of their school**.

Students who reported 'excellent' mental health were more likely to have felt they were part of their school than those that reported 'poor to fair' mental health (95% (86%, 98%) vs. 74% (53%, 87%)). There were no differences in the proportions of students who reported that they felt they were a part of their school between survey years or sexes, between Ottawa and Ontario, or between students in grades 7 to 8 and those in grades 9 to 12.

The majority (93% (91%, 95%)) of students in Ottawa also reported that they **felt close to people at their school**. Again, students who reported 'excellent' mental health were more likely to feel close to people at their school than those who reported poorer mental health. There were no differences between survey years or sexes, between Ottawa and Ontario, or between students in grades 7 to 8 and those in grades 9 to 12. There was some indication that students from higher SES homes were more likely than those from lower SES homes to report that they felt close to people at their school; however, additional data are needed to confirm whether this difference truly exists.

School Safety

In 2011, the overwhelming majority (97% (95%, 99%)) reported that they **felt safe** in their school. This was significantly higher than in 2009 (94% (92%, 95%)). There were no differences between Ottawa and Ontario, between sexes or between students in grades 7 to 8 and those in grades 9 to 12.

Paradoxically, 18%* (12%, 26%) of students in Ottawa were **worried about being harmed or threatened** at school. There was some indication that this rate had doubled since 2009 (9% (8%, 11%)[†]); however, due to high variability in responses; additional data are needed to confirm whether this difference actually exists. While close to one in five students reported that they were worried about being harmed or threatened at school, nearly all students reported that they felt safe at school. This contradiction may reflect that although students worry at times, they still feel safe and have confidence that they will remain safe at school.

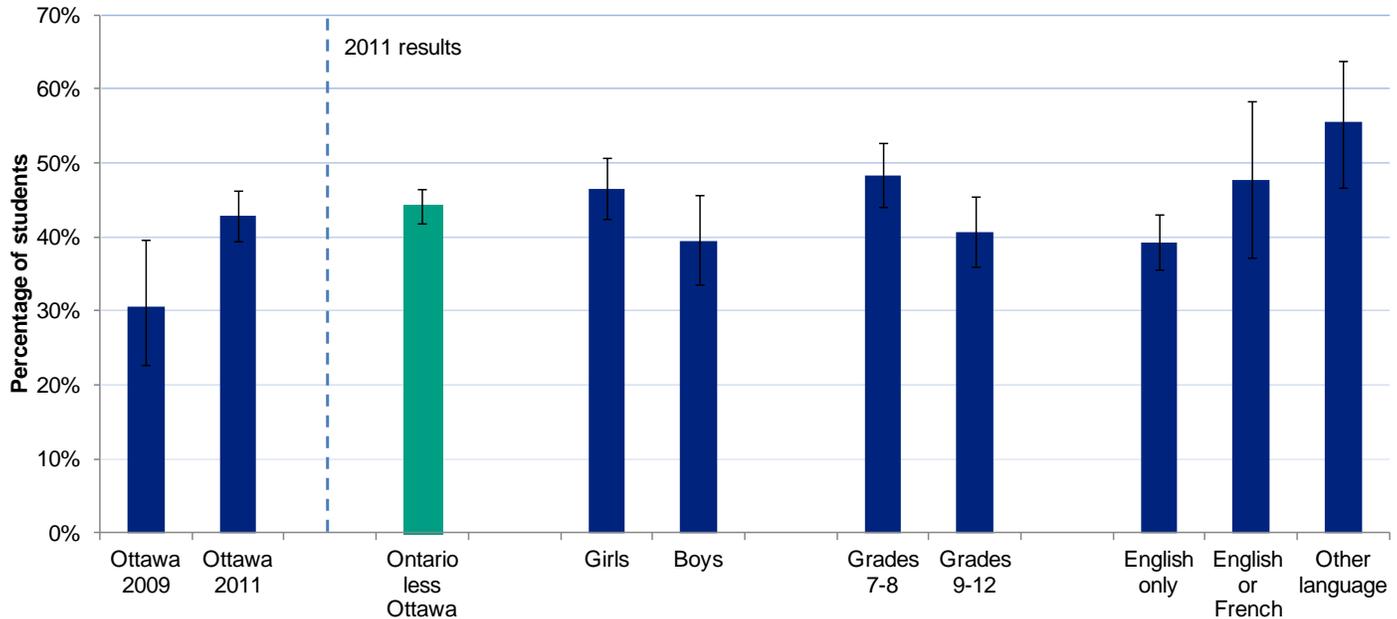
Younger students (grades 7 to 8) were more likely than older students (grades 9 to 12) to report that they were worried about being harmed or threatened at school (29%* (21%, 40%) vs. 13% (9%, 19%)). There were no differences between Ottawa and Ontario nor between boys and girls. Students who reported 'excellent' mental health were less likely than those who reported 'good' mental health to have said they were **worried about being harmed or threatened** at school (13%* (7%, 23%) vs. 31%* (18%, 47%)).



School Enjoyment

Students were asked how they felt about going to school. Responses were categorized as 'liked a lot/very much' (Figure 5), 'liked it somewhat' and 'did not like it very or at all'.

Figure 5. Ottawa students in 2011 who reported that they **very much liked going to school compared to 2009, Ontario and by sex, grade, language spoken at home, and mental health status**



Data Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009 and 2011), Centre for Addiction and Mental Health. Vertical bars represent 95% confidence intervals.

Summary

- In 2011, 43% (40%, 46%) of students in Ottawa reported that they **very much liked** going to school. This was higher than in 2009 (31% (23%, 40%)). An additional 43% (39%, 47%) reported that they **somewhat liked** going to school. Fourteen percent (14% (11%, 18%)) reported that they **did not like** going to school at all.
- There were no differences between sexes, between Ottawa and Ontario, or between students in grades 7 to 8 and those in grades 9 to 12.
- Students who reported speaking a language other than English or French at home were more likely than those who spoke English only to report that they **very much liked** going to school (57% (44%, 69%) vs. 24%* (15%, 37%)).



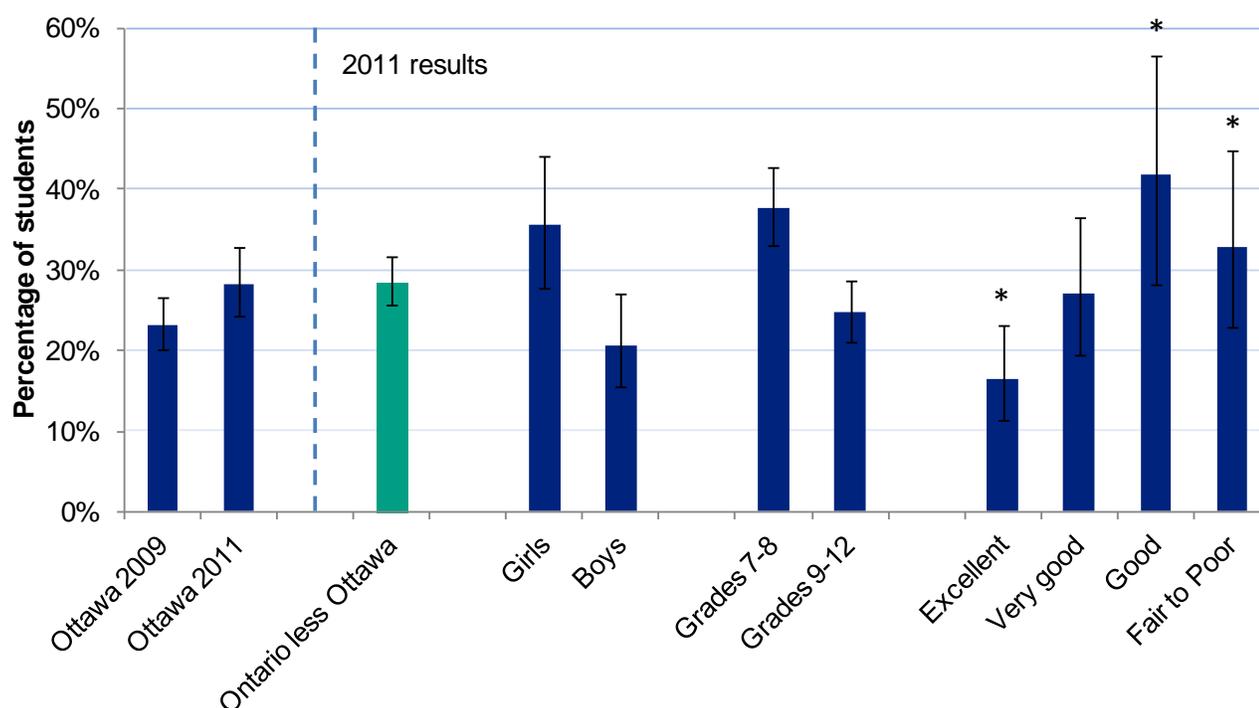
Bullying

School bullying is a serious public health issue, with potential harmful consequences for both the victims and the perpetrators.⁵

Experience of Being Bullied at School

Frequent victimization by bullies has been shown to be related with low self-esteem and self-worth, depression, and suicidal ideation.⁵ Students were asked if they had **been bullied at school** during the current school year (Figure 6). Bullying was 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 also asked about the typical manner in which they were bullied.

Figure 6. Ottawa students in 2011 who reported that they were bullied at school at least once since September compared to 2009, Ontario and by sex, grade and mental health status



Data Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009 and 2011), Centre for Addiction and Mental Health.

* = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

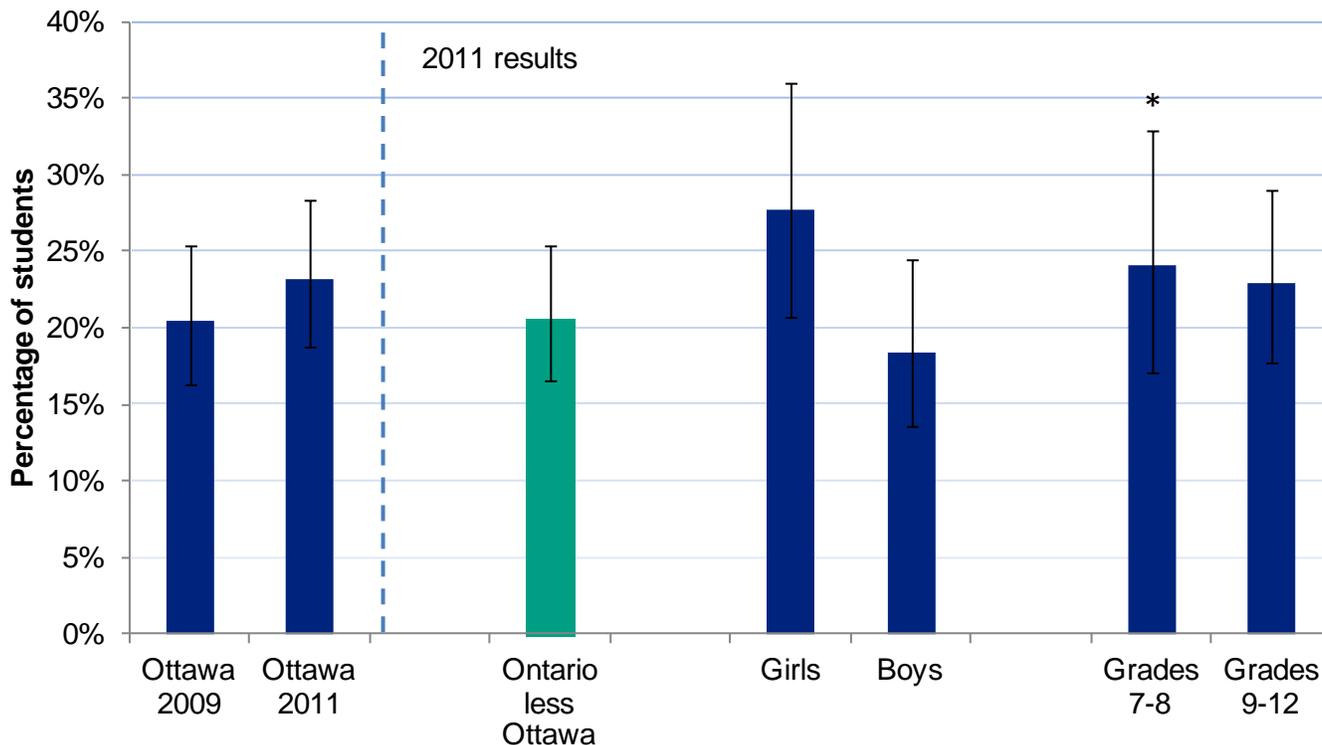
Summary

- In 2011, 28% (24%, 33%) of students in Ottawa reported that they **had been bullied** at least once on school property during the current school year. The majority reported having been **bullied monthly or less often** compared to daily or weekly (72% (55%, 84%) vs. 28%* (16%, 45%)). The most prevalent form of victimization was **verbal or non-physical attacks** (81% (69%, 89%)).
- Students who reported ‘excellent’ mental health (16%* (11%, 23%)) were less likely to report that they had been bullied than students who reported ‘good’ (42%* (28%, 57%)) or ‘fair to poor’ mental health (33%* (23%, 45%)).
- Students in grades 7 to 8 were more likely than those in grades 9 to 12 (38% (33%, 43%) vs. 25% (21%, 29%)) and girls were more likely than boys (36% (28%, 44%) vs. 21% (15%, 27%)) to report that they had been bullied. There was no difference between survey years or between Ottawa and Ontario.
- There was some indication that students from lower SES homes were more likely to report having been bullied than students from higher SES homes; however, additional data are needed to confirm whether this difference actually exists.

Perpetrators of Bullying at School

Students who bully are also at risk for several mental health problems including difficult emotional adjustment and poor relationships with classmates.⁵ Students were asked how often they had **bullied other students** at school during the current school year (Figure 7).

Figure 7. Ottawa students in 2011 who reported that had bullied other students at school at least once since September compared to 2009, Ontario and by sex and grade



a Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009 and 2011), Centre for Addiction and Mental Health.

* = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

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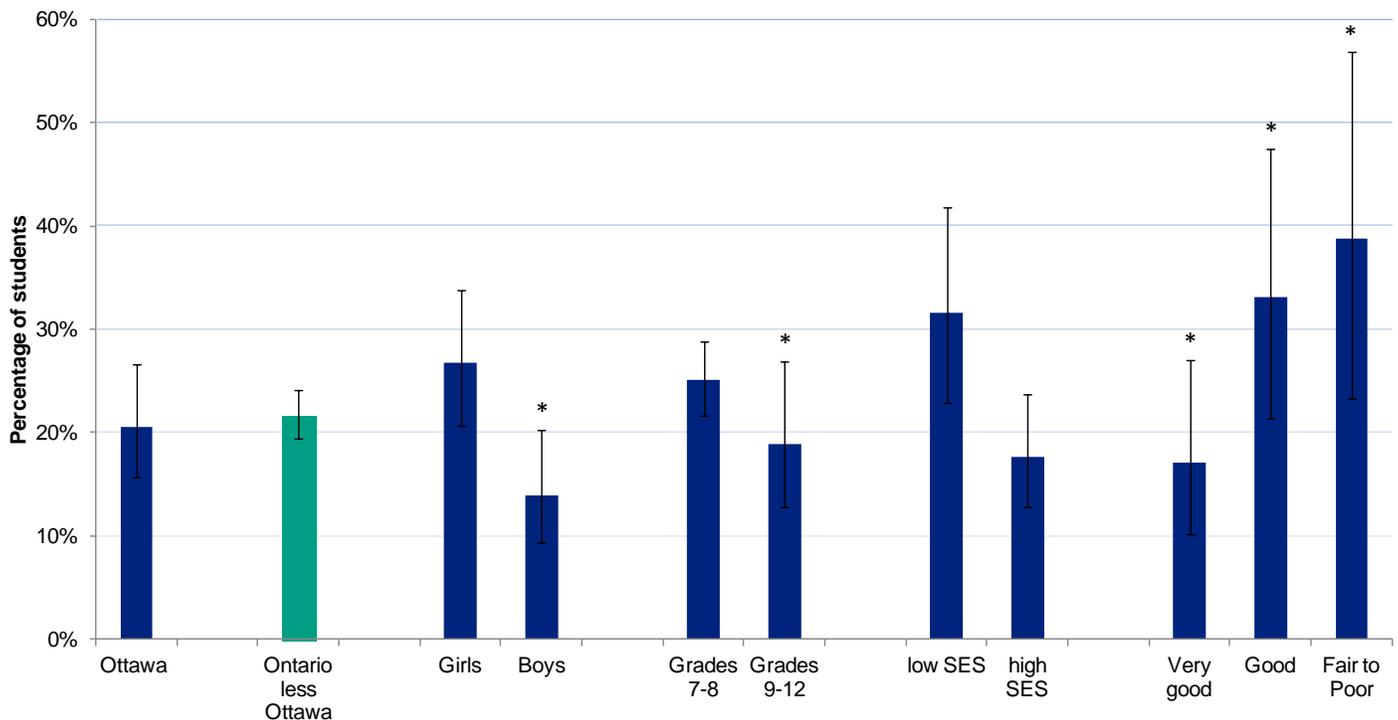
- Less than a quarter (23% (19%, 28%)) of students in Ottawa reported that they **had bullied other students** at school. There were no differences between survey years or sexes, between Ottawa and Ontario, or between students in grades 7 to 8 and those in grades 9 to 12.
- There was some indication that students who reported 'excellent' mental health were more likely to report that they had **not bullied** other students at school than those that reported 'good' mental health; however, additional data are needed to confirm whether this difference truly exists.



Cyber Bullying

More and more of today's young people are engaged with electronic media. While the internet allows youth to make social connections and to communicate with their social groups, it does increase the potential to become victims of "cyber-bullying" by peers.⁶ In 2011 (not asked in 2009), students were asked if in the past 12 months they had been **bullied on the internet** (Figure 8). Responses were categorized as 'did not use the internet/not bullied' and 'bullied at least once'.

Figure 8. Ottawa students in 2011 who reported that had been bullied at least once on the internet compared to Ontario and by sex, grade, SES, and mental health status



Data Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2011), Centre for Addiction and Mental Health.

* = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals. Only reportable comparisons are shown.

Summary

- Twenty one percent (21% (16%, 27%)) of students reported that they **had been bullied at least once** on the internet in the past year.
- Students who reported 'poor to fair' mental health were more likely to have been bullied on the internet than those that reported 'very good' mental health (39%* (23%, 57%) vs. 17%* (10%, 27%)).
- Girls were more likely than boys to report that they had been bullied on the internet (27% (21%, 34%) vs. 14%* (9%, 20%)). There were no differences between students in Ottawa and Ontario or between students in grades 7 to 8 and those in grades 9 to 12.
- Students from lower SES homes were more likely to report they had been bullied at least once on the internet in the past year than students from higher SES homes (32% (23%, 42%) vs. 18% (13%, 24%)). There was also some indication that students whose mothers had a high school education or less were more likely to report that they had been bullied at least once on the internet than those whose mothers had some post-secondary education; however, additional data are needed to confirm whether this difference actually exists.



What Ottawa Public Health (OPH) Does

Ottawa Public Health (OPH) offers programs and services for parents, children and youth that promote mental health and help reduce suicide and self harm. We work closely with school boards and community partners to support activities that build a safe and healthy school environment. Health promotion in school and community settings promote resiliency and coping skills, healthy attachments and lifestyles, positive parenting and prevention of chronic disease and injury. These interventions promote making healthy choices and limiting risky behaviour related to substance misuse, sexual activity, eating and physical activity.

OPH priority actions for mental health promotion, suicide and bullying prevention include:

Community Engagement

- Participating in suicide prevention and mental health promotion coalitions and networks in Ottawa. For example, the Ottawa Suicide Prevention Network, which includes over 40 mental health organizations to help prevent youth suicide in Ottawa.
- Participating in the Rainbow Service Providers Network which partners with the Ottawa Carleton District School Board to host an annual Rainbow Youth Forum to promote safe and inclusive schools for gay, lesbian, bisexual, transgendered, two-spirited, queer and questioning (GLBTQQ) students.
- Helping to plan and implement the Ottawa Catholic School Board annual Elementary Peace Festival and Secondary Peace Conference to celebrate practices that build and maintain safe schools.
- Collaborating with the Children's Hospital of Eastern Ontario (CHEO) Centre for Healthy Active Living to adopt common messaging around *Eat Well, Be Active and Feel Good about Yourself*.

Working with Parents and Youth

- Screening new mothers for postpartum depression and providing families with positive parenting strategies, as well as general mental health promotion and suicide prevention messages and resources in the *Healthy Babies, Healthy Children* program.
- Partnering with *Crossroads Children Centre* and *Le Centre Psychosocial* to screen children ages 18 months to 4 years to identify developmental, mental, social, and emotional issues. This program's objective is to reduce the percentage of children not ready for school.
- Delivering mental health promotion program for young adolescents, their parents and teachers as part of the *Healthy Transitions* program.
- Partnering with *Youth Net/Réseau Ado* at CHEO, a mental health promotion and intervention program to offer additional programming in the community.
- Implementing *Playground Activity Leaders in Schools (PALS)* peer-to-peer program to increase physical activity and prevents bullying through peer mediation and organized play in elementary schools.

Tertiary Prevention programs:

- Funding an additional one day per week of the *Youth Services Bureau's Youth Mental Health Walk-in Clinic*, to enhance access to mental health services for Ottawa youth and their families.
- Partnering with the Canadian Mental Health Association (CMHA) to offer free [safeTALK](http://www.livingworks.net) (www.livingworks.net) suicide awareness and skills training to youth, parents and vulnerable groups in the community.
- Providing funds to the Substance Abuse and Youth in School Coalition to offer substance abuse counseling in City of Ottawa high schools.

For more information on these programs and services, call the Ottawa Public Health Information Line at 613-580-6744.



Key community resources that OPH staff draw upon and support include:

- [Youth Net at CHEO](#) provides a wide variety of youth mental health programs, from bilingual focus group sessions and programs offered in schools and the community, to in-house initiatives for youth dealing with mental health issues: www.youthnet.on.ca or call 613-738-3915.
- [Le Centre Psychosocial](#) offers mental health services to Francophone youth and their families in the Ottawa region: <http://www.centrepyschosocial.ca/fr/>
- [Crossroads Children's Centre](#) offers treatment, support and life-skills training designed to help children up to age 12 years with complex mental health needs and their families: www.crossroadschildren.ca
- [Youth Services Bureau of Ottawa](#): In addition to their Youth Mental Health Walk-In Clinic, YSB provides youth and family counseling and crisis support. Check out their website for more information about their services: www.yusb.on.ca
- [PLEO – Parents' Lifeline of Eastern Ontario](#): Family support meetings for parents who have children, youth and young adults living with mental illness, the third Thursday of every month. For dates and locations, visit their website: www.pleo.on.ca.
- [Wabano Centre for Aboriginal Health](#) provides comprehensive and culturally relevant mental health services, including individual counselling, groups, events and case management to individuals, couples and families: www.wabano.com.
- [The Ottawa Police Service](#) offers *Teens & Technology*. A presentation for parents and youth about sexting, cyberbullying, safety and mental health. For more information, visit www.ottawapolice.ca or email youth@ottawapolice.ca.
- [CMHA Ottawa](#) provides Grade 11 and 12 students the opportunity to hear the stories of community members who have experienced a mental illness, and provides information about local mental health-related resources. To find out more, call 613-737-7791 ext 271, or visit www.cmhaottawa.ca.
- [The Royal Health Care Group](#) provides free mental health information sessions to the public as part of their '[Conversations at the Royal: Public Information Sessions](#)' series: www.theroyal.ca.
- *Keeping It Cool* program is an intensive, community-based program designed to assist youth whose expressions of anger are having negative effects on themselves, their relationships and their communities. This program is run out of various community health and resources centres in Ottawa. For information call: 613-722-4000 ext. 323.
- Your local [community health and resources centre](#) offer many programs and services for youth and families related to bullying and mental health: www.coalitionottawa.ca.
- For more information about mental health services available in Ottawa, please see our [Mental Health Referral Tool](#) or visit ottawa.ca/healthreports.

For more information on other community resources, call 211 or visit cominfo-ottawa.org. You can also visit www.ementalhealth.ca for information about local mental health-related resources. The Province of Ontario also has the [Mental Health Service Information Ontario](#) 24/7 phone line for information: 1-866-531-2600.



Survey Methods and Data Analysis

† Ninety-five percent confidence intervals (95% CI) are presented following the estimates in smaller font and within brackets. 95% CI were not used to test for statistically significant differences; Chi-square tests ($p < 0.05$) were used first, followed by a Bonferroni correction ($p < 0.05$) to adjust for multiple comparisons.

* Indicates a high variability in the responses from students to this category and the findings should be interpreted with caution.

Note that an “Ontario” or “Ontario-less-Ottawa” estimate is not the same as an overall estimate for the entire province as it does not include Ottawa, unless otherwise indicated. Any differences between Ottawa and Ontario should not be interpreted as if Ottawa is different than other individual health units across Ontario; rather that Ottawa is different from the average of individuals across Ontario excluding the Ottawa area.

See the OSDUHS Methodology Fact Sheet for more information. For a detailed description of the OSDUHS, visit <http://www.camh.net/Research/osdus.html>.

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