Introduction

Mental Health is a serious issue among youth, and often overlooked. This last report in a series of five reports, presents a snapshot of mental health, sleep, and gambling among youth enrolled in the public and separate school boards throughout Brant, Haldimand and Norfolk Counties. Some results are compared with provincial data and data from the previous 1999 Student Health Survey.

This report concludes with a brief discussion of relationships between these topics and other behaviours. Also an overview of resources available for students, teachers, and other health professionals is contained at the end of this report.

Methods

The Student Health Survey was administered to students within the Grand Erie District School Board and the Brant Haldimand Norfolk Catholic District School Board in the fall of 2003. The survey is a collaborative project between the Brant County Health Unit and the Haldimand-Norfolk Health Unit. In order to make the results generalizable, schools were selected in a representative manner and a large sample of students was included. The survey was completed by 2317 students in Grades 5, 7, 9 and 11 (approximately 20%). All classes of a particular grade were surveyed in selected schools. The survey dealt with 11 health related topics. This report focuses on mental health, sleep, and gambling behaviour.

Fast Facts

- Mental health problems were experienced more by students in the Grades 9 and 11 than in Grades 5 and 7, and more by females than males.
- 22% of all students surveyed felt unhappy or depressed in the last few weeks, including 46% of Grade 11 females.
- 10% of all students surveyed had seriously considered attempting suicide in the past year, including 20% of Grade 11 females.
- Most students seeking help for mental health issues sought it from family or friends.
- Approximately 80% of students in Grades 7, 9, and 11 usually slept an adequate 7-10 hours per night.
- Approximately 1 in 4 students had problems falling asleep, including half of those who usually slept less than 7 hours per night.
- Nearly half of all students had bet or gambled at some time in their lifetime (64% by Grade 11).
- A small proportion of students may be at risk for gambling problems (2% in Grades 5 and 7, 4% in Grades 9 and 11), which was similar to findings across Ontario.
Questions on Mental Health in the survey dealt with issues including having lost interest in usual activities and withdrawing from friends, feeling unhappy and depressed, medication prescribed, consideration of suicide and accessing support. Overall, there was a clear indication that these problems are experienced more in later grades and more by females than males.

**Lost Interest and Withdrawn from Friends**
In Grade 11, 23% of students reported having lost interest in usual activities and having withdrawn from friends during the last year, which increased dramatically from 6% in Grades 5 and 7 and 10% in Grade 9. Therefore, by Grade 11 more than 1 in 5 students may be at risk for potential mental health issues/problems.

More females (14%) than males (9%) reported having lost interest in usual activities and having withdrawn from friends during last year. In Grade 11, the difference was largest between genders (31% of females vs. 15% of males). Current research suggests that early identification of potential mental health problems among youth leads to improved outcomes.

**Feeling Unhappy and Depressed**
Twenty-two percent of students reported feeling unhappy and depressed in the last few weeks. More females (28%) than males (16%) reported these feelings. Where comparable, our findings were similar to Ontario.

The percent of students with these feelings increased substantially from Grades 7 to 11 (see Graph 1). Yet, differences between grades were not statistically significant here or in Ontario. Nevertheless, females in Grade 11 were most likely to report feeling unhappy or depressed, and they differed more from their male counterparts than in any other grade.

**Prescription Medication**
Four percent of students reported being prescribed medication to treat anxiety or depression in the past 12 months, similar to Ontario as a whole. The percentage of students being prescribed medication increased between Grade 7 (2%) and Grade 9 (3%), and more than doubled by Grade 11 (7%).

Across Ontario, students in grade 10 were most likely to be prescribed medication to treat depression, anxiety or both (6%). We found the highest proportion prescribed medication to be Grade 11 females (9%).

**Considered Attempting Suicide**
Ten percent of the students reported that they seriously considered attempting suicide in the past year. Females were more likely to consider committing suicide than males (12% vs. 9%). Our findings were similar to Ontario among comparable grades.

The percent of students seriously considering a suicide attempt increased largely between elementary and secondary grades locally (see Graph 2), although not found provincially. Furthermore, females in Grade 11 were most likely to report having seriously considered attempting suicide, and they differed more from their male counterparts than in any other grade.

**Getting Help**
Sixteen percent of students reported trying to get help for feelings of sadness, anxiety, being overwhelmed or thoughts of suicide during the past year. Of these students, most sought help from friends (67%) and family members (45%). Overall, more females sought help (21%) than males (11%).

More students in Grade 11 sought help for mental health reasons (21%) than in other grades. This is similar to the provincial finding where mental health care visits occur more likely among students in Grade 11 than in other grades. In Grade 11 specifically, 32% of females sought help for these mental health reasons, compared to 11% of males.
**Sleep**

Questions on sleep in the survey dealt with amount of time spent sleeping each night and ease of going to sleep or staying asleep. Research suggests that adolescents need 8.5-9.25 hours sleep per night. Other research suggests 8-10 hours for ages 10-18. Yet, a survey of Ontario high school students found that 46% of students had less than 8 hours sleep on weeknights and only 20% had more than the 8.5 hours recommended for adolescents. As well as impacting on quality of life, lack of sleep may be related to a decrease in academic performance at school, resulting in lower grades.

**Time Spent Sleeping**

Overall, 76% of students usually slept between 7 and 10 hours each night, while the remaining was split equally between less than 7 hours (12%) and more than 10 hours (12%). There were no differences between males and females overall, but differences were apparent among grades. Across grades, Grade 5 students were less likely to usually get 7-10 hours of sleep nightly (63%) than students in Grades 7, 9, and 11 (approx. 80%; see Graph 3). Yet, the proportion of students who usually slept more than 10 hours nightly was largest in Grade 5. From Grade 5 to 11, the proportion usually sleeping more than 10 hours nightly decreased. Also, between Grades 7 and 11 the proportion usually sleeping less than 7 hours increased. Furthermore, in Grade 11, females were more likely to sleep less than 7 hours than males (28% vs. 14%).

**Trouble Sleeping**

Overall, 78% did not usually have problems going to sleep or staying asleep and the proportion having sleep problems was fairly consistent among the grades (22-24%) except in Grade 7 (18%). Females were more likely than males to have had problems falling or staying asleep (25% vs. 19%), differing more in Grade 9 (27% vs. 17%), and Grade 11 (33% vs. 17%).

There was a clear association between time spent sleeping and trouble sleeping, which showed that students who were sleeping less also had the most trouble falling or staying asleep. Most students who usually slept 7-10 hours did not often have trouble falling or staying asleep (81%), nor did those who usually slept more than 10 hours (87%). Yet, half of the students usually sleeping less than 7 hours per night often had trouble sleeping.

**Gambling**

Gambling has become increasingly popular in our society. Youth engage in their own unique forms of gambling, and are susceptible to the consequences of this behaviour. In recognizing this trend and susceptibility, questions on gambling in the survey focused on behaviours used to assess risk for gambling problems.

**Ever Bet**

When asked what was the largest amount of money ever gambled in the past 12 months, 52% overall indicated that they had never bet. The proportion that had bet was lowest in Grade 5 and rose steadily between Grade 7 and 11 (see Graph 4). Also, the proportion that had ever bet decreased between 1999 and 2003 locally.

**Amount Bet**

Overall, few students bet more than $50 in the past year (2-3% in Grades 5 & 7 and 8% in Grades 9 & 11), which was comparable to Ontario. In fact, few students bet between $10 and $49 (3% in Gr. 5, 4% in Gr.7, 6% in Gr.9, and 10% in Gr.11 bet within this range). Compared to results from our 1999 survey, the amount of money bet by students locally did not differ significantly in 2003. Overall, females bet less than males.

**At Risk for Gambling Problems**

The remaining six questions were used to assess risky gambling behaviour. Higher risk is associated with more positive responses to these questions:

- Trying to win back money lost.
- Lying to others about winning money.
- Gambling more than planned.
- Feeling bad about amount bet.
- Hiding signs of gambling from family/friends.
- Borrowing/stealing to cover gambling debts.

We used a measure of at least 3 positive responses for a sign of being at risk for gambling problems (see Above). Fewer than 2% of Grades 5 and 7 and approximately 4% in Grades 9 and 11 were found to be at risk for gambling problems. Findings in Grades 7, 9 and 11 were consistent with our 1999 survey and with Ontario in 2003.
**Increased Risks**

It is recognized that students experience numerous changes when adjusting to high school following elementary school, such as increased social and academic pressures. Students react to these changes in a variety of ways. Some reactions have a negative effect on the health and wellbeing of students and are associated with other lifestyle choices that increase the student's risk of poor health even further. Thus, a number of results found in this survey are related, including those between mental health, sleep, and gambling, as well as with other topics covered in the survey. Overall students at high risk for mental health problems were:

- Less likely to have slept 7-10 hours per night
- More likely to have been at risk for gambling problems
- More likely to have smoked cigarettes in the past 30 days, whether a beginner or current smoker
- More likely to have drank alcohol weekly or engaged in binge drinking during the past month
- More likely to have used cannabis during the past month or other drugs during their lifetime
- Less likely to have viewed themselves as physically active
- Less likely to have eaten breakfast everyday
- Less likely to have rated their eating habits as very good or excellent.

Many of these lifestyle behaviors were also found among those students in the high-risk sleep and/or gambling categories.

**Conclusions**

**Mental health**

Stressors such as social and academic pressures that occur during the transition between elementary and secondary school may trigger early signs of mental health problems. Current research has shown that in Ontario about one out of five 4 to 16 year olds suffer from some type of psychiatric disorder. Therefore, the earlier we can identify students with these tendencies, the earlier intervention services can be provided.

**Sleep**

Given the central importance to sleep and its relationship with other health issues, we should ensure that attention is paid to the amount of sleep youth are getting at night and encourage good sleep patterns, including regularity and adequate quantity.

**Gambling**

This is the first generation of youth exposed to widespread access to gambling. It is important to monitor and develop a better understanding of youth gambling and problematic gambling behavior and offer support, through age appropriate prevention/awareness and treatment strategies.

**References**