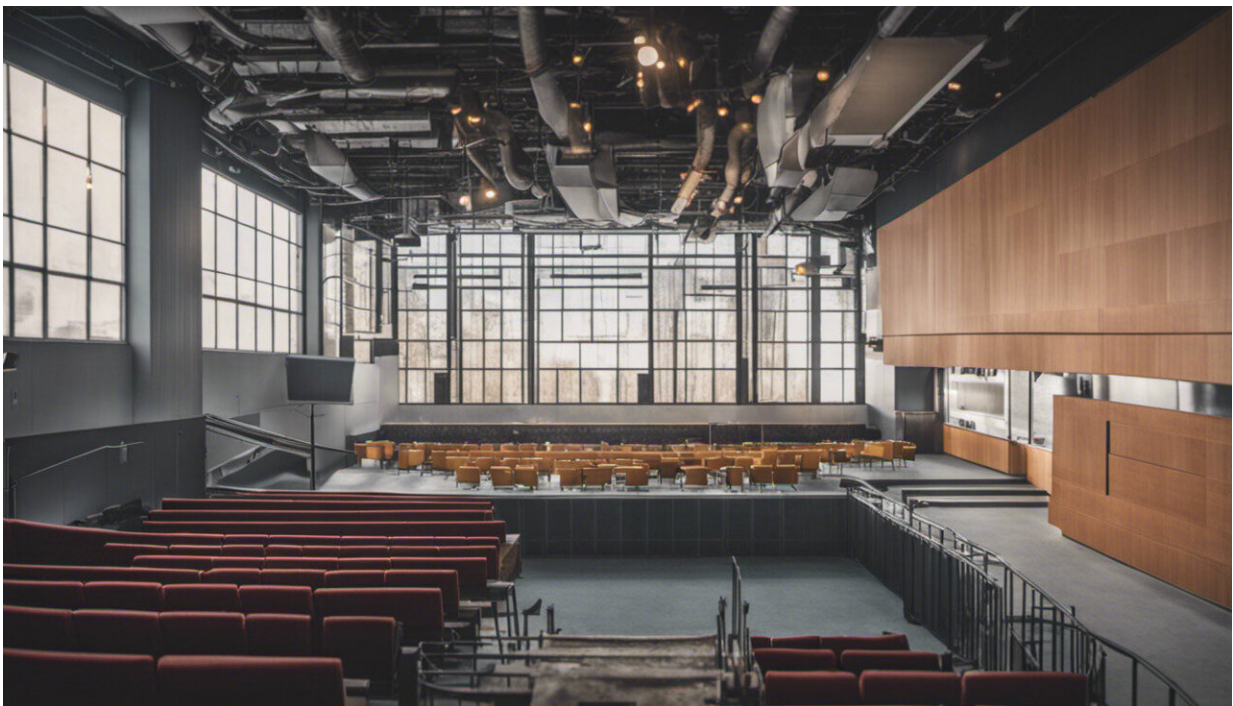


Taking mental wellness education beyond the campus: How universities can help respond to the mental health care crisis

May 9 2023, by Joanna Pozzulo and Anna Stone



Credit: AI-generated image ([disclaimer](#))

The [Canadian Mental Health Association estimates that](#) one in five Canadians will experience a mental health challenge. The full impact of mental health issues is even broader: almost every adult Canadian at some point has either been directly affected, or has a family member,

friend or colleague with a mental health issue.

In terms of economic cost, mental health issues cost the Canadian government [approximately \\$50 billion annually](#).

Although these figures are staggering, they are not surprising. The issue is not about delineating the problem but about what to do about it.

[Family doctor shortages](#), emergency rooms over capacity with periodic [closures due to low staff numbers](#) and long [wait times for surgeries](#), are just some examples of the overburdened health-care system across Canada. Mental health [care can be even further delayed](#) than physical health care.

Increasing funding for health care may not change the landscape of [mental health care](#).

Complicating the mental health care issue

It's not just about illness, it is also about wellness. The government of Canada defines mental health as, "[the state of your psychological and emotional well-being](#)." Wellness is multidimensional, often viewed comprising eight elements: [emotional, physical, occupational, social, spiritual, intellectual, environmental and financial](#). A reduction in any one of these areas can decrease well-being and quality of life.

It is estimated that the global "wellness market" is [more than US\\$1.5 trillion with an estimated increase of over five percent per year](#). There is both an increase in [consumer interest](#) and in consumer purchasing of wellness-related products.

From an educational perspective, this interest in wellness can be mobilized to improve people's quality of life, regardless of an

individual's starting point. However, with misinformation proliferating on media outlets, it is imperative that the information the public receives is evidence-based.

The education of wellness

Education is widely recognized as a [social determinant of health](#), on par with factors like income, housing and access to health-care services. Researchers have also noted the importance of education as a [crucial aspect of public health action](#).

Universities are about education and research. Unfortunately access to such can be limited to those who have the pre-requisites and the money to pay for higher education, leaving out a large segment of the population. However, everyone can benefit from wellness research if it is delivered in an accessible format that is affordable.

Universities are ideally positioned to not only create knowledge but to broker knowledge by delivering science-based wellness information to the general public.

The [Mental Health and Well-Being Research and Training Hub \(MeWeRTH\)](#) at Carleton University, where Joanna Pozzulo is director and Anna Stone is an administrator, was launched in December 2020. Its main mission is mobilizing knowledge to improve daily life.

To this end, we offered non-credit wellness courses to the general public and evaluated whether these science-based courses promoted 1) mental health and well-being and 2) engagement with course material outside of class time.

We offered four wellness courses that were advertised to the broader, local community:

1. The Benefits of Nature on our Well-being,
2. Me, Myself and I: Exploring the Psychology of Solitude,
3. Maintaining Wellness Amid Chronic Illness and
4. Parenting your Child/Teen with ADHD.

Courses consisted of 12 hours of instruction over six weeks, using a virtual platform in real time, with no pre-requisites. Cost per course was \$200 per participant to cover administrative expenses. Course size was limited to 20 people per course to facilitate discussion and engagement with the material.

Instructors were content experts with graduate level degrees. Participants ranged in age from 16 to 75 years old from various backgrounds, and a range of experience with [educational institutions](#) (i.e., ranging from some high-school level education to doctoral level degrees).

A small sample of seven participants completed pre- and post-evaluations. Overall, these participants reported an increase in well-being after completing the course. However, they did not report an increase in mental health, which may highlight the difference in these two concepts. It's also important to note that respondents reported having started their course in "good mental health."

Respondents indicated that they sometimes engaged with the material outside of class time, but that their behavior did not change. It is unclear whether respondents took the course with the intention to change their behavior.

Respondents also indicated that they shared some of the material they learned with friends, suggesting that these courses have the potential to create a community for improved well-being that extends beyond the classroom.

A path forward

Universities are well positioned to offer wellness education to a general public in an accessible format. There is interest from community members to take these courses with course content having the ability to improve well-being. Moreover, by students in these courses sharing the knowledge learned, well-being is passed on to others thereby creating a "more well" community.

Fees for these non-credit courses can be prohibitive which represents an on-going challenge on how to fund this type of education. As well, more research is needed to understand the relationship between well-being and [mental health](#).

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