

Post-Ed And Mental Health

Students are currently being impacted by 2 pandemics, Covid 19 and loneliness. The data shows the former is exacerbating the latter, students are lonelier, more depressed, more anxious and isolated than ever before¹. Not only is this impacting students academic outcomes but it's impacting their lives and wellness². While additional counselling, and crisis support resources are important to bolstering outcomes, preventative tools can be far more cost effective and reduce the strain on existing support structures. Furthermore many of the existing supports may not address root cause issues that result in poor student mental health.

The growing body of research on loneliness shows that levels of loneliness alone are directly negatively correlated to positive student outcomes. Lonely students have worse grades and attendance, higher levels of burnout, fatigue and all cause mortality than their social counterparts³. Loneliness has also shown to be an indicator and key component of other poor mental health conditions such as depression anxiety and suicide. Even without the sudden increase in isolation students have been on a downward trend of loneliness for decades. If action isn't taken there is no reason to believe that things will get better.

There are thousands of events, meetings and group activities of every sort occurring throughout the year at every university campus. These events are highly effective at increasing social engagement of their attendees. Some are operated by formal channels like faculties and various departments however the majority of social opportunities such as clubs are generated and operated by students. Furthermore while some events are aimed at everyone, like first year orientation events, the majority of opportunities are highly specialized to personal interest. As a result most programming is unappealing to most students however most students are highly attracted to a niche set of programming. Sorting the information about this programming to students becomes the primary obstacle to engagement. Current methods of informing students leave a lot to be desired, word of mouth, posters and email on student activities compete to be seen by the most students, rather than the right students. As a result many students never hear about the opportunities that interest them, or only after it has become too late to participate. Furthermore the primary existing method; word of mouth is particularly ineffective in reaching students who are already isolated and lonely.

Post-Ed acts as a filter and distribution platform to connect students to the things that are most relevant to their interests. By lowering the difficulty to find and get involved in the things students care about as individuals, Post-Ed increases student social engagement directly countering loneliness as students who are involved in social groups are far less likely to be isolated. Post-Ed also acts as a general communication channel capable of sharing resources through targeted push notifications and its self populating calendar as well as a tab listing available crisis services.

Impacting student loneliness positively will have a direct impact on benefiting overall mental health, student and institutional outcomes. Post-Ed is one such method to directly combat loneliness by effectively connecting students to peers with similar interests, and programming each student wants to engage in.

Endnotes

1. “To date, one published study has explored the impact of COVID-19 on student education and well-being (Cao et al., 2020). Approximately 25% of their sample reported experiencing anxiety symptoms, which were positively correlated with increased concerns about academic delays, economic effects of the pandemic, and impacts on daily life. Furthermore, among the many student surveys administered worldwide, one survey by YoungMinds reported that 83% of young respondents agreed that the pandemic worsened pre-existing mental health conditions, mainly due to school closures, loss of routine, and restricted social connections (YoungMinds, 2020).”

2. we report that the pandemic has already generated numerous risk factors for suicide: (a) forced isolation and reduction of social contacts; (b) a state of collective alert, accentuated by the absence of definitive therapies; (c) economic problems; (d) fear of being infected or infecting other people; (e) risk of stigma for positive COVID subjects; (f) increase in hospitalizations and deaths without permission to visit patients in the hospital, conduct funeral ceremonies, or see the bodies; (g) risk of intradomestic violence during quarantine; (h) risk of alcohol or drug abuse during isolation; (i) reduction of access to treatment for psychiatric or long-term patients with other non-COVID-19 pathologies (Par-temi et al., 2014); and (j) possible posttraumatic stress disorder for health care professionals

3. Loneliness is associated with an individual's risk of morbidity and mortality (1–4). Other research has found that those who are lonely have higher rates of depression, lower quality of life (5,6), an increased vulnerability for coronary heart disease (7), and display atypical cardiovascular reactions to stress (8). Although these studies have treated loneliness as a unidimensional construct, Weiss (9) in his seminal work suggested that loneliness has social and emotional dimensions. Recent studies have found emotional loneliness to be more common than social loneliness (10) and to be more damaging for health (11). Importantly, the research on loneliness has not disentangled the effects of emotional and social loneliness for mortality.