



## Enhancing Mental Health Literacy Among Art University Students: Evaluating the Effectiveness of a Mental Health Education Program in Guangxi, China

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### ABSTRACT

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Mental health literacy (MHL) is essential for university students, particularly in art institutions where psychological stressors are prevalent. However, limited awareness and stigma toward mental illness persist, impacting help-seeking behaviors. This study examines the effectiveness of a Mental Health Education Program (MHEP) in improving MHL, recognition of mental illness, and attitudes toward individuals with mental illness among art university students in Guangxi, China. A quasi-experimental research design with pre-test and post-test measures was used, involving 390 students divided into experimental and control groups. A mixed-methods approach was adopted, with survey questionnaires for quantitative analysis and semi-structured interviews for qualitative insights. Findings indicate that the MHEP significantly improved mental health literacy and illness recognition ( $p < .001$ ), but attitudinal changes were minimal, suggesting the need for long-term stigma-reduction efforts. The study supports the integration of structured mental health education programs in universities and highlights the importance of experiential learning strategies for deeper attitude transformation.

### KEYWORDS:

Mental health literacy, quasi-experimental study, mental health education, university students, Guangxi, China.

### 1.0 INTRODUCTION

Mental health literacy (MHL) plays a crucial role in fostering psychological well-being among university students. It includes knowledge about mental health conditions, the ability to recognize symptoms, positive attitudes toward individuals

with mental illnesses, and help-seeking behaviors (Jorm et al., 1997). Despite increasing global awareness, research indicates that university students in China, particularly in art institutions, often struggle with mental health issues due to academic stress, performance pressure, and creative expectations (Liu et al., 2023). The prevalence of anxiety, depression, and emotional distress among students has increased, yet their ability to recognize these issues and seek appropriate support remains limited.

In Guangxi, China, mental health education has been integrated into some universities. However, its effectiveness in improving mental health literacy is not well-documented, especially among art university students. Art students face unique stressors, including self-expression challenges, career

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uncertainties, and intense competition, which may exacerbate mental health risk. While previous studies suggest that educational interventions can enhance mental health awareness (Daniele et al., 2022), there is a lack of targeted programs designed specifically for art university students in China. Existing mental health education in Chinese universities often focuses on ideological and political education, with personal counseling playing a secondary role (Yang et al., 2015). Additionally, studies indicate that while mental health literacy is emphasized in some universities, practical applications such as external assistance are often neglected (Kutcher et al., 2016). Therefore, this study aims to assess the current status of mental health awareness among art university students in Guangxi and evaluate the impact of a Mental Health Education Program (MHEP) on their knowledge, attitudes, and behaviors related to mental health.

By implementing a structured mental health education program, this study examines its effectiveness in enhancing students' recognition of mental illness and reducing stigma toward individuals with mental disorders. Additionally, this research seeks to determine whether such interventions can drive behavioral change, encouraging students to adopt positive mental health practices. Given the increasing emphasis on student mental health in China, this study contributes to ongoing discussions about improving mental health education policies and practices within higher education institutions.

### **1.1 Problem Statement**

This study first identifies the current status of mental health awareness in Guangxi university students, China (Niu et al., 2025). With increased awareness around the relevance of mental health, students still remain largely under-educated in terms of their knowledge about mental health. Limited knowledge creates stigma, reluctance to seek help, and ineffective coping strategies in relation to psychological distress (Ong et al., 2016). In Guangxi, mental health education programs have been introduced in universities, but their reach and impact are unclear. Given the lack of comprehensive assessment on student mental health literacy, targeted interventions aimed at bridging knowledge gaps become an arduous task. Thus, this study is to further evaluate the mental health literacy of art university students in Guangxi, China.

The second problem statement concerns the assessment of the impact of the MHEP on students' mental health literacy.

Structured mental health education can amplify students' knowledge about mental health, increase help-seeking behavior and improve attitudes toward mental well-being (Reis et al., 2021). However, mental health education programs in many universities in China are not standardized or evaluated for effectiveness and it is unclear if they meet their intended objective (Guo et al., 2020). Research has found that structured curriculum-based interventions dramatically improve students' mental health literacy, and benefits can last for months. This is particularly true for students at art universities who face specific psychological stressors, a population that would benefit from a targeted educational intervention aimed at the unique stresses they face. Mental Health Literacy Research suggests that mental health literacy affects help-seeking behaviours; (Yang et al., 2024) it is mediated by perceived stigma and social support. Furthermore, research shows that positive changes in psychological distress have been reported, indicating that mental health courses have been effective for university students (Jinjian & Jingjing, 2021). This study evaluates if the Mental Health Education Program may improve students' mental health literacy in an effort to foster a more supportive educational environment.

The third issue tackled in this research is whether the Knowledge, Attitude and Practice, KAP regarding mental health in art university students significantly changes after the Mental Health Education Program. Although learning about mental health is believed to foster students' recognition of mental health symptoms, destigmatization, and help-seeking behavior (Yang et al., 2024), prior studies suggest that certain programs have been unsuccessful in producing meaningful behavioral change (Reis et al., 2021). One of the most crucial aspects is whether students learn knowledge and whether there will be a turn in attitude towards mental illness and whether knowledge about mental illness can be transformed into positive behavior (Jinjian & Jingjing, 2021). This study examines the impact of the intervention on the knowledge, attitudes, and behaviors of students participating in the program by comparing their outcomes with a control group.

### **1.2 Research Objective**

- **RO1:** To identify the current status of mental health awareness among university students in Guangxi, China.
- **RO2:** To evaluate the effect of the designed Mental

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Health Education Program on mental health literacy among art university students in Guangxi, China.

- **RO3:** To determine the extent to which the Mental Health Education Program in art universities is effective in improving students' knowledge, attitudes, and behaviors toward mental health compared to control group.

## 1.3 Research Questions

- **RQ1:** What is the current status of mental health awareness among university students in Guangxi, China?
- **RQ2:** What is the effect of the designed Mental Health Education Program among art university students in Guangxi, China?
- **RQ3:** How significantly does the Mental Health Education Program alter art university students' knowledge, attitudes, and behaviors related to mental health, compared to a control group?

## Significance of Study

This study is of great significance to the students at art university in Guangxi, China, because they are facing more and more serious, mental health problems. Although universities have included mental health awareness education in their curricula, the impact of this training on students' mental health awareness, attitudes, and behaviors has yet to be established. Assessing the effect of a structured Mental Health Education Program, this study offers valuable contribution of any potential effect on increase of mental health literacy and decrease in stigma attached to the mental illness.

Implications of this study on mental health literacy. The results of this study provide empirical evidence on the effects of targeted educational programs on students' recognition of mental illnesses and attitudes towards people living with mental disorders, which can be incorporated into previous studies on mental health literacy.; which is especially effective with art university students, who of as people, lack psychological foundations under academic and artistic pressures. Assessing the effectiveness of mental health education within this context will allow for the improvement of intervention strategies to better serve students and their health.

At a practical level, this study offers suggestions for educators, university officials, and policymakers developed to enhance

mental health educational programs. A successful intervention could be used to inform other universities around the country to improve mental health literacy and help-seeking behaviors among students. Educational institutions can promote psychological resilience and overall psycho-emotional well-being by focusing on enhancing mental health education.

## 2.0 LITERATURE REVIEW

### 2.1 Concept of Mental Health Literacy (MHL)

The concept of mental health literacy (MHL) was first proposed by Jorm et al. (1997) using the term “knowledge and beliefs that enable individuals to recognize, manage, and prevent mental disorders.” MHL has developed over the years so that it is multifaceted including the knowledge of being able to search for mental health information, to identify symptoms, know the risk factors and seek help from professionals (Furnham et al., 2011). Recent researchers have highlighted that MHL is also related to stigma reduction, enhancing efficacy in seeking help, and building first-aid skills to address mental health (Naal et al., 2020). In university students, sufficient MHL can contribute to psychological well-being, help in early detection and treatment, and decrease the adverse outcomes of untreated mental disorders.

Mental health literacy is a multidimensional construct that goes beyond knowledge. As well as knowledge of these concepts, mental health literacy also includes a person's capacity to use this knowledge in the assessment of mental health problems, in decisions about help seeking and the provision of social support to others in distress (Reis et al., 2021). Thus, the implications of this emerging definition of MHL would not only point to an individual competency, but rather a societal one—reinforcing the idea that education and literacy about mental health is a community-wide imperative (Gorczynski et al., 2020) Considering the intricate symptoms and experiences associated with mental health concerns, MHL is not standalone and needs to be viewed holistically as it predominantly consists of cognitive, emotional, and social facets, which serve to engender a proper understanding of these issues to university students (Beasley et al., 2023).

### 2.2 Mental Health Issues Among University Students

University students worldwide face significant mental health challenges, including stress, anxiety, depression, and social pressure. Factors such as academic workload, financial

concerns, and social adaptation contribute to the increasing prevalence of mental health problems among students. Art university students, in particular, experience additional stress due to creative demands, career uncertainties, and performance expectations. Research suggests that these students often encounter difficulties in balancing artistic expression with external expectations, leading to higher levels of stress and burnout compared to their peers in other disciplines (Hankir et al., 2017).

A growing body of literature highlights the negative consequences of poor mental health among university students. Studies have shown that students with low MHL are less likely to seek help with mental health concerns, which exacerbates their psychological distress (DeBate et al., 2018). Additionally, stigma, lack of awareness, and cultural barriers contribute to the reluctance of students to engage with available mental health services. Addressing these challenges requires targeted interventions that enhance students' MHL, normalize help-seeking behavior, and create supportive educational environments conducive to mental well-being (Fung et al., 2021).

### **2.3 Mental Health Education Programs and Their Impact**

Mental health education programs (MHEPs) aim to enhance students' awareness, attitudes, and behaviors related to mental health. These programs typically include workshops, counseling sessions, and awareness campaigns that educate students on recognizing symptoms, reducing stigma, and seeking professional support (Martineau et al., 2017). Research indicates that structured MHEPs significantly improve students' MHL, leading to increased recognition of mental disorders and more positive attitudes toward individuals with mental illnesses (Reis et al., 2021). However, despite the implementation of such programs in various universities, their effectiveness among art university students remains underexplored.

Intervention studies have demonstrated that university-based mental health programs incorporating peer education, faculty engagement, and digital resources can be highly effective (Conley et al., 2015). Programs utilizing experiential learning techniques, such as mental health first aid training and real-life case studies, have been shown to yield lasting improvements in students' mental health knowledge and behaviors. However, the scalability and sustainability of these programs remain

challenges, particularly in under-resourced institutions where mental health awareness is still developing (Wagner et al., 2023).

### **2.4 Recognition of Mental Illness and Attitudes Toward Individuals with Mental Illness**

Recognizing mental illness is a fundamental component of MHL, enabling individuals to identify symptoms early and seek timely intervention. However, stigma and misconceptions about mental health remain barriers to recognition and treatment (Singh et al., 2021). Many university students hold negative perceptions about individuals with mental illnesses, which discourages open discussions and help-seeking behaviors (Kim, 2021). Studies suggest that educational interventions can significantly reduce stigma and improve students' attitudes toward mental health. This highlights the importance of integrating targeted mental health education to foster more accepting and supportive campus environments (Waqas et al., 2020).

Despite progress in mental health advocacy, societal attitudes toward mental illness continue to influence how individuals perceive and interact with those affected. Negative stereotypes and discriminatory beliefs contribute to self-stigmatization among students experiencing mental health issues, further discouraging them from seeking help (Duraku et al., 2024). Research has shown that universities implementing anti-stigma campaigns and peer-support initiatives have successfully altered students' perceptions, fostering a culture of empathy and inclusivity (Tan et al., 2021).

### **2.5 Quasi-Experimental Intervention Studies in Mental Health Education**

Quasi-experimental studies are commonly used to assess the effectiveness of mental health education programs. These studies allow researchers to evaluate intervention outcomes in real-world settings where randomized controlled trials may not be feasible (Lo Moro et al., 2023). In mental health education, quasi-experimental studies often compare intervention and control groups to measure changes in students' mental health literacy, attitudes, and behaviors (Aller et al., 2024). Studies have shown that university-based quasi-experimental interventions, such as structured mental health workshops and digital education programs, lead to significant improvements in students' knowledge and attitudes toward mental health

(Chiodelli et al., 2022). However, challenges such as participant dropout, intervention fidelity, and variability in educational settings can impact study outcomes. Addressing these challenges requires careful study design, including pre- and post-intervention assessments and mixed methods approaches to capture both quantitative and qualitative effects.

## **1.6 Theoretical Framework**

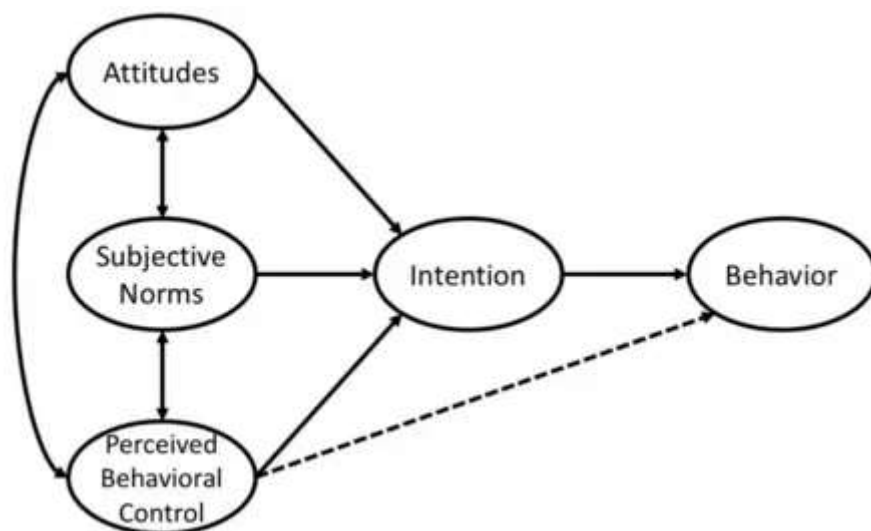
### **1.6.1 Knowledge-Belief-Behavior Theory**

The Knowledge-Belief-Behavior Theory serves as a foundation for understanding how mental health education influences students' knowledge, attitudes, and behaviors. This theory posits that increasing individuals' knowledge leads to changes in their beliefs, which subsequently influence their behaviors (Murray-Johnson et al., 2005). Applied to mental health literacy, this theory suggests that providing students with accurate information about mental health conditions can reshape their attitudes and encourage proactive mental health management.

Studies indicate that interventions based on this model are effective in promoting long-term behavioral changes related to mental health awareness and self-care practice (Essado Rios, 2020).

### **1.6.2 Theory of Planned Behavior (TPB)**

The Theory of Planned Behavior (TPB) suggests that behavioral intention is determined by attitudes, subjective norms, and perceived behavioral control (Ajzen, 1985). In the context of mental health education, TPB explains how interventions shape students' willingness to recognize mental illnesses and seek professional help. Research has demonstrated that when students perceive strong social support and positive reinforcement from peers and educators, their likelihood of engaging in mental health-promoting behaviors increases (Bandura, 2021). TPB provides a valuable framework for designing educational programs that foster positive behavioral change and reduce barriers to mental health care access.



**Figure 1: The Theory of Planned Behavior model adapted from Ajzen 2005.**

### **1.6.3 Life Education Theory**

Life Education Theory emphasizes the integration of mental health education into students' daily lives, advocating for experiential learning and real-world applications to enhance emotional resilience. This theory asserts that mental health literacy should not be confined to classroom settings but should be embedded in students' social interactions, creative expressions, and personal development journeys (Smith-Osborne, 2007). Studies have shown that incorporating self-reflection exercises, mindfulness training, and peer mentoring

can significantly enhance students' ability to manage stress and build emotional resilience (Sreehari et al., 2013). Furthermore, educational programs that integrate resilience training within broader life skills education have been shown to positively influence students' mental health outcomes.

### **1.6.4 Hypotheses development**

Based on the research objectives, this study examines the impact of a Mental Health Education Program (MHEP) on mental health literacy, recognition of mental illness, and attitudes toward individuals with mental illness among art

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university students in Guangxi, China. The following hypotheses are formulated to assess these relationships:

**H1: The status of mental health awareness among university students in Guangxi, China, is low.**

This hypothesis aligns with RO1, which aims to assess the current status of mental health awareness. Studies suggest that mental health literacy remains low among university students, particularly in China, where cultural stigma and a lack of mental health education contribute to limited awareness. By evaluating students' existing knowledge and attitudes, this study seeks to confirm whether mental health awareness levels are indeed low among art university students in Guangxi.

**H2: The Mental Health Education Program significantly improves mental health literacy among art university students in Guangxi, China.**

This hypothesis corresponds to RO2, which evaluates the effectiveness of the intervention. Prior research has demonstrated that structured mental health education programs enhance students' ability to recognize mental illness, seek

professional help, and develop positive attitudes toward mental health issues. The study expects that students who undergo the MHEP will show significant improvements in their knowledge and understanding of mental health literacy compared to those who do not participate in the program.

**H3: The Mental Health Education Program significantly alters students' knowledge, attitudes, and behaviors related to mental health.**

This hypothesis aligns with RO3, which focuses on the broader impact of the intervention on students' mental health knowledge, attitudes, and behaviors. The Theory of Planned Behavior (Ajzen, 1985) suggests that educational interventions can drive meaningful changes in mental health perceptions and practices. Existing studies have found that well-structured mental health programs increase help-seeking behaviors, reduce stigma, and encourage self-care practices. Therefore, this study expects that students participating in the MHEP will exhibit a positive shift in their attitudes toward mental illness and greater engagement in mental health-supportive behaviors.

### 1.6.5 Conceptual Framework

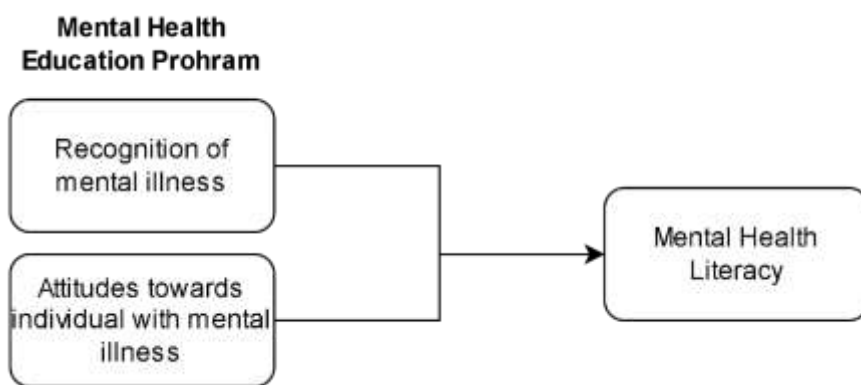


Figure 2: Conceptual Framework of current study

## 3.0 METHODOLOGY

### Research Design

This study employs a quasi-experimental research design to assess the effectiveness of the Mental Health Education Program (MHEP) in improving mental health literacy among art university students in Guangxi, China. A pre-test and post-test design with control and experimental groups is utilized, allowing for the measurement of changes in students' mental health literacy before and after the intervention. By implementing this design, the study can compare the outcomes

of those who received the intervention with those who did not, providing insight into the program's effectiveness.

A mixed-method approach is applied, integrating quantitative and qualitative methods to ensure a comprehensive understanding of the intervention's impact. The quantitative aspect consists of questionnaire surveys, which provide measurable data on students' mental health literacy levels before and after the program. The qualitative component involves semi-structured interviews, allowing for a deeper

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exploration of students' knowledge, attitudes, and behavioral changes toward mental health literacy. This combination of methods ensures a more holistic analysis of the intervention's impact.

### ***Participants and Sampling***

The study targets art university students from three institutions in Guangxi, China: Guangxi Arts University, Beihai University of Art and Design, and Guilin Tourism University. The total sample consists of 390 first-year students, who are randomly assigned to either the experimental group (n=195) or the control group (n=195). This stratified random sampling method ensures diversity in terms of gender, academic background, and psychological predispositions, providing a representative sample for the study.

The experimental group participates in the Mental Health Education Program (MHEP), while the control group continues with their traditional curriculum without additional mental health interventions. This approach allows the study to compare the effectiveness of the MHEP against a standard educational setting. Additionally, seven students from the experimental group are selected for in-depth interviews to gain qualitative insights into their learning experiences and perceptions of mental health literacy improvements.

### ***Intervention: Mental Health Education Program (MHEP)***

The Mental Health Education Program (MHEP) is a structured educational intervention designed to improve students' mental health literacy, recognition of mental illness, and attitudes toward individuals with mental disorders. The intervention consists of seven educational sessions conducted over two months, with one session per week lasting one hour. Each session is designed to address different aspects of mental health literacy through interactive and engaging methods.

The program includes topics such as mental health awareness, recognition of mental illness, stigma reduction, help-seeking behavior, coping strategies, case studies, and reflection exercises. Sessions are delivered using lectures, multimedia resources, discussions, and experiential learning activities, ensuring that students actively engage with the material. Graduate psychology students and trained instructors facilitate the sessions, providing expert guidance and fostering an open learning environment.

### ***Data Collection Methods***

The study uses the University Student Mental Health Literacy Questionnaire, developed by Qiao Siying (2023), to measure students' mental health literacy across multiple dimensions. The questionnaire assesses knowledge of mental health concepts, attitudes toward individuals with mental illness, and behavioral tendencies related to mental health. Data is collected at two time points: pre-test (before intervention) and post-test (after intervention) for both the experimental and control groups. This ensures a clear comparison of changes in mental health literacy as a result of the intervention.

To complement the quantitative data, semi-structured interviews are conducted with seven students from the experimental group before and after the intervention. The interviews explore students' perceptions, learning experiences, and behavioral changes resulting from the program. Interview responses are transcribed and analyzed thematically using Nvivo 12.0 software, ensuring a systematic approach to identifying emerging themes and patterns related to mental health literacy improvements.

### ***Data Analysis***

The quantitative data is analyzed using various statistical techniques to determine the effectiveness of the intervention. Descriptive statistics such as mean, standard deviation, and frequency distributions are used to assess baseline mental health literacy levels. An independent sample t-test is conducted to compare pre-test and post-test results between the experimental and control groups, while a paired sample t-test measures within-group changes before and after the intervention. Additionally, Analysis of Variance (ANOVA) is applied to examine the effect of multiple independent variables on mental health literacy outcomes.

For qualitative data, thematic analysis is employed to analyze interview responses. Key themes related to students' knowledge, attitudes, and behavioral changes are identified through coding and categorization. Triangulation is applied by integrating quantitative and qualitative findings to enhance the validity and reliability of the study's conclusions. This mixed-method approach ensures that both numerical trends and individual experiences contribute to a comprehensive understanding of the intervention's impact.

### **Ethical Considerations**

This study adheres to the ethical guidelines of the Declaration of Helsinki, ensuring that all research procedures meet ethical standards. Informed consent is obtained from all participants before their involvement in the study, with clear explanations of their rights and the study's objectives. Confidentiality is strictly maintained by anonymizing personal data and securely storing research records. Participation is entirely voluntary, and students have the right to withdraw from study at any stage without facing any consequences. Additionally, to safeguard the well-being of participants, psychological support services are made available for students who may experience emotional distress while discussing mental health-related topics.

## **4.0 DATA ANALYSIS**

### **4.1 Overview of Data Analysis Approach**

This study employs a mixed-methods approach to analyze data, integrating both quantitative and qualitative methods to ensure a comprehensive evaluation of the Mental Health Education Program's effectiveness. Quantitative data, obtained from the University Student Mental Health Literacy Questionnaire, is analyzed using descriptive and inferential statistical tests, including t-tests and ANOVA, to assess differences between the experimental and control groups. Meanwhile, qualitative data from semi-structured interviews is analyzed through thematic analysis using Nvivo 12.0 software, allowing for the

identification of key themes related to students' experiences and perceptions of the intervention. This combined approach provides both statistical validation and in-depth insights into how the program influences mental health literacy, ensuring a robust and well-rounded interpretation of the findings.

### **4.2 Findings for RQ1**

To assess the current level of mental health awareness among university students, descriptive statistical analyses were conducted using means, standard deviations, and range values for the key components of mental health literacy. The results are presented in Table 4.1, Table 4.2, and Table 4.3, which summarize students' recognition of mental illness, attitudes toward individuals with mental illness, and their overall mental health literacy scores.

As shown in Table 4.1, students' scores on recognition of mental illness ranged from 8 to 40 ( $M = 24.83$ ,  $SD = 10.309$ ), while their attitudes toward individuals with mental illness ranged from 6 to 30 ( $M = 19.54$ ,  $SD = 4.526$ ). The total mental health literacy score ranged from 29 to 145, with an average score of  $M = 101.89$ ,  $SD = 13.607$ . These results suggest that students have moderate levels of mental health literacy, with room for improvement, particularly in recognizing mental illness and improving attitudes toward individuals experiencing mental health challenges.

**Table 4.1 Characteristics of mental health literacy among university students**

| <b>Dimension (math.)</b>                                    | <b>Min</b> | <b>Max.</b> | <b>range<br/>of values</b> | <b>(M±SD)</b> |
|-------------------------------------------------------------|------------|-------------|----------------------------|---------------|
| <b>Recognition of mental illness</b>                        | 10         | 40          | 8~40                       | 24.83±10.309  |
| <b>Attitudes toward individuals with<br/>mental illness</b> | 8          | 30          | 6~30                       | 19.54±4.526   |
| <b>Total Mental Health Literacy<br/>Score</b>               | 72         | 144         | 29~145                     | 101.89±13.607 |

Table 4.2 presents a comparison of mental health literacy scores between male and female students. Female students reported higher recognition of mental illness ( $M = 26.53$ ,  $SD = 10.406$ ) than their male counterparts ( $M = 23.14$ ,  $SD = 10.187$ ,  $t = 2.618$ ), indicating that female students may have a better understanding of mental health conditions. In terms of attitudes toward individuals with mental illness, female students scored

slightly higher ( $M = 19.81$ ,  $SD = 4.645$ ) compared to male students ( $M = 19.29$ ,  $SD = 4.400$ ), but this difference was not statistically significant ( $t = 1.27$ ). The total mental health literacy scores also showed a significant difference ( $t = 2.564$ ), with female students scoring higher ( $M = 103.49$ ,  $SD = 14.640$ ) compared to males ( $M = 99.32$ ,  $SD = 12.343$ ).

Table 4.2 Mental Health Literacy across different genders

| Dimension (math.)                                | Female (M±SD) | Male (M±SD)  | t     |
|--------------------------------------------------|---------------|--------------|-------|
| Recognition of mental illness                    | 26.53±10.406  | 23.14±10.187 | 2.618 |
| Attitudes toward individuals with mental illness | 19.81±4.645   | 19.29±4.400  | 1.27  |
| Total Mental Health Literacy Score               | 103.49±14.640 | 99.32±12.343 | 2.564 |

Table 4.3 presents the comparison of mental health literacy scores across different academic majors. Recognition of mental illness scores was similar across majors, with students in Music (M = 25.19, SD = 10.62) and Theory of Art (M = 25.31, SD = 10.226) scoring slightly higher than those in Fine Arts (M = 24.36, SD = 10.354) and other disciplines (M = 24.95, SD = 10.092). However, the ANOVA test result (F = 0.233) suggests that these differences were not statistically significant. For attitudes toward individuals with mental illness, students in the

Music major (M = 20.71, SD = 4.218) reported slightly more positive attitudes compared to other majors, with ANOVA (F = 2.882) showing a significant difference. This suggests that students in the Music discipline may have more empathetic perspectives toward individuals with mental illness. The total mental health literacy score did not show significant differences across majors (F = 1.445).

Table 4.3 Mental Health Literacy across different majors

| Dimension (math.)                                | Theory of Art (M±SD) | Fine Arts (M±SD) | Music (M±SD)  | Other (M±SD)  | F     |
|--------------------------------------------------|----------------------|------------------|---------------|---------------|-------|
| Recognition of mental illness                    | 25.31±10.226         | 24.36±10.354     | 25.19±10.62   | 24.95±10.092  | 0.233 |
| Attitudes toward individuals with mental illness | 19.29±4.737          | 19.22±4.698      | 20.71±4.218   | 19.21±4.196   | 2.882 |
| Total Mental Health Literacy Score               | 101.68±13.701        | 100.73±13.256    | 104.19±14.756 | 101.94±12.904 | 1.445 |

Overall, these results indicate that mental health literacy among university students is at a moderate level, supporting H1: The status of mental health awareness among university students in Guangxi, China, is low. Gender-based differences suggest that female students exhibit greater awareness than males, while academic major differences show that students in the Music discipline have more positive attitudes toward individuals with mental illness. These findings highlight the need for targeted mental health education programs, particularly for male students and disciplines with lower literacy scores, to improve overall mental health awareness and attitudes.

#### 4.3 Findings for RQ2

To assess the effectiveness of the Mental Health Education Program (MHEP), semi-structured interviews were conducted before and after the intervention. The interview questions, listed in the Appendix, focused on students' knowledge, attitudes, and behaviors related to mental health. Thematic

analysis identified key insights categorized into pre-intervention and post-intervention findings.

##### 4.3.1 Pre-Intervention Findings: Limited Awareness and Stigma

Before the intervention, students demonstrated limited knowledge and misconceptions about mental health. Many had only a vague understanding of mental illness and struggled to differentiate between mental health, mental illness, and well-being. This lack of awareness was largely due to insufficient exposure to mental health education. Some students admitted that their views on mental illness were shaped by media portrayals, often leading to fear and misconceptions. Additionally, stigma toward individuals with mental illness was prevalent. Many participants associated mental disorders with danger or incurability, leading to discomfort in discussing or seeking help for mental health issues. Statements like "People with mental illnesses are unpredictable" and "Seeking help makes you look weak" highlight the negative attitudes and

reluctance to seek support before the program.

### **4.3.2 Post-Intervention Findings: Improved Knowledge and Confidence**

After the intervention, students exhibited greater awareness of mental health concepts, recognizing the importance of early intervention and help-seeking behaviors. Participants acknowledged that mental health literacy is essential for well-being and that mental illness is treatable, not a sign of weakness. Many expressed newfound confidence in recognizing symptoms and supporting peers. A student noted, "Now I understand mental health better and know where to seek help." The program also reduced misconceptions and encouraged students to engage in self-regulation techniques. Participants reported feeling more equipped to manage stress and discuss mental health openly.

### **4.3.3 Persisting Challenges: Stigma and Attitude Change**

Despite improved knowledge, attitudinal change remained a challenge for some students. While many became more empathetic, a portion still felt uncomfortable interacting with individuals with mental disorders. Some admitted that while they intellectually understood mental illness better, their personal biases persisted. One student remarked, "I know mental illnesses aren't dangerous, but I still feel uneasy around those affected." This suggests that theoretical knowledge alone is not enough to eliminate stigma—real-world exposure and long-term initiatives may be necessary for deeper attitude shifts.

### **4.3.4 Interpretation of Findings and Hypothesis Testing**

Hence, the qualitative findings indicate that the MHEP successfully improved students' knowledge, self-confidence, and openness to discussing mental health. However, changes in attitudes toward individuals with mental illness were less pronounced. Thus, H2: The Mental Health Education Program

significantly improves mental health literacy among art university students in Guangxi, China, is supported, but additional efforts are needed for long-term stigma reduction and attitude change.

## **4.4 Findings for RQ3: Impact of the Mental Health Education Program on Knowledge, Attitudes, and Behaviors**

To assess the impact of the Mental Health Education Program (MHEP), a quasi-experimental analysis was conducted by comparing pre-test and post-test scores between the experimental and control groups. The results are summarized in Tables 4.3, 4.4, and 4.5, which include t-tests for group comparisons and two-way ANOVA for time and group interactions.

### **4.4.1 Post-Test Differences Between Experimental and Control Groups**

Table 4.3 presents the post-intervention comparisons between the experimental group (received MHEP) and the control group (no intervention). The results show that students in the experimental group scored significantly higher in Total Mental Health Literacy ( $M = 123.59$ ,  $SD = 9.414$ ) compared to the control group ( $M = 97.45$ ,  $SD = 15.757$ ),  $t = -10.840$ ,  $p < .001$ . Similarly, the Mental Illness Recognition score was significantly higher in the experimental group ( $M = 36.33$ ,  $SD = 2.772$ ) compared to the control group ( $M = 27.00$ ,  $SD = 5.400$ ),  $t = -11.652$ ,  $p < .001$ .

However, no significant difference was found in attitudes toward individuals with mental illness between the two groups ( $M = 18.95$ ,  $SD = 5.198$  for experimental;  $M = 18.25$ ,  $SD = 4.940$  for control;  $t = -0.759$ ,  $p > .05$ ), suggesting that attitude changes may require longer-term intervention strategies.

**Table 4.3 Table of Difference Tests between Experimental Group and Control Group**

| Dimension (math.)                                | post-intervention control subjects | experimental group | t       |
|--------------------------------------------------|------------------------------------|--------------------|---------|
| Total Mental Health Literacy Score               | 97.45±15.757                       | 123.59±9.414       | -10.840 |
| Mental Illness Recognition                       | 27.00±5.400                        | 36.33±2.772        | -11.652 |
| Attitudes toward individuals with mental illness | 18.25±4.940                        | 18.95±5.198        | -0.759  |

#### 4.4.2 Pre-Test and Post-Test Comparisons Within Groups

Table 4.4 presents the within-group changes before and after the intervention. In the experimental group, there was a significant increase in Total Mental Health Literacy from  $M = 102.39$ ,  $SD = 12.596$  (pre-test) to  $M = 123.59$ ,  $SD = 9.414$  (post-test),  $t = -12.089$ ,  $p < .001$ . Similarly, Mental Illness Recognition significantly improved ( $M = 29.13$ ,  $SD = 4.620$  pre-test;  $M = 36.33$ ,  $SD = 2.772$  post-test;  $t = -10.263$ ,  $p < .001$ ).

However, attitudes toward individuals with mental illness showed only a slight improvement ( $M = 18.02$ ,  $SD = 4.821$  pre-

test;  $M = 18.95$ ,  $SD = 5.198$  post-test;  $t = -1.953$ ,  $p > .05$ ), indicating that while knowledge and recognition improved, attitudinal change was minimal.

In contrast, the control group did not show meaningful improvement. Total Mental Health Literacy slightly decreased from  $M = 100.73$ ,  $SD = 14.814$  (pre-test) to  $M = 97.45$ ,  $SD = 15.757$  (post-test),  $t = 1.725$ ,  $p > .05$ , and Mental Illness Recognition also showed no significant gains ( $M = 28.19$ ,  $SD = 5.570$  pre-test;  $M = 27.00$ ,  $SD = 5.400$  post-test,  $t = 1.816$ ,  $p > .05$ ).

**Table 4.4 Table of Difference Tests Before and After Intervention**

| Dimension (math.)                                       | control subjects |              |       | experimental group |              |         |
|---------------------------------------------------------|------------------|--------------|-------|--------------------|--------------|---------|
|                                                         | pre-testing      | post-test    | t     | pre-testing        | post-test    | t       |
| <b>Total Mental Health Literacy Score</b>               | 100.73±14.814    | 97.45±15.757 | 1.725 | 102.39±12.596      | 123.59±9.414 | -12.089 |
| <b>Mental Illness Recognition</b>                       | 28.19±5.570      | 27.00±5.400  | 1.816 | 29.13±4.620        | 36.33±2.772  | -10.263 |
| <b>Attitudes toward individuals with mental illness</b> | 19.30±4.611      | 18.25±4.940  | 1.769 | 18.02±4.821        | 18.95±5.198  | -1.953  |

#### 4.4.3 Two-Way ANOVA for Group and Time Effects

Table 4.5 presents the two-way ANOVA results, showing the effects of group (experimental vs. control) and time (pre-test vs. post-test) on mental health literacy components. Total Mental Health Literacy Score: Significant main effect for group ( $F = 119.091$ ,  $p < .001$ ,  $\eta^2 = 0.502$ ) and time ( $F = 21.795$ ,  $p < .001$ ,  $\eta^2 = 0.156$ ), as well as a significant interaction effect (Group x Time,  $F = 32.331$ ,  $p < .001$ ,  $\eta^2 = 0.215$ ), indicating that the intervention had a strong impact over time.

Mental Illness Recognition: Significant main effect for group ( $F = 109.5$ ,  $p < .001$ ,  $\eta^2 = 0.481$ ) and timing ( $F = 14.534$ ,  $p < .001$ ,  $\eta^2 = 0.110$ ), further confirming improvements in the experimental group. Attitudes Toward Individuals with Mental Illness: No significant effect for group ( $F = 2.67$ ,  $p > .05$ ,  $\eta^2 = 0.022$ ), but a small effect for time ( $F = 5.303$ ,  $p < .05$ ,  $\eta^2 = 0.085$ ), indicating that the program had minimal impact on attitudinal changes.

**Table 4.5 Two - way Analysis of Variance Table for Time and Group**

| Dimension (math.)                         | Source of variation | $\eta^2$ | df | MS        | F       |
|-------------------------------------------|---------------------|----------|----|-----------|---------|
| <b>Total Mental Health Literacy Score</b> | groups              | 0.502    | 1  | 36937.504 | 119.091 |
|                                           | timing              | 0.156    | 3  | 3533.797  | 21.795  |
|                                           | Group x time        | 0.215    | 3  | 3920.084  | 32.331  |
|                                           | groups              | 0.481    | 1  | 4170.601  | 109.5   |
| <b>Mental Illness Recognition</b>         | timing              | 0.110    | 3  | 217.525   | 14.534  |
|                                           | Group x time        | 0.215    | 3  | 482.958   | 32.269  |
|                                           | timing              | 0.063    | 3  | 88.622    | 7.909   |
|                                           | Group x time        | 0.075    | 3  | 107.383   | 9.584   |

|                                                  |              |       |   |         |       |
|--------------------------------------------------|--------------|-------|---|---------|-------|
| Attitudes toward individuals with mental illness | groups       | 0.022 | 1 | 122.823 | 2.67  |
|                                                  | timing       | 0.085 | 3 | 186.788 | 5.303 |
|                                                  | Group x time | 0.040 | 3 | 84.563  | 4.96  |

4.4.4 Interpretation of Findings and Hypothesis Testing

The findings indicate that the Mental Health Education Program (MHEP) was effective in improving mental health literacy and recognition of mental illness, as demonstrated by the significant differences in the experimental group’s pre-test and post-test scores compared to the control group. These results support H3: The Mental Health Education Program significantly alters students' knowledge, attitudes, and behaviors related to mental health in terms of knowledge acquisition and illness recognition. However, attitudinal changes were minimal, as indicated by non-significant differences in attitudes toward individuals with mental illness. This suggests that short-term interventions may not be

sufficient to change deep-seated attitudes, and that longer-term exposure and interactive engagement may be needed for sustained attitude shifts.

5.0 DISCUSSION

5.1 Summary of Hypothesis Testing

The findings of this study provide empirical support for all three research hypotheses, confirming the effectiveness of the Mental Health Education Program (MHEP) in enhancing mental health literacy among art university students in Guangxi, China. The summary of hypothesis testing is presented in Table 5.1 below.

Table 5.1: Summary of Hypotheses and Results

| Hypothesis | Statement                                                                                                                          | Result    |
|------------|------------------------------------------------------------------------------------------------------------------------------------|-----------|
| H1         | The status of mental health awareness among university students in Guangxi, China, is low.                                         | Supported |
| H2         | The Mental Health Education Program significantly improves mental health literacy among art university students in Guangxi, China. | Supported |
| H3         | The Mental Health Education Program significantly alters students' knowledge, attitudes, and behaviors related to mental health.   | Supported |

5.2 Key Findings and Implications

The study's findings reveal important insights into the effectiveness of mental health education interventions. The results show that students had low baseline mental health literacy (H1), confirming the need for structured educational programs. The intervention led to significant improvements in mental health literacy and illness recognition (H2), demonstrating the program's ability to enhance students’ understanding and awareness. Additionally, students in the experimental group exhibited notable knowledge and behavior changes post-intervention, supporting H3, although attitudinal shifts were less pronounced. This suggests that longer-term interventions may be required to reduce stigma and foster deeper attitude transformation.

the Knowledge-Belief-Behavior Theory and the Theory of Planned Behavior, demonstrating how mental health education influences students' knowledge, beliefs, and subsequent behaviors. Practically, the findings highlight the need for integrating structured mental health programs into university curricula, ensuring sustained learning and continuous engagement with mental health topics. Future programs should incorporate experiential learning, real-world exposure, and stigma-reduction campaigns to enhance long-term effectiveness.

5.3 Practical and Theoretical Contributions

This study contributes to both academic literature and practical mental health education initiatives. Theoretically, it reinforces

5.4 Limitations and Recommendations for Future Research

Despite its contributions, this study has some limitations. First, the short duration of the intervention may have limited long-term attitudinal changes. Future research should explore longitudinal studies to assess whether mental health literacy improvements are sustained over time. Second, the study focused on art university students in Guangxi, which may limit

generalizability to students in other disciplines and regions. Expanding the research scope to diverse student populations could strengthen the findings. Finally, qualitative findings suggested that interactive, real-world engagement may be necessary for deeper attitude shifts, indicating the need for more immersive educational strategies in future interventions.

## 5.5 Conclusion

This study provides compelling evidence that structured mental health education programs are effective in improving mental health literacy and illness recognition among university students. While the intervention successfully enhanced knowledge and behavioral changes, attitudes toward individuals with mental illness require longer-term engagement and stigma-reduction strategies. The findings highlight the importance of sustained mental health education efforts in academic institutions, reinforcing the need for continuous research and program development to support students' psychological well-being.

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## Appendix

| visit and discuss                                    | selective coding                                                                     | Axial coding                                                                        | open coding                                                                            | Coding coverage % |       |
|------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------|-------|
| Pre-intervention interviews                          | Previously insufficient knowledge of mental illness and mental health related issues | Not very knowledgeable about the characteristics and influences of mental illnesses | 9                                                                                      | 6.42              |       |
|                                                      |                                                                                      | Rarely take the initiative to learn about mental health                             | 5                                                                                      | 3.57              |       |
|                                                      |                                                                                      | Biased perception of individuals with mental illness                                | 10                                                                                     | 7.14              |       |
|                                                      | Lack of positive attitudes toward individuals with mental illness                    | Emotionally more negative toward individuals with mental illness                    | 8                                                                                      | 5.71              |       |
|                                                      |                                                                                      | People will look down on me if they know I'm sick.                                  | 9                                                                                      | 6.42              |       |
|                                                      | Reluctance to reach out for help                                                     | Even if I was sick I wouldn't ask for help, I could get through it on my own.       | 9                                                                                      | 6.42              |       |
|                                                      |                                                                                      | incapacity                                                                          | Competence in seeking mental health information                                        | 6                 | 4.29  |
|                                                      |                                                                                      |                                                                                     | emotional regulation                                                                   | 15                | 10.71 |
|                                                      | (grand) total                                                                        |                                                                                     | 71                                                                                     | 50.71             |       |
|                                                      | Post-intervention interviews                                                         | Knowledge enhancement                                                               | Understand the characteristics, influencing factors, and prognosis of mental illnesses | 11                | 7.86  |
| It's normal behavior to ask for help if you're sick. |                                                                                      |                                                                                     | 6                                                                                      | 4.29              |       |
| Focus on mental health aspects                       |                                                                                      |                                                                                     | 5                                                                                      | 3.57              |       |
| Enhancement of competencies                          |                                                                                      | Know the ways and means of emotional regulation                                     | 16                                                                                     | 11.43             |       |
|                                                      |                                                                                      | Access to information on mental health seeking                                      | 6                                                                                      | 4.29              |       |
|                                                      |                                                                                      | No improvement in attitudes                                                         | Scary and damaging                                                                     | 12                | 8.57  |
| Poor, negative                                       |                                                                                      |                                                                                     | 7                                                                                      | 5.00              |       |
| Don't want them to get too close to me.              |                                                                                      |                                                                                     | 6                                                                                      | 4.29              |       |
| (grand) total                                        |                                                                                      |                                                                                     | 69                                                                                     | 49.29             |       |