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INSTRUCTOR-FACILITATED AUDIOVISUAL MEDIA IN MENTAL HEALTH EDUCATION: A RESEARCH PROPOSAL FOR A QUASI-EXPERIMENTAL STUDY AMONG FIRST-YEAR STUDENTS AT SHANGRAO NORMAL UNIVERSITY, CHINA

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ABSTRACT

This paper proposes a quasi-experimental study to examine how structured, instructor-facilitated exposure to audiovisual media affects mental health literacy, emotional resilience, and help-seeking behaviour among first-year students at Shangrao Normal University (SNU), China. Mental health concerns among Chinese university students have grown at a measurable pace, yet dominant lecture-based curricula remain poorly suited to the emotional complexity of psychological education. Audiovisual media offers a theoretically grounded alternative, but rigorous quantitative evidence from Chinese higher education settings remains scarce. A cross-sectional, quasi-experimental design with pre-test and post-test assessments across an eight-week media-integrated curriculum module is proposed for the 2025 academic year. A 45-item Likert-scale instrument was developed and pilot-tested with 50 first-year students at SNU. The pilot returned Cronbach's alpha values ranging from 0.871 to 0.908, a Kaiser-Meyer-Olkin measure of 0.84, and a four-factor structure explaining 59.2% of total variance. The main study will recruit a stratified random sample of approximately 322 first-year students. Four hypotheses are advanced, testing whether audiovisual media raises mental health literacy relative to a control group, whether instructor facilitation mediates emotional resilience gains, whether unstructured media consumption predicts anxiety, and whether media type produces differential literacy outcomes. Analyses will use SPSS 26.0 and SmartPLS 4.0. This study is among the first to apply a validated quantitative instrument to audiovisual mental health education in a Chinese normal university context, with explicit attention to instructor facilitation as a mediating mechanism and cultural resonance as a selection criterion.

Keywords: audiovisual media, mental health literacy, emotional resilience, research proposal, quasi-experimental design, first-year university students, China

Note: This paper presents an overview study and research proposal. Full empirical data collection is planned for the 2025-2026 academic year.

1. INTRODUCTION

University entry is one of the most demanding transitions in a young person's life. Academic workloads increase sharply, social networks are rebuilt from scratch, and students are often separated from family support for the first time. In China, these pressures are amplified by institutional demands tied to national examination culture and a social climate that has historically treated mental distress as a private matter rather than a subject for open discussion (Pavlacic et al., 2022). The outcome is predictable: anxiety, depression, and low rates of professional help-seeking are disproportionately concentrated in the first-year cohort (Ma et al., 2020).

Mental health education in Chinese universities is mandated under the 2021 Ministry of Education guidelines on college student psychological health services, yet delivery quality varies considerably across institutions. The dominant approach remains lecture-based instruction, a format that research consistently identifies as poorly suited to the emotional and relational complexity of psychological education (Chen et al., 2020). Students report that traditional mental health courses feel disconnected from their lived experiences, and low engagement limits the translation of classroom learning into actual coping behaviour (Kutcher et al., 2016).

Audiovisual media offers a distinct pedagogical alternative. Films, documentary programs, and short-form online videos present realistic narratives, activate emotional engagement, and create a shared reference point for guided classroom discussion. At Shangrao Normal University, psychology instructors began integrating such content into first-year mental health modules in 2019, motivated by the visible gap between text-heavy course materials and student engagement. That institutional initiative provides the context for the current proposal.

This paper presents an overview of the proposed research and should be read as a study protocol rather than an empirical findings report. The pilot instrument was developed and validated with a 50-student sample, confirming its psychometric adequacy. Full data collection from the main study sample of approximately 322 first-year students is planned for the 2025 to 2026 academic year. Section 2 reviews the theoretical literature and presents the conceptual framework. Section 3 specifies the hypotheses. Section 4 describes the proposed methodology. Section 5 reports pilot study findings that validate the instrument. Section 6 presents the proposed analysis plan. Section 7 addresses significance, limitations, and future directions.

2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 The Problem: Limits of Traditional Mental Health Education

The inadequacy of lecture-based mental health education is well-documented across multiple contexts. Research reports that students prefer interactive, discussion-based learning environments over passive lectures and engage more meaningfully with mental health content when they encounter real-life applications and relatable scenarios (Kutcher et al., 2016; Wei et al., 2022). Stigma remains a major barrier to help-seeking behaviour, as students fear judgment from peers or faculty, a barrier that text-heavy instruction does little to address (Corrigan, 2004; Liu et al., 2017). Students who engaged with case studies and storytelling demonstrated higher retention and deeper emotional connection to mental health material (Joubert et al., 2013).

These findings collectively point to a clear gap: mental health education requires formats that activate emotional engagement, reduce stigma through relatable representation, and provide behavioural models that students can apply in their own lives. Audiovisual media addresses all three of these requirements, at least in principle. Whether it does so reliably in a Chinese university context is the empirical question this study proposes to answer.

2.2 Theoretical Framework

Three theoretical traditions anchor this proposal. Each addresses a distinct mechanism through which audiovisual media influences mental health outcomes. Cognitive-Behavioural Theory (CBT) explains how media content reshapes thought patterns and emotional appraisals. Social Learning Theory (SLT) explains how students model the behaviours and coping strategies they observe. Media Psychology Theory (MPT) explains how the formal properties of specific media formats shape the depth of psychological engagement. Together, these frameworks provide a multi-level account: cognitive processing, behavioural modelling, and media-specific engagement. No single theory is sufficient on its own, and the integration of all three distinguishes this proposal from prior work that applies them separately.

2.2.1 Cognitive-Behavioural Theory

CBT holds that thoughts, emotions, and behaviours are interdependent (Beck, 2011). A student who has internalised stigma-laden beliefs about depression interprets media content about that condition through those beliefs, either reinforcing or revising them depending on how the content is framed. Research demonstrates that recovery-focused media narratives shift cognitive appraisals more reliably than purely informational content, and that realistic portrayals of psychological challenges in film enable a form of cognitive restructuring, replacing fear-driven narratives with more compassionate understandings (Wedding & Niemiec, 2014). Repeated engagement with balanced, evidence-based media content leads to healthier self-perceptions over time (Ritterfeld & Jin, 2006).

CBT provides the theoretical basis for the Mental Health Literacy subscale in the proposed instrument, which captures students' cognitive appraisals of mental health conditions before and after media exposure, and for the expectation that instructor-guided reflection deepens and anchors the cognitive shifts that media exposure initiates.

2.2.2 Social Learning Theory

SLT, developed by Bandura (1977), identifies observational learning as a primary mechanism through which individuals acquire new behaviours and attitudes. When a student watches a character in a film navigate a depressive episode and seek counselling, that behavioural model lowers the perceived cost of similar help-seeking. Research confirms that repeated exposure to resilience-focused media content reinforces positive mental health behaviours in young audiences, and that treatment-focused media narratives significantly improve students' attitudes toward psychological support services (Corrigan et al., 2001; Wahl, 2003).

The inverse also holds. Stigmatising media portrayals perpetuate fear and deter help-seeking, which underlines the importance of deliberate, instructor-guided media selection over unregulated consumption (Corrigan et al., 2001). In this proposal, SLT grounds the Emotional and Behavioural

Responses subscale and the Instructor Role subscale, both of which capture the behavioural modelling and reinforcement processes that SLT predicts.

2.2.3 Media Psychology Theory

MPT investigates how the formal properties of specific media formats, including narrative length, emotional tone, sound design, visual composition, and interactivity, shape cognitive and emotional processing (Vorderer & Bryant, 2006). A central mechanism in MPT is narrative transportation, the degree to which an audience becomes mentally absorbed in a story (Green & Brock, 2000). High transportation lowers psychological defences and increases the persuasive impact of embedded messages. Research shows that multimedia storytelling improves emotional resonance and deepens conceptual understanding, and that multimodal formats improve memory retention and emotional processing relative to text-only instruction (Mayer, 2009).

MPT also addresses risk. Uncritical consumption of audiovisual media spreads misinformation when audiences lack analytical frameworks. This dual potential makes MPT both a rationale for integrating audiovisual media in education and a caution against deploying it without instructor oversight. In this proposal, MPT grounds the media-type comparison (H4) and the Reflection and Preferences subscale, which captures students' critical engagement with media content.

2.2.4 Integration of the Three Theories

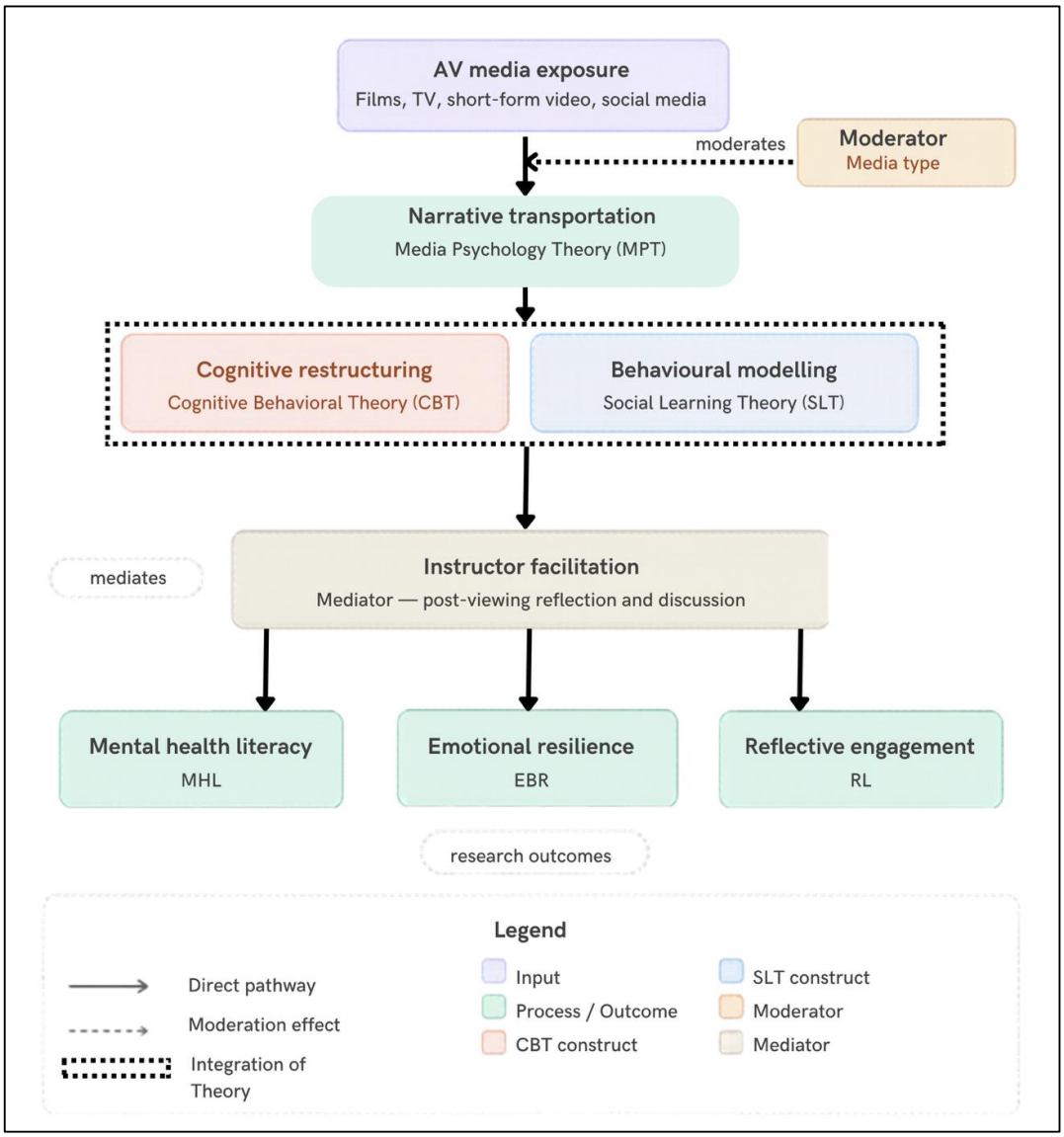
The three theories operate at different levels of analysis and are complementary rather than competing. CBT addresses internal cognitive processing. SLT addresses the behavioural modelling that follows media observation. MPT addresses the formal media properties that determine whether deep processing and behavioural modelling occur at all. A complete account of audiovisual media's effect on mental health education requires all three. Figure 1 presents the proposed conceptual framework illustrating these relationships.

2.3 Audiovisual Media and Student Mental Health: Evidence to Date

Research consistently identifies emotional engagement as the critical variable connecting media consumption to mental health literacy gains. Film and documentary content destigmatise mental health topics by making lived psychological experiences visible and relatable (Wedding & Niemiec, 2014; Corrigan et al., 2001). Students exposed to mental health portrayals in popular media demonstrate increased empathy and more nuanced readings of psychological conditions (Kimmerle et al., 2015). Higher rates of help-seeking behaviour are observed among students who engage with interactive digital media compared to those relying exclusively on traditional classroom delivery (Chan et al., 2016).

In the Chinese higher education context, evidence is thinner but growing. Platforms such as Bilibili and Douyin host mental health content that reaches large student audiences outside formal educational settings. Research cautions that mental health interventions in China are most effective when they incorporate collective and family-oriented values consistent with Confucian frameworks, rather than importing individualistic Western recovery narratives unchanged (Yearwood, 2007). This cultural dimension is directly relevant to the media selection approach at SNU and is addressed in the proposed methodology.

Figure 1: Conceptual Framework



Source: Author's own work

2.4 The Instructor's Role

Instructor facilitation is consistently underweighted in the audiovisual media literature despite emerging as one of the strongest predictors of educational effectiveness. Film-based interventions produce stronger outcomes when instructors structure post-viewing reflection activities (Wedding & Niemiec, 2014; Joubert et al., 2013). Peer-created mental health videos are more educationally effective when faculty provide critical framing (Eisenberg et al., 2009). Structured post-viewing discussion prevents passive consumption of potentially misleading narratives and anchors media content to evidence-based psychological principles (Wahl, 2003).

At SNU, instructors play a dual role as content curators and post-viewing facilitators, selecting materials for scientific accuracy and cultural relevance before guiding students through structured reflection. The proposed study treats instructor facilitation not as a background condition but as a measurable mediating variable, a methodological choice that distinguishes this proposal from prior studies that treated media exposure alone as the independent variable.

2.5 Research Gaps Addressed by This Study

Four gaps in the existing literature directly motivate this proposal. First, the empirical gap: most quantitative studies on audiovisual media in mental health education drew on Western populations, and rigorous quantitative evidence from Chinese higher education remains scarce (Jorm, 2012). Second, the methodological gap: prior studies relied predominantly on qualitative case studies or single-group pre-post designs without control groups, limiting causal inference (Andersson & Titov, 2014). Third, the theoretical gap: CBT, SLT, and MPT are typically applied separately rather than integrated into a single explanatory model. Fourth, the population gap: first-year students' distinct vulnerabilities during institutional transition have received insufficient attention, with most research targeting general university samples (Auerbach et al., 2018).

3. RESEARCH HYPOTHESES

Based on the reviewed literature and the integrated theoretical framework, four hypotheses are proposed for testing in the main study. These hypotheses are stated prior to data collection as pre-specified predictions, consistent with transparent research practice.

H1: Structured exposure to audiovisual media with mental health themes will produce significant gains in students' mental health literacy relative to pre-exposure baseline scores and relative to a control group that will not receive the audiovisual curriculum module.

H2: Students who engage with educational audiovisual content within an instructor-facilitated curriculum will exhibit higher emotional and behavioural resilience than students in the control condition, with instructor facilitation functioning as a significant mediator of this relationship.

H3: Greater consumption of non-educational audiovisual media will correlate positively with self-reported anxiety and stress scores among first-year students, independent of gender, academic faculty, and prior mental health education history.

H4: Different types of audiovisual media will produce significantly different effects on mental health literacy post-test scores, with long-form narrative formats (films, television programs) outperforming short-form online video and social media content.

4. PROPOSED METHODOLOGY

4.1 Research Design

The main study will employ a quantitative cross-sectional survey design with a quasi-experimental component. The cross-sectional element will capture mental health literacy and behavioural

orientations at a defined point during the 2025 academic year, enabling comparisons across media-type exposure groups and demographic subgroups. Cross-sectional survey designs are cost-effective for identifying patterns and relationships in large educational populations (Levin, 2006).

The quasi-experimental component will involve pre-test and post-test assessments administered at the start and end of an eight-week audiovisual media integration module in the first-year mental health curriculum. A control group will consist of students enrolled in sections that deliver the same mental health content through conventional lecture methods, providing a comparison baseline. This design allows for stronger causal inference than purely observational approaches while remaining feasible within an institutional context where random assignment to treatment and control conditions is logistically constrained (Shadish et al., 2002). The absence of true randomisation is acknowledged as a limitation and will be addressed through baseline equivalence testing before analysis proceeds (Andrade, 2020).

4.2 Participants and Sampling

The target population is all first-year students enrolled at SNU during the 2025 academic year, estimated at approximately 2,000 students across five faculties: Arts, Sciences, Education, Social Sciences, and Engineering. Stratified random sampling will be applied at the faculty level, with students selected proportionally based on enrolment figures. Within each faculty, cluster sampling by class section will be applied to balance representativeness with logistical practicality (Creswell & Creswell, 2018).

Following Krejcie and Morgan's (1970) sample size determination table, a minimum of 322 participants is required for a population of approximately 2,000 at a 95% confidence level and a 5% margin of error. A total of 380 questionnaires will be distributed to account for anticipated non-response, targeting a response rate of at least 85%. Students with prior formal training in psychology or counselling will be excluded to prevent confounding from pre-existing professional knowledge. Students with a history of diagnosed mental health conditions will not be excluded but will be analysed as a separate subgroup in sensitivity analyses.

Before hypothesis testing proceeds, baseline equivalence between treatment and control groups will be confirmed through independent-samples t-tests on pre-test subscale scores and chi-square tests on demographic variables. Groups showing significant pre-test differences will be addressed through analysis of covariance (ANCOVA) rather than simple post-test comparison (Shadish et al., 2002).

4.3 Instrument

The primary data collection tool is a 45-item Likert-scale questionnaire (1 = Strongly Disagree; 5 = Strongly Agree) organised into four subscales alongside 10 demographic items. Items were developed through a review of validated instruments in the mental health literacy and media psychology literature, including the Mental Health Literacy Scale (O'Connor & Casey, 2015), the Brief Resilience Scale (Smith et al., 2008), and the Connor-Davidson Resilience Scale (Connor & Davidson, 2003), with items adapted to the SNU curriculum context. Table 1 summarises the subscale structure.

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Table 1
Instrument Subscale Structure, Item Allocation, and Theoretical Basis

Subscale	Items	Construct Measured	Theoretical Basis
Mental Health Literacy (MHL)	Q11–Q15	Symptom recognition, support awareness, help-seeking intent	CBT, MPT
Emotional & Behavioural Responses (EBR)	Q16–Q25	Coping behaviour, emotional expression, classroom participation	CBT, SLT
Instructor Role (IR)	Q26–Q35	Post-viewing discussion quality, media selection, reflection activities	SLT, MPT
Reflection & Preferences (RL)	Q36–Q45	Critical thinking about media portrayals, media-type preferences	MPT

Note. CBT = Cognitive-Behavioural Theory; SLT = Social Learning Theory; MPT = Media Psychology Theory. All items are rated on a 5-point Likert scale (1 = Strongly Disagree; 5 = Strongly Agree).

The questionnaire was translated from English into Mandarin Chinese using a forward-back-translation process. Two bilingual academics with expertise in psychology and education reviewed the translation to confirm conceptual equivalence. Expert review by professionals in psychology, media studies, and educational research confirmed content validity before the pilot phase. The instrument's psychometric properties are reported in Section 5.

4.4 Procedure

Data collection will be conducted over two academic weeks during October 2025. Questionnaires will be distributed electronically through the university's learning management system and completed during scheduled mental health education class periods to maximize response rates. Research assistants will be present to clarify procedural questions without influencing responses.

The eight-week audiovisual curriculum module, delivered in the treatment condition, will follow a structured format. Each session will include a selected film clip, documentary segment, or short-form video, followed by a 20-minute instructor-led reflection activity covering three components: a factual accuracy check of media content relative to clinical standards, a personal connection exercise linking media narrative to students' own experiences, and a group discussion of adaptive coping strategies modelled in the media content. Instructors will receive a two-hour standardized briefing before the module begins to ensure consistency in facilitation practices across class sections. Table 5 presents the proposed research timeline.

Table 5
Proposed Research Timeline

Phase	Timeline	Activity	Deliverable
1 - Preparation	Aug–Sep 2025	Ethical clearance, instructor briefing, LMS setup	IRB approval
2 - Pre-test	Oct 2025 (Wk 1)	Baseline questionnaire, demographic survey	Pre-test dataset
3 - Intervention	Oct–Nov 2025 (Wks 2–9)	8-week AV curriculum module with guided discussion	Attendance logs, session notes
4 - Post-test	Nov 2025 (Wk 10)	Full questionnaire re-administration	Post-test dataset
5 - Analysis	Dec 2025–Jan 2026	SPSS and SmartPLS analyses, write-up	Draft results chapter
6 - Dissemination	Feb–May 2026	Peer review submission, thesis finalisation	Journal manuscript

Note. AV = audiovisual; IRB = Institutional Review Board; LMS = learning management system.

4.5 Ethical Considerations

Ethical clearance will be obtained from the SNU Institutional Review Board before any data collection begins. All participants will provide written informed consent and will be assured of anonymity, data confidentiality, and their right to withdraw at any time without academic consequence. Since the study addresses mental health topics, campus counselling contact information will be provided to all participants. Students who experience discomfort with specific items will be encouraged to skip those items or withdraw entirely. Data will be stored in password-protected systems with access restricted to the research team, and raw data will be deleted upon study completion. Unique identification codes will replace participant names throughout the dataset (World Medical Association, 2013).

5. PILOT STUDY: INSTRUMENT VALIDATION

Before the main study, a pilot study was conducted to evaluate the reliability and validity of the proposed instrument. This section reports those findings. The results confirm that the instrument is ready for main study deployment.

5.1 Participants and Procedure

A total of 50 first-year undergraduates from SNU were recruited through convenience sampling. Participants completed the anonymous 45-item questionnaire online. The mean completion time was approximately 12 minutes. The pilot sample was 56% female and 44% male, with a mean age of 18.4 years.

5.2 Reliability Analysis

Internal consistency was assessed using Cronbach's alpha. Table 2 presents the reliability coefficients for all four subscales and the total scale.

Table 2

Pilot Study Reliability Coefficients (n = 50)

Subscale	No. Items	Cronbach's Alpha	Assessment
Mental Health Literacy	5	0.871	Good
Emotional & Behavioral Responses	10	0.874	Good
Instructor Role	10	0.908	Excellent
Reflection & Preferences	10	0.908	Excellent
Total Scale	45	0.807	Good

Note. Alpha values above 0.70 are considered acceptable; values above 0.90 are considered excellent.

All four subscales exceeded the 0.70 threshold for acceptable internal consistency. Two subscales, Instructor Role and Reflection and Preferences, reached the 0.90 threshold for excellent reliability. Total scale reliability of 0.807 confirms good internal coherence across all 45 items. These values indicate that the instrument measures its intended constructs with acceptable precision.

5.3 Exploratory Factor Analysis

Exploratory Factor Analysis (EFA) was conducted using Principal Component Analysis (PCA) with Varimax rotation in SPSS 26.0. The Kaiser-Meyer-Olkin (KMO) measure was 0.84, indicating meritorious sampling adequacy, and Bartlett's Test of Sphericity was statistically significant ($p < .001$), confirming that the correlation matrix was appropriate for factor analysis. Table 3 presents the four-component solution.

Table 3

Pilot EFA: Component Eigenvalues and Variance Explained

Component	Eigenvalue	Variance Explained (%)	Cumulative (%)
1 - Mental Health Literacy	3.18	21.0	21.0
2 - Emotional & Behavioural Responses	2.47	16.3	37.3
3 - Instructor Role	1.81	11.9	49.2
4 - Reflection & Preferences	1.50	9.9	59.2

Note. Extraction method: Principal Component Analysis. Rotation: Varimax. KMO = 0.84; Bartlett's Test of Sphericity: $p < .001$. All items loaded above 0.50 on their respective components.

Four components were retained, collectively explaining 59.2% of the total variance. All 45 items loaded above 0.50 on their respective theoretical components, consistent with the hypothesized four-factor structure. Two items showed cross-loadings above 0.35 and were revised for clarity

before main study deployment. The factor structure confirms that the instrument measures four distinct but related constructs, providing a sound methodological basis for the main study analyses.

6. PROPOSED ANALYSIS PLAN

6.1 Overview

The proposed analysis strategy will follow a sequential structure. Descriptive statistics and baseline equivalence checks will be conducted first. Confirmatory Factor Analysis (CFA) will validate the measurement model using main study data before hypothesis testing begins. Table 4 summarizes the proposed statistical test for each hypothesis.

Table 4

Proposed Statistical Tests by Hypothesis

Hypothesis	Proposed Test	Variables	Software
H1: AV exposure raises MHL	Paired t-test + independent t-test	MHL pre/post; treatment vs. control	SPSS 26.0
H2: EBR gain mediated by instructor	SEM with bootstrapping	EBR outcome; IR as mediator	SmartPLS 4.0
H3: Non-educational media predicts anxiety	Multiple regression	Screen time; anxiety score; covariates	SPSS 26.0
H4: Media type differences in MHL	One-way ANOVA + Tukey post-hoc	MHL post-test across 4 media groups	SPSS 26.0

Note. AV = audiovisual; MHL = Mental Health Literacy; EBR = Emotional and Behavioural Responses; IR = Instructor Role; SEM = Structural Equation Modelling.

6.2 Measurement Model Validation

CFA will be conducted using SmartPLS 4.0 to confirm the four-factor structure identified in the pilot EFA. Fit will be assessed using the Comparative Fit Index (CFI; target above 0.90), the Tucker-Lewis Index (TLI; target above 0.90), and the Root Mean Square Error of Approximation (RMSEA; target below 0.08) (Hu & Bentler, 1999). Convergent validity will be assessed through Average Variance Extracted (AVE; target above 0.50), and discriminant validity will be confirmed using the Fornell-Larcker criterion (Fornell & Larcker, 1981). Hypothesis testing will proceed only after CFA confirms adequate model fit.

6.3 Hypothesis Testing Approach

For H1, paired-samples t-tests will compare MHL pre-test and post-test scores within the treatment group, and independent-samples t-tests will compare post-test scores between treatment and control groups. Cohen's d will be reported to quantify effect size (Cohen, 1988). For H2, SEM with bootstrapping (5,000 re-samples) will test whether instructor facilitation mediates the relationship between media exposure and EBR outcomes. Confidence intervals for indirect effects will be reported (Preacher & Hayes, 2008). For H3, multiple linear regression will model the

relationship between daily non-educational screen time and anxiety scores, controlling for gender, faculty, and prior mental health education history. For H4, a one-way ANOVA with Tukey post-hoc tests will compare MHL post-test scores across the four media-type groups (Field, 2018).

6.4 Subgroup Analyses

Chi-square tests will examine gender differences in media-type preferences and engagement patterns. Faculty-level comparisons will test whether Social Sciences students, who receive greater prior exposure to psychological concepts, show systematically different baseline MHL scores. Students with diagnosed mental health histories will be analysed as a separate subgroup in sensitivity analyses to detect any systematic differences in response patterns.

7. SIGNIFICANCE, LIMITATIONS, AND FUTURE DIRECTIONS

7.1 Contribution to Knowledge

This study makes four identifiable contributions to the field. First, it provides, to the authors' knowledge, the first validated quantitative instrument designed specifically to assess audiovisual media's effects on mental health education outcomes in a Chinese normal university context. Second, it tests instructor facilitation as a mediating variable rather than a background condition, a methodological advance over prior studies that treated media exposure alone as the independent variable. Third, it integrates CBT, SLT, and MPT into a unified explanatory framework rather than applying them separately. Fourth, it addresses the population gap by focusing exclusively on first-year students during the period of highest vulnerability in the university lifecycle.

7.2 Practical Implications

Findings are expected to inform curriculum design decisions for mental health educators, professional development priorities for university psychology instructors, and media procurement policies for institutions seeking to integrate audiovisual content into mental health curricula. The cultural resonance dimension of the study, specifically the attention to Confucian collective and family-oriented values in media selection (Yearwood, 2007), is expected to yield recommendations applicable beyond SNU to Chinese higher education more broadly.

7.3 Anticipated Limitations

Six limitations are anticipated. First, the quasi-experimental design does not permit true randomisation, which limits causal inference. Baseline equivalence testing and ANCOVA will partially address this, but residual confounding cannot be eliminated (Shadish et al., 2002). Second, the study is conducted at a single institution in one Chinese province, limiting geographic generalisability. Third, self-report instruments are vulnerable to social desirability bias, particularly on mental health measures in a culture where psychological distress remains partially stigmatised (Liu et al., 2017). Fourth, the emotional resilience measure relies entirely on self-report, and in a collectivist cultural context, students may over-report resilience to appear academically capable, compressing observed variance in EBR scores. Fifth, instructor facilitation quality will be measured from the student perspective only; direct classroom observation would

provide a more complete account. Sixth, the post-test captures outcomes at a single time point and will not be able to assess whether gains persist across the academic year.

7.4 Future Research

Three directions for future research follow from this proposal. Longitudinal studies will be needed to determine whether mental health literacy gains from audiovisual curriculum modules translate into sustained behavioural change, including increased uptake of counselling services. Cross-institutional replication across Chinese regional and university-type contexts will test generalisability. Investigation of AI-driven personalised content delivery as a vehicle for scaling evidence-based audiovisual mental health education represents a promising emerging direction (Abd-Alrazaq et al., 2020).

8. CONCLUSION

Mental health education in Chinese universities faces a persistent engagement problem. Lecture-based delivery fails to activate the emotional connection, behavioural modelling, and critical reflection that psychological education requires. Audiovisual media, when carefully selected for scientific accuracy and cultural relevance and delivered within a structured instructor-facilitated framework, is theoretically and empirically positioned to address this gap.

This paper presented an overview study and research proposal for a quasi-experimental investigation of audiovisual media's effects on first-year students' mental health literacy, emotional resilience, and help-seeking intentions at Shangrao Normal University. The instrument was developed and validated through a pilot study with 50 participants. The pilot returned strong reliability coefficients ranging from 0.871 to 0.908 and a clean four-factor structure that explained 59.2% of total variance. Main study data collection is scheduled for the 2025 to 2026 academic year.

The findings, when available, will provide one of the first rigorous quantitative accounts of how instructor-facilitated audiovisual media education affects psychological outcomes in a Chinese normal university context. The study will contribute to both academic knowledge and practical curriculum development in Chinese higher education, with implications for institutions seeking to move beyond lecture-based mental health instruction.

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