



A Study on a Mental Health Education Model for University Students Based on Expressive Arts Therapy

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Abstract

First-year university students often face considerable pressure related to psychological adjustment, and traditional lecture-based mental health courses have limited effects on improving emotion regulation. This study examined the use of expressive arts therapy as a classroom intervention and observed changes in students' psychological experiences and emotion-processing habits. A quasi-experimental pretest–posttest control-group design was adopted. Two intact first-year classes taking a compulsory public mental health course at one university were selected by convenience sampling and randomly assigned to the experimental and control conditions by drawing lots; individual students were not randomly assigned. The experimental group ($n = 43$) received eight weeks of expressive arts therapy intervention, while the control group ($n = 42$) continued with routine classroom teaching. Data were collected before and after the intervention using the SCL-90 and the Emotion Regulation Questionnaire (ERQ). Before the intervention, no statistically significant differences were found between the two groups. After the intervention, the experimental group showed significant decreases in SCL-90 scores for anxiety, depression, interpersonal sensitivity, and obsessive-compulsive symptoms, an increase in ERQ cognitive reappraisal scores, and a decrease in expressive suppression scores ($P < 0.05$), and post-intervention between-group effect sizes were moderate to large (Hedges' $g = 0.70$ – 1.26). The control group showed no significant changes. Within this single-site sample of two intact classes, the findings suggest that expressive arts therapy may help alleviate negative psychological experiences and support more adaptive emotion regulation. Because of the small sample and the absence of individual random assignment, the findings are context-specific and should not be generalized to university students broadly.

1. Introduction

The university stage is a period in which students' personalities mature, psychological patterns stabilize, and pressures tend to converge. Academic competition, interpersonal interaction, employment anxiety, and emotional exhaustion continually affect university students' mental health. Expressive arts therapy is a largely non-verbal psychological intervention. Its immersive, multimodal, and experiential format is intended to help students externalize emotions through artistic creation and release pressure. In view of this, the present study reviews the current state of mental health education in universities, describes the characteristics and implementation pathways of expressive arts therapy in education, and reports a preliminary, single-site classroom trial of an arts-based mental health education model. The study is intended to offer a practical reference for mental health education in Chinese universities rather than a generalizable estimate of effectiveness.

2. Overview of Expressive Arts Therapy

Expressive arts therapy differs from traditional verbal psychological counseling. It integrates theories from art, psychology, and education and uses painting, music, dance/movement, and drama as forms of psychological intervention. Using multimodal creative art-making as a medium, it guides individuals to externalize inner emotions, release psychological pressure, and repair psychological trauma through non-verbal artistic creation, thereby achieving self-healing and psychological growth [1]. A core theoretical assumption of this approach is that non-verbal expression reduces reliance on verbal articulation and may lessen the influence of psychological defenses, so that emotions that are difficult to put into words can emerge through artistic symbols, bodily movement, and sound. Compared with traditional psychological intervention models, expressive arts therapy does not emphasize right or wrong standards or impose fixed forms. It has educational advantages such as low pressure, high acceptance, and strong experiential engagement. In mental health education, students can express their inner states without first having to organize them into words. Teachers may gain some insight into students' emotional states from their artwork and creative process; however, such observations are not diagnostic. At present, the approach is used in adolescent emotional counseling, stress intervention, and personality development. It may suit the varied psychological needs of university students and complement traditional, lecture-based mental health education.

3. Materials and Methods

3.1 Participants

The sample was drawn from two parallel first-year teaching classes at a local undergraduate university. Both classes took the same compulsory public mental health course offered by the university, and none of the students were psychology majors. This study used convenience sampling combined with random class assignment. The two classes were natural (intact) classes formed by the university before the study, and they were randomly assigned by drawing lots, with one class designated as the experimental group and the other as the control group. Individual students were not randomly assigned to classes or conditions. Both groups were taught by the same instructor to minimize potential influences arising from differences in teaching style or experience. The instructor holds professional qualifications in university mental health services, teaches public mental health courses at the institution, and has completed specialized training in expressive arts therapy. The experimental group consisted of 43 students, including 20 male students (46.51%) and 23 female students (53.49%). Their ages ranged from 17 to 20 years, with a mean age of 18.24 years. The control group consisted of 42 students, including 18 male students (42.86%) and 24 female students (57.14%). Their ages ranged from 17 to 21 years, with a mean age of 18.31 years. The sex ratio did not differ significantly between the groups ($\chi^2 = 0.11$, $P = 0.73$).

At the beginning of the freshman year, the university organized a campus-wide psychological screening. Based on the screening results, the overall SCL-90 scores of the two classes showed no obvious extreme deviation. Considering the requirement of quasi-experimental research to maintain comparability between groups, we compared the two groups in terms of age distribution, sex ratio, and baseline psychological status at admission. The two groups also did not differ significantly on any pretest SCL-90 factor or ERQ dimension (all $P > 0.05$; see Section 4.1). Nonetheless, similarity on measured variables does not rule out differences on unmeasured characteristics. Before the intervention began, archived student psychological records from the counseling center, the risk warning list generated by the freshman screening, and counselors' daily observations were used only to screen students against the exclusion criteria described below; they were not used to select the classes or to assign students to groups.

Students with severe depressive symptoms, acute anxiety attacks, or self-harm tendencies who had already been included in the campus psychological crisis management process and needed treatment at professional institutions were excluded from this study. This exclusion was intended, on the one hand, to avoid ethical risks that may arise during group intervention and, on the other hand, to protect the physical and mental safety of participating students.

Because the participants came from only two classes at one university, the sample is not representative of university students in general. The findings should therefore be interpreted as specific to this context.

3.2 Research Instruments

3.2.1 Symptom Checklist-90 (SCL-90)

The SCL-90 was originally developed by Derogatis et al. (1973), and the Chinese version (Wang, 1984) was used in this study. Chinese normative data are available (Jin et al., 1986), and the scale is widely used in psychological research in China. The scale contains 90 items rated on a 5-point scale (1 = none, 5 = severe); higher scores indicate greater psychological distress. This study used four factors: anxiety (10 items), depression (13 items), interpersonal sensitivity (9 items), and obsessive-compulsive symptoms (10 items). Factor scores were calculated as the mean of the items in each factor. In the present sample, Cronbach's α for the four factors ranged from 0.812 to 0.895.

3.2.2 Emotion Regulation Questionnaire (ERQ)

The Emotion Regulation Questionnaire (ERQ) was originally developed by Gross and John (2003). This study used the Chinese revised version of the ERQ (ERQ-CRV) developed by Wang et al. (2007), which showed acceptable internal consistency in its validation study (Cronbach's $\alpha = 0.85$ for cognitive reappraisal and 0.77 for expressive suppression) and has been used repeatedly with Chinese university students. The scale contains 10 items across two dimensions: cognitive reappraisal (6 items) and expressive suppression (4 items). Items are rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree), and dimension scores were calculated as item means. Higher cognitive reappraisal scores indicate a greater tendency to regulate emotions by changing one's thoughts, and higher expressive suppression scores indicate a greater tendency to inhibit emotional expression. In the present sample, Cronbach's α was 0.871 for cognitive reappraisal and 0.803 for expressive suppression.

3.3 Intervention Protocol

3.3.1 Control Group: Routine Mental Health Education Teaching Intervention

The control group received teaching according to the university's original public mental health course model. The course focused on disseminating basic mental health knowledge, helping students identify common psychological problems, and establishing reasonable mental health concepts. Classroom teaching was mainly based on teachers' oral lectures and analysis of real psychological cases involving university students, supplemented by group discussions within the class. The teaching content covered routine topics such as freshman campus adjustment, emotion management, interpersonal communication, and stress coping. During the entire 8-week teaching period, no classroom activities with art-based healing characteristics, such as painting, music movement, bodily dance, or scenario drama performance, were arranged in the control group. The course did not involve any intervention content related to expressive arts therapy [2].

3.3.2 Experimental Group: Mental Health Teaching Intervention Based on Expressive Arts Therapy

The experimental group had the same total number of class hours as the control group and received the complete expressive arts therapy intervention protocol designed in this study. Because both groups had the same instructor, course, and total class hours, the two groups differed primarily in the type of psychological intervention used during class. The classroom no longer prioritized the instillation of theoretical knowledge. Instead, it emphasized students'

hands-on participation in artistic experiences and encouraged students to release inner emotions through non-verbal pathways. The course implemented modules in sequence, including painting-based healing, music intervention, dance/movement release, drama experience, group art co-creation, and dynamic psychological file tracking. In class, students were guided to use various art forms to express accumulated emotions, reflect on their ways of thinking, and support one another through group activities. The specific intervention contents were as follows.

(1) Painting-based healing to channel negative emotions

Painting-based healing is one of the most basic and easily implemented forms of expressive arts therapy. Through lines, colors, composition, and patterns, it gives visual form to feelings such as anxiety, low mood, confusion, and irritability, and may be particularly suitable for students who find verbal expression difficult [3]. It requires no artistic skill; the emphasis is on emotional expression rather than aesthetic quality. In this study, activities included free doodling, emotion-color painting, themed painting, mandala drawing, and landscape creation. Students were provided with paper, pens, and paints and were encouraged to draw freely in a relaxed atmosphere. After each activity, students were invited to share the ideas, meanings, and feelings behind their images, and the teacher offered supportive guidance when images or comments suggested tension, confusion, or low mood.

(2) Music intervention to soothe psychological anxiety

University students face ongoing pressure from academic assessment, competition, employment, and interpersonal adjustment, which may be accompanied by anxiety, restlessness, and tension. Soft, soothing music is commonly used to promote relaxation [4]. In this study, music activities were matched to students' states: calm instrumental music and natural sounds for anxious or restless students, warm and uplifting music for students in low mood, and guided music relaxation for students under high stress. In addition to listening, students took part in humming, rhythm clapping, music-based movement, and lyric writing or adaptation. Whole-class music sessions were used to create a shared, relaxed atmosphere [5], and activities were adjusted according to students' feedback after each session.

(3) Dance/movement release to regulate body and mind

Dance/movement release uses bodily movement as its central medium. Through stretching, rhythmic movement, and free dancing, it aims to release physical tension and emotional strain. Many university students sit for long periods and exercise little, and movement-based activities offer a channel for expressing feelings that static, talk-based counseling may not reach [6]. No standardized movements or skill requirements were set; freedom, relaxation, and naturalness were the guiding principles. Students moved freely to soft or light music using simple movements such as raising the arms, stretching, swaying, and stepping. Introverted or physically reserved students were encouraged gradually, at their own pace. Group activities, such as collective rhythm, partner cooperation, and group stretching, were used to reduce interpersonal distance and social tension.

(4) Drama experience to reconstruct self-cognition

Drama experience includes scenario enactment, role play, story reenactment, and emotional performance. By taking on different roles, students can view situations from other perspectives, reflect on their own experiences, and reconsider negative self-evaluations [7]. Some university students tend toward excessive self-criticism and magnify their weaknesses, and role-based activities offer a structured way to examine such patterns. The teacher set everyday themes based on common student concerns, such as academic pressure, interpersonal communication, personal growth, and coping with setbacks, and students planned and performed short scenes. Rehearsal and performance also gave students opportunities to practice self-expression in front of peers. After each activity, the teacher led a debriefing in which students reviewed the

performance, shared their reflections, and discussed more balanced ways of viewing themselves.

(5) Group art to build a support system

Group art activities emphasize cooperation, collective creation, and interaction. They aim to reduce feelings of loneliness and to build peer support, which is relevant for students who experience social anxiety or interpersonal distance. Students were divided into small groups for activities such as collective painting, choir arrangement, group drama, handmade co-creation, and art sharing. Completing a shared work required students to communicate, cooperate, and help one another. Students shared their feelings and experiences within the group, and the teacher observed participation and interaction and encouraged withdrawn students to join in [8].

(6) Dynamic profiling to track psychological changes

Dynamic psychological profiling was used to monitor students' progress during the course. An art-based growth file was established for each student, containing paintings, creative reflections, music experience records, drama reflections, and group activity notes, together with the teacher's notes on the student's emotional state and participation in each activity. Because a single session can provide only short-term relief, comparing a student's materials across sessions allowed the teacher to track changes over time, identify students who might need further support, and adjust activities accordingly. The resulting cycle of "art intervention—state monitoring—review and adjustment—consolidation" was intended to make the course process-oriented and responsive. In line with the ethical considerations in Section 4.2.3, these files served only as teaching references and were not used to diagnose students' psychological conditions.

3.4 Data Processing

This study set two assessment time points: pretest and posttest. The pretest was arranged before the first class officially began, and the SCL-90 and ERQ were completed uniformly. The posttest was conducted within one week after the 8-week intervention course ended, and both scales were administered again.

Before formally completing the questionnaires, the actual purpose of the study was explained to participating students. It was emphasized that all research materials would be kept strictly confidential, that the questionnaires would only be used for project analysis, and that the assessment results would not be included in course grades or affect any comprehensive student evaluation. After the questionnaires were collected, they were screened for invalid responses, such as excessively short response times, identical responses throughout, or a large number of missing responses. No questionnaires met these criteria, so all 85 were retained for analysis. Data were analyzed using SPSS 22.0 and are presented as mean $\pm$ standard deviation ($M \pm SD$). Paired-samples t-tests were used for within-group pre–post comparisons, and independent-samples t-tests were used for between-group comparisons at pretest and posttest. $P < 0.05$ was considered statistically significant. Because statistical significance does not indicate the size of an effect, effect sizes were also calculated. Post-intervention between-group effects were expressed as Hedges' g with 95% confidence intervals, and baseline-adjusted effects were calculated as the pretest–posttest–control effect size (d_{ppc2}) using the pooled pretest standard deviation (Morris, 2008). Values of 0.2, 0.5, and 0.8 were interpreted as small, medium, and large, respectively (Cohen, 1988).

4. Results and Discussion

4.1 Intervention Results

4.1.1 Comparison of SCL-90 Factor Scores Between the Two Groups

At pretest, the two groups did not differ significantly on any SCL-90 factor (all $P > 0.05$). According to the data in Table 1, after eight weeks of traditional course learning, the control

group showed only small changes in scores for anxiety, depression, interpersonal sensitivity, and obsessive-compulsive symptoms, and the within-group comparisons were not statistically significant ($P > 0.05$). This suggests that, in this sample, the lecture-based course alone was not associated with measurable changes in these symptoms.

After receiving the expressive arts therapy intervention, the experimental group showed significant decreases in the four factor scores compared with before the intervention, and the within-group differences were statistically significant ($P < 0.05$). After the intervention, between-group comparisons showed that the experimental group had significantly lower scores on all factors than the control group ($P < 0.05$). The post-intervention between-group effect sizes were moderate to large (Hedges' $g = 0.70$ – 0.92 ; Table 3). Within this sample, these results suggest that the expressive arts therapy intervention was associated with reduced anxiety, depression, interpersonal sensitivity, and obsessive-compulsive symptoms. However, because only two intact classes were compared, the differences cannot be attributed to the intervention alone (see Section 4.2.2).

Table 1 Comparison of SCL-90 factor scores between the two groups before and after intervention [score, (M $\pm$ SD)]

Group (n)	Time	Anxiety	Depression	Interpersonal sensitivity	Obsessive-compulsive
Control (n = 42)	Pre-intervention	1.72 $\pm$ 0.38	1.70 $\pm$ 0.34	1.75 $\pm$ 0.37	1.76 $\pm$ 0.36
	Post-intervention	1.75 $\pm$ 0.41	1.68 $\pm$ 0.38	1.72 $\pm$ 0.40	1.74 $\pm$ 0.37
Experimental (n = 43)	Pre-intervention	1.74 $\pm$ 0.40	1.68 $\pm$ 0.36	1.77 $\pm$ 0.35	1.79 $\pm$ 0.33
	Post-intervention	1.41 $\pm$ 0.32	1.37 $\pm$ 0.29	1.44 $\pm$ 0.34	1.50 $\pm$ 0.31
Post-intervention between-group t/P		t = 3.984, P < 0.05	t = 4.083, P < 0.05	t = 3.826, P < 0.05	t = 3.573, P < 0.05

4.1.2 Comparison of ERQ Dimension Scores Between the Two Groups

According to the ERQ data in Table 2, the two groups did not differ significantly in cognitive reappraisal or expressive suppression at pretest ($P > 0.05$). In the control group, both scores changed only slightly after the routine course, and within-group comparisons were not statistically significant ($P > 0.05$). In the experimental group, cognitive reappraisal scores increased significantly ($P < 0.05$) and expressive suppression scores decreased significantly ($P < 0.05$) after the intervention. At posttest, the experimental group had higher cognitive reappraisal scores and lower expressive suppression scores than the control group ($P < 0.05$), with large effect sizes (Hedges' $g = 1.10$ and -1.26 , respectively; Table 3). Taken together, the results suggest that, in this sample, the intervention was associated with less use of expressive suppression and greater use of cognitive reappraisal, a pattern generally regarded as more adaptive (Gross & John, 2003).

Table 2 Comparison of ERQ dimension scores between the two groups before and after intervention [score, (M $\pm$ SD)]

Group (n)	Time	Cognitive reappraisal	Expressive suppression
Control (n = 42)	Pre-intervention	3.61 $\pm$ 0.54	4.22 $\pm$ 0.61
	Post-intervention	3.65 $\pm$ 0.57	4.18 $\pm$ 0.59
Experimental (n = 43)	Pre-intervention	3.58 $\pm$ 0.52	4.25 $\pm$ 0.58
	Post-intervention	4.24 $\pm$ 0.49	3.47 $\pm$ 0.53
Post-intervention between-group t/P		t = 4.817, P < 0.05	t = 4.429, P < 0.05

Table 3 Effect sizes for post-intervention between-group differences and baseline-adjusted change (experimental vs. control)

Outcome	Hedges' g [95% CI]	d_{ppc2}	Magnitude
SCL-90 Anxiety	-0.92 [-1.36, -0.47]	-0.91	Large
SCL-90 Depression	-0.91 [-1.36, -0.46]	-0.82	Large
SCL-90 Interpersonal sensitivity	-0.75 [-1.19, -0.31]	-0.83	Moderate to large
SCL-90 Obsessive-compulsive	-0.70 [-1.14, -0.26]	-0.78	Moderate to large
ERQ Cognitive reappraisal	1.10 [0.64, 1.56]	1.16	Large
ERQ Expressive suppression	-1.26 [-1.72, -0.79]	-1.23	Large

Note. Effect sizes were computed from the means and standard deviations reported in Tables 1 and 2 (experimental minus control). Negative values indicate lower scores in the experimental group. d_{ppc2} = (pre–post change in the experimental group – pre–post change in the control group) / pooled pretest SD, with small-sample correction (Morris, 2008). Given the small sample of two intact classes, these estimates should be interpreted with caution.

4.2 Discussion

4.2.1 Possible Explanations for the Observed Effects

The mechanisms discussed below were not directly measured in this study. Psychological defensiveness, emotional openness, and engagement were not assessed; the following explanations are therefore offered as possible interpretations consistent with the observed score changes rather than as demonstrated mechanisms.

(1) Immersive experience may reduce psychological defensiveness

Traditional university mental health education relies largely on theoretical instruction, passive listening, and question-and-answer counseling. Some students may experience this format as evaluative, which could heighten defensiveness. By contrast, the expressive arts model emphasizes immersive artistic experience in a relaxed, low-pressure setting where there are no right or wrong answers. One possible interpretation of the present results is that this setting made students more willing to express worry, tension, and confusion, and shifted the course from passively receiving counseling toward actively engaging in self-expression. However, because defensiveness was not measured, this explanation remains tentative and should be tested in future studies using direct measures of the proposed mechanisms.

(2) Diversity, inclusiveness, and adaptation to individual differences

Expressive arts therapy includes several forms, such as painting, music, bodily movement, drama, and group creation, and may therefore accommodate students with different personalities, expressive abilities, and psychological states. The variety of forms offers multiple channels for emotional expression and allows students some choice according to their preferences. This flexibility may be one reason the intervention was acceptable to students with different characteristics, although the present study did not examine whether effects differed across student subgroups.

The difference in classroom format is one plausible explanation for the between-group differences observed in this study. Students who are reluctant to disclose their feelings verbally may find it easier to express them through art. However, as discussed in Section 4.2.2, other factors could also have contributed to the observed differences.

4.2.2 Alternative Explanations

Several alternative explanations should be considered. First, although the two classes were allocated to conditions by drawing lots, randomization of only two intact classes cannot balance class-level characteristics, and individual students were not randomly assigned. Unmeasured pre-existing differences between the classes (e.g., motivation, class climate, or prior experience with the arts) may therefore have influenced the results, even though the groups did not differ significantly on the pretest measures (Shadish et al., 2002). Second, teacher effects cannot be fully ruled out. Having the same instructor teach both classes controls for differences between instructors, but the instructor was aware of group allocation and was specifically trained in

expressive arts therapy, so the instructor's enthusiasm and engagement may have differed between the two formats. Third, classroom differences, such as class atmosphere, peer relationships, and the more interactive nature of the experimental sessions, may have contributed to the changes. Fourth, students in the experimental group experienced a novel course format and may have expected it to help them; such expectancy effects, together with Hawthorne effects arising from awareness of being studied and from receiving additional attention (McCambridge et al., 2014), could have improved self-reported outcomes. Fifth, all outcomes were self-reported, so social desirability may have influenced post-intervention responses in the experimental group. Finally, the posttest was administered within one week of the course, and no follow-up assessment was conducted, so the durability of the changes is unknown. For these reasons, the observed differences should be interpreted as associations with the intervention rather than as evidence of causal effects.

4.2.3 Practical Constraints and Ethical Considerations in Implementation

From a practical perspective, integrating expressive arts therapy into public mental health courses may involve several obstacles, and relevant ethical requirements for psychological education and group intervention must be followed throughout the intervention.

First, this new teaching model places higher demands on teachers' comprehensive professional competence. In addition to mastering basic theories of university mental health education and skills for organizing group activities, teachers also need to systematically study theories related to expressive arts therapy, become familiar with group implementation standards, and be able to understand the emotional signals revealed behind students' artistic creations. They must promptly capture students' emotional fluctuations and hidden psychological conflicts in class. Teachers must also distinguish the boundary between ordinary artistic experience activities and professional psychotherapy and cannot simply equate classroom activities such as painting, music, and handicrafts with standardized psychological healing. If theoretical understanding is inadequate or operational procedures are flawed, students' negative emotions may erupt, creating unnecessary psychological risks.

Second, for the course to be offered stably over the long term, schools need to provide suitable teaching spaces and consumable materials such as paintbrushes and clay. Activities such as painting, music movement, group co-creation, and drama experience are not suitable for crowded ordinary theory classrooms. They require relatively enclosed group activity rooms that can give students a sense of safety. Some local undergraduate institutions have limited educational funding and tight group activity space resources, making it difficult to promote and routinely offer this intervention protocol.

Finally, student artworks, anonymous emotional records, and classroom feedback materials retained during the course all involve students' personal privacy. Confidentiality requirements must be implemented throughout the intervention. Various artistic creations submitted by students can only be used as reference materials during course implementation and cannot be used alone to determine students' psychological states.

Whether in the initial screening stage or during the course, for students newly identified as having severe psychological distress, psychological crisis, or self-harm risk, group-level art intervention can only provide auxiliary support and cannot replace one-on-one psychological counseling and professional clinical intervention. After teachers identify high-risk students, they should immediately activate the campus psychological crisis management process, properly record relevant information, and promptly refer students to the university counseling center.

4.3 Limitations and Directions for Future Research

This study has several limitations. First, the sample consisted of only two classes ($n = 85$) of first-year, non-psychology students at a single local undergraduate university in China. The findings are therefore context-specific and should not be generalized to university students broadly, to other year levels, or to institutions with different cultures, resources, or course

arrangements. Second, although the two classes were randomly allocated by drawing lots, a design with only two intact classes and no individual randomization limits causal inference. Third, only four SCL-90 factors and the two ERQ dimensions were assessed, and the proposed mechanisms (e.g., reduced defensiveness) were not measured. Fourth, the intervention lasted eight weeks and there was no follow-up. Future studies should use larger, multi-site samples; randomize classes or students where feasible (e.g., cluster randomized designs); include an active control condition with comparable interaction and attention; involve multiple instructors and assessors unaware of group allocation; measure potential mechanisms directly; and include follow-up assessments.

5. Conclusion

University mental health teaching faces several practical challenges: classroom formats are often lecture-based, available intervention approaches are limited, and verbal counseling alone may not engage all students. To address these issues, this study integrated expressive arts therapy into a public mental health course and conducted an 8-week quasi-experimental classroom intervention with two intact classes. Six modules were designed: painting-based healing, music intervention, dance/movement release, drama experience, group art co-creation, and dynamic psychological file tracking. These modules addressed emotional expression, body–mind regulation, cognitive reflection, peer support, and progress monitoring.

In this sample, students in the lecture-based course showed no significant changes in psychological distress or emotion regulation over the eight weeks. Students in the expressive arts therapy course showed lower anxiety, depression, interpersonal sensitivity, and obsessive-compulsive scores, higher cognitive reappraisal scores, and lower expressive suppression scores after the intervention, and they differed from the control group at posttest with moderate to large effect sizes (Hedges' $g = 0.70\text{--}1.26$). These differences are consistent with the possibility that expressive arts activities provide lower-pressure channels for emotional expression, but the underlying mechanisms were not directly tested.

From a practical perspective, the model appears compatible with a regular first-year mental health course and may complement lecture-based teaching. This study also identified practical constraints and ethical considerations for implementation, including teacher training, facilities and materials, privacy protection, and referral of students in crisis.

In summary, within this single-site sample of two intact classes, the expressive arts therapy course could be delivered within the existing class hours of a university mental health course and was associated with moderate to large short-term improvements in self-reported psychological distress and emotion regulation. Because of the small sample, the absence of individual random assignment, and possible teacher, classroom, expectancy, and Hawthorne effects, these effect sizes may be imprecise or overestimated, and the findings are context-specific. Replication with larger, randomized, multi-site samples and longer follow-up is needed before firmer conclusions about effectiveness can be drawn. Universities considering this approach may use the present framework as a starting point and adapt it to their own students and resources.

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