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Brief mental health education course efficacy on resilience among first-year college students: A cluster-randomized controlled trial

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Abstract: The transition to university life presents unique challenges, increasing the risk of mental health issues among first-year students. This study evaluated the efficacy of an eight-week structured mental health education course in enhancing resilience among first-year college students and reducing their stress levels. Utilizing a cluster-randomized controlled trial, a total of 509 first-year students (age range 18–20 years) were allocated to either an intervention group receiving the mental health education course (n = 252), or a control group with no intervention (n = 257) over an 8 week period. They completed self-reported measures of resilience and perceived stress at baseline and post-intervention. The results from repeated measures analysis of variance (ANOVA) indicated significant group-by-time interactions were found for both resilience and perceived stress. Specifically, students in the intervention group showed significant increases in resilience and significant reductions in perceived stress, whereas the control group showed no significant changes. The brief eight-week mental health education course had efficacy enhancing resilience and reduces perceived stress among first-year students. These findings highlight the value of integrating such mental health education programs into university counseling and student development services, offering a practical approach to supporting first-year students' psychological adjustment and overall well-being.

Keywords: resilience; mental health education; stress; university students

Introduction

The transition to university is often a critical life stage for young adults developing teir sense of choice and volition. At the same time, the unfamiliarity of university life can challenge students' sense of self-efficacy and experiences of insecurity, away from established social support networks (Beck et al., 2003; Blimling & Miltenberger, 1981). Previous studies have shown that first-year students are at an elevated risk of developing mental disorders such as anxiety and depression during this transition and from increased academic demands, need for greater autonomy, and a lack of structured support (Beck et al., 2003; Dyson & Renk, 2006),

Quite apparently, there is need for student counselling and development services for supporting student to self-manage their school life, and brief interventions may be more acceptable with them given their busy school schedules. Evidence is needed on the structure and effects of brief student counselling and development services for supporting students to self-manage their school life and often away from family and friends they are accustomed. This study reports on the efficacy of an eight-week structured mental health education course in enhancing resilience among first-year college students and reducing their stress levels.

Mental health education needs of beginning university students

Beginning college students are at high risk internalizing disorders such as major depressive disorder (MDD; Ebert et al., 2019) and generalized anxiety disorder (GAD; Kanuri et al., 2015). The transition to university is often accompanied by increased academic pressures, social challenges, and separation from familiar support networks, which contribute to elevated rates of anxiety and depression (Beiter et al., 2015). Without appropriate support, these mental health issues can negatively impact students' academic performance, social functioning, and overall well-being (Blanco et al., 2008). Early intervention and preventive mental health education are therefore critical for this vulnerable group, as they may help mitigate the onset and severity of these disorders (Hunt & Eisenberg, 2010).

Resilient learning

According to the American Psychological Association (2010, p. 74), resilience is "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress." It is a positive adaptation resource in the face of significant stress or adversity, acting as a protective factor. Although previously conceptualized as a fixed trait, resilience is now considered a dynamic process that can be learned, trained, and improved throughout life (Chmitorz et al., 2018; Masten, 2018). This makes resilience focused mental health education a crucial focus intervention for reducing the risk of adverse outcomes among individuals facing high levels of stress (Anyan & Hjemdal, 2016; Wingo et al., 2010). Evidence shows that higher resilience scores predict superior level of functioning following an adverse or stressful event (Galatzer-Levy et al., 2018). Importantly, resilience can be learned, trained, and enhanced (Chmitorz et al., 2018; Masten, 2018). Therefore, developing resilience through targeted programs may be a promising approach to improving mental health outcomes.

Training programs

Various resilience training programs have been developed to enhance resilience across different populations, including college students, healthcare workers, and military personnel (Dray et al., 2017; Leppin et al., 2014). As an example, Henderson and Milstein (1996) proposed a six-strategy training model, focusing on aspects such as providing opportunities for student participation, setting high expectations, fostering supportive environments, and teaching life and social skills. Other programs, such as Sternberg's (2003) "Another 3R" model (2003) similarly emphasize personal growth, social support, and problem-solving skills as key components of resilience. The Penn Resilience Program (PRP), designed by Seligman et al. (1999), is based on cognitive-behavioral principles and has demonstrated success in enhancing resilience among students.

Despite numerous studies on resilience interventions, there remains a significant lack of interventions specifically targeting college freshmen. Most existing resilience training programs focus on individuals with mental illnesses or workplace populations; even when college students are included, few studies concentrate on freshmen. Given the unique challenges faced by first-year students during their transition to university life, as previously elaborated, there is an urgent need for resilience interventions tailored to this group. Moreover, most resilience training is based on individual interventions, which are difficult to implement on a large scale for freshmen cohorts. Incorporating resilience education into mental health courses for freshmen can expand the reach of these interventions, providing practical and positive impacts on resilience at a broader scale. Furthermore, previous interventions often did not integrate the real-life context of university campus life. Since resilience involves adapting to actual life events, it is essential to focus on coping strategies relevant to students' real experiences. Additionally, many past resilience interventions lacked control groups, which affects the ability to rigorously assess their effectiveness.

Goal of the study

This study tested the efficacy of an eight-week resilience focused mental health education course for enhancing student's coping abilities and mental well-being. Therefore, the primary aim of this study is to evaluate the impact of an eight-week Mental Health Education Course on resilience among first-year college students using a cluster-randomized controlled trial. We hypothesized that students in the intervention group will:

(1) show significant increases in resilience compared to the control group, and

(2) exhibit significant decreases in perceived stress levels.

Significance

Given the unique challenges faced by first-year college students, incorporating resilience-building strategies into educational programs specifically designed for freshmen could be particularly beneficial. By addressing the adaptation difficulties and potential mental health issues associated with the transition to university life, resilience interventions may promote better coping abilities among freshmen. Therefore, implementing resilience training within college courses may be a promising approach to alleviate freshman adaptation problems and mitigate the negative impacts of stress on students' mental well-being.

Method

Participants and procedure

This study employed a two-arm cluster randomized controlled trial (RCT) to investigate the effectiveness of a resilience focused eight-week mental health education course in promoting coping or endurance among first-year college students. The Ethics Committee of Nanjing University of Information Science and Technology approved this study. Participants were recruited by inviting students from the 12 randomly selected first-year classes, consisting of students aged 18–20 years. A total of 509 students provided informed consent and were eligible to participate. Retention rates were high, with 100% ($n = 509$) completing the baseline assessment and 94.5% ($n = 481$) completing the post-intervention assessment. There were no significant differences in completion rates between the groups, with 95.3% of students in the control group and 94.0% in the training group completing the post-intervention questionnaires. No significant differences were found between study completers and those who dropped out in terms of age, gender, or baseline scores for resilience and perceived stress.

Intervention implementation

Following enrollment, participants were randomized into one of two groups. The training group met once weekly over eight weeks (eight sessions in total). The specific rationale underlying the course was not explained to participants, and they were blind to group allocation.

A total of 12 first-year classes were randomly selected from a university in China to participate. Six of these classes were assigned to the training group, which received the mental health education course, while the other six served as a control group without intervention. Data were collected in two phases: baseline assessment before intervention and follow-up assessment immediately after the intervention.

Blocked randomization, conducted by an external researcher using the online tool Research Randomizer (www.randomizer.org), allocated the classes in an equal ratio (1:1), without stratification. Participating classes were randomly assigned to either the "training" or "control" condition, and were unaware of the interventions administered to other groups. The sample was derived from a two-arm cluster RCT designed to investigate the relative effectiveness of universal, personality-targeted selective and combined classroom-based 8-week mental health education course to promote resilience among first-year college students.

Protocol description

The eight-week training systematically addressed cognition, emotional experience, motivation, and behavior, providing students with practical skills to build resilience.

Table 1. 8-week mental health education course overview

Week	Module	Content Summary	In-Session Activities
1	Module1: **Psychological Cognitive Management Module**	Introduction to college life and personal development planning. Addressing potential cognitive and attitudinal issues in college life.	Interactive lecture and group discussion on adjusting to college life. Cognitive mapping exercises.
2	Module1: **Psychological Cognitive Management Module**	Deepening understanding of cognitive strategies to handle challenges. Training in cognitive reframing and positive thinking.	Role-playing scenarios to practice cognitive reframing. Group activities on planning and goal setting.
3	Module2: **Emotional Experience Management Module**	Cultivating positive emotional experiences. Techniques for recognizing and managing emotions, including emotion regulation strategies.	Mindfulness exercises for emotional awareness. Group sharing sessions on emotional experiences.
4	Module2: **Emotional Experience Management Module**	Strengthening skills in emotional adjustment. Identifying and addressing negative emotions in oneself and peers.	Guided visualizations for managing emotions. Practice sessions on empathy and peer support.
5	Module3: **Motivation and Empowerment Management Module**	Learning theories and methods for stimulating intrinsic motivation. Developing positive psychological qualities such as perseverance, optimism, and hope.	Workshops on identifying intrinsic motivators. Reflective journaling on personal strengths.
6	Module3: **Motivation and Empowerment Management Module**	Practical exercises to enhance motivation. Building resilience through goal setting and maintaining positive attitudes.	Group activities for perseverance and optimism. Case studies on overcoming challenges.
7	Module4: **Behavior Management Module**	Time management and behavior modification techniques. Developing effective stress-coping mechanisms and forming positive habits.	Time management workshops. Practice sessions on forming positive behavioral habits.
8	Module4: **Behavior Management Module**	Problem-solving skills and stress management strategies. Focusing on real-life applications to build adaptive behavioral skills.	Problem-solving workshops. Stress management exercises using real-life scenarios.

Combining theoretical knowledge with hands-on exercises, the program enabled students to understand and apply mental health and resilience concepts effectively in their daily lives, helping them better navigate university challenges (see details in Table 1).

The Mental Health Education course for college freshmen was structured around four essential learning modules, each designed to enhance resilience by focusing on key structural levels: cognition, emotional experience, motivation, and behavior. Each module spanned two weeks, with a 90-min session each week, totaling eight sessions over the entire intervention period. This structured approach ensured that students received comprehensive training tailored to the specific challenges they face during their transition to university life.

Module1: psychological cognitive management module (Weeks 1-2)

This module aimed to help students build a comprehensive understanding of college life and develop early-stage personal development plans. The focus was on equipping students with cognitive strategies to address potential challenges in academic and social environments. Key content included adjusting to the cognitive demands of university life and tackling attitudinal issues related to learning and personal growth. In-session activities involved interactive lectures, cognitive mapping exercises, and group discussions about adapting to the new academic and social context.

Module2: Emotional Experience Management Module (Weeks 3-4)

Designed to foster positive emotional experiences, this module provided students with tools for emotional regulation and managing stress. By strengthening their understanding of emotional adjustment skills, students were guided to effectively manage their own emotions and support peers in handling negative feelings. Activities included mindfulness exercises to promote emotional awareness, guided visualizations for managing emotions, and group sharing sessions where students could discuss and reflect on their emotional experiences. The emphasis

was on helping students establish healthy emotional experiences and effective coping strategies.

Module3: Motivation and Empowerment Management Module (Weeks 5-6)

This module focused on stimulating students' intrinsic motivation and developing positive psychological qualities, such as perseverance, optimism, and hope. The content covered basic theories and practical methods to foster these qualities, thereby helping students build sustainable learning motivation and maintain healthy psychological well-being. Workshops on identifying intrinsic motivators and group activities for cultivating optimism and resilience were key components. Additionally, students engaged in reflective journaling to recognize personal strengths and set goals for their academic journey.

Module4: Behavior Management Module (Weeks 7-8)

The final module aimed at equipping students with effective behavioral skills necessary for managing the demands of college life. It focused on techniques such as time management, behavior modification, and habit formation. Through practical exercises, students learned stress-coping mechanisms and problem-solving strategies to effectively address real-life challenges. In-session activities included time management workshops, practice sessions on forming positive habits, and stress management exercises that focused on applying skills in everyday situations.

Control group

Students in the control group did not receive any additional intervention and continued with their regular academic activities and daily routines. They participated in the standard curriculum without the Mental Health Education Course, serving as a baseline for comparison with the intervention group.

Measures

Self-reported assessments were administered at baseline and immediately after the intervention, approximately eight weeks post-baseline. Data were collected at three assessment sessions: the first immediately before training commenced, the second immediately after the eight-week course, and the third one month later. During the initial assessment, students provided demographic information and completed the following questionnaires: (1) the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) and (2) the Perceived Stress Scale (PSS; Cohen et al., 1983). Participants completed the CD-RISC and PSS again immediately after the eight-week course.

The shortened connor–davidson resilience scale (CD-RISC-10)

The shortened CD-RISC-10 (Campbell-Sills & Stein, 2007) includes 10 items that assess the ability to tolerate difficult experiences (e. g., the ability to bounce back after illness or hardship). As example, items-such as "able to adapt to change", "thinks of self as a strong person", and "can handle unpleasant feelings"—might intersect with attributes affected by depressive symptoms. Each item is rated using a 5-point Likert scale, ranging from 0 (never) to 4 (almost always), with higher scores indicating greater resilience. The Chinese version of the CD-RISC-10 has been shown to exhibit a high degree of reliability and validity (Chen et al., 2022). The overall Cronbach's α for scores from the CD-RISC-10 was 0.88 in the current study, indicating sound internal consistency.

Table 2. Characteristics of the 8-week mental health education course and control group at baseline

Variable	Training group N = 252		Control group N = 257	
Age	19.10 (0.94)		19.02 (0.99)	
Gender	N	%	N	%
Female	115	45.6%	107	41.6%
Male	137	54.4%	150	58.4%
Race				
Han	231	91.7%	229	89.1%
Minority	21	8.3%	28	10.9%

Perceived stress scale (PSS-10)

Perceived stress was assessed using a 10-item version of the Perceived Stress Scale (PSS) (Cohen et al., 1983). The PSS-10 asks questions related to stress perception over the past month. Each item is rated using a 5-point Likert scale, ranging from 0 (little or no stress) to 4 (extreme or high stress), that reflected the degree to which participants found situations or life experiences stressful. In our sample, the Cronbach's α for PSS-10 scores was 0.82.

Statistical analysis

Data were analyzed using IBM SPSS Statistics 25.0 (IBM Corporation, Armonk, NY, United States). To determine differences between the 8-week mental health education course and control groups at the end of the intervention period, 2 (group) $\times$2 (time) repeated measures analyses of variance (ANOVA) were conducted on CD-RISC-10, and PSS-10 scores. Statistical significance was set at 2-sided $p < 0.05$.

Results

Demographics of enrolled participants at baseline

Characteristics of the samples at baseline were presented in Table 2. There were no significant between-group differences on any measure at baseline. Pre and post scores on the outcome measures are shown in Table 3.

Resilience

There was a significant group by time interaction for resilience measured by total CD-RISC-10 scores ($F(1, 479) = 247.73$, $p < 0.001$). Simple contrasts showed that while scores for the control group remained unchanged ($t(244) = 0.90$, $p > 0.05$), there was a significant increase over time in resilience in the training group ($t(235) = 11.46$, $p < 0.001$). These results support our hypothesis

Table 3. Descriptive and inferential statistics comparing the 8-week mental health education course training group to the control group on Perceived Stress and Resilience score

Variable	Training group		Control group	
	Pre (N = 252)	Post (N = 236)	Pre (N = 257)	Post (N = 245)
Perceived stress	30.33 (4.08)	23.57 (5.22)	29.79 (4.48)	30.18 (4.62)
Resilience	10.05 (3.66)	12.10 (3.28)	10.2374 (3.31)	10.33 (3.53)

Note. Standard deviations are shown in parentheses.

that students in the intervention group would show significant increases in resilience compared to the control group.

Perceived stress

There was a significant group by time interaction for perceived stress measured by total PSS-10 scores ($F(1, 479) = 282.27$, $p < 0.001$). Simple contrasts showed that while scores for the control group remained unchanged ($t(244) = 0.82, p > 0.05$), a significant decrease in perceived stress scores was found for the training group ($t(235) = -21.21$, $p < 0.01$). These results support our hypothesis that students in the intervention group would exhibit significant decreases in perceived stress compared to those in the control group.

Discussion

This study explored the effects of an eight-week mental health education course on resilience and perceived stress among first-year college students. The results showed that students in the intervention group experienced significant increases in resilience and significant reductions in perceived stress compared to the control group. These findings are consistent with prior research (Liu et al., 2020), our results demonstrated that the 8-week mental health education course significantly enhanced the resilience of first-year college students. The observed increase in resilience aligns with previous research demonstrating that resilience-focused interventions can positively impact mental health outcomes (Joyce et al., 2018; Liu et al., 2020; Chmitorz et al., 2018). Our findings align with these studies, suggesting that mental health education courses can serve as effective interventions to enhance resilience among college freshmen.

The reduction in perceived stress in the intervention group supports the effectiveness of the mental health education course. Managing perceived stress is crucial for the long-term mental health of first-year students, and this study provides evidence that such courses can achieve this goal. Other studies have similarly shown that structured mental health education reduces psychological distress and stress symptoms (van Agteren et al., 2019; Wang & Du, 2020). Specifically, Wang and Du (2020) found significant improvements in psychological distress, burnout, and life satisfaction among medical students after an eight-week course. Woloshyn and Savage (2018) noted improvements in mental health literacy and stress-coping skills following a wellness course.

Previous research consistently shows that mental health education enhances resilience and stress management across populations. Rickwood et al. (2004) found that mental illness education programs reduce stigma and increase knowledge, which fosters resilience. Conley et al. (2013) and Conley et al. (2015) highlighted that skill-oriented programs with supervised practice effectively reduce depression, anxiety, and stress. Srivastava and Panday (2016) emphasized the role of psychoeducation in equipping individuals with coping skills, improving mental health, and reducing relapse rates. These studies demonstrate the value of mental health education in promoting resilience and reducing stress.

Implications for student counselling and development

Resilience involves both cognitive and behavioral aspects, which can be developed through targeted interventions during critical life transitions, such as the transition to university life. Findings suggest that integrating a structured mental health education course into university curricula can effectively enhance resilience and reduce stress among first-year students. These enhanced skills can help students adapt to the unfamiliarity of new university life and improve their ability to manage stress and life challenges more effectively. The improvement in resilience may contribute to better adaptation to university life and reduced perceived stress, as students become better equipped to handle new challenges during this transitional period.

Limitation and future directions

While the current study shows promising results, several limitations must be acknowledged. First, the cluster-randomized controlled trial design, which involved class-level randomization, may have introduced variability between clusters, potentially affecting the outcomes. Future research could adopt individual-level randomization to minimize variability and improve the validity of the findings. Second, the intervention was compulsory, which may have influenced participants' motivation and engagement. Assessing individual engagement levels in future research could provide a more nuanced understanding of its role in enhancing resilience and reducing perceived stress.

Additionally, the study lacked an active control group to account for non-specific intervention effects, such as social interaction. Including an active control group in future studies would help determine whether the observed benefits were specific to the mental health education components. Another limitation is the absence of long-term

follow-up assessments, which prevents us from determining whether the observed improvements in resilience and stress reduction are sustained over time. Future studies should incorporate extended follow-up assessments to evaluate the persistence of these effects.

Lastly, while the intervention was designed to reflect real-life challenges faced by university students, its generalizability is limited by the specific cultural and institutional context in which it was implemented. Future studies should replicate this intervention in diverse educational settings to determine its broader applicability.

Conclusion

The findings of this study provide valuable insights into the potential of integrating mental health education into the university curriculum as a means to enhance resilience and reduce stress among first-year students. Although the course appears effective for promoting resilience, further longitudinal research is necessary to confirm its long-term benefits. Future research should further explore the mechanisms underlying these effects, allowing for the refinement of intervention strategies to optimize their impact.

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Conflicts of Interest: The author declares no conflicts of interest to report regarding the present study.

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