

From Emotional Awareness to Supportive Action: A Conceptual Framework for Experiential Mental Health Instructional Units in Chinese Higher Education

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ABSTRACT

University students in Chinese higher education face academic, interpersonal, and developmental pressures that require more than counseling access or general mental health awareness. Existing university responses often improve knowledge or service availability, yet they do not always clarify how adaptive psychosocial resources can be deliberately cultivated or mobilized through ordinary curriculum participation. This conceptual paper develops a mechanism-informed framework for experiential mental health instructional units in Chinese higher education. The paper uses conceptual synthesis to integrate experiential learning theory, constructivist learning theory, cognitive behavioral theory, and resilience theory, and then translates these foundations into a sequenced instructional model. The proposed framework positions experiential instructional units as the educational input, reflective meaning-making and cognitive reappraisal as core learning mechanisms, and emotion regulation, cognitive flexibility, and social support as linked adaptive resources. The resulting model contains ten instructional units that move from emotional awareness and regulation to cognitive flexibility, support engagement, and integrated psychosocial application. Its main contribution is to shift university mental health education from awareness transmission and service-dependent support toward a curriculum-embedded pathway for psychosocial resource development. The framework is designed to be culturally responsive to Chinese higher education, where stigma, face concerns, help-seeking hesitation, and relational expectations may influence how students express distress and use support. It also offers curriculum designers a clearer structure for aligning learning activities, reflective tasks, and intended psychosocial outcomes. Experiential mental health education may offer a low-stigma and developmentally structured approach to student adaptation. Because the framework has not yet been tested in real educational settings, it should be treated as an operationally specified model for future pilot, longitudinal, and quasi-experimental evaluation rather than as evidence of demonstrated effectiveness.

Keywords: Experiential Mental Health Education; Emotion Regulation; Cognitive Flexibility; Social Support; Chinese Higher Education

INTRODUCTION

Mental health concerns among university students have become a pressing issue in higher education, with

growing evidence showing elevated levels of psychological distress, anxiety, depression, and maladjustment during the university years. At the same time, higher education institutions have expanded their responses through counseling services, psychoeducational initiatives, peer-based support, and digital interventions. However, the literature remains conceptually fragmented. Much of the existing work evaluates isolated interventions, discrete service channels, or short-term support formats rather than explaining how higher education can deliberately cultivate adaptive psychosocial capacities through a coherent educational structure (Nair & Otaki, 2021; Upsher et al., 2022).

A second limitation is that constructs central to student adaptation are still too often discussed in isolation. Emotion regulation, cognitive flexibility, and social support have each been linked to better adjustment, but the field rarely explains how they may develop or be mobilized together through educational experience. This leaves a conceptual gap in higher education research. The issue is not whether these constructs matter, but that they are usually treated as separate variables rather than as parts of an integrated developmental process. For the present paper, this gap is especially important because a curriculum-oriented framework requires more than listing relevant predictors; it requires explaining how adaptive resources may be cultivated, recognized, and connected over time through learning (Rathakrishnan et al., 2022).

This gap is especially important in Chinese higher education. Existing studies indicate that many Chinese university students face substantial barriers to mental health help-seeking, including stigma, misconceptions about counseling, distrust of services, low mental health literacy, and difficulties accessing support. These barriers suggest that relying only on counseling-oriented or service-dependent models may be insufficient, particularly in contexts where students may hesitate to disclose distress or seek formal assistance. In such settings, a curriculum-embedded and non-clinical educational approach may provide a lower-stigma and more developmentally appropriate pathway for strengthening psychosocial adaptation (Ning et al., 2022; Wang et al., 2024). Recent evidence further suggests that help-seeking intentions are shaped not only by service availability, but also by students' perceived barriers, self-efficacy, and social cues to action (Wang et al., 2024).

In response to this gap, the present paper proposes a mechanism-based conceptual framework for experiential mental health education. First, it reframes mental health education as psychosocial resource development rather than as symptom-focused support or awareness transmission. Second, it specifies a directional mechanism in which curriculum-embedded experiential instructional units function as the educational input, reflective meaning-making and cognitive reappraisal operate as mediating processes, emotion regulation and cognitive flexibility are strengthened as internal adaptive capacities, and social support is recognized, mobilized, and used as an interpersonal resource contributing to psychosocial adaptation. Third, it translates this mechanism into a developmentally sequenced framework of ten instructional units that is culturally responsive to the realities of Chinese higher education and suitable for future empirical validation.

The Educational Problem: Why Skill-Based Mental Health Education Is Needed

University students face sustained psychological and developmental pressures that extend beyond temporary stress or isolated emotional discomfort. Recent research continues to show that student mental health difficulties are closely intertwined with academic demands, study skills, social support, and barriers to seeking help, indicating that these challenges are not only clinical or individual in nature but also educational and institutional in consequence (Duraku et al., 2023). In higher education settings, this means that student mental health should not be approached solely as a matter of service provision after problems emerge, but also as a matter of developing capacities that help students cope, adapt, and function more effectively during everyday university life.

However, much mental health provision in universities still operates through limited formats such as awareness campaigns, stand-alone psychoeducation, or counseling access pathways. These approaches can play an important role, but they do not necessarily provide repeated opportunities for students to practise adaptive skills in context. Review evidence suggests that higher education interventions are often delivered as discrete initiatives rather than as coherent educational sequences embedded within the curriculum, and that stronger conceptual and pedagogical models are still needed for university wellbeing education (Nair & Otaki, 2021; Upsher et al., 2022).

This limitation is particularly relevant when mental health education is framed primarily as literacy acquisition. Mental health literacy is important, but knowledge alone does not guarantee that students can regulate distress, reinterpret setbacks, engage support, or respond constructively in moments of academic and interpersonal challenge. A recent systematic review found that mental health literacy programmes for university students can improve knowledge and attitudes, but the evidence for broader behavioural and help-seeking change remains more mixed, suggesting the need to move beyond information transmission alone (Reis et al., 2022). Related applied research further indicates that experiential, curriculum-based learning opportunities may strengthen mental health learning without displacing core academic goals, pointing to the value of active and embedded forms of educational design (Reis et al., 2023).

The need for such an approach is especially salient in Chinese higher education. Research with Chinese university students shows that many students who experience psychological distress do not actively seek professional help because of stigma, misconceptions about counseling, distrust of available services, limited mental health literacy, and difficulties in access. In addition, recent evidence suggests that help-seeking intentions are shaped by perceived barriers, self-efficacy, and social cues to action, which means that support engagement is influenced not only by service availability but also by how students interpret risk, support, and social acceptability (Ning et al., 2022; Wang et al., 2024). In this context, an educational model that is curriculum-embedded, low-stigma, and developmentally structured may be more suitable than approaches that depend primarily on voluntary counseling uptake.

Taken together, these considerations point to a clear educational implication. University mental health education cannot stop at awareness raising if the practical goal is to help students respond more adaptively to academic and interpersonal challenge. Knowledge remains necessary, but it is not sufficient on its own. Students also need structured opportunities to practise interpretation, regulation, and support engagement in contexts that resemble real university life. This is why an experiential and curriculum-embedded approach is especially valuable in the present framework: it turns mental health education from information delivery into guided psychosocial skill development.

Theoretical Foundations and Functional Integration

This section establishes the theoretical foundations and integrated functional logic of the proposed experiential mental health education framework. Instead of relying on a single theory, it integrates four complementary perspectives to form a coherent system: experiential learning structures the instructional process, constructivism explains reflective and social meaning-making, including how students learn to recognize and engage support, cognitive behavioral theory underpins emotion regulation and cognitive reappraisal, and resilience theory explains how internal capacities and interpersonal resources contribute to longer-term adaptation. Together, these theories connect pedagogical design with psychological and relational mechanisms, forming a systematic foundation for adaptive psychosocial development among university students.

Experiential Learning Theory: Process Structure for Instructional Unit Design

Experiential learning theory, most prominently associated with Kolb, explains learning as a cyclical process involving concrete experience, reflective observation, abstract conceptualization, and active experimentation. Within the present framework, the value of this theory lies not simply in its general educational influence, but in its procedural relevance for instructional unit design. It provides the structural logic for organizing mental health learning as a repeated sequence of experience, reflection, conceptual clarification, and behavioural application, rather than as one-way information delivery. Recent review evidence in higher education confirms that Kolb's cycle remains highly influential in experiential course design, while also showing that learning is strongest when all stages of the cycle are intentionally sequenced rather than used selectively (Kolb, 1984; Villarroel Henríquez et al., 2025). Experiential learning therefore functions in this framework as the core instructional architecture through which students move from emotional awareness to applied psychosocial adaptation.

Constructivist Learning Theory: Social Meaning-Making and Support Engagement

Constructivist learning theory adds a second functional layer by explaining how experience becomes psychologically and socially meaningful. Learners do not passively absorb knowledge; they interpret, reorganize, and reconstruct understanding through prior assumptions, contextual interaction, dialogue, and social exchange (Piaget, 1954; Vygotsky, 1978). In the present framework, its social constructivist strand supports both reflective meaning-making and social support engagement. Students may not automatically recognize available relationships as dependable sources of support, particularly when help-seeking is constrained by stigma, face concerns, or uncertainty about others' responses in Chinese higher education (Ning et al., 2022; Wang et al., 2024). Peer dialogue, support mapping, reciprocal listening, and collaborative problem-solving provide opportunities to reconsider assumptions about seeking, receiving, and providing help. Constructivism therefore explains the learning process through which social support becomes more visible, interpretable, and usable within students' relational environments, while metacognitive reflection helps students connect those social experiences to personal judgment and action (Merkebu et al., 2024).

Cognitive Behavioral Theory: Regulatory Mechanism for Emotion Regulation and Cognitive Flexibility

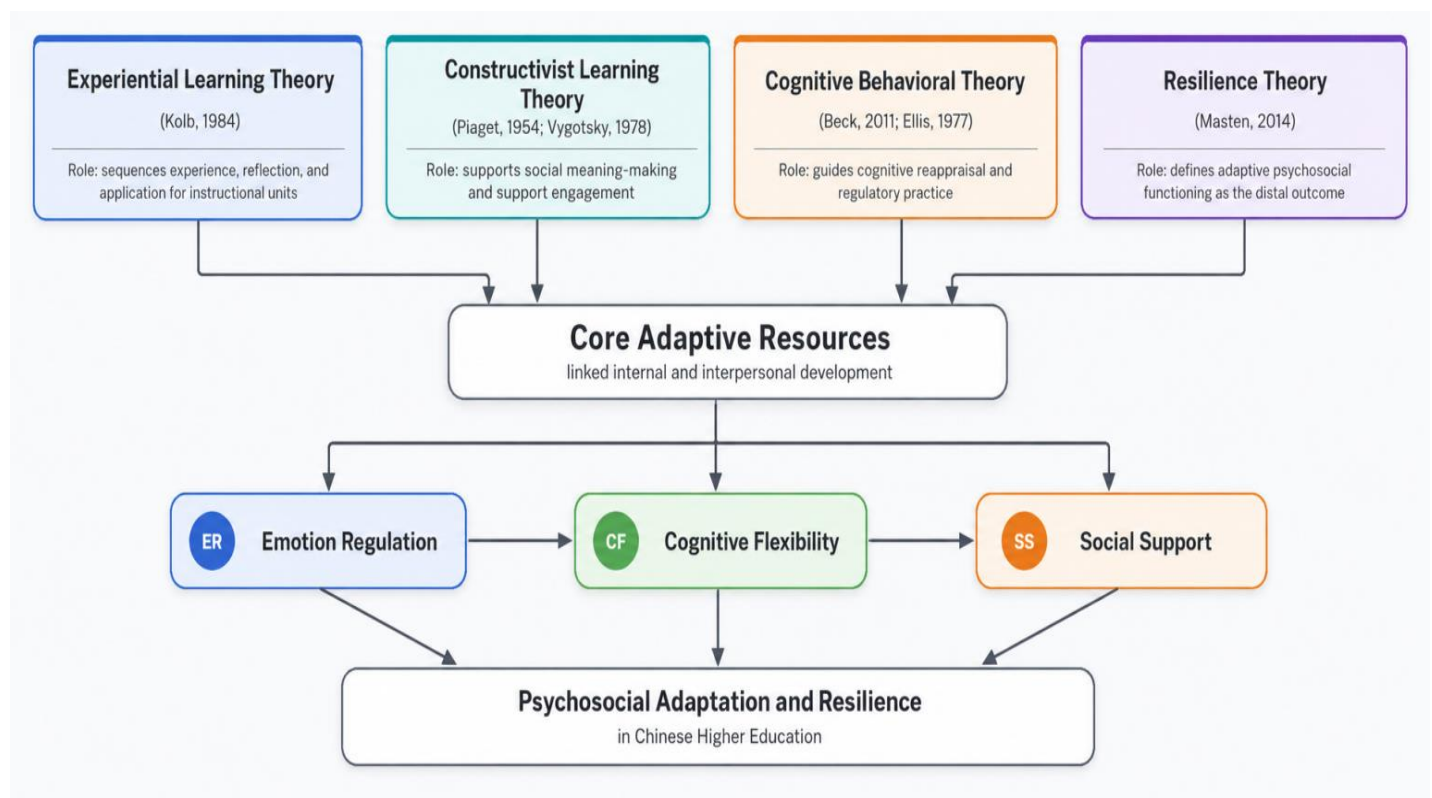
Cognitive behavioral theory contributes the framework's most direct psychological mechanism. Building on the work of Beck and Ellis, CBT explains that cognition, emotion, and behaviour are functionally interconnected, and that modifying maladaptive interpretations can change emotional responses and subsequent action (Beck, 2011; Ellis, 1977). In this paper, CBT is not positioned as a clinical treatment model, but as an educationally adaptable mechanism for cognitive reframing, self-monitoring, and regulatory practice. Its strongest functional contribution lies in explaining why emotion regulation can be taught through structured reflective tasks, especially those involving cognitive reappraisal. Recent meta-analytic evidence shows that cognitive reappraisal is positively associated with resilience, while related review evidence indicates that reappraisal depends in part on executive processes linked to shifting, updating, and cognitive control (Stover et al., 2024; Toh et al., 2024). For the present framework, CBT therefore provides the specific mechanism through which students learn to reinterpret stressful situations, regulate emotional responses, and develop greater cognitive flexibility in coping with academic and interpersonal demands.

Resilience Theory: Developmental Outcome of Psychosocial Adaptation

Resilience theory provides the overarching developmental orientation of the framework. Rather than treating resilience as a fixed trait, contemporary resilience scholarship conceptualizes it as an adaptive process emerging through the interaction of internal resources, coping capacities, and supportive environments. This perspective

fits the present framework because the goal of experiential mental health education is not merely short-term symptom management, but the gradual strengthening and mobilization of resources that help students function effectively under recurring challenge. Recent evidence from university settings suggests that resilience-oriented interventions can improve student mental health and well-being, while broader review evidence supports the view that resilience can be strengthened through deliberate intervention rather than assumed as a stable personal attribute (Masten, 2014; Abulfaraj et al., 2024; Liu et al., 2022). In this framework, resilience is therefore best understood not as one more independent variable, but as the broader developmental outcome toward which emotion regulation and cognitive flexibility as internal adaptive capacities, together with social support as an interpersonal resource, collectively contribute.

Figure 1. Theoretical Foundations and Functional Integration of the Proposed Conceptual Framework for Experiential Mental Health Education



Together, these four theories do not operate as parallel references but as a coherent functional sequence. Experiential learning explains how psychosocial learning is structured; constructivism explains how students make personal and social meaning from experience, including how they recognize and engage support; cognitive behavioral theory explains how reflection can be translated into reappraisal, regulation, and adaptive coping; and resilience theory explains why these internal and interpersonal resources matter beyond the immediate classroom context. What this integration adds is not simply theoretical breadth, but developmental logic. In the present framework, the movement from structured experience to reflective and social meaning-making, then to regulatory change and support engagement, and finally to psychosocial adaptation is the basis on which curriculum design and psychological mechanism are brought into the same model (Vygotsky, 1978; Merkebu et al., 2024).

Cognitive behavioral theory clarifies why reflective interpretation can be translated into cognitive reappraisal, self-monitoring, and regulatory practice (Beck, 2011). Recent evidence also shows that cognitive reappraisal is

positively associated with resilience, while reappraisal processes draw in part on executive functions linked to cognitive control and flexible shifting (Stover et al., 2024; Toh et al., 2024).

Resilience theory then provides the broader developmental endpoint of the framework. Rather than treating resilience as a fixed trait, contemporary scholarship conceptualizes it as an adaptive process that can be strengthened through capacities and supports developed over time (Masten, 2014). Accordingly, the proposed framework is organized as a mechanism-based pathway in which experiential mental health instructional units function as the educational input, reflective meaning-making and cognitive reappraisal operate as mediating processes, emotion regulation and cognitive flexibility function as internal adaptive capacities, social support functions as an interpersonal resource, and psychosocial adaptation/resilience represents the distal developmental outcome.

Critical Integration and Boundary Conditions

These theories operate at different analytical levels and should not be treated as interchangeable explanations. Experiential learning specifies the instructional cycle; constructivism explains reflective and social meaning-making, including the recognition and engagement of support; cognitive behavioral theory specifies the proximal regulatory mechanism of self-monitoring and cognitive reappraisal; and resilience theory provides a distal developmental lens rather than a classroom technique. This division of functions reduces theoretical redundancy. Reflection and cognitive reappraisal are related but distinct: reflection supports awareness and meaning-making, whereas reappraisal involves deliberately modifying the interpretation of a stressor to influence emotional and behavioral responses. The framework therefore links pedagogical process, learning mechanism, internal adaptive capacity, interpersonal resource, and developmental outcome instead of simply combining four theories. It does not assume that theoretical integration establishes causality. The proposed sequence remains a testable design hypothesis and may require revision if empirical work identifies reciprocal, parallel, or context-dependent pathways.

Comparison With Existing Frameworks

This section positions the proposed experiential mental health education framework against two major reference points: broad social-emotional learning approaches and the dominant mental health education models commonly used in Chinese universities. The purpose is not merely to claim originality, but to clarify how the proposed framework differs in its level of mechanism specification, curricular embedding, and contextual fit for higher education. Recent scholarship has shown that both wellbeing-oriented curriculum interventions and social-emotional programmes vary substantially in content, implementation, and evidential strength, which makes careful comparative positioning essential for conceptual work in this field (Upsher et al., 2022; Barnes et al., 2023; Wigelsworth et al., 2023).

Western Reference Point: Broad Social-Emotional Learning Approaches

Broad social-emotional learning approaches remain an important reference point because they treat psychosocial development as teachable and educationally relevant. Yet their breadth is also their limitation. Once SEL is used as an umbrella category for highly varied programmes, its explanatory value weakens. What becomes difficult to see is not whether these programmes can be beneficial, but which mechanisms are expected to produce change and how those mechanisms should be sequenced in higher education settings. For the present paper, this is the key point: the problem is less the value of SEL itself than the fact that its conceptual inclusiveness often exceeds its mechanism specificity (Barnes et al., 2023; Wigelsworth et al., 2023).

This limitation matters more in higher education than in broad school-based wellbeing models. University mental health education often requires clearer decisions about sequence, depth, and transfer to real academic and interpersonal stressors. A competence-rich model is helpful, but it does not automatically tell curriculum designers how a smaller set of adaptive capacities should be prioritized and linked. The proposed framework responds to this problem by narrowing the focus to three capacities and by specifying how they may develop through a directional pathway rather than through an open-ended competency set (Upsher et al., 2022).

A further issue is transferability across cultural settings. Mainstream SEL frameworks are largely shaped by Western educational assumptions, and this becomes problematic when psychosocial learning is interpreted in contexts where emotional restraint, face concern, and support-use norms operate differently. The present framework therefore treats sociocultural context not as a minor adaptation issue, but as part of the mechanism itself. If emotional expression and support engagement are culturally patterned, then the pathway through which adaptive capacities develop must also be culturally interpreted rather than assumed to be universal (Yang & Maccann, 2024; Fischer, 2024).

Chinese Reference Point: Lecture-Based and Counseling-Oriented Models

In Chinese universities, lecture-based mental health education remains familiar and institutionally convenient, but its pedagogical strength is limited when the goal is psychosocial skill development. The problem is not simply that lectures are teacher-directed. It is that durable self-regulation, reflective reinterpretation, and support engagement require repeated practice rather than one-time explanation. For this reason, knowledge-oriented instruction may raise awareness without necessarily changing how students respond in emotionally or socially demanding situations (Reis et al., 2022; Reis et al., 2023).

Counseling-oriented models face a different limitation. Their effectiveness depends on a chain of assumptions: students must recognize distress, trust formal services, judge professional help to be appropriate, and decide to seek it. In settings where help-seeking carries stigma or uncertainty, this chain becomes fragile. The result is not only limited reach, but a structural mismatch between available support and actual student uptake. In the Chinese university context, this makes service-dependent provision insufficient as a primary educational strategy, even if counseling remains important as one component of a broader support system (Ning et al., 2022; Wang et al., 2024).

This is where cultural translation becomes more than a contextual adjustment. Many intervention logics developed in Western settings assume relatively direct emotional articulation, individualized self-work, and explicit disclosure. These assumptions do not always align with the social meanings attached to emotional expression and support use in Chinese settings. The present framework therefore does not reject CBT-based or counseling-based mechanisms. Instead, it repositions them within a curriculum-embedded structure that lowers the threshold for participation and allows psychosocial learning to occur through guided educational experience rather than through formal service entry alone (Fischer, 2024; Yang & Maccann, 2024).

Distinctive Contributions of the Proposed Framework

Against these two reference points, the proposed framework makes a distinct conceptual contribution in three related ways. First, it narrows the analytical focus. Rather than treating emotion regulation, cognitive flexibility, and social support as separate educational targets, it organizes the first two as internal adaptive capacities and the third as an interpersonal resource within a linked developmental pathway. This matters because one persistent weakness in university mental health education is fragmentation: interventions often address multiple goals, but

without clarifying how those goals are expected to connect over time. The present framework responds by specifying sequence as well as content (Upsher et al., 2022).

Second, the framework is mechanism-based rather than merely construct-based. Mental health literacy work has shown that knowledge and attitudes can be improved, yet educational change is harder to sustain when the developmental process itself remains under-specified (Reis et al., 2022). Experiential learning matters here not simply because it is active, but because it provides a structure through which reflection, reinterpretation, and regulatory practice can be repeated and deepened within the curriculum (Reis et al., 2023). In this sense, the framework explains not only what capacities are important, but how they may be built.

Third, the framework is designed as an educational translation for Chinese higher education. In contexts where formal help-seeking remains constrained by stigma, distrust, and culturally patterned expectations, a lower-stigma and curriculum-embedded model is more likely to reach students before problems escalate (Ning et al., 2022; Wang et al., 2024). The contribution of the present framework therefore lies not only in theoretical integration, but in repositioning adaptive psychosocial development as something that can be cultivated through ordinary educational participation rather than left to voluntary service uptake alone.

Taken together, the proposed framework does not claim new constructs. Its originality lies in combining conceptual focus, developmental sequencing, and contextual translation into a single mechanism-oriented model for university mental health education.

Table 1. Sequence of Ten Instructional Units for Experiential Mental Health Education in Chinese Higher Education

NO.	Instructional Unit Name	Developmental focus	Core psychosocial focus	Main theoretical anchor
1	Emotional Awareness	Metacognitive monitoring	Emotion Regulation	Experiential Learning Theory (Kolb, 1984)
2	Emotion Regulation	Cognitive reappraisal	Emotion Regulation	Cognitive Behavioral Theory (Beck, 2011)
3	My Emotional Theater	Reappraisal-in-action	Emotion Regulation	Emotion Regulation Framework (Gross & John, 2003)
4	One More Degree of Freedom	Perspective-shifting	Cognitive Flexibility	Cognitive Flexibility Framework (Dennis & Vander Wal, 2010)
5	Multi-Solution Life Training Camp	Option generation	Cognitive Flexibility	Cognitive Behavioral Theory (Beck, 2011)
6	My Cognitive Script	Future-self scripting	Cognitive Flexibility	Cognitive Behavioral Theory (Beck, 2011)
7	My Support Map	Support network mapping	Social Support	Constructivist Learning Theory (Vygotsky, 1978)
8	The Power of Being There	Supportive listening	Social Support	Constructivist Learning Theory (Vygotsky, 1978)
9	My Role in the Support Circle	Mutual-help planning	Social Support	Constructivist Learning Theory (Vygotsky, 1978)
10	The Upgraded Me	Integrating coping skills	ER+CF+SS	Resilience Theory (Masten, 2014)

Note. ER = Emotion Regulation; CF = Cognitive Flexibility; SS = Social Support.

The ten instructional units are organized into four cumulative stages. The sequence is a design hypothesis rather than a verified developmental law: each stage is intended to provide a foundation for the next, while pacing and

emphasis may be adapted to student needs and institutional conditions. Figure 2 illustrates the proposed progression.

To clarify how the conceptual sequence could be translated into practice, Table 2 provides indicative minimum specifications for each instructional unit. The activities are examples rather than a fixed teaching manual, but each unit now identifies a teaching method, an observable learning outcome, a formative assessment strategy, and a minimum implementation condition. This level of detail is intended to support pilot testing while preserving adaptability across institutions.

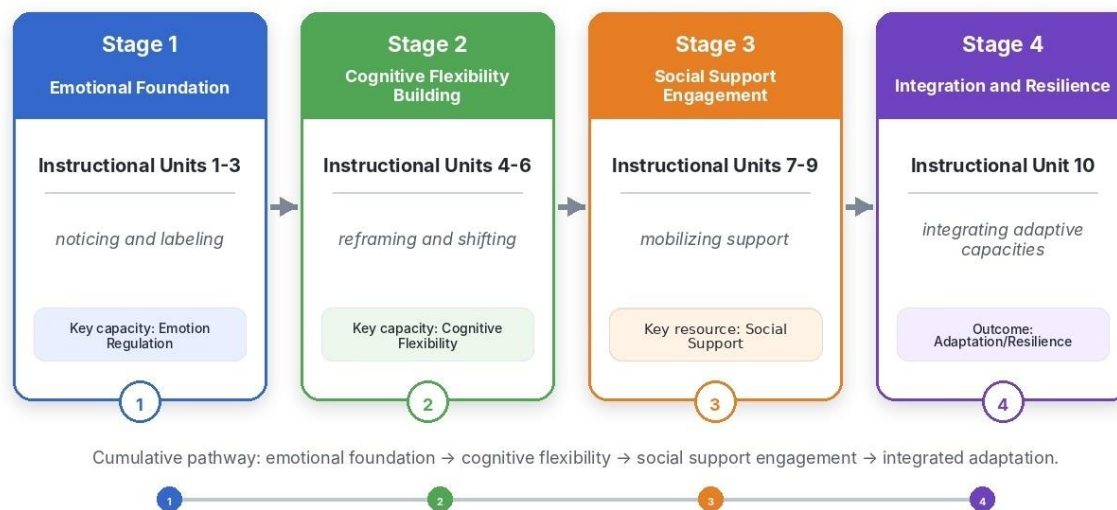
Table 2. Indicative Operationalization of the Ten Instructional Units

NO.	Instructional Unit	Indicative activity and teaching method	Intended learning outcome and formative assessment	Minimum implementation condition
1	Emotional Awareness	Emotion diary, body-signal scan, and think-pair-share using a low-risk vignette.	Identify an emotion, trigger, and bodily cue; assess with a one-minute exit card.	Use fictional or voluntary examples; avoid diagnosis and forced disclosure.
2	Emotion Regulation	ABC worksheet and guided reappraisal of a common academic stressor.	Generate two alternative interpretations and select an adaptive response; assess with a worksheet rubric.	Facilitator needs basic mental health training and a clear referral protocol.
3	My Emotional Theater	Small-group role-play using a pause-reframe-replay sequence.	Apply reappraisal during interaction; assess with an observation checklist and brief reflection.	Use groups of 4-6 and culturally familiar, non-traumatic scenarios.
4	One More Degree of Freedom	Perspective carousel based on an ambiguous interpersonal scenario.	Distinguish facts from assumptions and produce alternative viewpoints; assess with a perspective map.	Use structured discussion rules to prevent ridicule or personal confrontation.
5	Multi-Solution Life Training Camp	Collaborative problem-solving challenge and decision matrix.	Generate and compare at least three coping options; assess variety, feasibility, and consequences.	Allow 45-60 minutes and provide clear problem-solving prompts.
6	My Cognitive Script	Future-self letter, flexible self-talk rewrite, and implementation intention.	Replace one rigid thought with a flexible action plan; assess with a script rubric.	Writing may remain private; sharing should be optional.
7	My Support Map	Personal eco-map of family, peer, faculty, and professional resources.	Identify available support and one realistic access step; assess through a completed map.	Provide an accurate resource list and protect confidentiality.
8	The Power of Being There	Triad practice in listening, validation, and boundary-setting.	Demonstrate supportive listening; assess with a peer and facilitator checklist.	Clarify that peer support is not therapy and specify when referral is required.
9	My Role in the Support Circle	Group mutual-help plan and referral decision exercise.	Distinguish peer help from professional support and plan reciprocal action; assess with an action-plan rubric.	Facilitator monitors risk language and uses an emergency escalation procedure.

10	The Upgraded Me	Capstone case simulation and individual coping plan integrating ER, CF, and SS.	Select and justify integrated strategies; assess through a portfolio or case-response rubric.	Allow 60-90 minutes, include follow-up reflection, and provide referral information.
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Note. The activities and assessments are illustrative. Duration, group size, and delivery mode may be adapted, but facilitator competence, voluntary disclosure, confidentiality, and referral procedures are minimum safeguards.

Figure 2. Developmental sequence of the ten instructional units



Specifically, Figure 2 maps the intended division of function across the four stages: Stage 1 develops emotional perception and identification; Stage 2 focuses on cognitive adjustment and flexible thinking; Stage 3 emphasizes the recognition and use of social support; and Stage 4 integrates the two internal capacities and the interpersonal resource in applied situations. This progression is proposed to support systematic skill development, but its feasibility, optimal ordering, and effects require pilot implementation and longitudinal evaluation.

Operational Definitions Of Core Concepts

To visually clarify the proposed mechanism, Figure 3 presents the framework as a directional pathway linking curriculum-embedded experiential instructional units to psychosocial adaptation through reflective meaning-making, cognitive reappraisal, and linked internal and interpersonal resources.

Figure 3. Primary Linear Developmental Pathway to Psychosocial Adaptation and Resilience

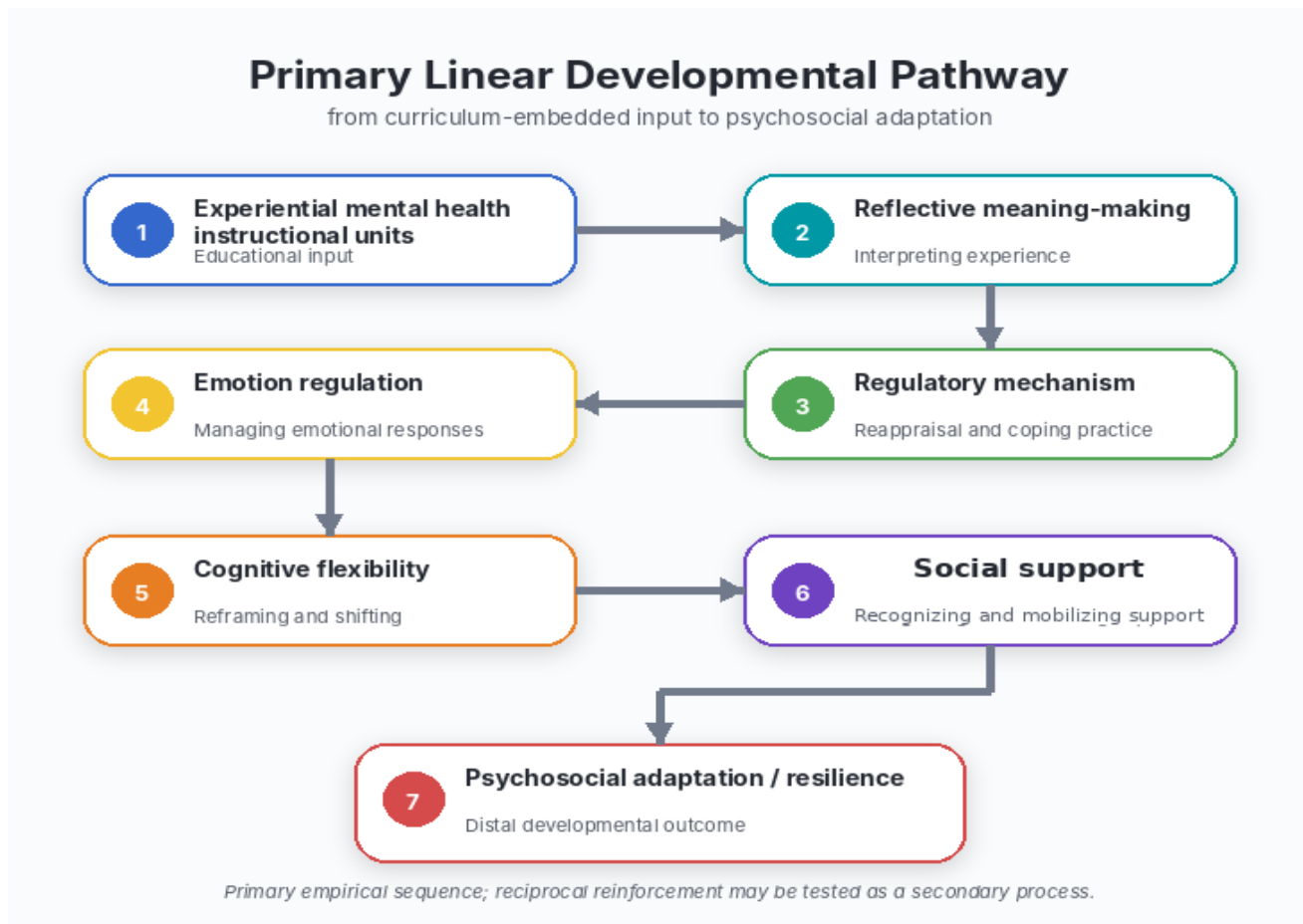


Figure 3 presents the primary linear developmental pathway of the proposed framework, conceptualizing psychosocial adaptation and resilience as a sequential outcome of structured mental health education. The pathway begins with experiential mental health instructional units as the initial educational input, which fosters reflective meaning-making. This process activates the regulatory mechanism of cognitive reappraisal and coping practice, which in turn cultivates emotion regulation as the foundational adaptive capacity. Enhanced emotion regulation supports cognitive flexibility, which may help students recognize, interpret, and mobilize social support. These linked internal and interpersonal resources ultimately contribute to the distal outcome of psychosocial adaptation and resilience. While reciprocal interactions are acknowledged, the linear sequence is prioritized to maintain conceptual clarity and empirical testability for intervention research.

Emotion Regulation (ER)

In the proposed framework, emotion regulation refers to university students' capacity to manage emotional experiences in response to academic, interpersonal, and everyday stressors through adaptive cognitive and behavioral strategies. Particular emphasis is placed on cognitive reappraisal and expressive suppression because these two regulatory tendencies have long been central to the study of how individuals modulate emotional responses in social and stressful situations (Gross & John, 2003).

Within the present framework, emotion regulation functions as the first psychosocial capacity in the pathway because it provides the initial adaptive basis for later perspective shifting, reflective coping, and constructive psychosocial engagement. This positioning is theoretically consistent with the view that regulatory capacity shapes how later cognitive and interpersonal responses unfold.

For future empirical testing, emotion regulation may be assessed using the Emotion Regulation Questionnaire (ERQ). The original ERQ remains the foundational instrument for assessing reappraisal and suppression (Gross & John, 2003). More recent psychometric work on the ERQ-S also supports the continued measurement of these same two dimensions in shorter-form applications (Preece et al., 2023).

Cognitive Flexibility (CF)

In the proposed framework, cognitive flexibility refers to students' perceived ability to adapt their thinking and behavioral responses when academic, social, or environmental demands change. It includes the ability to shift perspectives, generate alternative explanations, and adjust coping strategies when prior interpretations are no longer effective. This definition remains consistent with the original conceptual logic of the Cognitive Flexibility Inventory (Dennis & Vander Wal, 2010).

Within the proposed mechanism pathway, cognitive flexibility occupies a middle position because it links emotional regulation to adaptive action. Recent meta-analytic evidence indicates that executive functions are meaningfully involved in cognitive reappraisal processes, supporting the broader idea that flexible cognition and adaptive reinterpretation are psychologically connected rather than separate domains (Toh et al., 2024).

For future empirical testing, cognitive flexibility may be assessed using the Cognitive Flexibility Inventory (CFI), which remains well aligned with the framework's emphasis on alternative interpretation and adaptive restructuring in stressful situations (Dennis & Vander Wal, 2010).

Social Support (SS)

In the proposed framework, social support refers to interpersonal resources available through relationships with family members, friends, peers, teachers, and significant others. These resources may include emotional reassurance, information, practical assistance, guidance, and a sense of relational security. The framework therefore treats social support as broader than the passive perception that help exists; it includes students' capacity to recognize, seek, provide, and use supportive resources in response to academic, emotional, and interpersonal challenges (Cohen & Wills, 1985).

Social support occupies the interpersonal stage of the proposed pathway. From a social constructivist perspective, students learn what counts as acceptable help-seeking and dependable support through dialogue, observation, reciprocal listening, and collaborative activity. Support mapping, peer feedback, and mutual-help planning can help students reconsider rigid assumptions about disclosure, interpret supportive responses more accurately, and engage available relationships more constructively. This educational mechanism is especially relevant where stigma, face concerns, and social norms shape support use (Vygotsky, 1978; Ning et al., 2022).

For future empirical testing, the perceived availability of social support may be assessed using the Multidimensional Scale of Perceived Social Support (MSPSS). The instrument measures perceived support from family, friends, and significant others and would therefore operationalize the perceived dimension of the broader social support construct used in this framework (Zimet et al., 1988; Koğar & Yılmaz Koğar, 2024).

Theoretical Propositions and Future Empirical Pathways

Based on these conceptual definitions, this paper advances a primary directional pathway concerning how experiential mental health education may contribute to psychosocial adaptation through linked mediating processes and internal and interpersonal resources. Rather than treating emotion regulation, cognitive flexibility, and social support as a circular triad of equal status, the framework distinguishes emotion regulation and

cognitive flexibility as internal capacities from social support as an interpersonal resource. It prioritizes a theoretically ordered sequence in which emotion regulation supports cognitive flexibility, cognitive flexibility facilitates the recognition and use of social support, and these resources together contribute to psychosocial adaptation. Reciprocal reinforcement is acknowledged as a possible secondary process, but it is not treated as the primary mechanism of the present conceptual model.

Table 3. A Comparative Summary of Mental Health Education Frameworks in Chinese Higher Education

Framework	Target competencies	Instructional mode	Degree of theoretical integration	Treatment of sociocultural context	Developmental sequencing	Main limitation
Social-Emotional Learning (SEL)	Broad social-emotional competencies	Structured classroom lessons, competency-based activities	Moderate; identifies competencies but lacks explicit mechanistic links	Partially contextualized; Western-rooted, limited alignment with Chinese emotional expression/help-seeking norms	Inconsistent; partial progression from emotional awareness to integrated application	Under-specifies dynamic interactions among emotion regulation, cognitive flexibility, and social support
Chinese lecture-based mental health education	Mental health literacy, coping strategies	Passive, teacher-directed lectures	Low; prioritizes knowledge transmission over mechanism-driven development	Contextually familiar delivery, but insufficient attention to cultural norms shaping adaptive skills	Weak/absent; no scaffolded skill practice/reflection	Fails to build durable, real-world adaptive psychosocial capacities
Chinese counseling-oriented model	Individual coping, emotional support	Service-based, one-on-one counseling	Variable; draws on therapeutic theories but lacks curriculum-wide structure	Constrained by stigma, face concerns, and low help-seeking participation	Reactive, case-based; no preventive curriculum-wide sequencing	Limited scalability, prevention focus, and broad student reach
Proposed experiential mental health framework	Emotion regulation, cognitive flexibility, social support	Experiential, reflective, curriculum-embedded learning	Distinct roles: experiential instruction; constructivist meaning-making and support engagement; CBT regulation; resilience-oriented adaptation.	Tailored for Chinese higher education; addresses collectivist values, stigma, peer/family expectations	Explicit; progression of 10 instructional units from emotional awareness to integrated application	Requires empirical validation to confirm effectiveness and transferability

As shown in Table 3, the proposed framework addresses key limitations of existing Western and Chinese mental health education models by centering on the interaction of internal adaptive capacities and social support as an interpersonal resource within a culturally responsive, developmentally sequenced curriculum. This comparative context further clarifies the theoretical rationale for the four propositions and their corresponding empirical pathways outlined in the following sections.

Proposition 1: Experiential Mental Health Instructional Units Strengthen Emotion Regulation

Proposition 1: Participation in curriculum-embedded experiential mental health instructional units strengthens students' emotion regulation through structured experience, guided reflection, and cognitive reappraisal.

This proposition positions the experiential instructional unit sequence as the primary educational input of the framework. Review evidence indicates that universities are increasingly using curriculum-embedded interventions as preventive and developmental approaches to student wellbeing rather than relying only on stand-alone support formats (Upsher et al., 2022). Related applied work also shows that experiential learning opportunities can be embedded within university courses to improve mental health learning without displacing core academic goals (Reis et al., 2023).

Within the proposed framework, these educational experiences are expected to strengthen emotion regulation because they give students repeated opportunities to observe emotions, reinterpret stressors, and practise adaptive regulatory strategies in context. This makes emotion regulation not merely a trait-like background factor, but a psychosocial capacity that can be developed through intentional educational design.

Proposition 2: Emotion Regulation Enhances Cognitive Flexibility

Proposition 2: Stronger emotion regulation supports greater cognitive flexibility among university students.

This proposition is grounded in the view that effective emotion regulation supports broader cognitive openness and adaptive responding under stress. Cognitive reappraisal has been shown to be positively associated with personal resilience, suggesting that reinterpretive regulation operates as a protective strategy in the face of adversity (Stover et al., 2024). Related meta-analytic evidence also indicates that cognitive reappraisal draws on executive functions involved in inhibition, updating, and shifting, which supports the idea that adaptive regulation and flexible cognition are psychologically linked (Toh et al., 2024).

In university contexts, students who regulate emotions more effectively may therefore be better positioned to revise assumptions, tolerate ambiguity, and adjust coping strategies when faced with demanding or uncertain situations. For future empirical testing, this proposition is most suitable for longitudinal analysis, especially when the goal is to examine temporal ordering rather than immediate intervention effects.

Proposition 3: Cognitive Flexibility Facilitates the Recognition and Use of Social Support

Proposition 3: Greater cognitive flexibility facilitates students' recognition, interpretation, and adaptive use of social support in complex social and academic contexts.

This proposition assumes that cognitively flexible students are more capable of revising rigid judgments and interpreting social cues less defensively. In the present framework, that matters because support may exist objectively but still has to be recognized, interpreted, and trusted by the student before it can function as a psychosocial resource.

The proposition is also consistent with the broader cultural argument of the paper. Comparative evidence suggests that interpersonal emotion regulation processes differ across Chinese and Australian college students, indicating that the use of relational strategies is shaped by social norms and patterns of interpretation rather than by universal assumptions alone (Yang & Maccann, 2024). For future empirical testing, this pathway is suitable for quasi-experimental or longitudinal designs that examine whether gains in cognitive flexibility are followed by more adaptive support recognition and support use.

Proposition 4: Social Support Contributes to Psychosocial Adaptation

Proposition 4: Accessible and meaningfully engaged social support contributes to psychosocial adaptation and resilience among university students.

The rationale for this proposition is that social support provides a relational context in which students may feel less isolated, more secure, and more capable of managing academic and interpersonal strain. This logic remains consistent with the classical stress-buffering position that support helps individuals cope more effectively under stress (Cohen & Wills, 1985).

In the present paper, social support is not treated as a background condition only. It is positioned as the interpersonal resource in the developmental pathway because adaptation may become more sustainable when students can recognize dependable support and engage it constructively within their social environment. For future empirical testing, the perceived availability of social support may be measured with the MSPSS, while indicators of support seeking, provision, or utilization can be added to represent the broader construct.

Summary of the Proposition Structure

Taken together, the four propositions specify a primary directional pathway within the proposed framework. The experiential mental health instructional units serve as the educational input of the model. Through structured experience, guided reflection, and cognitive reappraisal, students are expected to strengthen emotion regulation as an initial psychosocial capacity. Improved emotion regulation then supports greater cognitive flexibility, which in turn facilitates the recognition and adaptive use of social support. These linked internal and interpersonal resources contribute to broader psychosocial adaptation and resilience as the distal developmental outcome of the framework.

Although reciprocal reinforcement among these capacities may occur over time, the present paper prioritizes a sequential pathway in order to provide greater conceptual clarity and stronger empirical testability.

Research Limitations

Empirical Validation and Causality

As a conceptual paper, this study does not provide direct causal evidence for the proposed pathway. The framework clarifies how experiential mental health instructional units may strengthen emotion regulation and cognitive flexibility and may improve students' recognition and use of social support, but these proposed relationships still require longitudinal, quasi-experimental, or mixed-method validation. Future studies should examine whether changes in the first capacity precede changes in the next resource and whether the full pathway predicts later psychosocial adaptation.

Cultural Transferability

The framework is designed for Chinese higher education, where help-seeking norms, stigma, emotional expression, and institutional expectations shape how students engage with mental health education. This contextual focus strengthens the cultural relevance of the model, but it also limits direct transfer to other higher education systems. Future research should examine which instructional units are context-specific and which can be adapted across cultural and institutional settings.

Individual and Institutional Variation

The framework also does not fully specify how student characteristics and institutional conditions may influence implementation. Differences in prior mental health literacy, academic pressure, personality traits, peer culture, instructor competence, and curriculum time may affect how students respond to the instructional units. Future studies should therefore test possible moderators and implementation conditions rather than assuming uniform effects across all student groups.

Proposed Pilot and Longitudinal Validation

An initial feasibility study could implement the ten instructional units over eight to ten weeks within an undergraduate mental health course. A quasi-experimental design with an intervention group and a comparable course-as-usual control group would permit pretest, posttest, and follow-up comparison using the ERQ, CFI, and the MSPSS as an indicator of the perceived dimension of social support, together with attendance, completion, fidelity checklists, and brief student acceptability ratings. The first stage should prioritize feasibility, safety, cultural acceptability, and implementation fidelity rather than definitive effectiveness. A later longitudinal study could test the proposed temporal ordering through repeated measurement and mediation analysis. Qualitative interviews could identify whether the activities are experienced as culturally appropriate and whether students use the skills outside class. This staged design would allow the framework to be refined before claims of effectiveness or scalability are made.

Practical Value

The potential practical value of the proposed framework lies in giving curriculum designers, universities, and policymakers a structured basis for piloting curriculum-embedded psychosocial capacity development. The model may offer a non-clinical, low-stigma, and developmentally organized approach, but its effects on resilience and mental well-being have not yet been established. Evidence from recent systematic reviews of curriculum-embedded mental health interventions suggests that these approaches are promising when integrated with core academic goals rather than treated as isolated add-ons (Upsher et al., 2022; Reis et al., 2023).

For curriculum designers, the framework offers a clearer starting structure for embedding mental health education within existing curricula. The sequence is intended to provide scaffolded practice, beginning with emotional awareness and moving through cognitive flexibility, support engagement, and integrated application. Whether students acquire and transfer these capacities should be examined through the formative assessments in Table 2 and subsequent outcome studies.

For universities, the model could be piloted within core or elective courses before wider adoption. Its curriculum-based format may lower the participation threshold associated with voluntary counseling, while counseling and clinical referral remain necessary components of the broader support system. Because scalability has not been demonstrated, implementation should begin with trained facilitators, fidelity monitoring, and local adaptation.

For policymakers, the framework suggests the value of institutional support for carefully evaluated curriculum-embedded mental health education. Resource allocation should initially prioritize facilitator training, safeguarding and referral procedures, pilot evaluation, and cross-departmental collaboration rather than immediate large-scale adoption. This staged approach would allow institutions to assess cultural acceptability, feasibility, and unintended effects before expansion.

Taken together, the framework offers a culturally responsive and operationally specified basis for pilot work in Chinese higher education. Its practical contribution is therefore not a proven solution, but a structured model that can be tested, refined, and, if supported by evidence, adapted across institutions and contexts.

CONCLUSION

This conceptual paper has proposed a mechanism-informed framework for experiential mental health education in Chinese higher education. Rather than treating mental health education as the transmission of awareness or as an auxiliary extension of counseling services, the paper reconceptualizes it as a curriculum-embedded developmental process through which emotion regulation and cognitive flexibility may be cultivated as internal adaptive capacities, while social support may be recognized and engaged as an interpersonal resource. In doing so, the framework brings together experiential learning, social constructivist meaning-making, cognitive-behavioral principles, and resilience-oriented adaptation into a more coherent educational logic.

A key contribution of the proposed framework lies in its conceptual precision. Rather than presenting university mental health education as a broad collection of support strategies or psychosocial competencies, the framework focuses on a clearly defined triad of emotion regulation, cognitive flexibility, and social support as linked internal and interpersonal resources. Its innovation lies in specifying how these resources may develop or be mobilized through a mechanism-informed sequence that links experiential learning, reflective and social meaning-making, cognitive reappraisal, and relational engagement. By translating this logic into ten instructional units and specifying indicative activities, outcomes, assessments, and implementation safeguards, the paper offers a basis for practical piloting and empirical testing in Chinese higher education.

Future research should begin with feasibility and safety pilots and then use longitudinal, quasi-experimental, and mixed-method designs to test the proposed pathways and evaluate how the instructional units function across student groups and institutional settings. Cross-cultural validation is also needed to determine which elements are context-specific and which may be transferable to other higher education systems. Overall, the value of the present paper lies not in claiming demonstrated effectiveness, but in showing how university mental health education may be organized as a sequenced, reflective, peer-supported, culturally adapted, and non-clinical educational process that is sufficiently specified for systematic testing.

Declarations

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Data Availability: No empirical dataset was generated or analyzed because this is a conceptual paper.

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