

# **Role of Didactic Teaching and Mindfulness in Shaping Mental Health Literacy and Reducing the Adverse Effects of Stress and Trauma among Students**

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# Role of Didactic Teaching and Mindfulness in Shaping Mental Health Literacy and Reducing the Adverse Effects of Stress and Trauma among Students

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## Abstract

**Background:** Mental health literacy is essential for students to effectively manage stress, trauma, and academic demands, yet modifiable educational predictors remain underexplored.

**Objective:** This mixed-methods exploratory study at Shinawatra University examined the roles of didactic teaching and mindfulness-based interventions in improving mental health literacy and reducing the adverse impacts of stress among 40 international graduate students in Thailand.

**Methods:** Participants engaged in a 90-minute structured pro-gram integrating didactic mental health education with mindfulness activities (e.g., "grounding, breathing exercises, and gratitude reflection")

**Results:** Findings revealed that 54.2% of the 24 respondents who completed the post-intervention survey preferred mindfulness activities for enhancing emotional understanding, practical coping skills, and motivation to seek help, while many re-garded both didactic teaching and mindfulness as equally effective. A total of 40 participants began the study. All 40 contributed qualitative data for thematic analysis (Table 1). The post-intervention preference survey had a response rate of 60% (n=24). The study identified top mental health challenges faced by students, including academic pressure (62%, n=25), relationship difficulties (47%, n=19), homesickness (38%, n=15), physical fatigue (35%, n=14), and future anxiety (28%, n=11). Results indicate that didactic teaching effectively conveys foundational mental health knowledge, fostering awareness and destigmatization, whereas mindfulness practices cultivate emotional resilience and self-regulation.

**Conclusions:** Integrating these approaches addresses diverse learning styles, promoting a holistic enhancement of mental health literacy. This synergy equips students with cognitive understanding and experiential skills essential for navigating psychological stressors. The study underscores the importance of embedding combined didactic and mindfulness interventions within educational frameworks to mitigate stress and trauma effects, fostering student well-being and academic success

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1 Article

# 2 Role of Didactic Teaching and Mindfulness in 3 Shaping Mental Health Literacy and Reducing the 4 Adverse Effects of Stress and Trauma among 5 Students

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13 **Abstract:** Mental health literacy is essential for students to effectively manage stress,  
14 Academic Editor: Firstname Lastname trauma, and academic demands, yet modifiable educational  
15 Received: date predictors remain underexplored. This mixed-methods  
16 Revised: date exploratory study at Shinawatra University examined the roles of  
17 Accepted: date didactic teaching and mindfulness-based interventions in  
18 Published: date improving mental health literacy and reducing the adverse  
19 **Citation:** To be added by impacts of stress among 40 international graduate students in  
20 editorial staff during production. Thailand. Participants engaged in a 90-minute structured  
21 **Copyright:** © 2025 by the program integrating didactic mental health education with  
22 authors. Submitted for possible mindfulness activities (e.g., "grounding, breathing exercises, and  
23 open access publication under gratitude reflection")  
the terms and conditions of the

24 Creative Commons Attribution  
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26 (<https://creativecommons.org/licenses/by/4.0/>).

27 Findings revealed that 54.2% of the 24 respondents who  
28 completed the post-intervention survey preferred mindfulness  
29 activities for enhancing emotional understanding, practical  
30 coping skills, and motivation to seek help, while many regarded  
31 both didactic teaching and mindfulness as equally effective. A  
32 total of 40 participants began the study. All 40 contributed qualitative data for  
33 thematic analysis (Table 1). The post-intervention preference survey had a response  
34 rate of 60% (n=24). The study identified top mental health challenges faced by  
35 students, including academic pressure (62%, n=25), relationship difficulties (47%,  
36 n=19), homesickness (38%, n=15), physical fatigue (35%, n=14), and future anxiety  
(28%, n=11). Results indicate that didactic teaching effectively conveys foundational  
mental health knowledge, fostering awareness and destigmatization, whereas  
mindfulness practices cultivate emotional resilience and self-regulation.

37 Integrating these approaches addresses diverse learning styles,  
38 promoting a holistic enhancement of mental health literacy. This  
39 synergy equips students with cognitive understanding and  
40 experiential skills essential for navigating psychological  
41 stressors. The study underscores the importance of embedding  
42 combined didactic and mindfulness interventions within  
43 educational frameworks to mitigate stress and trauma effects,  
44 fostering student well-being and academic success

45 **Keywords:** Didactic Teaching, Mindfulness, Mental health  
46 literacy, destigmatization  
47

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## 48 49 50 **1. Introduction**

51 Mental health is a state of well-being that enables students to  
52 cope with their current circumstances, pleasant or unpleasant, while  
53 effectively managing their academic responsibilities. Mental health  
54 literacy is a critical component of overall well-being, particularly  
55 among adolescents and young adults, given that a significant  
56 proportion of mental health challenges emerge in early adulthood  
57 (**Ito-Jaeger et al. 2022**). This multifaceted concept, first introduced  
58 by Jorm et al. in 1996, encompasses knowledge, beliefs, and attitudes  
59 that enable the recognition, management, and prevention of mental  
60 health disorders, alongside the promotion of mental well-being (**Jorm  
61 2000** ; Singh et al., 2022). It is not merely an outcome in itself, but is  
62 intrinsically linked to improved mental health outcomes, allowing  
63 individuals to identify mental disorders in themselves and others, thus  
64 facilitating early access to support (Ito-Jaeger et al., 2021).

65 WHO stated that 1 in 4 people experience mental health  
66 problems; in addition, there is an increased risk of premature death  
67 associated with feelings of loneliness and lack of social interaction.  
68 However, robust mental health literacy can empower young adults to  
69 challenge stigmatizing attitudes and promote a supportive  
70 environment for those experiencing mental health difficulties within  
71 educational settings (**Amsalem and Valeri 2021; Ito-Jaeger et al.  
72 2022**). Despite its acknowledged importance, there remains a notable  
73 gap in research on modifiable predictors of mental health literacy that  
74 can be directly influenced by educational interventions (**Suwanwong  
75 et al. 2024**). The study of Coholic et al suggested mindfulness  
76 activities as methods that can engage children and youth in a  
77 creative, meaningful, and enjoyable way while focusing on their  
78 strengths(**Coholic et al. 2012**). However, many young people who  
79 need support are marginalized and lack access to essential services. In  
80 order to help students who have been exposed to stressful events,  
81 professional needs to provide intervention that support different  
82 experiences. For the purpose of this paper, mindfulness was adopted,  
83 mindfulness is a process of engaging the mind to reflect on a personal  
84 issue for self-help and self-identification. This article aims to explore  
85 the roles of didactic teaching and mindfulness-based interventions as  
86 modifiable predictors that can significantly enhance mental health  
87 literacy among students and subsequently mitigate the adverse  
88 effects of stress and trauma (Suwanwong et al. 2024). In addition, this

89 exploration aims to elucidate how targeted educational strategies,  
90 such as didactic instruction, can disseminate crucial knowledge  
91 regarding mental health, while mindfulness practices can cultivate  
92 self-awareness and emotional regulation, both vital for fostering  
93 resilience against psychological stressors (**Kågström 2023; Rogge**  
94 **et al. 2024**)

95 This article posits that a synergistic approach, integrating didactic  
96 instruction with mindfulness practices, can effectively improve mental  
97 health literacy, equipping students with self-help skills, enhanced  
98 coping mechanisms to navigate the pervasive challenges of stress and  
99 trauma encountered during their academic careers (**Abbott et al.**  
100 **2023; Mcluckie et al. 2014**). Mindfulness interventions have been  
101 shown to reduce depression and anxiety, alleviate trauma-related  
102 symptoms, enhance coping skills and mood, and improve overall  
103 quality of life (**Ortiz and Sibinga 2017**). The study of Ortiz and  
104 sibinga suggested further implementation of mindfulness youth  
105 program to prevent the poor health outcome among youth. The  
106 increasing prevalence of mental health problems among youth,  
107 fostering a high level of mental health literacy is paramount for early  
108 intervention and effective support help-seeking behaviors. Because  
109 help seeking behavior is associated with mental health literacy,  
110 thereby creating a need to improve MHL skill in young adult  
111 (Ratnayake and Hyde 2019)

112 The principles of reflective practice, aligned with transformative  
113 learning theory, informed our approach to a detailed exploration of  
114 one's core assumptions, beliefs, and values to facilitate a shift in  
115 worldview. This reflective process is often sparked by a disorienting  
116 dilemma, prompting individuals to challenge their established  
117 perspectives. As a result, they can gain new insights, alter their  
118 behaviors, and develop a deeper understanding of themselves and the  
119 world around them(**Liu 2020**). Therefore, this theory will help to  
120 explore the efficacy of didactic approaches in conveying essential  
121 information about mental health, including recognition of symptoms,  
122 treatment options, and destigmatization strategies (**Ito-Jaeger et al.**  
123 **2022**). Furthermore, it will examine how mindfulness interventions,  
124 through their emphasis on present moment awareness and non-  
125 judgmental observation, can cultivate emotional resilience and reduce  
126 the physiological and psychological impact of stress and trauma. It  
127 also aims to highlight how mental health education can be integrated  
128 into core curricula, thus equipping students with essential coping  
129 mechanisms and fostering emotional intelligence (**Wiedermann et**  
130 **al. 2023**). The integration of such interventions within academic  
131 frameworks is crucial to promoting a holistic educational environment  
132 that addresses both cognitive and emotional development.

133 Therefore, this study aims to address this gap by exploring two  
134 primary research questions: 1) what are the most common mental

135 health challenges reported by international graduate students? 2)  
136 What are student preferences regarding didactic versus mindfulness-  
137 based learning methods for improving MHL? The study will promote  
138 how didactic methodologies can systematically impart foundational  
139 knowledge relating to mental health and how mindfulness practices  
140 can promote resilience, emotional regulation, and self-awareness, thus  
141 cumulatively enhancing mental health literacy and reducing  
142 psychological distress.

## 144 **2. Materials and Methods**

### 145 **2.1. Study Design**

146 An exploratory mixed method study was conducted to assess the  
147 impact of didactic teaching and Mindfulness in Improving Mental  
148 Health Literacy and Reducing the Adverse Effects of Stress and  
149 Trauma among Students. The research was conducted at Shinawatra  
150 University, among students proficient in reading and writing English  
151 Language without communication difficulties. Excluded from the study  
152 were individuals with sudden illnesses or discomfort in sharing  
153 personal information. The study included 40 students selected through  
154 convenience sampling, along with interviews conducted with three  
155 professional psychologists.

156 **Recruitment:** The study was conducted with a class of PhD  
157 student of Shinawatra University who are mostly foreigners. All  
158 participants were informed that their participation in the study is  
159 voluntary and that they can withdraw if they do not wish to continue.  
160 To ensure confidentiality, anonymity was maintained, no identity of the  
161 students was collected.

162  
163 **Intervention: The intervention strategies and materials**  
164 **include:**

- 165 - Didactic sessions (Presentation slides, quizzes)
- 166 - Mindfulness programs (New Leaf activities: journaling, reflection,  
167 stress tracking, group work). New Leaf worksheet was used to track  
168 the activities

169 **Post-Assessment:** For the post assessment, qualitative data was  
170 collected from participant during the session with the use of New Leaf  
171 Worksheet as shown in Appendix B while quantitative data was  
172 collected with a MHL questionnaire as shown in Appendix A.

### 173 **Analysis & Reporting**

174 Qualitative: "Qualitative data from worksheets were analyzed using  
175 thematic analysis in NVivo 24. This involved familiarization with the  
176 data, generating initial codes, searching for themes, reviewing  
177 themes, defining and naming themes, and producing the report."

178 Quantitative: "Quantitative data from the MHL questionnaire were  
179 analyzed using SPSS 24. Descriptive statistics (frequencies,  
180 percentages) were calculated to summarize participant characteristics  
181 and responses."

## 182 **2.2. Procedure**

183 Shinawatra University students participated in 90 minutes of  
184 structured mindfulness- based activities and reflections, as well as a  
185 style of teaching mental health awareness. During the process,  
186 mindfulness activities were interpolated as a break in every 15  
187 minutes of the didactic teaching. The didactic teaching is a PowerPoint  
188 structured and a visually engaging content on mental health facts,  
189 coping strategies, and reflection prompts. Combined, these tools  
190 create an interactive learning environment that blends narrative  
191 engagement, experiential mindfulness practice, and structured  
192 knowledge delivery—enhancing access to and understanding of  
193 interactive health information for improving mental health literacy  
194 among graduate students. The mindfulness activity included the  
195 following:

196 **Grounding Exercise:** 5-minute grounding touching the ground  
197 and focusing on being in the present moment.

198 **Breathing with Emotion:** This activity includes 4-7-8 breathing  
199 (inhale 4, hold 7, exhale 8), focus on observing emotions without  
200 judgment, students were requested to draw what is on the  
201 mindfulness worksheet and fill in what applies to them.

202 **Gratitude Tree:** Students were Visualize roots as support,  
203 branches as achieve- ments, and leaves as moments of joy. Students  
204 were asked to fill out a "gratitude tree" diagram. The student drew the  
205 tree and filled in all parts of the tree as applied to them.

206 **Rose, Thorns and Bud:** This refers to Reflection on:

- 207 •Rose = a recent joy
- 208 •Bud = something you're looking forward to
- 209 •Thorn = a recent struggle

210 **Body Scan:** The students were guided to reflect on their body  
211 through the use of the following:

212 - Guided body scan (head to toe awareness) - Students note areas  
213 of tension or calm

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## 215 **3. Results**

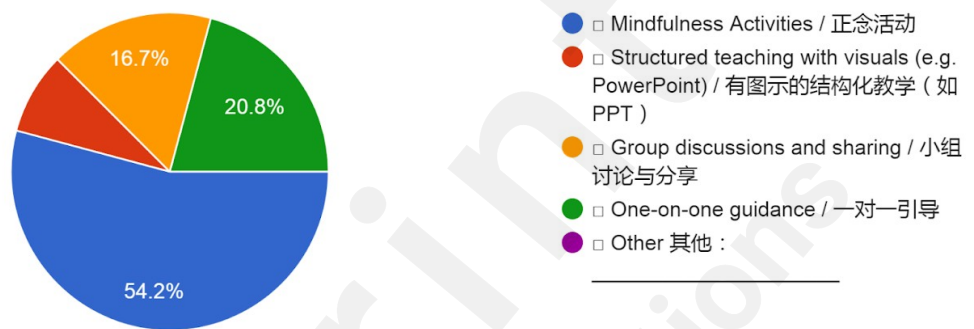
216 At the end of the study, the qualitative data collected with worksheet  
217 from the student was analysed and coded with Nvivo 24. Theme was

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generated based on the response gotten from participants. Quantitative data collected with google form was extracted and analysed with SPSS version 24. In the following descriptive analysis pie chart below. Figure 1.0 presented a breakdown that measured the preference of 40 participants who began the study, with 24 completing the post-assessment questionnaire.

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**To determine the participant’s learning style preferences after experiencing didactic teaching and mindfulness**



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**Figure 1.0: Showing participant’s learning style preferences after experiencing didactic teaching and mindfulness**

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About 54.2% of respondents preferred learning mental health literacy with the use of mindfulness activities. Mindfulness activities are preferred for emotional connection, practical coping, and motivation in mental health awareness programs. Even though the result also reveal participant finds both didactic teaching and mindfulness to be equally effective for mental health awareness. However, a balanced integration of both methods could cater to diverse learning styles and needs

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**To answer the first research question, what are the most common mental health problems among higher-level students?**

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The worksheet of the student was analyzed and the following theme was identified: Academic Pressure & Work load (exams, assignments, grades), Relationship Problems (family, romantic, peer conflict), Homesickness & Cultural Adjustment (international students), Physical Fatigue / Lack of Sleep, Time Scarcity / Poor Work Life Balance, Future Anxiety & Uncertainty, Environmental Distractions & Noise, Body related Pain / Somatic Stress.

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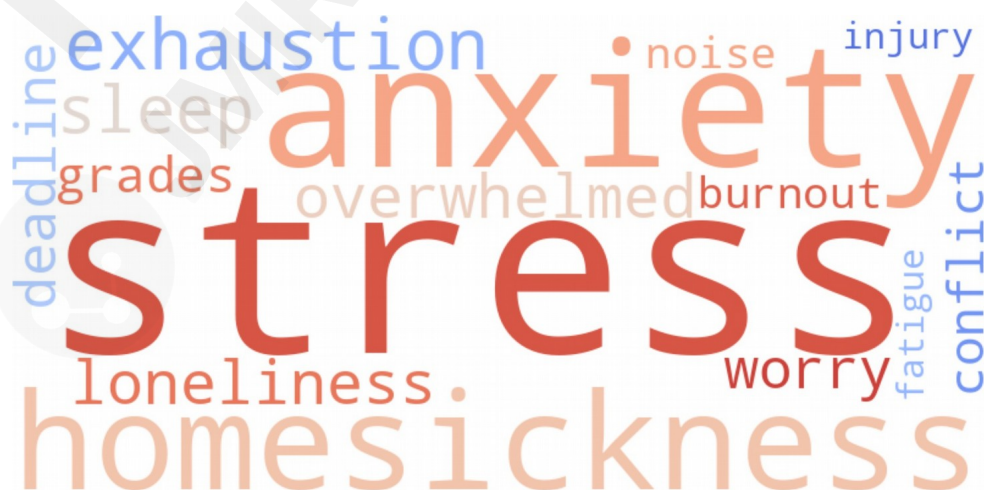
Ra nk	Stress / Trauma Theme	% of Entries Mention	Typical Words / Phrases Students Used
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		ing the Theme*	
1	<b>Academic Pressure &amp; Work-load</b> (exams, assignments, grades)	≈ 62 %	“so many deadlines”, “worried about GPA”, “too much homework”, “failed quiz”
2	<b>Relationship Problems</b> (family, romantic, peer conflict)	≈ 47 %	“fight with boyfriend”, “missing my parents”, “not fitting in”, “friend drama”
3	<b>Homesickness &amp; Cultural Adjustment</b> (international students)	≈ 38 %	“feel alone in dorm”, “miss home cooking”, “language barrier”, “lonely weekends”
4	<b>Physical Fatigue / Lack of Sleep</b>	≈ 35 %	“exhausted”, “slept only 4 hrs”, “body aches after gym”, “tired all day”
5	<b>Time Scarcity / Poor Work-Life Balance</b>	≈ 30 %	“no time to think”, “schedule is crazy”, “can’t find time for mindfulness”
6	<b>Future Anxiety &amp; Uncertainty</b>	≈ 28 %	“scared of the future”, “job prospects”, “what if I fail”, “visa worries”
7	<b>Environmental Distractions &amp; Noise</b>	≈ 18 %	“can’t concentrate in dorm”, “library too loud”, “zoom echo”
8	<b>Body-related Pain / Somatic Stress</b>	≈ 15 %	“neck pain”, “knee injury”, “headache from stress”

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**Table 1.0: Showing prevalence of mental health issues among international graduate students in Thailand**

As shown in Table 1, academic pressure was the most prevalent challenge (62.5%), followed by relationship problems (47.5%)



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**Figure 2. Word cloud of high-frequency words from qualitative responses on mental health challenges**

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#### 4. Discussion

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This section synthesizes the findings from the literature review and methodology sections, discussing their implications for understanding the interplay between didactic teaching, mindfulness, mental health literacy, and the mitigation of stress and trauma in student populations. It explores how these integrated approaches has fostered a more supportive and resilient academic environment, leading to improved overall well-being and academic performance among students (**Parrish 2020**). This discussion further elaborate on the practical applications and theoretical underpinnings of combining didactic education with mindfulness practices to enhance mental health literacy, thereby equipping students with robust coping mechanisms to counteract the pervasive challenges of stress and trauma. It is evident that didactic teaching (such as PowerPoint presentations) and mindfulness activities both play complementary roles in improving mental health literacy with reduction of adverse effects of stress and trauma among students.

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Ultimately, this comprehensive approach empowered students with the knowledge and tools necessary to navigate psychological distress, promote proactive help-seeking behaviors, and cultivate a deeper understanding of mental well-being, fostering a more resilient and mentally literate generation (**Balamurugan et al. 2024**). It also considers how these interventions can be culturally adapted to ensure inclusivity and effectiveness across diverse student populations (**Alvarado-García et al. 2025**). Moreover, this study has addressed the sustainability and scalability of integrating these strategies into existing educational frameworks, identifying potential barriers and proposing solutions for widespread implementation (**Islam and Fajlay Rabbi 2024**). Furthermore, this study has delved into the concept of resilience, highlighting how didactic, PowerPoint and mindfulness interventions contribute to mental health awareness and development, enabling students to proactively respond to adverse

309 situations and overcome the damaging effects of stress and trauma  
310 (**Sancassiani et al. 2015**) (Ross et al., 2023).

### 311 **Preferences and perceptions of mindfulness**

312 The international graduate students prefer mindfulness over didactic  
313 PowerPoint teaching because mindfulness engages students in the  
314 therapy process toward their healing. This is consistent with the claim  
315 that the social participation of participants is positively associated with  
316 their mental health (Youn et al. 2020). In addition, the majority of the  
317 students practice Buddhism as a religion, which is well rooted in  
318 meditation and is similar to mindfulness practices. These practices  
319 could have influenced their preference for mindfulness, yielding  
320 students' dedication, present-moment awareness, and value-driven  
321 approaches to the causes of their stress and anxiety. This study aligns  
322 with research linking mindfulness to its origins in Buddhism, consistent  
323 with the Buddhism-Informed Unified Flexibility and Mindfulness  
324 (BI-UFM) Model (Rogge et al. 2024). Therefore to answer the research  
325 question "What are student preferences regarding didactic versus  
326 mindfulness-based learning methods for improving MHL ? 54.2% had  
327 preference for mindfulness.

328

### 329 **Stress and Trauma Levels**

330 To answer the research question: **What are the most common**  
331 **mental health challenges reported by international graduate**  
332 **students?** According to Figure 2.0 the highest frequency of word  
333 cloud reveals stress as one of the most mentioned mental health issue  
334 among international graduate student. Although it is impossible to  
335 avoid normal life stressor, however, the rate of stress of students are  
336 high. The common cause of the stress are high academic pressure.  
337 This is consistent with a result of a research conducted on  
338 marginalized elementary student who found out overwhelming stress  
339 as a result of academic pressure (**Jerbic-Gonzalez, 2024**). If stress  
340 could be identified as negative emotion on elementary student, how  
341 much more graduate students who always have higher responsibility  
342 as adult learners of balancing work, family, and study. Majority of this  
343 graduate student also have children and responsibilities related to  
344 their family of origin, which in turn influence their stress levels. For  
345 instance, Table 1.0, revealed student complained under the category  
346 of "Thorns" on - "excessive workload," "baby crying early in the  
347 morning," "illness of a family member," and "meeting the  
348 expectations of the family as a cause of stress." Many of these  
349 graduate students come from working-class backgrounds and also  
350 want to support the needs of their extended family. Which is  
351 consistent with the study of Ponthipat et al, who stated most women  
352 feel overwhelmed with family responsibilities and stress of leaving  
353 family behind at home. (**Pongthipat et al. 2024**).

354 According to a similar study on Chinese students studying in Thailand,  
355 the causes of stress include: excessive academic workload, concerns  
356 regarding post-graduation employment, unclear academic goals and  
357 career direction, issues related to graduation and academic diplomas,  
358 social challenges associated with the Thai-Chinese language, personal  
359 frustrations related to visa issues, cultural differences, inefficiencies in  
360 the university's visa process, and facility management issues, such as  
361 dormitory management **(Wei and Chang 2022)**. Many students  
362 apply a coping mechanism to reduce the impact of life stressor, and  
363 this is where mindfulness has a role to play on student's mental  
364 health.

### 365 **Role of Mindfulness in Mental Health Literacy**

366 The history of my mindfulness was brought from Buddhism. This study  
367 has found that Mindfulness activities promote social participation  
368 among youth, which has proven to always improve mental health of  
369 individual, which is consistent with previous study **(Youn et al.**  
370 **2020)**. Mindfulness as a holistic approach which helps student to learn  
371 about themselves in a creative and a less stressful way. The study by  
372 Coholic used an art-based approach to build resilience. This is similar  
373 to the current study, as participants were engaged in drawing what  
374 they see and labeling how they feel. Coholic et al. found that  
375 mindfulness activities lower emotional reactivity, which aligns with the  
376 findings of this study, where participants reported stress reduction  
377 during the post-intervention survey **(Coholic et al. 2012)**.

### 378 **Limitations and Future Directions**

379 This study did not conduct follow up due to time and space. Which is  
380 essential to know the effectiveness of the intervention after few  
381 weeks. A sample size of 40 international graduate students was small  
382 and should be increased for future studies. The sample size was also  
383 limited to the post-test-only design, pre-test should be conducted on  
384 further research to establish a baseline for Mental Health Literacy

## 385 **5. Conclusions**

386 The study underscores the use of didactic teaching and  
387 mindfulness strategy and the importance of embedding  
388 combined didactic and mindfulness interventions within  
389 educational frameworks to mitigate stress and trauma  
390 effects as an effective tool for emotional regulation,  
391 reflective growth and journaling- use for self-expression to  
392 process difficult emotional situation, helps participant in  
393 identifying stress and raised the hope and resilience of  
394 students to meet the different need of learners through  
395 learner's best learning style. On the other hand mental  
396 health literacy serves as a skill that should be embedded  
397 in educational curriculum to build the resilience of student  
398 against stress and trauma which could be detrimental to  
399 academic performance of students.

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**Author Contributions:** All authors significantly contributed to this manuscript, with individual contributions outlined below.

Conceptualization, S.O.; methodology, S.O. and D.O.; validation, S.O., D.O and M.V.; formal analysis, S.O. and D.O.; investigation, S.O., M.V., and D.O.; writing—original draft preparation, S.O, D.O and M.V.; writing—review and editing, S.O. and D.O.; visualization, S.O., M.V.. and D.O.; supervision, M.V. and D.O; funding acquisition, S.O.; project administration, M.V.. and D.O. Each author has reviewed and approved the final version for submission.

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**Institutional Review Board Statement:**

The study was conducted according to the guidelines of the Declaration of Helsinki and was approved by the Institutional Review Board of Shinawatra University, Thailand. The pilotstudy titled **Role of Didactic Teaching and Mindfulness in Shaping Mental Health Literacy and Reducing the Adverse Effects of Stress and Trauma among Students”** was conducted under the ethical approval which was granted for the project titled “Evaluating Access and Usage of Interactive Health Information for Mental Health Literacy among Students. The project is supported by NRCT-National Research Council of Thailand and was deemed ethically appropriate by the Shinawatra University Social and Human Sciences Research Ethics Committee on 23/11/2024.

**Informed Consent Statement:**

Informed consent was obtained from all participants involved in the study.

**Data Availability Statement:**

The datasets generated during this study are not publicly available due to ethical restrictions ensuring the confidentiality of participants, including minors, who discussed sensitive mental health issues. Requests for data access may be directed to the principal investigator at Shinawatra University, but access may be subject to restrictions under IRB protection protocols.

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441 During the preparation of this manuscript and study, the authors used AI-  
442 generated images from ChatGPT 4.0, after confirming the data analyzed with  
443 SPSS and AI are the same, as shown in Figure 1 and Figure 2, for the purpose  
444 of accuracy and clarity.

445 As described under materials and method, to develop a storyline into a video,  
446 the author used Chatgpt to develop a script for; dream machine to generate  
447 character images-<https://dream-machine.lumalabs.ai/board/new>; turn Images  
448 into Video with Artificial intelligence-  
449 <https://dream-machine.lumalabs.ai/board/new>. The author used the video as a  
450 case study and as part of the instrument used to create a scenario for  
451 participant engagement. All the authors have reviewed and edited the output  
452 and take full responsibility for the content of this publication.

#### 453 **Conflicts of Interest:**

454 The authors declare no conflict of interest.

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457 <https://youthrex.com/wp-content/uploads/2025/03/New-Leaf-Mindfulness-Resources.pdf>

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