Art and Performance Letters (2026)
Clausius Scientific Press, Canada

DOI: 10.23977/artpl.2026.070204
ISSN 2523-5877 Vol. 7 Num. 2

# *The Efficacy of a Four-Level Collaborative Intervention Mechanism in University Student Psychological Crises: A Study of Two Cases with Successful Career Development Outcomes*

**Ruixue Zhao***

*School of Education Science, West Anhui University, Lu'an, Anhui, China*
*zrx35835@163.com*
**Corresponding author*

***Keywords:*** Four-Level Intervention; Psychological Crisis; Bipolar Disorder; Art Therapy; Career Development; University Student

***Abstract:*** Rising psychological distress among university students has pushed campus mental health services to their limits. This paper looks at how one Chinese university — West Anhui University — deployed a four-tier collaborative intervention mechanism (university → college → class → dormitory) to manage two severe crisis cases and then tracked what happened afterwards. The first case concerns a male liberal arts student with moderate depression whose parents piled on enormous academic pressure; after a suicide attempt he was given a year's medical leave and supported through the mechanism, eventually passing the National Postgraduate Entrance Examination. The second case is a female art major with bipolar disorder and a traumatic family history; here the team folded art-making into the intervention, and she went on to secure employment in the creative arts industry. Both students were assessed with the Self-Rating Depression Scale (SDS) and Self-Rating Anxiety Scale (SAS) before and after, and scores in both instances moved from the moderate-impairment range back into normal territory. The takeaway is that a structured, multi-level mechanism — when combined with discipline-sensitive additions such as art therapy — does more than contain crises: it can become a genuine platform for career development.

## 1. Introduction

In recent years, the mental health landscape within Chinese higher education has grown visibly more complex. The China National Mental Health Development Report (2023) puts the lifetime prevalence of depression in the general population at around 6.8%[5], and university students — caught between intense academic competition, high familial expectations, and murky employment prospects — are among the most exposed groups [2][3].

The policy response has been unambiguous. In 2023 the Ministry of Education, together with sixteen other government departments, issued the Special Action Plan for Comprehensive Enhancement of Student Mental Health Work (2023–2025), which calls for an integrated system

covering health education, monitoring and early warning, counselling services, and crisis intervention [7]. The four-level linkage mechanism — university, college, class, dormitory — is now a standard pillar of campus safety protocols across the country.

What the existing literature tends to leave out, however, is the micro-level detail of how individual students actually recover. Plenty has been written about policy design; far less about the trajectory of a specific student with, say, bipolar disorder, and how an integrated intervention helps them return not just to baseline functioning but to genuine developmental progress — passing entrance exams, finding employment, rebuilding a sense of self. That gap is what this paper tries to fill, using two cases handled at West Anhui University.

## 2. The Framework of the Four-Level Collaborative Intervention Mechanism

The model in use at West Anhui University is conceived as a closed-loop ecosystem (Fig. 1). At the top tier, the University Mental Health Centre provides professional supervision, formal psychological assessments, and medical referrals where needed. The second tier is the college level, where counsellors act as the executive hub — they draw up individualised intervention plans ("one student, one strategy") and coordinate resources across departments. The third tier relies on class monitors and psychological committee members to keep an eye on academic performance and day-to-day social engagement. And the fourth, and in some ways most consequential, tier is the dormitory: roommates function as a 24-hour peer support system and the first line of anomaly detection.

A thread running through all four tiers is home–school–medical collaboration. Parents are not kept at arm's length; they are treated as active participants in treatment and recovery, which substantially strengthens the support net around the student.

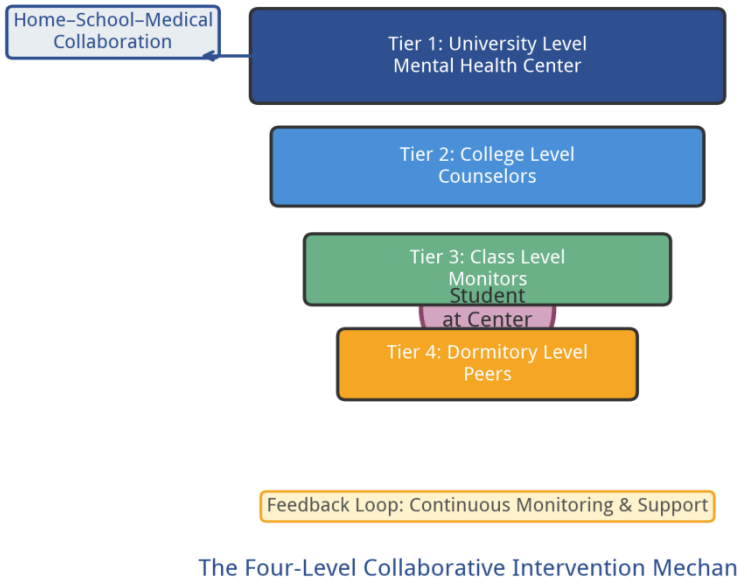


Figure 1: Schematic of the four-level collaborative intervention mechanism (university → college → class → dormitory) with home–school–medical collaboration as the integrating thread.

## 3. Case Presentations and Interventions

### 3.1 Case A: Familial Pressure, Depression, and a Pathway to Postgraduate Study

Student A was a male liberal arts major from a comfortable urban family. His parents were, by his own account, "obsessed with rankings" — his father checked his grades weekly, his mother monitored his weight and appearance daily. The pressure was unrelenting. He started sleeping badly in his second year, began suppressing any visible emotion, and eventually attempted suicide by cutting his wrist and overdosing on sleeping pills after a night of heavy drinking.

He was resuscitated and diagnosed with moderate depressive disorder. The university triggered the four-level mechanism and granted him a year's medical leave. During that year the counsellor spoke with his parents every week — sometimes to reassure them, sometimes to push back against demands they were making of him. When he returned to campus, his dormitory mates were briefed (with his consent) and provided steady, low-key emotional support. The SDS score he posted on return was 68, squarely in the moderate-depression band.

What is striking in retrospect is how the intervention dovetailed with academic recovery. The college assigned him a tutor to help him catch up on missed coursework, and that same tutor helped him articulate a clearer goal: sitting the National Postgraduate Entrance Examination (commonly called kao yan). He threw himself into preparation, and the structure of studying seems to have given him a sense of forward motion he had been missing. He passed the exam and is now enrolled in a master's programme. The crisis, in other words, became a turning point rather than an endpoint.

### 3.2 Case B: Childhood Trauma, Bipolar Disorder, and Finding Work through Art

Student B's background was very different. She was a female art major whose father had died when she was young and whose mother was terminally ill — caring responsibilities had fallen on her since her late teens. After a romantic relationship ended badly, she experienced a full psychotic episode and was subsequently diagnosed with bipolar disorder. The university faced a formal dilemma: while expulsion on grounds of "fitness to study" would have been the administratively simplest recourse, Chinese higher education regulations prohibit dismissing students solely on the basis of mental illness. Instead, institutional policy mandates medical leave or voluntary withdrawal, with readmission strictly contingent upon certification from qualified medical professionals affirming the student's capacity to safely resume academic and social activities. This protocol serves to safeguard both the affected student's well-being and the broader campus learning environment from potential relapse-related disruptions.

Instead, the team opted for a flexible intervention. Medication was managed through the home–school–medical channel, with her mother kept closely informed. But the move that seemed to make the most difference was encouraging her to use painting as a way of processing emotion. From a positive-psychology standpoint, this was a form of informal art therapy: she described the act of painting as "turning the tearing sensations inside me into colours I could look at" [1, 6]. It lowered her sense of stigma and, over time, rebuilt a sense of competence.

The career-development angle was folded in deliberately. Her counsellor worked with her on a portfolio, encouraged her to enter competitions, and helped her think concretely about employment in the cultural and creative sector. A year after the crisis she was functionally well again; she has since graduated and taken up a position with a creative arts company. She describes herself, unrecognisably, as "someone who makes things for a living now".

## 4. Quantitative Assessment of Intervention Efficacy

To move beyond anecdote, both students were assessed with the SDS and SAS at intake and again after the intervention period. The results are summarised in Table 1. Student A's SDS dropped from 68 (moderate depression) to 48 (normal range); his SAS moved from 62 to 45. Student B showed a near-identical pattern, with SDS falling from 65 to 46 and SAS from 60 to 43. These are not dramatic, headline-grabbing numbers, but they represent a clinically meaningful shift from impaired to functional for two students who had each been in serious trouble.

Table 1: Pre- and post-intervention SDS and SAS scores for the two cases.

| Metric | Student | Pre-Score | Pre-Status | Post-Score | Post-Status |
|---|---|---|---|---|---|
| SDS (Depression) | Student A | 68 | Moderate Depression | 48 | Normal |
| | Student B | 65 | Moderate Depression | 46 | Normal |
| SAS (Anxiety) | Student A | 62 | Moderate Anxiety | 45 | Normal |
| | Student B | 60 | Moderate Anxiety | 43 | Normal |

Note. SDS scores ≥ 63 indicate moderate depression; SAS scores ≥ 60 indicate moderate anxiety.

## 5. Discussion and Implications

### 5.1 Why the Dormitory Tier Matters

One thing these two cases make plain is the outsized role played by dormitory peers. International suicide-prevention work has long emphasised "gatekeeper training" — programmes such as QPR (Question, Persuade, Refer) that equip ordinary people to spot warning signs [8]. But a roommate is not an ordinary bystander; they share the same four walls, hear the same 3 a.m. restlessness, notice the same sudden withdrawal from group meals. Faculty and counsellors see students in office hours; roommates see them at 2 a.m. In a resource-constrained setting, investing in student mental health literacy through systematic gatekeeper training is probably the single highest-leverage move available.

### 5.2 Discipline-Sensitive Work, Especially with Art Students

Standard talk-based counselling often falls flat with art majors. This group tends to be highly sensitive and to have strong non-verbal expressive needs; sitting in a room being asked "how does that make you feel?" can feel sterile. What Student B's case illustrates is the value of meeting students on their own terms. The literature on art therapy has shown measurable effects on anxiety and depression [4], and the randomised work of Kaimal et al. [4] is beginning to give the field the evidentiary base it has lacked. In our setting, painting functioned as what Malchiodi [6] calls "externalisation" — getting the feeling out of the body and onto a surface where it can be examined rather than endured.

There is also a pragmatic point about careers. Linking psychological rehabilitation to a concrete professional goal — a portfolio, a competition entry, a job application — gives the student something to organise around. For Student B, the portfolio was not just a therapeutic artefact; it was the document that got her the job. That dual function is worth designing for.

### 5.3 From Crisis Management to Genuine Empowerment

The wider point is that university mental health services should not conceive their job as merely keeping students safe. Both these cases ended in developmental milestones — a master's place and a creative-industries job — that would not have been achievable without the intervention, but also would not have been achievable if the intervention had stopped at containment. In an era where graduate employability and further-study success are treated as institutional metrics, a strengths-based approach makes pragmatic as well as ethical sense. The principle at stake is the one Chinese policy documents have begun to stress: cultivating both moral and mental health, and making sure no student is written off because of their clinical history [7].

## 6. Conclusion

The mental health challenges facing higher education are not going away, and universities need mechanisms that are more than notional. This paper has argued, through two detailed cases at West Anhui University, that a four-level collaborative intervention — anchored in home–school–medical cooperation and, where appropriate, enriched with discipline-specific elements such as art therapy — can be genuinely effective. It contained two severe crises. It also, crucially, helped two students get on with their lives: one into postgraduate study, the other into paid creative work. That second step — from recovery to forward motion — is where the mechanism earns its keep.

## Acknowledgements

The author thanks the counselling team at West Anhui University for their frontline work, and both students for their willingness to have aspects of their experience shared in the service of helping others.

## References

*[1] American Art Therapy Association. (2017). Art therapy credentials board code of ethics. Retrieved from https://arttherapy.org*

*[2] Bruffaerts, R., Mortier, P., Kiekens, G., Auerbach, R. P., Cuijpers, P., Demyttenaere, K., ... & Kessler, R. C. (2023). Mental health problems among university students in Flanders: Prevalence and risk factors. Nature Mental Health, 1(1), 12–21.*

*[3] China National Mental Health Development Report. (2023). Blue book on mental health in China. Social Sciences Academic Press (in Chinese).*

*[4] Kaimal, G., Ray, K., & Muniz, J. (2022). Art therapy for anxiety and depression: A randomized controlled trial. The Arts in Psychotherapy, 78, 101891.*

*[5] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikas, J., & Walters, E. E. (2021). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593–602.*

*[6] Malchiodi, C. A. (2020). Handbook of art therapy (3rd ed.). The Guilford Press.*

*[7] Ministry of Education of the People's Republic of China. (2023). Special action plan for comprehensive enhancement of student mental health work (2023–2025). (in Chinese).*

*[8] Wyman, P. A., Brown, C. H., Inman, J., Cross, W., Schmeelk-Cone, K., Guo, J., & Pena, J. B. (2021). Randomized trial of a gatekeeper program for suicide prevention: 1-year impact on secondary school staff. Journal of Consulting and Clinical Psychology, 79(6), 699–706.*