

Role of Social Support as Predictor of Mental Health Among University Students

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The present study aimed to examine the role of social support as a predictor of mental health among university students. The sample comprised 150 students; age ranges from 18 to 30 years were taken from different universities of Islamabad and Rawalpindi. Translated Mental Health Inventory (having two subscales: psychological wellbeing and psychological distress) and Translated Provisions of Social Relations Scale (Having two subscales: family support and peer support) were used for assessment. Findings indicated that family support and peer support were positively correlated with psychological wellbeing and negatively correlated with psychological distress. It also showed that social support positively predicts mental health among university students. Female university students are high on psychological wellbeing, have high family support and high peer support than male university students. There were non-significant differences between the university students of below and above 20 years of age and graduate and undergraduate on all the research variables.

Keywords: *social support, mental health, family support, peer support, psychological wellbeing*

Introduction

Today's youth is tomorrow's leaders. In the last few decades mental health of the young population especially students have become the main focus of study for the psychologists, sociologists and education specialists (Reinherz, Paradis, Giaconia, Stashwick, Fitzmaurice, 2003). Transition is always demanding and is accompanied by many psychological problems so same is the case with students when they move from college to university. This transition is tough for students as they have to face many challenges in order to attain their life goals (Donghyuck, Olsen, Locke, Michelson, & Odes, 2009). Mental health problems can interrupt the normal emotional, physical, educational and psychological development of the students so it is very important to develop different means to enhance the

development of students (Kitzrow, 2003). Therefore, focusing on positive means and terms like social support for mental health is more important than avoiding negative terms of mental illness like depression (Salami, 2012).

For enhancing social support, the social network is a good source of behaviour regulation, provide different kinds of support (emotional, informational and material) as well as acts as an opportunity for social engagement. Social support provides such network which contains both psychological and material factors which help an individual's capability to cope with stress. Social support is usually described in three different types: instrumental, informational, and emotional (House & Kahn, 1985). Instrumental support is described as the material aid which involves

the monetary or financial help or physical help in the daily routine work (Bolger, & Amarel, 2007). Informational support is described as the support of the required information with the intention that individual will be able to cope with the present difficulties and is usually taken as advice or guidance in dealing with one's problems (Walen, & Lachman, 2000). Emotional support is more relevant to the emotional factors so it is the provision of empathy, trust, care and reassurance as well as it involves providing an opportunity for emotional expression and venting (Shakespeare-Finch, & Obst, 2011). Stress buffering model (Cohen, & Wills, 1985) is the primary model of social support which is quite important in the practical field of psychology and especially for those psychologists who are interested in the intervention. This model proclaims that social networks assist to provide a beneficial effect to health through psychological and material resources which help to cope with stress. Thus this model declares mental health can be improved with the help of social support (Schwarzer, & Knoll, 2007).

Mental health and well-being are considered as a continuum which can be given a different range of values. It is taken as a positive attribute of the psychological condition of a person and is defined as the positive emotional state and the capacity to live happily and creative life, and flexible attitude to deal with challenges (Keyes, 2002; Graham & Michael, 2014). According to Veit and Ware (1983), mental health is comprised of two factors i.e. psychological distress and psychological well-being. Psychological distress is the negative mental

health state while psychological well-being is the positive mental health states. According to Hefner and Eisenberg (2009), students with lower quality social support were more likely to experience mental health problems, including a six-fold risk of depressive symptoms relative to students with high-quality social support.

Social support is ardently beneficial in the measure of well-being including depression, overall happiness and life satisfaction (Cohen & Wills, 1985). Many researchers suggested that a reciprocal relationship exists between social support and well-being of an individual, it predicts that healthy and happy people may experience or exhibit positive social relations, hence proving the concept that supportive social network is linked to improved health (mental and physical) and well-being (Seeman et al., 1995; Eaton, 1978, Nurullah, 2012; Maisel, & Gable, 2009).

The relationship between social support and health (psychological and physical) has been widely studied all over (Antonucci & Jackson, 1987; Cohen & Wills, 1985). In addition, there are findings that a positive relationship exists between encouraging social networks and physical healthiness (House, Landis, & Umberson, 1988). Social support helps in reducing the risk of depression and is a good source to provide positive mental health and psychological well-being. Different researchers predict that there is a relationship between social support and psychological distress, for example, Bøen, Dalgard, and Bjertness (2012) concluded that psychological distress is directly linked

with a low level of social support. Family is the most important source of social support and the main part of social network while the second rank is of peer support. Peer support is also very important. It may be because individual identifies themselves with their peer group as friends act as a source of identity because usually, they are of the same gender, age and most importantly they share the same interest. Friends are those who stay with you during your hard lifetime and experiences. In other words, social support is given the role of mediator as poor social support mediates the negative effects of the somatic health issue of psychological distress. The mental health of an individual is at risk due to poor or low social support. On the other hand, good or high social support plays an important role in relieving depressive mood, which was found to be mediated through feelings of loneliness (Gibney & McGovern, 2011).

To find out the association between mental health and social support Maulik, Eaton, and Bradshaw (2010) observed the relationship between life occasions and commonly found mental disorders considering social networks and social supports. Positive social support from the network such as peer, life partner or from relatives was directly associated with reduced risk of panic disorder and psychological distress after suffering any specific situation. The significant relationship was revealed between social support and psychological distress.

Researches (Safree, Yasin, & Dzulkifli, 2010; Kawachi, & Berkman, 2001; Park et al., 2012; Sackey & Aminu, 2011) provide strong evidence on the data

available regarding relationship between social support and mental health of the older individuals but comparatively fewer studies are conducted to find out this relationship on the youth population. The mental health of the students at their early adulthood is very important as they will be developing either a positive or negative attitude towards their practical life goals. Therefore the present work centres on the association between social support and well-being of the people at their early adulthood. The nature of social support available to youth and its effect on mental health is a rigorously fewer studies area, realizing the importance of this aspect of mental health led to the planning of this study. The objective of the study is to investigate the connection of social support provided by family, peers or relatives with the mental health among males and females of different age ranges.

Hypotheses

Hypothesis 1: Social support predicts mental health among university students.

Hypothesis 2: There is a difference between male and female university students on social support (family support and peer support) and mental health (psychological well-being and psychological distress).

Hypothesis 3: There is a difference between graduate and undergraduate university students on social support (family support and peer support) and mental health (psychological well-being and psychological distress).

Hypothesis 4: There is a difference between students of below 20 years of age and above 20 years of age on social support (family support and peer

support) and mental health (psychological well-being and psychological distress).

Method

Sample-- A purposive convenience sample (N = 150; male university students = 75, female university students= 75) was recruited from various universities of Islamabad and Rawalpindi. Age range of the sample was 18 to 30 year (M = 22.5, SD = 10.02). Minimum qualification was 12 years of education, as an inclusion criterion for a sample.

Instruments

Mental Health Inventory (MHI)-- Veit and Ware (1983) developed the instrument called Mental Health Inventory (MHI) which is a 38 items scale. It is translated by Khan, Hanif and Tariq (2015), and its alpha reliability is .98. It consists of two factors, one is Psychological Distress and the other is Psychological Well-Being. The former one is composed of all such statements that are about negative mental health states and the latter consists of all such statements which are about positive mental health. Respondents respond on a six-point rating scale about their feelings since past one month. Probable answers range from 1 = “all of the time”, to 6 = “none of the time”. Translated Mental

Results

Table 1

Alpha Reliability Coefficient of all the research instruments

Scales	N	A
Mental Health Inventory	38	.94
Psychological well-being subscale	17	.82
Psychological Distress Subscale	21	.93
Provisions of Social Relations	15	.82
Family support subscale	06	.79
Peer support subscale	09	.76

Health Inventory is found internally consistent and its reliability is .94.

Provisions of Social Relations (PSR)-- Provision of Social Relations (PSR) scale was used to find out the social support for the study. Turner, Frankel and Levin (1983) constructed the scale and it was translated in Urdu version by Ayub (Ayub, 2004) having alpha reliability .92, and this Urdu version is being selected to use in the study. The PSR scale is a fifteen-item scale having two factors; family (6 items) and peers support factor (9 items). First evaluates the support provided by family and the second by friends. It is a 5 point rating scale describing how likely the statements is matching to their experience. Reliability of translated Provision of Social Relations in the present research is .82.

Procedure

Permission for data collection was taken from higher authorities of administration of representative universities. After seeking permission, students were briefed about the aim of the present research. Mental Health Inventory and Provisions of Social Relations Scale along with informed consent form were administered on participants in the form of groups. All the respondents were assured that the data would be kept confidential.

Table 1 indicates the reliability of the Mental Health Inventory, its subscales, Provisions of Social Relations and its

subscales. Reliability of all the research instruments is found to be quite satisfactory ranging from .76 to .94.

Table 2

Correlation matrix for the subscales of Mental Health Inventory and Provisions of Social Relations (N = 150)

	Family support	Peer Support	Psychological well being	Psychological distress
Family support	—	.57**	.29**	-.39**
Peer Support	—	—	.31**	-.41**
Psychological well being	—	—	—	-.66**
Psychological distress	—	—	—	—

**p < .01

Table 2 shows the relationship between the variables of the research

Table 3

Linear Regression Analysis showing social support as a predictor of mental health among university students (N = 150)

Variable	B	Mental Health	
		95% CI	
		UL	LL
Constant	42.59	[9.85, 32.87]	
Social Support	0.43	[.032, .53]	
R ²		0.29	
F		4.94	

Table 3 shows that social support positively predicts mental health. 29% variance in the

mental health can be accounted for, by the social support with $F = 32.91(p < .001)$.

Table 4

Mean, Standard Deviation and t-value of male and female university students on psychological distress, psychological well being, family support and peer support (N = 150)

	Male	Female	t	p	95% CI		Cohen's d
	(n=75)	(n=75)			LL	UL	
	M(SD)	M(SD)					
Psychological distress	55.43(19.73)	60.90 (16.39)	7.32	.07	-16.79	1.32	.30
Psychological wellbeing	52.88 (12.61)	55.14 (11.75)	5.43	.02	-14.77	1.27	.25
Family support	14.97 (3.62)	19.72 (3.92)	3.79	.00	-1.12	2.99	1.26
Peer support	17.36 (5.07)	21.69(4.64)	4.52	.00	-1.14	2.43	.89

df = 148, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval, LL= Lower Limit

Table 4 indicates that female university students are high on psychological well being (M=55.14, SD= 11.65), have high family support (M=19.72, SD=3.92) and

high peer support (M=21.69, SD=4.64) than male university students, who are low on psychological well being (M=52.88, SD=12.61), low family support (M=14.97,

SD=3.62) and low peer support (M=17.36, SD=5.07).

Table 5

Mean, Standard Deviation and t-value of university students of below and above 20 years of age on psychological distress, psychological well being, family support and peer support (N = 150)

	Below 20	Above 20	95% CI				
	(n=59)	(n=88)	<i>t</i>	<i>p</i>	95% CI		<i>Cohen's d</i>
	<i>M(SD)</i>	<i>M(SD)</i>			<i>LL</i>	<i>UL</i>	
Psychological distress	61.02 (20.61)	56.16 (16.43)	2.14	.34	.74	19.10	.26
Psychological wellbeing	57.017 (13.61)	51.96 (10.78)	2.02	.45	.21	19.62	.42
Family support	15.05 (4.01)	14.72 (3.61)	1.29	.19	-.72	3.47	.86
Peer support	17.51 (5.31)	16.72 (4.53)	1.56	.21	-.79	3.54	.16

df = 148, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval, LL= Lower Limit

Table 5 shows non-significant differences between students of below and above 20 years of age on psychological distress, psychological well being, family support and peer support.

Table 6

Mean, Standard Deviation and t-value of undergraduate and graduate university students on psychological distress, psychological well being, family support and peer support (N = 150)

	Undergraduate	graduate	95% CI				
	(n=79)	(n=68)	<i>t</i>	<i>p</i>	95% CI		<i>Cohen's d</i>
	<i>M(SD)</i>	<i>M(SD)</i>			<i>LL</i>	<i>UL</i>	
Psychological distress	58.19 (18.17)	58.01 (18.62)	1.97	.07	.43	19.31	.98
Psychological wellbeing	54.84 (12.38)	53.00 (12.02)	1.84	.57	.79	20.11	.15
Family support	15.09 (3.95)	14.57 (3.53)	5.29	.89	2.79	1.61	.14
Peer support	17.46 (5.36)	16.54(4.18)	5.06	.76	2.90	1.73	.19

df = 148, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval, LL= Lower Limit

Table 6 shows non-significant differences between undergraduate and graduate university students on psychological

Discussion

The present study examined the relationship between social support and mental health of the students keeping into account the gender and age of the individuals. The sample consisted of 150 students; 75 male students and 75 female students. Mental Health Inventory (MHI) (Veit and Ware, 1983) and the Provision of Social Relations (PSR) scale (Ayub, 2004) were used for the study. The reliability of all the research instruments is found to be satisfactory which shows that

distress, psychological well being, family support and peer support.

the scales were consistent. As hypothesized that social support predicts mental health among university students. The results proved the notion that social support is positively correlated with psychological well-being and negatively correlated with psychological distress (both factors of mental health). Consistent with the notion all the factors of the social network i.e. family and peer support showed the same trend; a positive relation was found between psychological well-being and family and

peer support while negative relation was found between psychological distress and family and peer support. Stress is reduced by the availability of social support; in fact, social support may also decrease the symptoms of illness and enhance survival. Sarason and Sarason (1982) detailed on the definition of social support as help that would be available to an individual in hard or stress-arousing situations. They noted that a person who is high in social support has others on whom he or she can rely in times of need. Similar trend was found in the literature available, as different studies concluded that family especially parents support directly affect the social, personal and academic success of the students thus leading to positive mental health outcomes (Gecas & Schwalbe, 1986; Jeynes, 2007) while on the other hand low support leads to feelings of low psychological well-being which further results in the expression of lower level of mental health i.e. happiness and satisfaction and high level of distress (Amato, 1994).

Other than the family, mental health is also strongly related to peer support. Young adults try to expand their social network by intensifying the importance of their relationship with peers (Santrock & Yussen, 1984). It was claimed that psychological well-being is related to the stable attachment, gratified friendship and recognition among peer group (Santrock, 2004). It also has an impact on the perception of self-worth of the individuals which is again related to the mental health and psychological well-being. As a person develops the role of peer approval and support, it leads to an increase in self-worth

(Harter, 1999). It was also hypothesized that there is a difference between male and female university students on social support (family support and peer support) and mental health (psychological well-being and psychological distress). As the results showed that female university students have high peer and family support thus high at psychological well-being and the opposite trend was observed for the male university students. Gender differences are also common variables among different studies which investigate the consequences of the positive or negative social network. A typical thought pattern says that women have greater, deeper and diverse social network than men (Haines & Hurlbert, 1992) which leads to the idea that women will have deeper effects of the social network than men. This very same idea is being supported in the studies that social support has a stronger effect on the well-being of women (Antonucci & Akiyama; 1987). A critical question, thus, is whether age and education-related changes occur in relation to various social network ties with indicators of psychological well-being and psychological distress. So other hypotheses of the study considered the age and education as variables to find out the difference of social support and its consequences on the mental health of the students. As results showed that non-significant difference was found on both variables. These results lead to the trend that social network is not related with any specific age but people being social beings need these ties all of their life spans and thus their mental health depends directly on the positive support provided by these networks.

Usually, people sustain social connections with many other people during the course of life. It was revealed in a study conducted on the social interaction and adaptation (Lowenthal & Haven, 1998) that stable close relationship is directly linked with the good mental health and psychological well-being than the big social circle or high socioeconomic status. So if the social network is limited but the ties are strong and intimate relationship exists then even a smaller social network can bring forth good mental health.

Limitations and suggestions

The age difference considered in the present study was based on the conveniently available sample but for the future studies, it should be based on a considerable difference i.e. early or late adulthood, or adolescence or adulthood so that results can predict an accountable difference. The sample was based on a limited area of the country thus the results have limited generalizability.

Conclusion

The benefit of social ties and network for the people who have encountered life crises has been the focus of research studies for more than two decades. Researches were also carried out to examine the relationship between physical health and social support but comparatively less literature is available for the association between mental health and social support while considering different variables as age, gender and education. This study results revealed that lack of social support is linked with psychological distress as social support appeared to have a direct relationship with positive mental health. Peer and family support predicted mental health while

education and gender found to have a non-significant relationship as a predictor of social support and its relation to psychological well-being. The mental health professionals can be a key part of one's social support network so awareness programs for the normal population and training programs for the mental health professionals can be developed based on the results of the study. In addition, a different intervention based on social support should be provided free of charge and must be considered in mental health promotions.

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