

How is Social Support Associated with Depressive Tendencies? The Mediating Role of Self-Efficacy

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Abstract

This research aims to examine the relationships between social support, self-efficacy, and depressive tendencies among undergraduate students of two schools in Yunnan Province, China. In total, 468 undergraduates participated in the study, which employed the Perceived Social Support Scale (PSSS), Generalized Self-Efficacy Scales (GSES), and Beck Depression Inventory (BDI). The Pearson correlation analysis was used to investigate the associations between the research variables, while the Bootstrap test was used to examine the mediating effect of self-efficacy between social support and depressive tendencies. The research findings indicate that social support is related to depressive tendencies. Undergraduates who show higher degrees of social support would show low levels of depressive tendencies. In addition, self-efficacy was similarly associated with depressive tendencies. The results also show that self-efficacy mediates the relationship between social support and depressive tendencies. The results of this study expand the existing literature review on depressive tendencies by explaining how social support influences depressive tendencies through the mediation role of self-efficacy.

Keywords: Social Support, Depressive Tendencies, Self-Efficacy, University Students.

Introduction

Depression is a widespread mental health issue that affects many individuals. It is becoming increasingly prevalent among younger populations. According to the Institute for Health Metrics and Evaluation (2023), approximately 280 million people worldwide suffer from depression, with 5% of adults being affected (4% of men and 6% of women). In China, the situation is equally concerning. The country's mental health survey reports a lifetime prevalence of adult depressive disorders at 6.8%, with 3.4% specifically diagnosed with depression. Currently, there are 95 million people in China suffering from depression, and an alarming 280,000 people commit suicide each year, with 40% of them being diagnosed with depression (People's Daily Health Client et al., 2022).

The International Classification of Diseases, Tenth Edition (ICD10) diagnostic criteria for major depressive disorder include depressed mood, loss of interest and pleasure, and decreased energy leading to increased exertion and decreased activity. While the prevalence of major depressive disorder in the general population is estimated to be around 3% to 5%, it is significantly higher in individuals with other depressive states, such as mild depression. However, it should be noted that the number of people who can be accurately diagnosed with depression by a psychiatrist is limited. In daily life, it is not uncommon to encounter individuals who may experience emotional and attention problems but are still able to function in their daily work and life. These individuals may not meet the criteria for diagnosis and treatment of depression by a psychiatrist in a hospital setting. As a result, many individuals who exhibit partial symptoms of depression may only be classified as having depressive tendencies. This category includes individuals who experience depressive states within the normal range, as well as those with mild depressive states caused by systemic diseases. It can be seen as an intermediate stage between normal individuals and those with diagnosed depression (Tan et al., 2010).

Depressive symptoms are the result of the interaction between individuals and society and are part of the performance of social behavior. Depression is typically characterized by social isolation and reduced social connectedness (Wade & Kendler, 2000). Social support is considered to be a predictor of individual depression one of the important social factors in depression (Santini et al., 2015). The main effect model of social support suggests that social support helps to reduce individuals' negative emotions (Lakey & Orehek, 2011) and reduces feelings of depression. (Cohen, 2004; Cheng et al., 2017). High levels of social support reduce the level of depression in individuals (Eric et al., 2010; Khir et al., 2020). Research on social support continues to mature and enrich, and the relationship between social support and depression is being explored and clarified. This study will continue to explore the relationship between social support and depression using university students as the research group. In addition, studies have shown that self-efficacy is related to depression. Miller et al (2019) found that self-efficacy is an independent predictor of depressive symptoms. Beyond that, social support contributes to positive mental health, but its effects are mostly mediated by self-efficacy (Cheung and Sun, 2000).

By exploring the relationship between social support, self-efficacy, and depressive tendencies and predicting the pathways between the three, this study can provide valuable insights into mental health issues. It can also inform the development of more effective interventions and treatments for these issues. Additionally, by examining the relationship between these factors, the study can shed light on how to improve an individual's overall well-being and quality of life. Furthermore, the findings can be used to develop strategies for preventing and treating depressive tendencies, as well as to inform the development of social policies and interventions. Ultimately, this research has the potential to improve social support systems and enhance the self-efficacy of individuals, thereby contributing to the overall health and well-being of society.

Literature Review

Social Support and Depressive Tendencies

Social support is a complex concept that can be defined in various ways. It can refer to the belief that others will be there for us when we need them (perceived support) or the tangible resources we receive from our relationships (received support) (Uchino et al., 2016). This multifaceted nature of social support highlights its influence on different aspects of our lives,

including social interaction, behavior, and resources. Research has consistently shown that social support is associated with lower levels of depression, anxiety, perceived stress, and higher life satisfaction, dating back to the 1970s. In fact, there is strong evidence linking social support to better mental health overall, including reducing the risk of developing mental disorders (Lakey & Orehek, 2011). This impact of social support has been observed in various populations, including youth, where support from parents and peers has been found to be a key factor in promoting physical activity (Silva et al., 2014). Additionally, perceived social support has been shown to play a significant role in reducing procrastination (Yang et al., 2021) and even in the use of virtual platforms, where it has been positively correlated with users' subjective well-being (van Brakel et al., 2023).

Therefore, studying the effects of social support on mental health among university students can shed light on the relationship between social support and their well-being, and explore the role of social support in promoting their overall success and development.

Self-Efficacy and Depressive Tendencies

Self-efficacy originates from American psychologist Bandura's self-efficacy theory (1977) and is an important concept of social cognitive theory. Self-efficacy refers to an individual's ability to determine, confidence or subject's self-grasp and feelings about whether he or she can complete an activity to some extent. It is related to a person's ability level but does not represent the person's real level. An individual's mental health is influenced by self-efficacy (Feng & Zhang, 2023). It can be understood as self-efficacy as a protective factor for mental health (Ruotolo et al., 2023). Moreover, self-efficacy may be a mechanism by which social relationships influence depressive symptoms (Fiori et al., 2006). Likewise, there is a proliferation of research on self-efficacy. Self-efficacy plays a positive role in improving adaptability and alleviating negative emotions such as anxiety (Kestler-Peleg et al., 2020). Self-efficacy was significantly negatively correlated with anxiety (Mills et al., 2006). Self-efficacy can significantly increase an individual's positive experience of the future and positive emotions, thereby reducing anxiety levels (Caprara et al., 2006). For university students, the self-efficacy of university students has a significant effect on subjective well-being (Li et al., 2016).

It can be seen that the cultivation of self-efficacy has a positive impact on the psychological health of the college student population, which can reduce anxiety and stress, enhance the ability to resist setbacks, strengthen the ability to self-regulation, and help college students better adapt to the various changes and challenges of college life, and maintain inner balance and stability.

Social Support and Self-Efficacy

Existing research has consistently shown that social support has a positive impact on mental health. However, this effect is largely mediated by an individual's self-efficacy (Cheung & Sun, 2000). Similarly, studies have found that the relationship between social support and postpartum depressive symptoms is mediated by maternal self-efficacy (Haslam et al., 2006). In addition, Park and Lee (2023) have highlighted the mediating role of self-efficacy in the relationship between depression and health-promoting behaviors, with social support acting as a moderating mediator in this pathway. This is further supported by a study that found that self-efficacy mediates the relationship between social support and employment anxiety (Zhang et al., 2023). Therefore, individuals who have confidence in their abilities and feel in control of their environment are more likely to have higher levels of self-efficacy, which can

protect them from depression and other negative emotions when faced with difficulties and setbacks.

Objectives of the Study

This study aims to investigate the relationship between social support, self-efficacy, and depressive tendencies. Furthermore, its other objective is to determine if self-efficacy has a mediating role in the relationship between social support and depressive tendencies.

Hypothesis of the Study

Ha1: There is a significant relationship between social support and depressive tendencies.

Ha2: There is a significant relationship between self-efficacy and depressive tendencies.

Ha3: There is a significant relationship between social support and self-efficacy.

Ha4: Self-efficacy would play a mediating role in the relationship between social support and depressive tendencies.

Methodology

This section presents the sampling, participants, measurement, and data analysis for this study.

Sampling

In this study, multiple random sampling was used to fill out and collect questionnaires from undergraduate students aged 18 to 25 who could accurately understand Chinese expressions from two universities (Kunming University of Science and Technology and Yunnan University) in Yunnan Province.

Participant

The researchers collected the data from a sample of 468 undergraduates across two universities in Yunnan Province, China in June 2023. The sample included 240 (51.3%) males and 228 (48.7%) females; more than 40% of respondents were 20 to 21 years old, followed by 40.0% were under 20 years old and 25.6% were greater than or equal to 22 years old. Most respondents were from Kunming University of Science and Technology (66.7%), followed by Yunnan University (33.3%).

Measurement

This study uses the Perceived Social Support Scale (PSSS) to measure social support, the General Self-Efficacy Scale (GSES) to measure self-efficacy, and Beck Depression Inventory is used to measure an individual's depressive tendencies.

Social support: Perceived Social Support Scale (PSSS) was prepared by Zimet (1987), and then translated into Chinese by Jiang Qian-jin (2001), it is a strong social support scale for adjusting an individual's self-understanding and self-feeling. The scale has 12 items, including family support, friends support, and other support. The total score is the sum of the scores of each item. The higher the total score is, the higher the level of support from others in the society that individuals feel subjectively. For example, one of the items in other support is: There is a special person (teachers, relatives, classmates) with whom I can share my joys and sorrows. It is worth mentioning that the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988) is highly consistent with PSSS in terms of expression, items, and dimensions. It can even be said that PSSS is the Chinese version of MSPSS. Considering the

test population and language environment, in order to reduce errors, the PSSS revised by Chinese scholars is adopted in this study. In this research, the scale was shown to be highly reliable using the alpha-Cronbach coefficients (0.954).

Self-efficacy: The scale was developed by German psychologist (Schwarzer et al., 1995). The Chinese version of the scale, which is widely used in China, is translated by Cai-kang (2001) and revised several times, with high reliability and validity. The scale consists of ten items. It measures the overall level of self-confidence that individuals demonstrate when dealing with challenges and difficulties in different contexts and is used to measure the broadest sense of self-efficacy in non-specific domains. It uses a 4-point rating scale: 1 = not at all coincidence; 4 = absolutely coincidence. For example, one of the statements reads: Even if others oppose me, I still have a way to get what I want. The higher the score, the higher the self-efficacy. In this research, the scale was shown to be highly reliable using the alpha-Cronbach coefficients (0.936).

Depressive tendencies: Depressive tendencies are a common issue that can greatly impact an individual's emotional well-being. To assess the severity of these tendencies, the Beck Depression Inventory (BDI) was utilized in this study. Developed by A.T. Beck in the 1960s through clinical practice, the BDI is a self-report questionnaire designed to measure the presence and intensity of depressive symptoms in individuals. It evaluates a range of cognitive, affective, and somatic symptoms associated with depression, providing valuable information about an individual's emotional state. The BDI consists of 21 sets of questions, each containing 4 sentences. These questions are structured to assess various problematic symptoms such as sadness, pessimism, feelings of failure, dissatisfaction, guilt, self-loathing, and suicidal intent. For example, one group of questions may be expressed as follows: 0. I don't feel sad; 1. I feel sad; 2. I feel sad all day and can't change this mood; 3. I am so sad that I can't stand it. Subjects are asked to rate their experiences and feelings based on a 4-point scale (0 = none, 1 = mild, 2 = moderate, 3 = severe), with the cumulative score indicating the severity of depressive symptoms. While the BDI is a valuable tool for assessing depressive symptoms, it is important to note that a comprehensive clinical evaluation is typically necessary to make a formal diagnosis of clinical depression. In this study, the aim was to evaluate the severity of depression in individuals, with subjects choosing the self-perception in each group that was closest to their experiences in the past week (including that day). The scale used in this research was shown to be highly reliable, with an alpha-Cronbach coefficient of 0.976. In summary, the Beck Depression Inventory is a useful tool for understanding the level of depressive tendencies an individual may be experiencing. It provides valuable information about an individual's emotional state and can aid in understanding the severity of their depressive experiences.

Data Analysis

SPSS was utilized to analyze the data. Pearson correlation was applied to investigate the relationship between social support, self-efficacy, and depressive tendencies. Besides, the Bootstrap test was used to ascertain the mediation for self-efficacy in the relation between social support and depressive tendencies.

Result/Findings

This study hypothesized a significant correlation between both social support and self-efficacy and depressive tendencies. Table 1 shows that social support ($r=-0.382$, $p < 0.001$) and all its dimensions are significantly negatively correlated with depressive tendencies. Family support

($r=-0,379$, $p <0.001$), friends support ($r=-0.337$, $p<0. 001$), and other support ($r=-0.383$, $p <0.001$) were negatively related to depressive tendencies. The same can be seen in Table 1 where self-efficacy ($r=-0.405$, $p <0.001$) is significantly negatively correlated with depressive tendencies. Therefore, Ha1 and Ha2 are supported.

Apart from this, social support ($r =0.448$, $p <0.001$) and all its dimensions are significantly and positively correlated with self-efficacy. Family support ($r=0.463$, $p <0.001$), friends support ($r=0.398$, $p <0.001$), and other support ($r= 0.429$, $p <0.001$) were positively associated with self-efficacy. Ha3 is supported.

Table 1

The association between social support, self-efficacy, and depressive tendencies

Variables	1	1-1	1-2	1-3	2
1. Social support	-				
1-1. Family support	0.955** <0.001	-			
1-2. Friends support	0.961** <0.001	0.874** <0.001	-		
1-3. Other support	0.960** <0.001	0.874** <0.001	0.888** <0.001	-	
2. Self-efficacy	0.448** <0.001	0.463** <0.001	0.398** <0.001	0.429** <0.001	-
3. Depressive tendencies	-0.382** <0.001	-0.379** <0.001	-0.337** <0.001	-0.383** <0.001	-0.405** <0.001

Note: *** Correlation is significant at the 0.001 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed); * Correlation is significant at the 0.05 level (2-tailed).

H4 hypothesizes that self-efficacy mediates the association between social support and depressive tendencies.

Table 2

Regression analysis of social support and depressive tendencies (Standardized)

Output variables		R ²	SE	β	t	p	95% CI	
							LLCI	ULCI
Self-efficacy	Social support	0.201	0.041	0.448	10.820	0.000		
Depressive Tendencies	Self-efficacy	0.214	0.046	-0.292	-6.355	0.000	-0.383	-0.202
	Social support		0.046	-0.251	-5.453	0.000	-0.341	-0.160
Total effect		0.146	0.043	-0.382	-8.916	0.000	-0.466	-0.298
Direct effect			0.046	-0.251	-5.453	0.000	-0.341	-0.160
Indirect effect				-0.131			-0.176	-0.090

Table 2 displays the results of the test for the mediating effect of self-efficacy on the relationship between social support and depressive tendencies. The lower limit of the confidence interval for the mediation effect is -0.466 and the upper limit of the confidence interval is -0.298, where zero is not included, and it can be concluded that there is a mediating effect of self-efficacy between social support and depressive tendencies and that the mediating effect is significant. Social support can have a direct impact on depressive tendencies ($\beta = -0.251$, $p < 0.001$). Social support can have an impact on depressive tendencies

by influencing self-efficacy ($\beta = -0.131$, $p < 0.001$). Therefore, the hypothesis (Ha4) was successfully accepted.

Note: ** $p < 0.01$, *** $p < 0.001$

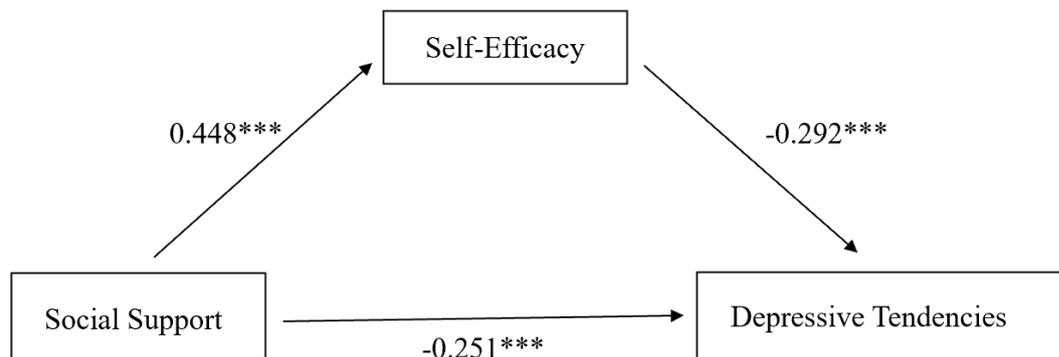


Figure 1: Diagram of a model of self-efficacy as a mediator between social support and depressive tendencies

Figure 1 explains the pathway relationship between social support, self-efficacy, and depressive tendencies. Social support directly predicted depressive tendencies. Similarly, self-efficacy as a mediating variable predicted depressive tendencies. Social support can influence depressive tendencies by influencing self-efficacy.

Discussion

This research aims to investigate the relationship between social support, self-efficacy, and depressive tendencies. Furthermore, this study aims to examine the role of self-efficacy in mediating the relationship between social support and depressive tendencies. Firstly, it was first established that associations are present among all research variables regarding undergraduates in Yunnan Province, China. Secondly, analysis of the correlations between social support, self-efficacy, and depressive tendencies recognized the mediating influence of self-efficacy between both variables.

The results of this study suggest that college students who have high levels of social support are less likely to experience depressive tendencies. In other words, there is a negative relationship between social support and depressive tendencies, which is consistent with previous studies (He et al., 2011; Qu et al., 2016; Zhang & Zhang, 2021; Luo, 2023; Shi et al., 2022; Ma et al., 2023). Furthermore, the different dimensions of social support were found to be significantly and negatively associated with depressive tendencies. Previous research has also shown that support from family members, friends, and others, as well as perceived social support, are all negatively related to depression (Cheng & Wang, 2012). Additionally, Yang et al. (2016) found that among the different sources of perceived social support, support from friends had the strongest association with depression, followed by support from family members and others. This finding is consistent with the results of our study, as friend support had the highest correlation coefficient with depression, closely followed by family support and support from others.

In this study, it was found that undergraduate students with higher levels of self-efficacy were less likely to experience depression. These findings are consistent with previous research on

the relationship between self-efficacy and depression, such as the studies conducted by (Cui et al., 2021; Ge et al., 2006). The results suggest that as self-efficacy increases, the likelihood of experiencing depression decreases. This could be because individuals with low self-efficacy tend to have a negative view of themselves and their daily life events (Zhao Shen-ran et al., 2018), which can contribute to the development of negative emotions and eventually lead to depression.

Following the research objectives, the relationship between social support and self-efficacy was examined. The study showed that social support and self-efficacy were positively correlated and that college students with higher levels of social support had more positive self-efficacy. This finding is consistent with past research in this area that comprehends that social support and self-efficacy are significantly positively correlated (Li, 2023; Xu et al., 2023). After further clarification, it was revealed that there is a correlation between social support, self-efficacy, and depressive tendencies. The relationship between these three factors was then examined through the use of results and path diagrams. According to Wang et al (2008), self-efficacy partially mediates the relationship between subjective support and depression. This study yielded similar results. It is known that self-efficacy plays a mediating role in the relationship between social support and depressive tendencies. By increasing an individual's level of social support, we can reduce their depressive tendencies. Additionally, increasing social support can also lead to an increase in self-efficacy, which can further help in reducing depressive tendencies. Likewise, Saltzman et al (2005) proposed the integrated model, which suggests that the link between social support and psychological adjustment is mediated by self-efficacy. Furthermore, the mediating role of self-efficacy in the relationship between social support and psychological well-being has been demonstrated. In a study by Liu (2018), it was found that the general self-efficacy of university students partially mediates the relationship between perceived social support and psychological well-being. It has also been shown that social support and self-efficacy can influence a person's health behaviors in an interconnected manner, both internally and externally (Sun & Lai, 2023).

Although several studies have investigated the associations between social support, self-efficacy, and depressive tendencies separately, no study has investigated these associations simultaneously. The primary aim of the present study was to determine whether self-efficacy plays a mediating role in the relationship between social support and depressive tendencies. We believe that our analyses of the mediating role contribute to a deeper understanding of the relationship between social support and depression.

Conclusion

This study highlights the importance of social support and self-efficacy on depressive tendencies among university students in Yunnan Province, China. The results of this study provide support for future research on reducing depressive tendencies through the combined effects of social support and self-efficacy. This study found that university students with high social support and high self-efficacy would have lower depressive tendencies, which would help them regulate their negative emotions and improve their negative state of mind. Therefore, the results of this study have some implications for teachers, schools, and social groups to guide students to have good emotional states based on their social support resources and self-efficacy embodiment, which can help reduce students' depressive tendencies and the resulting negative behaviors. University students should also be aware of their personalities and emotions, be positively aware of them, make good use of the resources around them, mobilize their positivity, and develop in the direction of health and optimism,

in order to face and deal with negative emotions correctly, and to avoid developing into depressive patients. By delving into the relationship between these variables, it promotes the development of theories in psychology and social sciences about mental health and well-being. In addition to this, it also provides some guidance for clinical practice, for example, intervention programs based on social support and self-efficacy can be developed to improve the mental health of depressed patients.

Limitation and Study Forward

Future research might address the limitations of this study. Firstly, the results of this study were limited by a particular point in time, and the tracking of the study's duration may yield more definitive results. In addition, social support, self-efficacy, and depressive tendencies as demonstrated through questionnaire completion might be subject to non-objective judgments due to some of the respondents' own factors. In this case, it is suggested that future studies could include an interview component to increase the authenticity of social support, self-efficacy, and depressive tendencies.

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