

Mental Health in relation to Quality of life and Social Support Among Adolescents

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Abstract

Mental health is a positive concept related to individuals social, emotional, and psychological well being. In period of adolescence, quality of life as well as social support plays an effective role in mental health. To study the role of these variables in mental health, the present study is planned. The objectives of the study are to examine the relationship between measures of quality of life and social support with mental health and the predictors of mental health among adolescents. A total sample of 160 adolescents (85 female, 75 male) between the age range of 13 to 18 years were selected for the present study. The adolescents were assessed with, WHO Quality of life-Brief, Social Support Index and PGI Health Questionnaire. The data were analyzed by using SPSS for t-test, Pearson's Product Moment method of correlation, and Regression analysis. The result reveals that quality of life correlate with mental health. Result of Stepwise Regression Analysis shows that there are two potent predictors of mental health which contribute 25 % of total variance of mental health among adolescents.

Keywords: Adolescents, Social Support, Quality of life, Mental health.

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Mental health is an important determinant of how successful a child would be an adult. Mental health is defined as a state of well being in which people realizes their own potentialities, can cope with the every day's normal stresses and work productively as well as fruitfully and are able to make contribution to her on his community. The concept of mental health is culturally defined, but generally relates to the enjoyment of life, ability to cope with daily stresses, sorrows and sadness, the fulfillment of goal and potential and a sense of connection to others. Therefore mental health is an important aspect in individual's well being and health in general.

Adolescence is a period of change in attitude and behavior, develops heightened emotionality, outlook, interests pattern and roles the social group expects them to play. Psychologically it is that period of life when an individual becomes integrated into the society of adults, the age when the child no longer feels that he or she is below the level of his/her elders but equal at least in right. It is a period of rapid change and time of searching personal.

Quality of life plays critical role in the lives of any individuals. It takes a multidimensional view of well-being and includes physical, mental, spiritual, and social aspects. WHO define quality of life as individual perception of their position in life in relation to their goal, expectations standards and concerns. Multidisciplinary research programs in the social sciences have established that, with some exceptions (e.g., Rook, 1984) greater perceived support is associated with increased psychological and physical health (Cohen, 2004; Sarason et al., 1997). Research by Wimmelmann et al. (2014) indicates that preoperative psychological factors including psychiatric symptoms, body image and self-esteem may be important for mental health postoperatively. Predictors of postoperative HRQOL seem to include personality, severe psychiatric disorder at baseline and improvement of depressive symptoms. One significant cross-sectional descriptive study conducted by Khairkhah et al. (2015) found that in case of quality of life, the physical activity part was significantly correlated with stress, social dysfunction, physical symptoms and depression. Social activity, mental health and general health (except depression) were significantly correlated. Social dysfunction was more prevalent in men but there was no significant difference between men and women in quality of life. Findings also shows that there is an association between some of the areas of mental health and areas of quality of

life, therefore a reduction in mental health status in thalassemia major patients may affect their quality of life.

Baltazar et al. (2015) studied the relationship between the perception of Quality of Work Life (QWL) and the mental health of primary care physicians of a public health institution in Guadalajara, Mexico. Findings revealed that there is a clear relationship between being satisfied with the Quality of Work Life and present lower risk of mental illness. The impact that the QWL have on the mental health of health professionals, are located mainly in their social relationships, including family relationships. A cross-sectional design was used by Mofidi et al. (2016) to investigate the relation among general mental health, quality of life and suicide related attitudes. Results of this study indicated that better quality of life and better general health were substantially related to lower total scores on the GHQ-12, particularly the anxiety/depression factor and attitudes towards suicide. This relationship was more pronounced in relation to mental health scores than suicidal attitude scores. Further much closer relationship was found between overall quality of life and both general mental health and suicide related attitudes than the relationship between those factors and general health. The results of Regression analyses, shows that the three attitude towards suicide factors combined with the two GHQ-12 factors explained about 24% of the variance of the quality of life indicator and about 16% of the variance of the quality of health indicator. In a study Gerino et al., (2017) explore a multidimensional model including the relationships among loneliness, resilience, mental health, and mental and physical quality of life (QL) among elderly individuals. In results they obtained supports the mediation effect of both resilience and mental health between loneliness and mental and physical QOL. Results also highlight that loneliness influences mental and physical QOL via two pathways, with the impact of loneliness mediated by mental health and resilience dimensions.

The study by, Shrestha et al. (2017) assessed the social support, quality of life and mental health status in breast cancer patients. In cross-sectional design they analyzed total 149 patients diagnosed with breast cancer, who met eligibility were enrolled. The findings revealed that the prevalence of undiagnosed depression and anxiety was high in breast cancer patients. Out of 149 respondents, 40.93% (61) were screened positive for depression either borderline or abnormal mood, whereas 52.34% (78) women were screened positive for anxiety either borderline or abnormal mood. Furthermore,

significantly less number of married woman currently living with husband had borderline plus abnormal mood. Similarly significantly higher number of woman living in nuclear family had depression. Global health scores of above mean, Social support scores of above mean and Anxiety scores of below mean had significant association with normal mood.

Social support is an aspect which works both as a buffer against life stressors as well as an agent promoting health and wellness (Dollete, Steese, Phillips, & Matthews, 2004). Research has shown that social support plays an important role in managing psychological problems. Lack of social support has been found to be one of the factors that lead to many psychological problems among students. A growing number of literature and empirical research have indicated the relationship between social support and psychological problems among students. Therefore, this study attempts to understand the role of social support in managing the psychological problems faced by the students based on the following reasons. First, social support is very much important for individuals in their life. Deficits in social support have been shown to be related to many psychological problems such as depression, loneliness, and anxiety (Eskin, 2003). Elliot and Gramling (1990) found that social support helps the college students to lessen depression, anxiety, and stress. They also found that social support could help the students manage and lessen their psychological problems. Safree et al. (2010) conducted a study to examine the relationship between social support and psychological problems i.e. depression, anxiety, and stress. The results revealed that there were significant negative relationship between social support and psychological problems suggesting that the higher the social support, the lower is the psychological problem. The findings of the study will be useful in assisting educators, counselors, psychologist, and researchers to develop strategies to enhance student psychological well-being. To see the relationship between perceived social support and mental health and to investigate the direct and indirect effects of gender, religiosity, and social class (as sources of social support), as well as social support, on mental health status conducted by Riahi et al. (2011). Results showed that there was a direct, significant relationship between perceived social support and mental health, and gender difference in the rate of mental health is proved, showing that the male students enjoyed better mental health status than females. Findings shows the relations of social class and religiosity with mental health of students were not significant. Also, gender, social class, and religiosity were associated with perceived social support. Results of regression analysis showed that

the rate of students' mental health was under direct influence of such variables as perceived social support and gender. Furthermore, such variables as social class and religiosity had indirect effects on mental health, through increasing social support. However, perceived social support was the strongest predictor of the students' mental health.

A cross-sectional study, Maselesele and Idemudia (2013) investigated the relationship between mental health and posttraumatic stress disorder (PTSD) symptoms after orthopedic trauma, and attempted to understand whether social support moderates the relationship between mental health and PTSD. Results revealed that there is a statistically significant relationship between mental health and PTSD after orthopedic trauma, and a positive correlation between poor mental health and PTSD ($r = 0.52$). However, perceived social support did not moderate mental health or PTSD, indicating that perceived social support did not significantly influence mental health or PTSD. Those with high scores on social support had a lower regression coefficient ($\beta = 0.19$) for mental health and PTSD than those who reported low social support ($\beta = 0.26$). Another study by Gharaat and Mohammadi (2014) examined the study to discuss the influence of social support on the mental health among transsexuals. The results revealed that there is a significant relationship between mental health and perceived social support among participants. Peoples with higher scores in mental health were in an inappropriate situation and they had lack of social support. The association between these two variables was contrary and the correlation coefficient was also negative ($r = -0.532$). In conclusion, the participants who had higher perceived social support from their families and friends were less likely to meet mental disorders and they had a better mental health.

In their research on sample of 345 infertile women belonging to Al-Zahra hospital in Tabriz, Hasanpour et al. (2014) assessed the mental health and its individual and social predictors. Results indicated that infertile women, in terms of mental health and its subscales, have unfavorable conditions. Moreover, social support from the family is an important factor influencing mental health. Therefore, strengthening the social support of the family to improve the mental health of infertile women seems necessary. As observed by Mousavi et al. (2015), the effect of social support on mental health considering the mediating role of problem-oriented coping strategy among 95 infertile women of Fasa public and private medical centers. The results also supported the mediating role problem-oriented coping strategy in the relationship between social support and mental health. The

findings revealed that the perceived family support can have a powerful impact on how a woman experiences infertility stress, both directly and indirectly. Also, high levels of perceived support from friends can decrease women's social stress levels through the use of active-confronting coping strategies, too. A study carried out by Tajvar et al. (2016) to investigate direct and stressbuffering associations between social support from family and the mental health of older people in Iran. The findings shows that a direct association between perceived and received social support and mental health. However, they did not find strong evidence to suggest that social support buffered the effects of stress arising from limitations of physical functioning. Lack of help doing paperwork was associated with worse mental health for women but not men. Source of support did not seem to be important. In conclusion the results indicated that, social support is important for the mental well-being of older people. Study was conducted by Akbari et al. (2017) to investigate the relationships between social capital and perceived social support with mental health among women in Sanandaj-Iran. The results of Correlation Coefficient showed that a significant and positive association between the three variables ($r > 0.35$) and the results of Linear Regression analysis indicated that both, social capital and perceived social support significantly predicted 30% of mental health changes that the social capital was the stronger predictor. In order to examine the relationship between social support and mental health a meta-analysis studies was carried out from 1996 to 2015 by Harandi et al. (2017). Total 64 studies includes in criteria meta-analysis. The studies revealed that relatively high effect size of the correlation between social support and mental health, it is necessary to predispose higher social support, especially for women, the elderly, patients, workers, and students.

In this competitive world, adolescents are facing a lot of problems. The majority of the mental disorders first emerge between the ages of 15-24 (Kessler et al., 2005). So mental health is very important for individuals, families and community, and is more than simply the absence of a mental disorder. Mental health is the capacity of an individual to form harmonious adjustment to one's social and physical environments. Mental is about how a person thinks, and acts when faced with life situations. Mental health is how people look at themselves their lives, and the other people in their lives; evaluate their challenges and problems and explore choice. This includes handling stress, relating to other people, and making decisions. Mental healthy individuals and adolescence enjoy a positive attitude

towards life; function well at home, in school and in their communities and are free from disability symptoms or psychopathology. (Hogwood et al., 1996).

Recent studies try to find out the relation between mental health, social support and quality of life. Recent reviews (Raiahi et al. 2011; Gharratand Mohammadi, 2014; Mousavi et al. 2015; Tajvar et al. 2016; Harandi et al. 2017) suggest positive relation between social support and mental health. Studies show the positive association between quality of life and mental health (Pitkanen et al. 2009; Syed et al. 2012; Khairkhah et al. 2015; Gerino et al. 2017). After extensive review, it is found that there are number of factors which lead to mental health; present study is mainly focused on adolescents.

Objectives:

1. To examine the relationship of mental health problems with quality of life and social support among adolescents.
2. To find out the predictors of mental health problems among adolescents

Hypotheses:

1. Mental health problems would be negatively related with quality of life.
2. Mental health problems would be negatively related with social support.
3. Some of variables related to quality of life and social support would predict mental health problems among adolescents.

Method

Participants:

The sample for the study consists of 160 (85 female and 75 male) adolescents taken from various schools affiliated with Central Board of Secondary Education (C.B.S.E) from three districts of Haryana by using cluster random sampling technique. The age range of the subjects varies from 13 to 18 years. The sample covered subjects from all walks of society but majority of subjects belonged to the middle socio-economic status and from all categories.

Tools:

Social Support Index developed by McCubbin et al., (1982) was used to measure family social support, as well as amount of community-based social support families believe that exist in the community. This questionnaire consists of 17 questions that ask respondents to indicate their agreement or disagreement with a statement. A higher score indicates a

higher level of social support. The Social Support Index has strong internal consistency, with an alpha across several samples of .82; it is also reported to have a test-retest stability correlation of .83 (Fischer et al., 2007).

WHO Quality Of Life –BREF scale by WHO (1994) was used to measure total four domain of quality of life which was assessed 24 facets by the test, these are physical health, psychological health, social relationships and environment based quality of life.

PGI- Health questionnaire was developed by S. K. Verma, N. N. Wing and D. Perhsad in 1971. There are total 38 items that measure two areas Area A (1-16) Physical Health and Area B (17-38) Mental Health or Psychological Health. Test Retest reliability of the scale is .88 and split half reliability is .86. Inter correlations between physical health and total health is .81, between psychological health and total health is .86 and physical and psychological health is .56. Higher score usually indicates greater chances of developing psychiatric symptoms or physical/mental health problems. It also reflects a need for early psychiatric help and follow-up care.

Results and Discussion

Table-1. Inter-correlation Matrix

VARIABLES	PHY-QOL	PSY-QOL	SOS-QOL	ENV-QOL	SOS-SUP	ACD-ACH	MEN-HEL
PHY-QOL	1	.53**	.31**	.57**	.17*	.01	-.44**
PSY-QOL		1	.28**	.52**	.23**	.09	-.44**
SOS-QOL			1	.13	.14*	-.08	-.27**
ENV-QOL				1	.25**	.05	-.36**
SOS-SUP					1	.14*	-.06
MEN-HEL							1

*p<.05, **p<.01

From the results given in table 1, it is appeared that the Quality of Life variables and Mental Health problems are also negatively correlated. The correlation between Mental Health problems and physical quality of life is $-.44$, with psychological quality of life is $-.44$, social quality of life is $-.27$, and with environmental quality of life is $-.36$. All dimensions of quality of life are significant at $.01$ level of significance. Hypothesis 1 regarding negative relationship between Quality of Life and mental health problems among adolescents is accepted here. This is the most consistent association between quality of life and mental health. Pitkanen et al. (2009) showed quality of life was positively correlated with mental health and negative related with mental health problems. Furthermore Syed et al. (2012) and Khairkhah et al. (2015) reported positive relationship between quality of life and mental health. Consistent with earlier research, higher level of quality of life was related to healthier mental health (Gerino et al. 2017). This inverse relationship also indicates that higher the score on mental health problems higher the problems among adolescents. It is reveal that participants who are higher on quality of life are less mental health problems.

A correlation between Social Support and Mental Health problems is $-.06$ which is non-significant. Social support is not related to mental health problems in the present study. This finding is the most surprising as earlier studies in this area yielded negative correlation between social support and mental health problems or positive relation with mental health (Gharraat and Mohammadi, 2014). Similarly, Tajvar et al. (2016) revealed that social support was positively associated with mental health among older people. So, hypothesis 2 regarding negative relationship between social support and mental health problems among adolescents is rejected. The reason may be that nowadays the concept of nuclear family is increases. So, more studies are required to confirm the findings of the present study.

Regression Analysis (Stepwise)**Dependent Variable- Mental Health Problems**

VARIABLES	R	R^2	R^2 Change	β	F	Sig
PHY-QOL	.44	.19	.19	-.44	49.12	.001
PHY-QOL + PSY-QOL	.50	.25	.06	-.28	34.31	.001

Table-2 shows the results of stepwise regression analysis for dependent variable mental health problems among adolescents. The predictor variable Physical Quality of Life (Phy-QoL) accounts for 19% of variance ($R^2 = .19$) in total mental health problems. Physical quality of life is the main predictor for mental health problems, but negatively. The predictor variable Physical Quality of Life has negative beta weight ($\beta = -.44$). It shows that, adolescents who have better quality of life also have lesser mental health mental health problems. R for Physical Quality of Life variable equals to .44. The F value for this variable is 49.11 is significant at .001 level of significance. It enters the regression equation at step one. Results revealed that Physical Quality of Life predicts mental health problems among adolescents. The 2nd or last predictor which enters the regression equation is Psychological Quality of Life. It enters the equation at step second. Psychological Quality of Life accounts for only 6% of the total variance (R^2 change = .06) in mental health among adolescents. R increases to .50 with the entry of this variable. The F value for this variable is 34.31 which is significant at .001 level of significance. The variable also has negative beta weight ($\beta = -.28$). It shows that adolescents report less mental health problems or stressor such as depression, experienced illness etc. when they are having high level of psychological quality of life.

One of the objectives of the study is to find out predictors of mental health problems among adolescents. Two variables are predict mental health problems in adolescents: these are Physical- Quality of Life and Psychological- Quality of Life. These two variables (Physical-Quality of Life and Psychological-Quality of Life) are jointly accounts for 25% of total variance in mental health problems among adolescents. Hypothesis 3 regarding predictors of mental health problems among adolescents is accepted here. There are two

quality of life dimension which play major role in mental health problems among adolescents.

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