







The Mediating Role of Social Support between Psychological Distress and Mental Well-Being

Hazal Yağmur Çakır  chazalyagmur@gmail.com
Yıldız Teknik Üniversitesi 

Beste Erdinç  besterdinc00@gmail.com
Yıldız Teknik Üniversitesi 

Yusuf Akyıl  yusufakyil430@gmail.com
Milli Eğitim Bakanlığı 

Tuncay Oral  toral@pau.edu.tr
Pamukkale Üniversitesi 

Şilan Duman  silandduman@gmail.com
Yıldız Teknik Üniversitesi 

Abstract:

Not only can individuals benefit themselves but also their immediate environment and society as a whole when they are mentally healthy. An elevated level of mental health may stimulate positivity. Therefore, it is crucial to thoroughly examine and resolve the issue. Psychological distress is a common experience that individuals encounter at different stages of life. When faced with a challenging situation, individuals can benefit from social support resources. The distress individuals endure influences how they assess their mental health and social support resources. In this context, the present study aims to examine the mediating role of social support in the relationship between psychological distress and mental well-being. Data were collected from 434 adult volunteers. The structural equation modelling (SEM) method was employed to analyse the mediation between the concepts. The analyses' results indicated that psychological distress was a predictor of mental well-being, both directly and indirectly through interpersonal support. Individuals who are experiencing distress exhibit diminished levels of mental well-being and perceive less social support. Perceiving more support from their environment and experiencing less distress can enhance individuals' mental health.

Anahtar Kelimeler: Psychological distress, mental well-being, social support.

INTRODUCTION

Individuals who maintain optimal mental health can generate advantages for themselves, their immediate surroundings, and society as a whole. A high level of mental well-being has the potential to provide supplementary advantages. Mental well-being was defined by the World Health Organization (2004) as "the capacity to recognize one's own capabilities, manage stress in one's life, be productive and beneficial in the workplace, and make a meaningful contribution to society in accordance with one's abilities" (Keldal, 2015). According to Ryan et al. (2001), mental well-being is the subjective experience of pleasure, life satisfaction, and positive psychological functioning, which encompasses self-actualization, autonomy, self-acceptance, and competence, as well as positive relationships with others. Happiness (hedonic perspective) and optimal functioning in individual and social contexts (eudaimonic perspective) are frequently used to define psychological well-being (Deci et al., 2008). Psychological well-being is the pursuit of a fulfilling existence, as per Huppert (2009). It is a result of the combination of performing well and feeling comfortable. Therefore, by definition, individuals with high levels of PMH report feeling content, competent, well-supported, and satisfied with their lives. According to Huppert's (2009) review, PMH has the potential to improve physical health by influencing brain activation patterns, neurochemical effects, and genetic factors. Fox posits that moderate, consistent exercise is a viable approach to the treatment of depression and anxiety, as well as the enhancement of the general mental health of the general population. Fox (1999) has summarized the potential of exercise as a treatment for clinical or subclinical depression or anxiety, as well as the ways in which physical activity can enhance quality of life, including increased self-esteem, improved mood, reduced state and personality anxiety, stress resilience, and improved sleep. Seligman (2011) emphasizes the importance of establishing healthy relationships, leading a purposeful life, and demonstrating a strong commitment to one's existence in the context of mental well-being (Demirci et al., 2015; Westerhof & Keyes, 2010). According to research (Keyes, 2002; Keyes et al., 2010), individuals who exhibit high mental well-being exhibit exceptional physical and psychological health (Duman et al., 2020). Mental health is enhanced by the ability to manage psychological distress, as it enables us to develop a more comprehensive understanding of ourselves and our environment. By enhancing our capacity to confront psychological obstacles, the preservation of mental health contributes to our overall well-being. Difficult life circumstances may induce psychological distress in individuals. Epidemiological studies, population surveys, and public health widely recognize psychological distress as a metric for population mental health, as well as an outcome in clinical research and intervention studies (Drapeau et al., 2012). The American Psychological Association (2018) defines psychological distress as a constellation of severe mental and physical symptoms often linked to typical mood variations in most individuals. Distress may signify the emergence of major depressive illness, anxiety disorder, schizophrenia, somatization disorder, or other psychiatric diseases. It is believed that numerous self-reported assessments of anxiety and sadness evaluate this illness. Psychological distress, as described by Mirowsky et al. (2002), is a condition of emotional suffering marked by symptoms of anxiety (e.g., restlessness, tension) and depression (e.g., lack of interest, sadness, and hopelessness).

Psychological distress is characterized as an individual's emotional reactions to stressful life circumstances, according to Lazarus and Folkman's (1984) definition. Stress and coping theory, which aims to elucidate how individuals react to difficult circumstances, grounds the definition. The Medical Dictionary (2010) defines psychological distress as the repercussions of factors such as psychogenic pain, internal conflict, and external stress that impede individuals from establishing quality relationships with others and realizing their full potential. The Medical

Dictionary (2010) investigates five sub-dimensions of psychological distress: health, sleep, anxiety, balance, and suicidal distress. In addition to causing anxiety, suffering, or wear and tear, distress can also reflect injury to objects, resulting in pain or distress, being in great difficulty, and appearing older (Gove, 1968; Merriam-Webster's Collegiate Dictionary, 2000). Emotions link distress to physical or mental anguish or suffering (Newman, 1994). Masee (2000) developed culturally sensitive, multidimensional instruments to evaluate psychological distress in French Quebecers and conducted qualitative and quantitative research on the subject. The phenomenological qualitative investigation revealed six indicators of distress: (1) futility and pessimism about the future, (2) worry and tension, (3) self-deprecation, (4) social disengagement and loneliness, (5) somatization, and (6) withdrawal (Masee, 2000). Psychological discomfort is more common among adolescents and young people aged 18 to 25 years. The National Institute of Mental Health (2022) indicates that 45.7% of college students have encountered anxiety in the previous year, according to the National College Health Assessment study. According to the 2021 Global Emotions Report by Gallup, 40% of employees globally reported heightened levels of stress in the workplace. Job stress is a significant contributor to psychological distress (Gallup, 2021). Recognizing psychological distress before it becomes mental health issues is crucial for individual and societal well-being. Smith and Hobbs (1966) articulated the official position of the American Psychological Association, which links psychological distress inextricably to the disruption of natural sources of social support in an individual's life, such as family, work, friendship, and religious affiliation (Holahan et al., 1981). Consequently, perceived social support is considered a protective factor in challenging circumstances (Cohen et al., 1983). The American Psychological Association (2018) characterizes social support as the provision of assistance or comfort, primarily aimed at aiding individuals in coping with biological, psychological, and social stressors. Support can derive from any interpersonal contact within an individual's social network, including family, acquaintances, neighbours, religious organizations, colleagues, caregivers, or support groups. Several methods can provide support, such as practical assistance (e.g., task completion, guidance), financial or direct material aid, and emotional support that fosters feelings of acceptance, worth, and comprehension. Cohen and Wills (1985) examine the capacity of social support to aid individuals in coping with stress. Social support refers to the giving of aid to mitigate the stress an individual encounters in reaction to challenging situations. Emotional support, financial assistance, and practical assistance are among the numerous forms of social support. Cohen et al. (1985) have demonstrated that social support can mitigate the detrimental effects of stress on health and function as a "buffering" mechanism. Kawachi and Berkman (2001) define social support as the aggregate of the information and assistance that individuals receive from others in their social networks. This support augments individuals' ability to handle stress, enhancing their general health and well-being. Social support is defined as one of the various psychosocial strategies that alleviate stress-related health disparities (Turner et al., 2003). Social support can ward off the effects of stress, and social attachments and supportive relationships with others are essential for mental health (Turner et al., 2010). According to Saygın (2008), social support is an important factor in the determination of subjective well-being. The social milieu is the first thing that comes to mind when discussing social support. Social support can also be defined as the establishment of effective communication and the maintenance of relationships with one's social milieu. When an individual receives assistance, they experience greater psychological well-being. People also believe that perceived social support triggers a positive emotional state in an individual (Iraz, 2021). There is a positive correlation between social relationships and well-being. Diener et al. (2009) have found that individuals who have a substantial number of acquaintances and family members tend to have higher levels of subjective well-being. Recently, an increasing number

of Turkish researchers have investigated the correlation between social support and well-being. These studies examined subjective well-being, life satisfaction, self-esteem, and social support to determine the relationships between these dimensions of well-being. Furthermore, Yalçın (2015) investigated the relationship between social support, loneliness, and depression.

When faced with a challenging situation, individuals can benefit from social support resources. Psychological distress affects individuals' views of social support resources and their mental well-being. This study seeks to investigate the mediating role of social support in the association between psychological distress and mental well-being. The present study devised the hypotheses to achieve this goal.

H1. There is a negative relationship between psychological distress and mental well-being.

H2. Social support has a mediating role between psychological distress and mental well-being.

METHOD

Participants and Procedure

Data for the study were obtained from 434 adult participants in Turkey, including 51 (12%) males and 383 (88%) females, through online and social media announcements. There is no erroneous data or data excluded from analysis. All participants were volunteers. The informed assent in the scale sets was to be read in its entirety by the participants.

Measures

K-10 Psychological Distress Scale

Kessler et al. (2002) created a measure to statistically evaluate psychological distress, an emotional discomfort in adults marked by symptoms of anxiety and depression, along with four-week intervals of agitation, anger, and psychological fatigue. Altun et al. (2019) evaluated the adaptation of the Turkish language. The Cronbach's alpha coefficient equals 0.95. The measure is a unidimensional Likert-type scale consisting of ten items. It offers response alternatives that span from 1 (never) to 5 (always). The scale ranges from 10 to 50, with elevated values indicating greater psychological distress.

Warwick-Edinburgh Mental Well-being Scale

Tennant et al. (2007) designed the scale to evaluate the mental health of adults. Demirtaş and Baytemir (2019) modified the scale to ensure its effective utilization in Turkish. The Cronbach's alpha coefficients were found to be 0.84 and 0.86, respectively. The scale is a seven-item scale that comprises positive statements on a Likert scale with five points, where one represents never and five represents always. The higher the scale score, the higher the mental well-being. It is a unidimensional scale.

Multidimensional Perceived Social Support Scale

Zimet et al. (1988) created a tool to assess adults' perceptions of social support. Eker et al. (2001) performed a study to convert this measurement tool into Turkish. This measure, specifically tailored for Turkish culture, is both accurate and reliable in assessing levels of social support. Cronbach's alpha measures the Turkish edition's internal consistency coefficient at 0.89. Three dimensions structure the assessment instrument: "family," "friend," and "special person." It comprises 12 components. A 7-point Likert scale delineates response alternatives, with "1" denoting "absolutely no" and "7" signifying "absolutely yes." The scale yields absolute

values of 7 and 84, representing the minimum and maximum attainable scores, respectively. An increased level of perceived social support correlates with elevated scores.

Data Analysis

The aim of the study was to investigate the relationship between psychological distress, mental well-being, and social support. Normality, descriptive statistics, reliability, and correlation analyses were performed utilizing SPSS, JASP, and AMOS software. Subsequently, Structural Equation Modelling (SEM) was employed. Kline (2011) characterizes SEM as a highly efficient quantitative analytic technique that facilitates decision-making based on several criteria. Following Kline's (2011) guideline, the study employed a two-stage SEM approach. The preliminary phase involved assessing the validity of the measurement model, which pertains to the linkages between indicator variables and latent variables, in addition to the interrelationships among these latent variables. Subsequent to the validation of the measurement model, the hypothetical structural model was subject to testing. The SEM results were evaluated utilizing the goodness-of-fit indices established by Hu and Bentler (1999). Values for SRMR, RMSEA, GFI, RFI, CFI, NFI, IFI, TLI, and chi-square (χ^2) were calculated alongside degrees of freedom. Critical values have a χ^2 to degrees of freedom ratio less than 5, GFI, RFI, CFI, NFI, IFI, and TLI values greater than 0.90, and SRMR and RMSEA values less than 0.80 (Hu & Bentler 1999; Tabachnick & Fidell 2001). The chi-square difference test was supplemented by the analysis of AIC and ECVI values to identify the optimal model from a selection of many models in SEM. The model exhibiting the lowest AIC and ECVI values is deemed the most effective (Akaike 1987; Browne & Cudeck 1993). Due to the unidimensional nature of psychological distress and mental well-being, SEM utilized the item parcelling technique. Personality trait concepts use the parcelling method to reduce the number of observed variables, enhance reliability, and promote a normal distribution of scales (Nasser-Abu Alhija & Wisenbaker, 2006). Parcellation yielded two dimensions: psychological distress and mental well-being. Additionally, gender was included as a control variable.

This study employed bootstrapping in addition to SEM to substantiate the significance of mediation and to establish a robust correlation (Preacher & Hayes, 2008). The bootstrapping procedure increased the sample size to 5,000 and generated confidence intervals (C.I) based on the bootstrap value. The absence of zeros between the confidence intervals indicates the significance of the tested mediation.

Ethics Committee Approval

This research was conducted with the permission obtained by the decision of the Ethics Committee of Yıldız Technical University, dated 30/09/2024 and numbered 20240903277

RESULTS

This section delineates the outcomes of the correlation analysis and descriptive statistics. The outcomes of the structural and measurement models are later provided. The outcomes of the bootstrapping technique are ultimately presented.

Table 1. Descriptive statistics and correlation coefficients for research variables

	N	Mean	SD	Skew.	Kurt.	McDonald's ω	Cronbach's α	1	2
1-Psychological Distress	434	29.98	8.89	.16	-.27	.90	.90	-	
2-Mental Well-Being	434	25.07	5.72	-.11	-.22	.87	.86	-.37**	-
3- Social Support	434	61.00	16.4	-.20	-.90	.91	.91	-.25**	.55**

**p<.001

Table 1 displays the descriptive statistics and correlations of the variables, including the arithmetic mean, standard deviation, skewness, and kurtosis values. Table 1 demonstrates that the skewness of the variables ranges from -0.206 to 0.162, while the kurtosis values range from -0.91 to -0.22, thereby satisfying Finney and DiStefano's (2006) normalcy requirements of ± 2 for skewness and ± 7 for kurtosis.

Psychological distress, social support, and mental well-being exhibit significant negative correlations ($r = -.25$ $p < .001$ and $r = -.37$ $p < .001$, respectively) in Table 1. Nevertheless, a significant positive association was observed between mental well-being and social support ($r = .55$, $p < .001$).

The measurement model was developed following the identification of important correlations among the concepts. In the measurement model, there are three latent variables: psychological distress, mental well-being, and social support. A total of seven observed variables explain each of these. The measurement model demonstrated a satisfactory fit, as evidenced by the results (CMIN/DF=2.037, GFI=.986, NFI=.987, RFI=.975, IFI=.993, TLI=.987, CFI=.993, RMSEA=.049, SRMR=.206). Consequently, the observed values can represent the latent variables.

The structural model initially assessed the framework in which social support serves as a full mediator between psychological distress and mental well-being. The full mediation model does not demonstrate a direct relationship between psychological distress and mental well-being. Thus, the prediction of psychological distress of mental well-being mediated by social support is examined. Table 2 displays the fit values for the model that includes social support as a full mediator. The ideal mediation model was assessed with social support serving as a partial mediator. The partial mediation framework directly correlates psychological distress and mental well-being, with social support serving as a mediator. Table 2 presents the suit values according to the test findings. The fit indices for both models were acceptable, and all path coefficients were statistically significant. The gender variable did not have any effect on the model.

Table 2. Measure, Partial and Full Mediator Models

	N	CMIN/D F	GFI	NFI	IFI	TLI	CFI	RMSE A	SRMR	AIC	ECVI
Measure	434	2.037	.986	.987	.993	.987	.993	.049	.206	-	-
Partial Mediator Model	434	2.037	.986	.987	.993	.987	.993	.049	.206	56.41	.130
Full Mediator Model	434	3.623	.973	.974	.981	.967	.981	.078	.055	75.47	.174

The direct link between mental distress and mental well-being has a big effect on the model ($\Delta x^2 = 22.63$, $sd = 1$, $p < .001$), and this is true whether social support acts as a full or partial

mediator, as shown by the chi-square difference test. The AIC and ECVI values of the partial mediation model are lower than those of the full mediation model. The model indicating that social support partially mediates the association between participants' psychological distress and mental well-being was chosen from the findings. Figure 1 illustrates the path coefficients for this model.

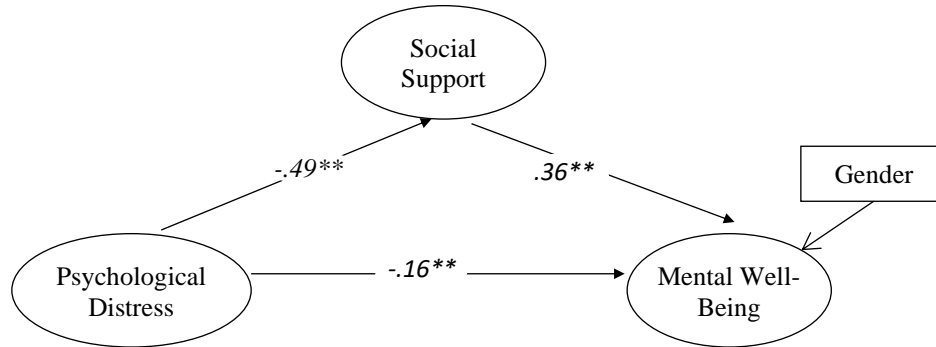


Figure 1. The result of mediational model. Note. ** $p < .001$

Bootstrapping strengthened and sustained the research. Consequently, each direct path coefficient is of considerable importance. In the same vein, the indirect path coefficient is statistically significant (Bootstrap: $-.208$, 95% confidence interval, lower and upper limits: $-.287$ and $-.144$). The findings suggest that the participants' social support status partially mediates the connection between psychological distress and mental well-being. In other words, psychological distress is a predictor of mental health, both directly and indirectly, through social support.

DISCUSSION

The detrimental effects of psychological distress on mental health underscore the significance of social support. Social support can assist individuals in reducing psychological distress and preserving their mental health during periods of duress. Strong social relationships and supportive networks promote mental health and mitigate the effects of psychological distress. Consequently, the robust correlation between mental well-being and social support is essential for the effective management of psychological distress. The present study aims to examine the mediating function of social support in the relationship between psychological distress and mental well-being. The analyses' results indicated that psychological distress is a predictor of mental well-being, both directly and indirectly through interpersonal support. In other words, individuals who are experiencing psychological distress report lower mental health and perceive less social support. The pertinent literature examines the hypotheses and results of the present study.

The association between psychological distress and mental well-being was initially investigated. According to the findings, psychological distress is a direct negative predictor of mental well-being. A low level of mental well-being signifies a significant amount of psychological distress. Mirowsky et al. (2002) identify psychological distress as a condition of emotional suffering marked by symptoms of anxiety (e.g., restlessness, tension) and depression (e.g., disinterest, anguish, hopelessness). Ryan et al. (2001) identified a strong negative connection between low psychological distress and high mental well-being. Winefield (2012)

discovered a negative correlation between characteristics positively correlated with psychological well-being and those negatively correlated with psychological distress. Winefield et al. (2012) identified that diminished psychological well-being and elevated psychological distress correlated with factors including being the sole adult in the household, using a non-English language at home, experiencing divorce or separation, lacking education beyond secondary school, being unemployed, having a low income, residing in rented accommodation, and receiving a pension. Keyes (2002) posits that mental well-being correlates with quality of life, psychological resilience, and the lack of psychological distress, including anxiety and depression. He argues that elevated levels of mental well-being generally negatively correlate with psychological distress (Keys, 2002). A further study reveals that those with adequate mental health are less vulnerable to psychological distress. Positive emotions, especially life satisfaction, exhibit a negative correlation with psychological distress (Snyder et al., 2001).

The pertinent literature appears to corroborate the findings of the present investigation. The aforementioned evidence clearly indicates that individuals can achieve improved mental health when they encounter minimal levels of psychological distress. An alternative hypothesis investigated the function of support in social contexts in mediating the relationship between distress and mental well-being. As a consequence, the hypothesis was verified, and social support was identified as a partial mediator. Consequently, psychological distress is a predictor of mental well-being, both directly and indirectly, through social support. The literature has conducted research on this subject. In 2015, Yalçın conducted a study that discovered a positive and moderate correlation between well-being and social support, while depression and loneliness exhibited a negative and moderate correlation. The average effect sizes of support from family for well-being and support from acquaintances for depression and loneliness were higher than those of other sources, as per Yalçın (2015). A separate study identified a positive association between psychological well-being and perceived support. This relationship illustrates that psychological well-being levels increase as individuals perceive more social support, while they decrease as they perceive less social support (Iraz et al., 2021). Taylor and Klein (1988) found that women seek social support in stressful situations, which enhances their mental well-being and alleviates psychological distress. Social support also enhances mental health by regulating stress responses. Wheaton (1994) found that social support is a significant factor in the reduction of psychological distress and the enhancement of mental well-being. Social support helps people feel better mentally and makes them more resilient to psychological distress. Research has shown that social support enhances the general well-being of individuals, thereby mitigating the effects of psychological distress. An additional investigation determined that social support mitigates psychological distress and tension. Research has demonstrated that the preservation of social resources can enhance mental health and alleviate psychological distress (Hobfoll et al., 1989). Individuals who get social support are expected to experience reduced psychological distress and enhanced mental health, given the impact of social support on the correlation between psychological distress and mental well-being. As a consequence of support, individuals' psychological distress may decrease, while their mental well-being may improve. This enhances their capacity to manage stress and improves their overall well-being. This prediction may serve as a signal to implement the requisite social support measures.

CONCLUSION

Social support partially mediates the association between psychological distress and mental well-being in adults. This indicates that psychological distress predicts mental health both

directly and indirectly via social support. Individuals enduring psychological distress have diminished mental health and receive reduced social support. Individuals receiving social support may have elevated mental health levels. Adults undergoing psychological distress are more inclined to perceive a decline in their mental health and diminished social support. This is the inaugural study to examine the correlations among these variables. This study presents a quantitative model that clarifies the relationship among psychological distress, social support, and mental well-being among Turkish people. Individuals enduring psychological distress may perceive a lack of adequate social support. Consequently, this may adversely affect their psychological well-being. Engaging in social activities that promote a sense of belonging and providing them with necessary social support can benefit their mental health at this time. Moreover, investigating the mitigation of psychological distress is essential for improved mental well-being and perceived social support. This work enhances the existing literature in this domain.

LIMITATIONS AND FUTURE RESEARCH

Although the research produced significant findings, it is essential to recognize specific limitations. The study first collected data through self-report measuring instruments, constraining its capacity to consider variables beyond its parameters. Future research may advocate for observation, interviews, peer assessments, and additional methodologies alongside self-report measurement devices. A supplementary constraint relates to the investigative process. Even though the study used structural equation modelling, which produced more robust results than traditional quantitative methods, and bootstrapped the sample size to 5000, the quantitative method and cross-sectional sample require caution in interpreting the cause-and-effect relationship. The structural equation model suggests that psychological distress predicts social support and mental well-being, whereas social support also predicts mental well-being; nevertheless, longitudinal and experimental investigations are required to fully clarify these causal relationships. It is recommended to design social support studies for adolescents as well. The aforementioned variables are the exclusive subject of the inquiry. It is feasible to examine the influence of factors beyond social support as intermediaries between psychological distress and mental well-being.

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Journal of Education and New Approaches

Article Information:	The Mediating Role of Social Support between Psychological Distress and Mental Well-Being
Article Type:	Research Article
Submission Date:	09.11.2024
Acceptance Date:	19.12.2024
Publication Date:	30.12.2024
Corresponding Author:	Tuncay Oral, toral@pau.edu.tr
Review:	Double-Blind Peer Review
Ethical Statement:	It is declared that scientific and ethical principles were followed during the preparation of this study, and all utilized works are cited in the references.
Similarity Check:	Conducted Turnitin.
Ethics Committee Approval:	This research was conducted with the permission obtained by the decision of the Ethics Committee of Yıldız Technical University, dated 30/09/2024 and numbered 20240903277
Participant Consent:	Voluntary Participation Consent Form was obtained from the participants.
Financial Support:	No financial support was received from any institution or project for this study.
Conflict of Interest:	There is no conflict of interest between individuals and institutions in the study.
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