

## How Social Support, Coping Strategies And Well-Being Can Predict The Subclinical Depression

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### Abstract

**Background:** Subclinical depression involves significant depressive symptoms like persistent sadness fatigue and low self-esteem that do not meet diagnostic criteria for major depressive disorder (MDD) Despite lower intensity compared to MDD, these symptoms can impact daily functioning. They affect work relationships and overall life satisfaction. This condition is a critical public health concern due to its high prevalence and potential to develop into more severe depression if left untreated.

**Objective 1:** To determine the relationship among the subclinical depression of college students and social support, coping strategy and general wellbeing.

**Objective 2:** To see the prediction effect of social support, coping strategy and general wellbeing on the subclinical depression of college students.

**Materials and Methods:** Six hundred eighty-four adults (ages 19–25 years) of different college of Raipur city were assessed using standardized measures.

**Results:** The subclinical depression score was found to relate negatively with social support, Approach Coping Strategy and general wellbeing but positively relate to avoidance coping strategy. Subclinical depression level of college students can be explained by General Wellbeing, social support, Approach Based Coping Strategy and Avoidance Based Coping Strategy.

**Conclusion:** Finding subclinical depression is a crucial issue since it puts adolescents at risk for significant susceptibility and impairment.

**Key words:** Adolescent, felt needs, India, subclinical depression

### Introduction

Subclinical depression involves significant depressive symptoms like persistent sadness fatigue and low self-esteem that do not meet diagnostic criteria for major depressive disorder (MDD) Despite lower intensity compared to MDD, these symptoms can impact daily functioning. They affect work relationships and overall life satisfaction. This condition is a critical public health concern due to its high prevalence and potential to develop into more severe depression if left untreated. Often, subclinical depression goes unrecognized and untreated. Its symptoms may not visibly disrupt daily life. This leads many individuals to forgo seeking professional help. However, the psychological distress experienced is real and significant. It necessitates effective coping strategies to improve well-being.

One of most effective coping strategies for subclinical depression is social support. This support encompasses emotional instrumental and informational resources provided by one's social network. It includes family, friends and community members. Emotional support involves empathy love, trust and care. Instrumental support includes tangible assistance like financial help or aid with tasks. Informational support provides advice guidance and useful knowledge. Research consistently shows that strong social support systems can buffer against stressors. These stressors exacerbate depressive symptoms, reduce feelings of loneliness and enhance resilience. Social support improves mental health by boosting self-esteem. It fosters a sense of control and reduces negative emotions. It also positively influences physiological aspects by lowering stress hormones reducing inflammation and improving immune function.

However, effectiveness of social support can vary based on factors such as the type and source of support. The individual's perception of support is important. Their existing coping mechanisms also play a role. The role of social support is complex. It is influenced by how genuinely it is perceived. It is also influenced by how effectively it is utilized. Understanding these dynamics is crucial for developing interventions. These interventions enhance social support and improve well-being of individuals with subclinical depression. This potentially prevents progression to more severe forms of depression.

## Literature Review

Subclinical depression condition where individuals experience depressive symptoms that do not meet full criteria for major depressive disorder (MDD), has become an area of increasing interest in psychological research. These symptoms are less severe than those associated with MDD. Still, they have significant impact on quality of life. They can persist or worsen over time if not addressed. Social support has been identified as key factor influencing the well-being of individuals with subclinical depression. This review examines existing literature on relationship between social support and well-being in this population. It explores types of social support, its mechanisms of action and factors that mediate or moderate this relationship.

Subclinical depression often referred to as subthreshold depression or minor depression, is characterized by depressive symptoms that while significant, do not fulfill the full criteria for MDD as defined by Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Studies have shown that subclinical depression affects approximately 10% to 24% of general population. Those studies include ones by Cuijpers and Smit (2002). Although individuals with subclinical depression may not exhibit the same level of functional impairment the condition is associated with negative outcomes. These include an increased risk of developing MDD, poor physical health and diminished overall well-being. A number of studies determined that subclinical depression impacts on their quality of life negatively, social impairments and suicidal ideation also found with subclinical depression. (Modi & Jha, 2021)

Social support broadly defined as resources provided by others—whether emotional, instrumental or informational—has been shown to have positive effects on mental health across various populations, including those experiencing depression. Cohen and Wills (1985) proposed "stress-buffering hypothesis." This suggests that social support mitigates negative effects of stress on mental health. It reduces likelihood of developing or worsening depressive symptoms. For individuals with subclinical depression social support is particularly important. It can prevent progression to more severe forms of depression. Research indicates that those with strong social support networks are less likely to experience worsening symptoms. They are more likely to recover from subclinical depression (Lakey & Orehek, 2011). Social support enhances an individual's sense of belonging improves self-esteem and fosters a sense of control over their environment. All of these are crucial for maintaining mental health and well-being.

Different types of social support have varying impacts on individuals with subclinical depression. Emotional support involves expressions of empathy care and reassurance. It is often considered most beneficial for individuals experiencing depressive symptoms. For instance, a study by Thoits (2011) found that emotional support from close friends and family members is strongly associated with reduced depressive symptoms and improved well-being. Instrumental support includes tangible assistance such as help with daily tasks or financial aid. It also plays a crucial role in alleviating stressors that contribute to depression. For example practical help with childcare or household chores can reduce burden on individuals with subclinical depression. This allows them to focus more on their mental health (Kawachi & Berkman, 2001)

Informational support which involves providing advice, information or guidance, empowers individuals with subclinical depression. It equips them with knowledge and resources needed to manage their symptoms effectively. This type of support is particularly useful in helping individuals navigate healthcare systems. It aids in accessing mental health services and implementing coping strategies (House 1981). The mechanisms through which social support influences well-being in individuals with subclinical depression are complex and multifaceted. One primary mechanism is the reduction of perceived stress. When individuals feel supported, they are less likely to perceive situations as stressful. This in turn, reduces the likelihood of experiencing depressive symptoms. This reduction in perceived stress can be attributed to both emotional support which provides a buffer against stress and instrumental support, which reduces practical burdens that contribute to stress (Cohen & Wills 1985). Another mechanism is the enhancement of self-esteem and self-efficacy.

Social support can bolster individual's confidence in their ability to cope with life's challenges. This leads to improved mood and greater resilience against depressive symptoms. Studies have shown that individuals who perceive high levels of social support report higher self-esteem and lower levels of depression (Lakey & Orehek, 2011).

Additionally, social support influences physiological processes associated with mental health. For example, research has demonstrated that social support is linked to lower levels of cortisol, a stress hormone. It also relates to reduced inflammation and improved immune function. All of which are associated with better mental health outcomes Uchino 2006.

Several factors mediate or moderate relationship between social support and well-being in individuals with subclinical depression. One key mediator is individual's perception of social support. Research by Uchino (2009) suggests that it is not the objective amount of support that matters most. It is rather how much support individuals perceive they have. Individuals who believe they have strong social support are more likely to experience its benefits. This is true even if actual level of support is limited. Personality traits and coping styles also moderate effectiveness of social support.

For instance, individuals with high levels of neuroticism may be less likely to perceive or benefit from social support due to their tendency to focus on negative aspects of experiences (Lakey & Orehek, 2011) Similarly those with avoidant coping style may be less likely to seek out or accept support. This reduces its potential benefits. The source of social support is

another important moderator. Research indicates that support from family members may have different effects than support from friends or colleagues. For example, family support is often more consistent and long-term. However, it may also come with more expectations and obligations. This can be stressful for some individuals (Kawachi & Berkman, 2001). In contrast support from friends may be more emotionally attuned and less burdened with obligations. Yet, it may also be less reliable over time.

The findings from this literature review have important implications for interventions aimed at improving well-being of individuals with subclinical depression. Enhancing social support particularly emotional support, should be key component of such interventions. This can be achieved through psychoeducational programs. These programs teach individuals how to build and maintain supportive relationships. They also focus on community-based initiatives that create opportunities for social connection. Interventions should also consider individual's perception of social support. They need to work to enhance awareness and utilization of available resources. Cognitive-behavioral strategies that challenge negative beliefs about availability or effectiveness of support can be particularly beneficial in this regard (Thoits, 2011). Finally, interventions should be tailored to individual's personality traits, coping styles and specific sources of support available to them. For example, individuals with high neuroticism may benefit from interventions that focus on improving their ability to perceive and accept support. Those with avoidant coping styles may need encouragement to seek out and engage with supportive networks. In conclusion, literature strongly supports the notion that social support is a crucial factor in enhancing well-being of individuals with subclinical depression. The type of support its perceived availability and individual's personality traits and coping styles all play a role in determining the effectiveness of social support. By understanding these dynamics, mental health professionals can develop more targeted and effective interventions to help individuals with subclinical depression leverage social support for improved mental health outcomes.

### **Alternative Coping Strategies**

Aside from social support, other coping strategies include cognitive-behavioral approaches and lifestyle modifications. Cognitive-behavioral strategies focus on altering negative thought patterns and behaviors that contribute to depressive symptoms. Studies by Beck et al. (1979) show that cognitive-behavioral therapy (CBT) can be effective in managing subclinical depression by helping individuals develop healthier thinking patterns. Lifestyle modifications, such as regular physical activity and healthy eating, have also been shown to alleviate depressive symptoms. For example, a study by Blumenthal et al. (1999) demonstrated that physical exercise could significantly reduce symptoms of depression and improve overall mood.

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### **Hypotheses**

**H<sub>1</sub>:** There would be no significant relationship between the subclinical depression of college students and social support.

**H<sub>2</sub>:** There would be no significant relationship between the subclinical depression of college students and approach based coping strategy.

**H<sub>3</sub>:** There would be no significant relationship between the subclinical depression of college students and avoidance based coping strategy.

**H<sub>4</sub>:** There would be no significant relationship between the subclinical depression of college students and general wellbeing.

**H<sub>5</sub>:** Social support will predict the subclinical depression of college students.

**H<sub>6</sub>:** Approach coping strategy will predict the sub clinical depression of college students.

**H<sub>7</sub>:** Avoidance coping strategy will predict the sub clinical depression of college students.

**H<sub>8</sub>:** General well-being will predict the subclinical depression of college students.

**Research Methodology-** The present study mainly based on the relationship between criterion and predictive variables so it has been decided to see the relationship between them through applying correlation analysis. Another aim to see the true nature of relationship between different predictive and criterion variables it has been decided to go through multiple linear regression analysis.

### **Research Design-**

- Correlational analysis to explore relationships between variables
- Multiple regression to predict well-being based on social support and coping strategies

### **Target Population**

Following the simple random sampling technique 1000 students studying in different college were selected to serve as participants in the present study. The age range of the participants was 19-25 years. Participants who scored 6-30 in BDI-II. Participants who scored 0-5 and 31-63 in BDI-II were excluded.

### **Sampling Technique**

Simple random sampling technique and then the BDI II test, SS, CS and GWBS was administered on these selected elements.

The sample size required to complete the study was around 1000 participants aged 19-25 years, 200 participants were excluded due to not fulfilling the \*criteria of subclinical depression therefore, 800 participants remain, out of the 800 participants 87.69% respondent gave the full information regarding the study. Hence the exact sample size N= 684.

### **The Criterion Variable**

- a. Subclinical Depression

### **Predictor Variables**

Social Support, Coping Strategies, General wellbeing Measures-

#### **1 Brief Description of BDI-II:**

For measuring the subclinical depression of the subject will be applied 21 items multiple choice questionnaire of Beck Depression Inventory (BDI II 1996) by Beck, Steer and Brown. The limit of questionnaire as following. Each item is on four-point scale ranging 0-3. For assessment of subclinical depression, the range of score of BDI-II scale will 0-13(minimal), 14-19 and 20-28 (mild and moderate), 29-63(severe level of depression). The range of total score is 0-63. The reliability of BDI-II is 0.93 (Co-efficient alpha) and construct validity is 0.93. BDI-II covers all psychometric properties.

Subject information sheet has been developed by researcher to assess the socio-demographic variable such as age, gender, locale, family type, stream of education, college type and mother occupation etc

#### **2 Social Support Scale (SSS):**

For measuring the social support, social support scale was used, which was constructed and standardized by Asthana and Verma (2005). This measure perceived social support of adult population on five-point scale it covers three aspects of social support, which are emotional support, Instrumental support, Informational support. This scale provides a total social support score as well the score on the following above dimension also. 35 items were in the scale, among which 25 were positive statement and 10 were negative statement. The responses to be obtained on 5-point response format 'strongly agree', 'agree', 'indefinite', 'disagree' and strongly disagree. Administration of 'SSS' may be individually or in group as required. Scoring for positive statement 4 = strongly agree, 3 = agree, 0 = indefinite, 2 = disagree and 1 = strongly disagree. The maximum possible score for 'SSS' is 140 and minimum is Zero. Reliability of the scale was 0.81 found by test-retest method and validity was 0.59, showing moderate validity.

#### **3 Coping Strategies Scale (CSS):**

Coping Strategies scale was used to measure the coping strategies, which was constructed and standardized by Shrivastava (2001). The present measure comprises 50 items, to be rated on five-point scale.

To assess the coping behavior of the subject the scores of all 50 items should not be accumulated, however score on the items in three categories of approach coping strategies (i.e. behavioral- approach coping strategies, cognitive- approach coping strategies, cognitive behavioral approach coping strategies) and two categories of avoidance coping strategies (i.e. behavioral avoidance coping strategies and cognitive avoidance coping strategies) may be clubbed together to ascertain the extent of the subject's tendency for approach and avoidance coping behavior. For scoring the five-point scale the range of score was, 0-4. Scoring was in this manner Never =0, Rarely =1, Sometime = 2, Most of the time =3, Almost always =4. It covers all psychometric properties. (Reliability – 0.92 Re test, Split half, Approach coping strategies -0.78 and Avoidance coping strategies -0.69. Content validity of approach coping strategies 0.18- 0.53 and for avoidance coping strategies 0.16 - 0.48.

#### **4 General Well-Being Scale (GWBS):**

The Well-Being Scale intends to measure the well-being of the subjects, which was constructed and standardized by Chouhan and Didwania (2015), scale consist of 50 items, each item was to rate on five-point scale. There are 36 positive and 14 negative items. Scoring for the positive items was strongly agree =5, Agree = 4, Undecided = 3, Disagree =2, strongly Disagree = 1. Reverse scoring for negative statement. The reliability (Cronbach's alpha) found 0.78 and validity

was found 0.76. Scale covers all psychometric properties. Here we take overall one score for measure the general wellbeing.

#### Procedure-

Before conducting the present study, the permission from Intuitional of Ethics committee for Human Research of Pt. Ravishankar Shukla University was taken as a participant of the present study were human beings. After the seeking permission from govt. and private colleges of Raipur district for conducting empirical work were sought. The selection of college for the study following random selection technique. There is no risk to participants information regarding research work had given on the cover page of the investigation from which includes name of the investigator, institution from which investigator belong, purpose of the study, voluntary participation, side effects, risk benefits, confidentially right to withdraw, contact number and mail-id had been mentioned. The participants were requested to fill four measures.

Back Depression Inventory by (Aron T. Beck 1996), Social support Scale by (Asthna and Shrivastava 2005), Coping Strategy Scale by (Shrivastava 2005). General wellbeing scale by (Chouhan and Didwania 2015).

To completing these measures 40-45 minutes were taken by the participants. Copy of the measures enclosed in appendix. The participants were ensured for the confidentially of the information and scores for the assessment tools. Thanks, for the cooperation and participation of the study the participants were duly thanked.

#### Result and Analysis

**Table -1Relationship of subclinical Depression Score with Social Support, Approach based Coping Strategy; Avoidance based Coping Strategy and General Wellbeing**

Variables	Pearson correlation	Sign(2-tailed)	N
Subclinical Depression (DV)	-	0.00	684
Social Support (IV)	-0.603**	0.00	684
Approach Coping Strategy (IV)	-0.829**	0.00	684
Avoidance Coping Strategy (IV)	0.405**	0.00	684
General wellbeing (IV)	-0.607**	0.00	684

\*\* $p < 0.01$  Correlation is significant at 0.01 level (2-tailed)

Table no. 5.13 shows that the subclinical depression Score was found to relate negatively with social support ( $r = -0.603$ ,  $p < .01$ ) college students get from his surroundings. The relationship was very strong and negative. In present study there is negative strong correlation between social support and level of depression. Social support has positive role on mental health and wellbeing, feelings of connectedness and appreciation help the individuals to overcome stress and mental health problems. Several Studies support the present study, where they resulted the negative correlation between social support and depression, like Camara and Padilla (2017), Dafaalla et al. (2016), Kugbey, (2015), Bukhari and Afzal (2017), Safree and Dzulkifli (2010).

The subclinical depression score was found to relate negatively with approach coping strategy ( $r = -0.829$ ,  $p < .01$ ). In the present study there was strong negative correlation was found between approach coping strategy and level of depression. Mi-Kyoung Choi (2003) studied on symptoms, depression and coping behavior of university students and resulted that subject using the negative-emotional-response coping and the self-control coping showed a more severe depression, and those using the problem-solving reappraisal coping and the positive-emotional-response coping showed a milder depression. Present study shows the same result. Thompson et al. (2016) revealed the similar result, which support the present study.

The subclinical depression score was found to relate negatively with avoidance coping strategy. The relationship was positive. The value of correlation coefficient was obtained as ( $r = 0.405$ ,  $p < .01$ ) indicating a positive correlation. The value was found to be significant as the significance value was 0.00 which was less than 0.05.

Present study resulted that positive correlation was found in between avoidance coping strategy and subclinical depression. Similar findings by another researcher, like Bouteyre et al. (2007) Grant et al. (2013). Holubova (2018) also revealed that higher level of depression group was more likely to use avoidant coping strategies and less likely to use approach coping strategies. Sawhney, Kunen and Gupta (2018) Studied on Indian University students and result demonstrated close relationship between depressive symptoms and avoidance coping strategies.

The subclinical depression score was found to relate negatively with general wellbeing of the. The relationship college students were very strong and negative. The value of correlation coefficient was obtained as -0.607 indicating a very strong negative correlation. The value was found to be significant as the significance value was 0.00 which was less than 0.05.

Present study resulted that subclinical depression is significantly negative correlated with general wellbeing. These result also consistent with previous studies that confirmed a close relationship between depression level and general wellbeing like Winefield et al. (2012), Anushri, Yashoda, Manjunath, Puranik (2014), Seo et al. (2018).

This part covers the impact of social support, general wellbeing and coping strategy on the subclinical depression level of college students of Chhattisgarh. In correlation analysis the statistics used was an indication of the strong negative relationship between social supports, general wellbeing and avoidance coping strategy as way to overcome the subclinical depression whereas approach coping strategy indicate strong positive correlation. To investigate the relationship further regression analysis is used to find the impact of various ways to cope the subclinical depression level and the level of subclinical depression. The analysis was required to full fill the objective 5 which was stated as-

**Objective 5:** To determine the impact of social support, general wellbeing and coping strategy and its type on subclinical depression level of college students of Chhattisgarh.

In the due process of regression analysis  $H_1$   $H_2$  and  $H_3$  were tested.

### Regression Analysis:

In the analysis dependent variable was subclinical depression level and the independent variable was general wellbeing, social support, approach based coping strategy and avoidance based coping strategy.

**Table-2 Multiple regressions Analysis showing the joint contribution to Independent Variables to Subclinical depression**

Predictors	B	$\beta$ Coefficient	t	Sig.
Constant	38.771	—	27.384	0.00
Social Support	-0.052	-0.114	3.572	0.00
Approach Coping Strategy	-0.37	-0.634	21.515	0.00
Avoidance Coping Strategy	0.098	0.19	8.834	0.00
General Wellbeing	-0.022	-0.096	2.974	0.01
R = .854, $R^2$ = .730, F = (4, 679) = 458.629, $p < .01$				

In the table no.-2 the regression model shown that R Square value is 0.730 with a very small standard error of 3.398. 73 % variation in subclinical depression level of college students of Chhattisgarh can be explained by general wellbeing, social support, approach based coping strategy and avoidance based coping strategy. The result of ANOVA confirms that model is significant.

And thus, our Hypotheses—  $H_5$ : Social support will predict the subclinical depression of college students.

$H_6$ : Approach coping strategy will predict the subclinical depression of college students.

$H_7$ : Avoidance coping strategy will predict the subclinical depression of college students.

$H_8$ : General well-being will predict the subclinical depression

$H_5$  to  $H_8$  stands accepted.

**Subclinical Depression Level = 38.771 -0.37 \* Approach Coping Strategy +0.098\* Avoidance Coping Strategy - 0.052 \* Social Support -0.022\* General Wellbeing**

The result of present study found that subclinical depression predicated by social support, approach coping strategies, avoidance coping and general wellbeing. Among all these predictors only avoidance coping strategies is significantly positively correlated while other predictors significantly negatively correlated, that means higher level of depression group was mostly like to employ avoidant coping strategy whereas lower level of depression group was more likely to employ approach coping strategy similar findings by other researcher Mohmound et al. (2012), Sadaghiani and Sorkhab (2013), Sawhney, Kunen and Gupta (2018)

Higher level of depression group received lower social support whereas lower level of depression group received higher social support, similar findings were reported in the study of Singh and Singh (2015), Alsubaie, Stain, Webster and Wadman (2019), Inverse relationship found between level of depression and general wellbeing, which suggest that students with low depression reported high in general wellbeing. These results are reliable with previous studies that have indicated a close relationship between level of depression and general wellbeing, Tiwari and Tripathi (2015).

### Limitation-

Correlation research design was employed in the present study. Longitudinal studies will be required to understand the long-term impact of subclinical depression.

Present study focused on the subclinical depression only the college students while it is very common among the elderly. So, the studies regarding subclinical depression required in the sample of elder population.

Findings of the study indicate need to apply appropriate interventional measures to prevent the complication of depression.

### Implementation-

The present research work contributed uniquely in the area of mental health of college students. The research findings may be helpful for mental health psychologist, counsellors, Practitioners and higher education authorities to understand the level of subclinical depression indifferent areas of mental health. A critical implication of the present research findings is that counsellors may create a base for counselling and to develop effective programs considering the effect of social support, coping strategies and general wellbeing, which can help the youngsters to live a healthy life.

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