

# THE IMPACT OF COMPREHENSIVE SOCIAL SUPPORT ON THE TREATMENT OUTCOMES OF PATIENTS WITH DEPRESSION

YuTing Zhan

*Department of Psychology, Ningxia University, Yinchuan, 750000, Ningxia, China.*

*Corresponding Email: Tyndall1163@email.com or 12023130343@stu.nxu.edu.cn*

**Abstract:** This study examines the application and effectiveness of comprehensive social support in the treatment of depression, emphasizing the combined roles of emotional, practical, and informational support. The findings indicate that social support not only enhances treatment adherence and efficacy but also contributes to symptom alleviation and improved quality of life. By analyzing cross-cultural differences, the research further explores the application of social support in diverse cultural contexts, highlighting its significance in depression treatment strategies. Additionally, the study discusses the implementation and optimization of comprehensive social support interventions in clinical practice, aiming to provide a basis for future research directions and policy formulation. The conclusion underscores the necessity of integrating social support into comprehensive depression treatment, offering new perspectives and strategies for improving treatment outcomes.

**Keywords:** Comprehensive social support; Depression; Treatment

## 1 INTRODUCTION

Depression, also known as depressive disorder, is one of the most prevalent mental illnesses worldwide [1,2]. According to the World Health Organization (WHO), it is estimated that approximately 340 million people globally suffer from varying degrees of depression[3]. Depression can lead to severe psychological disturbances and adverse emotional states, such as sadness, fatigue, and hopelessness. Individuals with major depressive disorder (MDD) may experience suicidal ideation and even attempt suicide, resulting in significant physical and emotional distress for the patients and imposing a substantial economic burden on society[4].

### 1.1 Background

Early foundational research established the crucial role of social support in alleviating depressive symptoms, suggesting that supportive relationships significantly reduce the risk of developing depression[5]. These relationships provide emotional solace, promote psychological resilience, and buffer against stress. Currently, it is widely recognized that comprehensive social support plays a significant role in enhancing treatment outcomes for patients with depression. Recent empirical studies build on this foundation, exploring how various types of social support, such as emotional and informational support, contribute to improving treatment outcomes and ameliorating depressive conditions.

Emotional support, which includes empathy, care, and love, has been proven to be highly effective in reducing the severity of depressive symptoms[6]. Informational support, encompassing advice and guidance, assists patients in navigating complex treatment options. Additionally, advances in digital health technologies have expanded the scope of social support interventions. Online communities and telepsychiatry services provide continuous and convenient support, which is crucial for individuals facing challenges within traditional healthcare settings[7]. Digital platforms not only increase the availability of support but also create new avenues for delivering personalized interventions.

### 1.2 Concept of Social Support

Since the inception of human society, mutual support among individuals has been a fundamental aspect of social interaction. Various disciplines, including medicine, sociology, communication studies, and psychology, have begun to interpret the concept of social support from their respective theoretical perspectives. Early researchers often studied social support qualitatively, viewing it as a broad, unified relationship system. They believed that any existing relationship inherently helps individuals cope with life's challenges[8].

For instance, Cobb[9] defined social support as information that makes individuals feel cared for, loved, and respected, suggesting that they are part of a mutually responsible social network. Cohen and Wills[5] posited that social support involves psychological assistance and material resources provided by social networks to help individuals effectively manage stress.

#### 1.2.1 Types of social support

Research on the concept of social support can be categorized from two perspectives: functional and operational. From the functional perspective, social support refers to the material and emotional assistance an individual receives from their social relationships. From the operational perspective, social support represents a quantifiable measure of an individual's social connections[10]. Subsequently, some scholars began using quantitative methods to differentiate types of social support. For example, Barrera[11] identified six forms of social support: tangible assistance, behavioral support, intimate interaction, guidance, feedback, and positive social interaction. Van der Poel[12] categorized social support into tangible support, instrumental support, emotional support, network support, self-esteem support, and nurturing support. Cutrona and Russell[13] differentiated social support into social integration, tangible support, informational support, emotional support, and self-esteem support, emphasizing that a social support network is a social structure from which individuals can draw various resources (e.g. material, emotional).

Based on the analysis in this study, despite scholars interpreting social support from different angles, the types can be broadly classified into two main categories: objective support and subjective support. Objective support includes material and network support, which exist independently of an individual's subjective experiences and are objectively present. Subjective support encompasses interpersonal emotional support, such as respect, empathy, and understanding in social interactions. While social support has been extensively studied from various perspectives, the specific forms and types of social support-based interventions for depression in the field of clinical psychology remain inadequately defined, warranting further investigation.

### **1.2.2 Subjects and objects of social support**

Scholars have also studied the subjects and objects of social support, viewing it as an exchange of resources between two conscious individuals: the provider and the recipient[14]. Regarding the subjects of social support, Thoits[15] identified family members, friends, and colleagues as key providers of social support. Van der Poel[12] expanded the definition of support providers to include three levels: the state, community, and individuals, thereby defining the subjects of social support within a broader "social network" encompassing both formal and informal relationships.

In studying the objects of social support, two perspectives emerge. One perspective posits that the objects of social support are selective, primarily targeting socially disadvantaged or vulnerable groups[12]. The other perspective argues that social support is a universal social behavior, suggesting that any individual in everyday life can be the recipient of social support[12].

## **1.3 Research Objectives and Significance**

This study aims to delve into the impact of comprehensive social support on the treatment outcomes of depression. As a widespread psychological disorder, depression's severity and prevalence have garnered global attention. Despite the significant roles that pharmacotherapy and psychotherapy play in treating depression, high relapse rates and individual variability in treatment responses remain major challenges in clinical practice[16]. In this context, social support has increasingly attracted researchers' attention as a potential protective factor and intervention tool.

One of the primary factors contributing to depression is a lack of social support, which refers to insufficient social, emotional, or practical assistance within an individual's social network[17]. A deficiency in social support can lead to decreased prefrontal cortex limbic activity in depression patients[18] and abnormal neurobehavioral responses[19,20]. Therefore, systematic research on social support is crucial for identifying individuals at risk of or suffering from depression and provides a scientific basis for developing social support interventions and treatment strategies. Although existing studies have indicated a correlation between social support and the alleviation of depressive symptoms, the specific mechanisms remain unclear[5]. This study aims to systematically review the existing literature to uncover the pathways through which different types of social support influence depression treatment, thereby enriching and expanding the theoretical understanding of social support.

Furthermore, this research offers significant implications for clinical interventions. The integration of comprehensive social support may enhance the effectiveness of depression treatment and improve patients' quality of life. For instance, emotional support from family members, practical assistance from friends, and informational support from professionals can all facilitate patient recovery on various levels[21]. By elucidating the specific roles of social support, this study provides scientific evidence for clinical psychologists and practitioners to design and implement effective social support interventions. Understanding the critical role of social support in depression treatment also aids in shaping public health policies, encouraging the establishment of stronger community support networks, and raising societal awareness and investment in mental health issues[22].

The following sections will first introduce the relationship between social support, mental health, and depression. Subsequently, they will review and integrate relevant research from both cross-sectional and longitudinal studies, incorporating findings from cross-cultural studies to propose a comprehensive intervention model. Finally, the study will outline three future research prospects.

## **2 LITERATURE REVIEW**

## 2.1 The Relationship Between Social Support and Mental Health

### 2.1.1 Theoretical foundations

The relationship between social support and mental health has been extensively studied, with several theories providing frameworks for understanding this connection. Two primary theoretical foundations are the Social Support Buffering Hypothesis and the Direct Effect Model of social support.

### 2.1.2 Social support buffering hypothesis

Cohen and Wills[5] proposed the Social Support Buffering Hypothesis, which posits that social support can mitigate the negative impact of stressful events on an individual's mental health. This hypothesis includes two key elements: the stress-buffering mechanism and individual perception. The stress-buffering mechanism suggests that social support can alleviate the adverse effects of major stressors (such as bereavement, unemployment, or severe illness) through various means. Emotional support provides comfort and empathy, reducing feelings of loneliness and helplessness. Tangible support offers specific assistance (such as financial aid or daily care), easing the individual's burden. Informational support enhances coping capacity by providing problem-solving advice and information[5].

Individual perception refers to the importance of perceived support alongside actual support received. Studies have shown that even in the absence of actual support, the belief that support is available when needed can improve mental health [23].

### 2.1.3 Direct effect model of social support

The Direct Effect Model suggests that social support can directly enhance mental health, regardless of whether individuals are facing stressful events. This model emphasizes the continuous role of social support in daily life, manifesting in three specific aspects: stable social relationships, social integration, and social influence norms. Stable social relationships, such as close family ties and enduring friendships, contribute to a sense of security and belonging, thereby enhancing overall mental health[10]. Social integration refers to the extent to which individuals are embedded in their social networks, which is closely related to their mental health. Highly integrated individuals often have higher self-esteem and lower feelings of loneliness, which help prevent depression and anxiety[24]. Social influence and norms within support networks can positively impact an individual's behaviors and attitudes. Support from friends and family can encourage healthy lifestyles and promote psychological well-being[22].

### 2.1.4 The overall impact of social support on mental health

A substantial body of empirical research demonstrates that social support has a significant positive impact on mental health. First, social support effectively reduces psychological stress and negative emotions. Studies have found that individuals with robust social support networks exhibit lower levels of depression and anxiety when facing stressful events[25]. Support from family and friends provides emotional comfort, reducing feelings of loneliness and helplessness, thereby alleviating psychological stress.

Second, social support enhances self-efficacy and coping abilities. By receiving positive feedback and assistance from others, individuals can build confidence in their capabilities, enabling them to more effectively tackle life's challenges and difficulties[26]. This is particularly crucial in clinical practice, as boosting patients' self-efficacy is a key factor in promoting their recovery.

Moreover, social support is closely linked to physical health. Research indicates that social support can indirectly improve physiological health by reducing psychological stress and fostering positive emotions[27]. For example, strong social support can lower the risk of cardiovascular diseases and enhance immune system function, thereby improving overall health.

In summary, social support plays a vital role in promoting mental health. Whether by mitigating the adverse effects of stressful events or providing continuous emotional and practical support in daily life, social support demonstrates significant protective effects. By comprehensively understanding and leveraging the various functions of social support, we can more effectively address mental health issues and improve individuals' overall quality of life.

## 2.2 Social Support and Depression

### 2.2.1 The preventive role of social support in depression onset

Social support effectively mitigates individuals' stress responses to life events, thereby preventing the onset of depression. Research has shown that individuals with robust social support networks exhibit lower levels of stress and psychological distress when facing life stressors[5]. Emotional support offers comfort and empathy, helping individuals manage negative emotions and reducing the risk of depression. Warmth from family and understanding from friends can significantly alleviate feelings of loneliness and helplessness, thus reducing psychological stress.

Tangible support provides specific assistance, such as financial aid and help with household chores, easing individuals' daily burdens and preventing depressive feelings resulting from life stress. Tangible support not only offers material assistance but also enhances feelings of security and trust. Informational support, through advice and problem-solving information, helps individuals better cope with stressful events. Advice and experience sharing from colleagues and friends can help individuals manage work and life pressures more effectively[28].

Social support enhances psychological resilience, laying a foundation for preventing depression. Psychological resilience refers to an individual's ability to adapt and recover when facing adversity. Social support can strengthen psychological resilience in various ways, thereby preventing depression[29]. Positive feedback and assistance from a social support network enable individuals to develop more effective coping strategies, reducing the accumulation of negative emotions. Participating in support groups or community activities can help individuals learn and adopt others' coping strategies, enhancing their own coping abilities. Social support provides individuals with stronger confidence and capacity when facing challenges. Research shows that individuals with high self-efficacy exhibit stronger coping abilities and lower depression rates when encountering stressful events[26]. Stable social relationships and support networks provide a strong sense of belonging and security, which help prevent depression. For instance, family care and support from friends can significantly enhance individuals' psychological security, reducing depressive feelings stemming from loneliness and helplessness.

Social support improves social integration, reducing triggers for depression. Social integration refers to the degree of participation and sense of belonging in a social network. Highly socially integrated individuals often have stronger social support networks and higher self-esteem, effectively preventing depression[24]. Active participation in community activities and social interactions can enhance social connectedness, reducing loneliness and lowering the risk of depression. Community activities provide opportunities for social interaction and enhance social responsibility and belonging. Establishing and maintaining a broad social support network enables individuals to access more support and resources, improving their mental health[30]. For example, joining interest groups or engaging in volunteer services can help individuals build new social relationships and receive both emotional and practical support.

### ***2.2.2 The role of social support in depression treatment***

Social support significantly promotes treatment adherence among depression patients, meaning patients are more likely to follow their doctor's recommendations. Studies have found that patients receiving support from family and friends are more likely to take their medication on time, attend regular therapy sessions, and adhere to medical advice, thereby improving treatment outcomes[31]. Encouragement and supervision from family members can help patients overcome resistance to treatment, increasing adherence and effectiveness. Family members can assist in managing medication, reminding patients to take their medication on time, and accompanying them to therapy sessions. Friends' care and companionship can boost patients' motivation and confidence in treatment, enhancing the continuity and effectiveness of treatment. Emotional support provides comfort and understanding, helping depression patients alleviate negative emotions and enhance psychological security. Tangible support offers specific help, such as financial assistance and help with household chores, reducing patients' daily burdens and promoting recovery[22].

Social support helps depression patients improve social functioning and reintegrate into society. Through positive social interactions and support, patients can gradually regain self-confidence and social skills, rebuilding effective social relationships and promoting recovery[5]. Joining support groups or community activities allows patients to find others who have experienced depression, gaining emotional resonance and support, thereby improving social functioning and quality of life. Members of support groups can share experiences and coping strategies, offering emotional comfort and encouragement, helping patients rebuild social relationships. Community support can provide various forms of assistance, such as psychological counseling, vocational training, and social activities, helping patients rebuild social functioning and life skills[28]. For example, community psychological counseling services can offer professional psychological support and guidance, helping patients cope with life's challenges and pressures.

## **2.3 The Impact of Comprehensive Social Support on Depression Treatment Outcomes**

### ***2.3.1 Research design and methods***

Randomized controlled trials (RCTs) are considered the "gold standard" for evaluating the efficacy of medical interventions, providing reliable evidence of causal relationships. In these studies, participants are randomly assigned to either an experimental group that receives social support interventions or a control group that receives standard treatment. This method minimizes selection bias and the impact of confounding variables. Experimental studies using RCTs have provided direct evidence of the effects of social support interventions. For example, Pfeiffer[32] conducted a study where patients with depression were randomly assigned to receive either standard treatment or enhanced social support. The results showed that those in the social support group experienced significant reductions in depressive symptoms and improved treatment adherence. This finding supports the positive therapeutic effects of social support and suggests that it can be a valuable supplement to traditional pharmacotherapy and psychotherapy.

Prospective cohort studies involve individuals who do not exhibit depressive symptoms at the start of the study, tracking the types and levels of social support they receive over time and its impact on subsequent depression development[32]. These studies help understand how social support acts as a preventive measure, reducing the incidence of depression. Long-term observational studies have shown that the continuity of social support is significantly associated with the long-term reduction of depressive symptoms, emphasizing the importance of maintaining good social relationships in managing depression.

Observational studies, through longitudinal tracking or cross-sectional research, have further explored the correlation between social support and depression treatment outcomes. George[33] followed thousands of patients and found that those

reporting higher levels of social support showed greater reductions in depressive symptoms and better recovery of social functioning after treatment. These studies highlight the role of social support in promoting mental health recovery and maintaining long-term well-being. Cross-sectional studies provide snapshots of the association between social support and depression treatment outcomes at specific points in time, while longitudinal studies reveal the dynamic relationship and long-term effects of social support on depression treatment outcomes over multiple time points.

### **2.3.2 Specific impacts of different types of social support**

Emotional support, including providing comfort and boosting patients' self-esteem and self-worth, can alleviate negative emotions and reduce feelings of isolation, which are crucial for the recovery process in depression[34]. Tangible support, such as assistance with daily living and financial aid, is especially important for patients with limited functional capacity. This type of support helps alleviate daily stress, allowing patients to focus more on their treatment[35]. Informational support, which includes providing information about the illness, treatment options, and healthy lifestyles, can help patients better manage their condition, enhancing treatment autonomy and self-efficacy. Informational support aids patients in making informed treatment decisions, improving treatment adherence[32].

## **2.4 Cross-Cultural Comparisons**

### **2.4.1 Differences in the role of social support across cultural contexts**

Cross-cultural comparisons reveal differences in the effectiveness of social support on depression treatment across various cultural contexts. Cultural background influences individuals' perceptions and expectations of social support, the manner of its provision, and its impact on mental health.

**Individualistic vs. Collectivistic Cultures:** In individualistic cultures (e.g, the United States and Western European countries), social support primarily manifests as emotional and informational support, emphasizing individual autonomy and independence[36]. Individuals in these cultures are more inclined to seek professional help and formal support networks. In contrast, in collectivistic cultures (e.g, East Asian countries), social support relies more heavily on family and community, emphasizing group harmony and mutual assistance[37]. In these cultures, tangible assistance and emotional comfort often come from close family members and relatives, with support being more long-term and comprehensive.

**Impact of Cultural Norms on Emotional Expression and Support Needs:** Different cultures have varying levels of acceptance for emotional expression, affecting the communication and effectiveness of emotional support[38]. In some cultures, direct emotional expression may be deemed inappropriate or a sign of weakness, leading to more indirect and subtle forms of emotional support. For example, in Japanese culture, non-verbal support and tacit understanding are often considered key components of emotional support[39].

### **2.4.2 Case studies in cross-cultural research**

Cross-cultural research through specific case studies delves into the concrete effects of social support on depression treatment in different cultural backgrounds. Taylor[40] conducted a cross-cultural comparison study between American and Japanese depression patients' social support systems. The study found that although American patients relied more on emotional and informational support, Japanese patients benefited significantly more from tangible and emotional support from family and community, reflecting the profound influence of cultural background on the forms and effectiveness of support.

Intervention studies in multicultural environments, such as Chu's[41] research on Asian Americans, showed that culturally adaptive interventions significantly improved treatment acceptance and outcomes. The study adjusted intervention content based on cultural background, emphasizing family involvement and culturally sensitive support measures, resulting in significant reductions in depressive symptoms in the treatment group.

## **2.5 Comprehensive Social Support Intervention Models**

### **2.5.1 Introduction to comprehensive intervention models**

Comprehensive social support intervention models aim to provide holistic and personalized intervention plans by integrating emotional, tangible, and informational support. A multi-level support system combines community engagement programs, online support networks, and face-to-face group meetings to create a layered support system. This model not only focuses on patients' mental health but also includes life support and health education[42]. Personalized support involves assessing patients' specific needs and developing individualized support plans. For instance, some patients may require more emotional support, while others need tangible help or informational support[43].

### **2.5.2 Analysis of successful and unsuccessful cases**

**Successful Case:** The Comprehensive Community Support Program in the United States successfully reduced depressive symptoms among participants by providing customized mental health services, crisis intervention, and continuous social support. This program emphasizes multidisciplinary teamwork, offering comprehensive support ranging from psychological counseling to life skills training, significantly reducing depressive symptoms and improving participants' quality of life[44].

**Unsuccessful Case:** Some intervention programs fail due to a lack of consideration for the cultural characteristics and actual needs of the target population, resulting in low participation and poor outcomes. For example, a standardized support

program designed in the West was ineffective in immigrant communities because it failed to integrate culturally sensitive support measures, leading to poor treatment adherence and minimal symptom improvement[45].

### **2.5.3 Methods for evaluating effectiveness**

**Standardized Assessment Tools:** Using standardized mental health scales such as the Beck Depression Inventory (BDI) and the Patient Health Questionnaire (PHQ-9) to regularly assess changes in patients' depressive symptoms. These tools are widely used in clinical research and have good reliability and validity[46].

**Qualitative Evaluation:** Collecting patients' subjective experiences and feedback on support interventions through in-depth interviews and focus groups. This method helps understand patients' acceptance, satisfaction, and subjective effectiveness of the interventions[47].

**Long-Term Follow-Up Studies:** Conducting long-term follow-up studies to assess the sustainability and long-term impact of interventions. These studies can reveal the long-term effects of comprehensive social support interventions in reducing depressive symptoms and preventing relapse[48].

## **3 DISCUSSION**

Comprehensive social support has shown significant positive effects in the treatment of depression. Studies have demonstrated that patients who receive increased emotional, tangible, and informational support exhibit notable improvements in treatment adherence, symptom reduction, and overall quality of life. For instance, Dennis Dowsell[43] found in their systematic review that comprehensive social support effectively reduces depressive symptoms and enhances patients' psychological health and life quality.

This study supplements and expands existing social support theories, particularly in their application to depression treatment. Firstly, it further validates the Social Support Buffering Hypothesis[5], emphasizing the crucial role of social support in alleviating stress and improving mental health. Secondly, through cross-cultural comparisons, it reveals the influence of cultural context on the forms and effectiveness of social support, broadening the applicability and depth of social support theories[40]. Based on the findings, the study proposes new theoretical hypotheses, including a multidimensional integration model of comprehensive social support intervention. This model hypothesizes that combining emotional, tangible, and informational support in a multidimensional intervention maximizes the effectiveness of depression treatment. Additionally, the cultural adaptability intervention hypothesis suggests that adjusting the forms and content of social support interventions according to different cultural backgrounds significantly enhances their effectiveness and acceptability[41].

The results of this study have important implications for clinical practice. Firstly, clinicians should recognize and incorporate comprehensive social support as part of depression treatment plans to improve therapeutic outcomes. Secondly, developing personalized social support plans that ensure comprehensive coverage of emotional, tangible, and informational support can meet the diverse needs of patients[43]. When designing and implementing social support interventions, a multidimensional integration approach should be considered, combining emotional, tangible, and informational support to formulate comprehensive intervention plans. Adjusting the forms and content of support according to patients' specific conditions and cultural backgrounds ensures the effectiveness and applicability of interventions[45]. Ensuring the continuity of support interventions through long-term follow-up and evaluation allows for timely adjustments and optimization of intervention strategies[42].

Despite existing research highlighting the significant role of social support in depression treatment, several limitations remain. Many studies are confined to specific regions or populations, lacking broad representativeness. Some research designs are cross-sectional, failing to reveal long-term causal relationships. The lack of standardization in the forms and content of social support interventions limits the comparability and reproducibility of research results[42]. Future research should consider increasing sample diversity, expanding the geographical and demographic diversity of study samples to enhance the generalizability of research findings.

## **4 CONCLUSION**

Comprehensive social support has demonstrated significant positive effects in the treatment of depression, encompassing multidimensional interventions such as emotional support, tangible support, and informational support. These interventions not only enhance patients' treatment adherence and psychological health but also significantly improve their quality of life. The importance of social support in the treatment of depression cannot be overstated. It serves as a crucial supplement to psychotherapy and pharmacotherapy, improving treatment outcomes and quality of life through various forms of support.

Future research should further explore the effectiveness of multidimensional integration models of social support and culturally adaptive interventions. Policymakers should encourage and support the promotion and application of social support interventions, especially in multicultural and diverse communities, to ensure that every patient with depression receives adequate social support.

## **COMPETING INTERESTS**

The authors have no relevant financial or non-financial interests to disclose.

## REFERENCES

- [1] Berto P, D'Ilario D, Ruffo P, Di Virgilio R, Rizzo F. Depression: Cost-of-illness studies in the international literature, a review. *Journal of Mental Health Policy and Economics*, 2000, 3(1): 3-10.
- [2] Luppá M, Heinrich S, Angermeyer MC, König HH, Riedel-Heller SG. Cost-of-illness studies of depression: A systematic review. *Journal of Affective Disorders*, 2007, 98(1-2): 29-43.
- [3] Cai H, Qu Z, Li Z, Zhang Y, Hu X, Hu B. Feature-level fusion approaches based on multimodal EEG data for depression recognition. *Information Fusion*, 2020, 59: 127-138.
- [4] Greenberg PE, Fournier AA, Sisitsky T, Pike CT, Kessler RC. The economic burden of adults with major depressive disorder in the United States (2005 and 2010). *Journal of Clinical Psychiatry*, 2015, 76(2): 155-162.
- [5] Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 1985, 98(2): 310-357.
- [6] Zimet GD, Dahlem NW, Zimet SG, Farley GK. The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 1988, 52(1): 30-41.
- [7] Andersson G, Titov N. Advantages and limitations of Internet-based interventions for common mental disorders. *World Psychiatry*, 2014, 13(1): 4-11.
- [8] Berkman LF, Syme SL. Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology*, 1979, 109(2): 186-204.
- [9] Cobb S. Social support as a moderator of life stress. *Psychosomatic Medicine*, 1976, 38(5): 300-314.
- [10] House JS, Landis KR, Umberson D. Social relationships and health. *Science*, 1988, 241(4865): 540-545.
- [11] Barrera M. Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 1986, 14(4): 413-445.
- [12] Van der Poel MGM. Delineating personal support networks. *Social Networks*, 1993, 15(1): 49-70.
- [13] Cutrona CE, Russell DW. Type of social support and specific stress: Toward a theory of optimal matching. In I. G. Sarason, B. R. Sarason, G. R. Pierce (Eds.), *Social support: An interactional view*. 1990: 319-366.
- [14] Shakespeare-Finch J, Obst PL. The development of the 2-Way Social Support Scale: A measure of giving and receiving emotional and instrumental support. *Journal of Personality Assessment*, 2011, 93(5): 483-490.
- [15] Thoits PA. Stress, coping, and social support processes: Where are we? What next?. *Journal of Health and Social Behavior*, Extra Issue, 1995: 53-79.
- [16] World Health Organization. *Depression*, 2020.
- [17] Miller GE, Chen E, Cole SW. Health psychology: Developing biologically plausible models linking the social world and physical health. *Annual Review of Psychology*, 2009, 60: 501-524.
- [18] Johnson JG, Cohen P, Kasen S, Brook JS. A longitudinal investigation of social causation and social selection processes involved in the association between socioeconomic status and psychiatric disorders. *Journal of Abnormal Psychology*, 2006, 115(3): 488-497.
- [19] Clark AE, Diener E, Georgellis Y, Lucas RE. Lags and leads in life satisfaction: A test of the baseline hypothesis. *The Economic Journal*, 2003, 113(488): 998-1013.
- [20] Thompson RA, Meyer S. Social support and resilience. In S. N. Goldstein R. B. Brooks (Eds.), *Handbook of resilience in children*. Springer. 2016: 27-41.
- [21] Lakey B, Cohen S. Social support theory and measurement. In S. Cohen, L. G. Underwood, B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists*. Oxford University Press, 2000: 29-52.
- [22] Thoits PA. Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 2011, 52(2): 145-161.
- [23] Wethington E, Kessler R C. Perceived support, received support, and adjustment to stressful life events. *Journal of Health and Social Behavior*, 1986, 27(1): 78-89.
- [24] Durkheim E. *Le Suicide: Étude de sociologie*. Paris: Félix Alcan, 1897.
- [25] Kawachi I, Berkman LF. Social ties and mental health. *Journal of Urban Health*, 2001, 78(3): 458-467.
- [26] Bandura A. *Self-efficacy: The exercise of control*. W.H. Freeman, 1997.
- [27] Uchino BN. Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 2006, 29(4): 377-387.
- [28] Kleiman EM, Liu RT. Social support as a protective factor in suicide: Findings from two nationally representative samples. *Journal of Affective Disorders*, 2013, 150(2): 540-545.
- [29] Rutter M. Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 1985, 147: 598-611.
- [30] Lakey B, Orehek E. Relational regulation theory: A new approach to explain the link between perceived social support and mental health. *Psychological Review*, 2011, 118(3): 482-495.

- [31] DiMatteo MR. Social support and patient adherence to medical treatment: A meta-analysis. *Health Psychology*, 2004, 23(2): 207-218.
- [32] Pfeiffer PN, Heisler M, Piette JD, Rogers MA, Valenstein M. Efficacy of peer support interventions for depression: A meta-analysis. *General Hospital Psychiatry*, 2011, 33(1): 29-36.
- [33] George LK, Blazer DG, Hughes DC, Fowler N. Social support and the outcome of major depression. *The British Journal of Psychiatry*, 1989, 154(4): 478-485.
- [34] Cohen S. Social relationships and health. *American Psychologist*, 2004, 59(8): 676-684.
- [35] Lin N, Ye X, Ensel WM. Social support and depressed mood: A structural analysis. *Journal of Health and Social Behavior*, 2012, 31(4): 344-359.
- [36] Kim HS, Sherman DK, Taylor SE. Culture and social support. *American Psychologist*, 2008, 63(6): 518-526.
- [37] Uchida Y, Kitayama S. Development and validation of a sympathy scale. *Journal of Japanese Psychology*, 2001, 72(2): 144-151.
- [38] Markus HR, Kitayama S. Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 1991, 98(2): 224-253.
- [39] Nakao M, Tamiya N. (). Role of culture in the link between social support and health. *Journal of Epidemiology*, 2013, 23(4): 243-250.
- [40] Taylor SE, Sherman DK, Kim HS, Jarcho J, Takagi K, Dunagan MS. Culture and social support: Who seeks it and why? *Journal of Personality and Social Psychology*, 2004, 87(3): 354-362.
- [41] Chu JP, Kim HS, Jeong YS, Hahm HC. The role of culture in managing mental health: An east Asian perspective. *Social Work in Public Health*, 2012, 27(4): 353-370.
- [42] Heaney CA, Israel BA. Social networks and social support. In Glanz, K, Rimer, B. K, Viswanath, K. (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (4th ed). Jossey-Bass, 2008: 189-210.
- [43] Dennis CL, Dowswell T. Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews*, 2(CD001134), 2013.
- [44] Bond GR, Drake RE, Mueser KT, Latimer E. Assertive community treatment for people with severe mental illness: Critical ingredients and impact on patients. *Disease Management Health Outcomes*, 2001, 9(3): 141-159.
- [45] Alegria M, Atkins M, Farmer E, Slaton E, Stelk W. One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research*, 2008, 37(1-2): 48-60.
- [46] Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 2001, 16(9): 606-613.
- [47] Denzin NK, Lincoln YS. *The SAGE Handbook of Qualitative Research*. SAGE Publications, 2011.
- [48] Hovens JG, Giltay EJ, Wiersma JE, Spinhoven P, Penninx BW, Zitman FG. Impact of childhood life events and trauma on the course of depressive and anxiety disorders. *Acta Psychiatrica Scandinavica*, 2012, 126(3): 198-207.