

Examining the impact of social support on mental health: A Comparative Study of hostellers and day scholars.

Ms. PreetKamal¹ and Dr. Rayess Mohammad Bhat²

¹ MA, Clinical Psychology, Department of Psychology, Chandigarh University, Gharuan, Mohali, Punjab, India

² Assistant Professor, Department of Psychology, Chandigarh University, Gharuan, Mohali, Punjab, India

ABSTRACT

The investigation focused on studying the correlates of mental health among day scholars and hostellers' students. For this purpose, the study was designed to assess the differences in mental health, depression, anxiety, stress, and social support among day scholars and hostellers' students. The total sample consisted of 120-day scholars and hostellers' students. The sample was equally divided into day scholars (n=60) and hostellers (n=60) groups. An equal number of males and females were also included in the total sample. To newline fulfill the objectives of the study raw scores were analyzed with descriptive statistics, independent T-test, and Correlation analysis. The analysis was done using the classifications based on day scholars and hostellers. Current findings indicate that hostellers tend to have high levels of depression, anxiety, stress, and low level of social support whereas day scholars tend to have high levels of social support and better mental health compared to hostellers.

Keywords: - mental health, hostellers, day scholars, social support, depression, anxiety, stress

INTRODUCTION

The importance of mental health in maintaining total well-being has been extensively recognized in recent years. A person's mental health is affected by a variety of elements, including social support, which is essential for reducing stress and fostering good mental health (Holt-Lunstad, 2018). Social support includes emotional, practical, and informational support and refers to the availability of help, empathy, and resources from one's social network (Cohen, 2004).

Hostellers and day scholars are two separate student populations that are frequently contrasted in educational contexts. When compared to day scholars who commute to and from the institution, hostellers are students who live on campus and have different types of living situations. Due to disparities in their living situations and social networks, these two groups may experience varying levels of social support (Arnett, 2000).

However, little research has specifically compared hostellers and day scholars when examining the relationship between social support, mental health, and living arrangements. To identify possible vulnerabilities and create focused interventions, it is essential to comprehend the differing effects of social support on mental health outcomes in these two groups.

To give a thorough picture of the research subject, this introduction will cover several important topics. These are the context of the study; student mental health; the function of social support; the relationship between living arrangements and social support; research on social support and mental health; the gap in the literature; and research

objectives. This introduction provides a thorough framework for the research study that intends to explore the effect of social support on mental health among hostellers and day scholars by addressing these topics.

BACKGROUND OF THE STUDY

An individual's emotional, psychological, and social well-being are all part of their mental health, which is an important component of total well-being. It is influenced by several things, such as social support, environmental circumstances, and personal traits. The term "social support" describes how people perceive and may access the help, concern, and understanding that their social networks—including family, friends, peers, and communities—offer. Some students choose to live in hostels or dormitories (hostellers), while others continue to live with their families and commute while they make the transition to college or university life (day scholars). These diverse living situations may have an impact on the social support that kids have access to, which could then affect their mental health.

ROLE OF SOCIAL SUPPORT

Social support refers to the assistance, resources, and emotional comfort individuals receive from their social networks, including family, friends, peer, and community members. It plays a vital role in promoting positive mental well-being and has been recognized as a protective factor against various stressors and mental health challenges (Cohen,2004). The significance of social support lies in its potential to enhance resilience, foster a sense of belonging, and provide individuals with the necessary resources to navigate through difficult times. The availability of social support has been consistently linked to positive mental health outcomes. Research has shown that individuals with strong social support networks are more resilient in the face of adversity, experience lower levels of psychological distress, and have a reduced risk of developing mental health disorders (Cohen,2004; Uchino, 2009). Additionally, social support has been found to enhance strategies, promote adaptive behaviors, and improve the overall quality of life coping (Thoits,2011).

- **LIVING ARRANGEMENTS AND SOCIAL SUPPORT**

Living arrangements play a significant role in shaping individuals' social support networks and the availability of support resources. In the context of the present study comparing hostellers and day scholars, exploring the relationship between living arrangements and social support is crucial for understanding the potential differences in support experienced by these two groups. Hostellers who reside on campus, often have greater proximity to their peers compared to day scholars who commute. Living nearby allows hostellers to develop strong social connections and engage in frequent interactions with their fellow students (Arnett,200). The proximity fosters the formation of social support networks within the residential community, leading to potential emotional and instrumental support.

Day scholars may have easier access to familial support compared to hostellers, as they continue to reside with their families. The presence of family members nearby can provide a reliable source of emotional support, guidance, and practical assistance (Arnett,2000). In contrast, hostellers may rely more on their peers and other support systems within the campus environment. Hostellers often engage in communal living arrangements, such as shared dormitories or residences, which facilitate the development of close relationships and a sense of belonging within the hosteller's community (Arnett,2000). Communal living can enhance social support through opportunities for daily interactions, shared experiences, and the formation of strong bonds. Hostellers may have greater success with institutional support systems provided by the university or college, such as counseling services, mentorship programs, or resident advisors. The resources can augment the social support available to hostellers, providing additional avenues for seeking, guidance, and emotional support (Arnett2000).

Understanding the potential differences in social support experienced by hostellers and day scholars can inform interventions and support systems tailored to their specific needs. Identifying the unique challenges and strengths associated with living arrangements can help develop targeted

strategies to enhance social support, promote mental well-being, and address potential gaps in support provisions.

A considerable body of research has investigated the impact of social support on mental health outcomes among different populations. Studies have shown that higher levels of social support are associated with better mental health, including lower levels of psychological distress (Cutrona, 1996) and higher levels of well-being (Thoits, 2011). Social support has also been linked to increasing resilience, the ability to cope with stress, and improved overall mental health functioning (Sandler et al, 2000; Rutter, 1985).

REVIEW OF LITERATURE

House, Landis, and Umberson's (1988) study investigates the impact of social support on health. Drawing from a large-scale survey, they find compelling evidence that social integration and support have significant positive effects on physical and mental well-being. The study highlights the importance of social connections in promoting overall health outcomes and emphasizes the need for further research in understanding the mechanisms underlying this relationship.

Johnson and Liu (2019) conduct a comprehensive review examining the role of social support in mental health recovery. Their study explores how various forms of social support, such as emotional, instrumental, and informational support, contribute to individuals' recovery from mental health challenges. The findings highlight the significance of social support networks and interventions in fostering resilience and improving mental well-being.

Rook (1984) delves into the negative side of social interaction and its impact on psychological well-being. The study reveals that negative social interactions, such as conflicts or criticism, can significantly undermine individuals' mental health. It emphasizes the importance of considering the quality and nature of social interactions in understanding the border effects of social support on mental health.

Kawachi and Berkman [2001] investigate the relationship between social ties and mental health. Their study reveals a strong association between social connectedness and positive mental health outcomes. The authors argue that social ties provide emotional support, facilitate access to resources, and promote social integration, thereby enhancing individuals' psychological well-being. The findings underscore the importance of fostering social relationship for promoting mental health.

OBJECTIVES

- To compare the level of social support between hostellers and day scholars.
- To examine the relationship between social support and mental health outcomes.
- To identify potential factors influencing social support in hostellers and day scholars.
- To assess the impact of living arrangements on social support and mental health.

METHOD

- **RESEARCH DESIGN**

The study employed a comparative research design to examine the impact of social support on mental health among hostellers and day scholars. The comparative design allowed for the exploration of differences and similarities between the two groups in terms of social support levels and mental health outcomes.

- **RESEARCH PARTICIPANTS**

The participants of the study were college students enrolled in various educational institutions. A purposive sampling technique was utilized to select participants who met the criteria of being either hostellers or day scholars. A total of 120 participants (60 hostellers and 60-day scholars) were included in the study. Inclusion criteria included being 18 years or older, currently enrolled in a college program, and providing informed consent.

- **MEASURES/TOOLS**

To assess social support, the Multidimensional scale of perceived social support (MSPSS) was utilized. The MSPSS is a validated self-report questionnaire that measures perceived support from family, friends, and significant others. To assess mental health, the depression, anxiety, and stress scale (DASS-21) was used. The DASS-21 is a reliable and widely used measure that assesses symptoms of depression, anxiety, and stress.

- 1. THE MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT (MSPSS)**

The multidimensional scale of perceived social support (MSPSS) is a widely used self-report questionnaire designed to measure an individual's perception of social support from three sources: family, friends, and significant other. The scale was developed by Zimet, Dahlem, Zimet, and Farley (1988). The MSPSS consists of 12 items, with four items assessing each source of support. Participants rate each item on a 7-point Likert scale, ranging from 1 (very strongly disagree) to 7 (very strongly agree). The scale measures the perceived availability of social support, the satisfaction with received support, and the perception of support as a general resource. To obtain the total score on the MSPSS, the ratings of the 12 items are summed. Higher scores indicate a greater perception of social support. Additionally, scores can be calculated separately for each subscale: family, friends, and significant others. MSPSS has demonstrated good reliability and validity in numerous studies.

- 2. THE DEPRESSION, ANXIETY, STRESS SCALE-21 (DASS-21)**

The Depression, anxiety, stress scale-21 (DASS-21) is a widely used self-report questionnaire designed to assess symptoms of depression, anxiety, and stress. It was developed by Lovibond and Lovibond (1995). The DASS-21 consists of 21 items, with seven items measuring each of the three constructs: depression, anxiety, and stress. Participants rate the severity of each symptom over the past week on a 4-point Likert scale, ranging from 0 (did not apply to me at all) to 3 (apply to me very much). To obtain scores of each subscale, the ratings of the respective items are summed. Higher scores indicate higher levels of depression, anxiety, and stress. Additionally, total scores can be calculated by summing all 21 items, providing an overall measure of psychological distress. The DASS-21 has demonstrated good reliability and validity in numerous studies. Internal consistency, or reliability, is typically assessed using Cronbach's alpha, and the DASS-21 has shown good internal consistency across various populations, with alpha coefficients ranging from 0.70 to 0.95 for the subscales.

- **STATISTICAL ANALYSIS**

Data was compiled on the Google sheet for the consolidation of data obtained from the response sheets. Furthermore, data were analyzed using the Statistical Package for the social sciences (SPSS), software version 21. Firstly, descriptive statistics were employed for the study of the mean, standard deviation, kurtosis, and skewness of the sample under the study. Secondly, correlation analysis was done to check whether a significant correlation exists between depression, anxiety, stress, and social support and its subscales: family, friends, and significant others. Thirdly, an independent t-test was used for the comparative analysis of depression, anxiety, stress, and social support including the subscales: family, friends, and significant others.

RESULTS AND DISCUSSION

The sample's mean, standard deviation, skewness, and kurtosis were all declared significant before the independent sample t-test was run on the sample. These frequency distributions of mean, standard deviation, skewness, and kurtosis are shown in Table 1. The table shows that the data was normally distributed because both the skewness and kurtosis are normally disturbed. Table: 2 shows the correlation analysis of the study variables. Table: 3 shows the result of the independent t-test.

Variable	Mean	SD	Skewness	Kurtosis
DASS TOTAL	43.31	16.32	.624	-.130
Depression	14.45	6.16	.493	-.386
Anxiety	12.50	6.08	.602	.213
Stress	16.35	5.46	.848	.567
MSPSS TOTAL	42.77	9.43	-.133	-.562
Family	16.28	5.64	.531	.221
Friends	14.15	5.17	.414	-.313
Significant Others	12.23	3.84	.278	-.455

Table:1 Descriptive statistics of study variables (N=120)

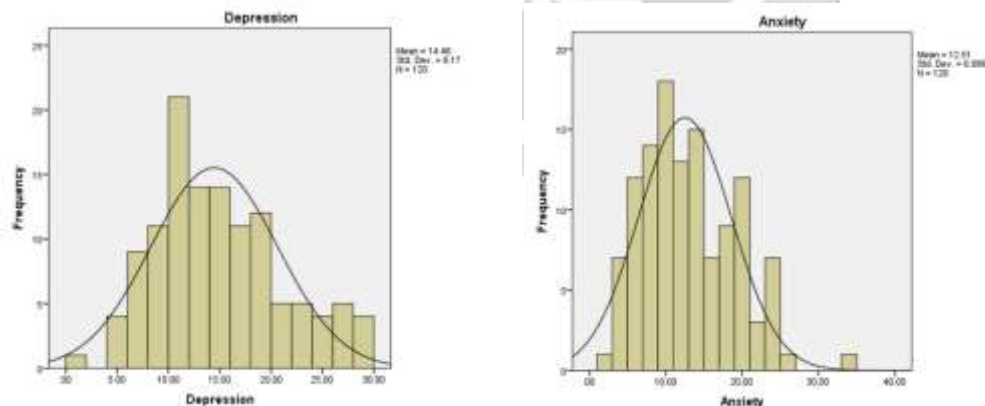
	Depression	Anxiety	Stress	DASS Total	SO	FAM	FRI	MSPSS Total	
Depression	1	.798** .000		.723** .000	.917** .000	-.074 .420	-.173 .059	-.083 .368	-.182* .047
Anxiety		1		.795** .000	.940** .000	-.152 .097	-.231* .011	-.062 .502	-.239** .008
Stress			1		.904** .000	-.167 .068	-.169 .065	.058 .526	-.143 .118
DASS Total				1		-.141 .125	-.208* .023	-.035 .705	-.206* .024
SO					1		.175 .056	.026 .777	.499** .000

FAM							1	.159	.750**
								.082	.000
FRI								1	.649**
									.000
MSPSS									1
Total									

Table:2 Correlation analysis (N=120) ** Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed).

As we can see in TABLE:2 which shows us the correlation analysis of variables, we see a statistically significant correlation exists between depression and anxiety (0.798**), stress (0.723**), and DASS total (0.917**) whereas a negative correlation between the subscales of perceived social support i.e., SO (-.074), friends (-.173), and family (-.083) and a significant negative correlation exists between depression and total social support. Significant results exist between anxiety and stress (.795**), DASS total (.940**), and a negative correlation exists between anxiety and subscales of perceived social support i.e., SO (-.154), friends (-.231*), family (-.062), and significant negative correlation between anxiety and MSPSS total (-.239*) Significant results emerged between Stress and DASS total (.904**), a negative correlation exists between subscales of perceived social support i.e., SO (-.167), family (-.169), and a positive correlation emerged between friends and anxiety (.058). A statistically negative correlation exists between Stress and MSPSS total (-.206*).

A negative correlation exists between DASS total and perceived social support subscales i.e., SO (-.141), friends (-.035), and a statistically negative correlation exists between the family (-.208*) and MSPSS total (-.206*). A positive correlation exists between the SO and friends (.175) and friends (.206) and a statistically positive correlation exists between MSPSS total (.499**). A positive correlation emerged between the family and friends (.159) and a statistically positive correlation exists between MSPSS total (.750*) and a statistically positive correlation between friends and MSPSS total (.649**).



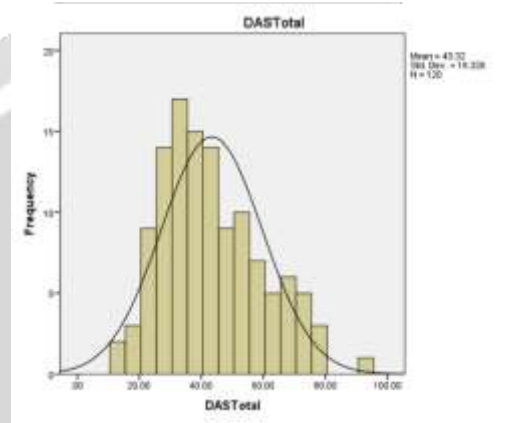
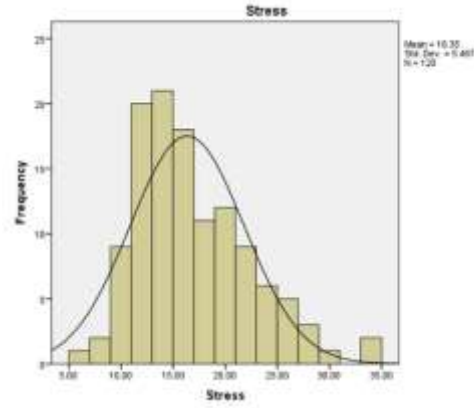
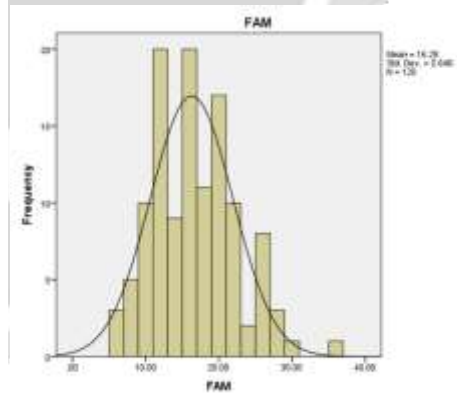
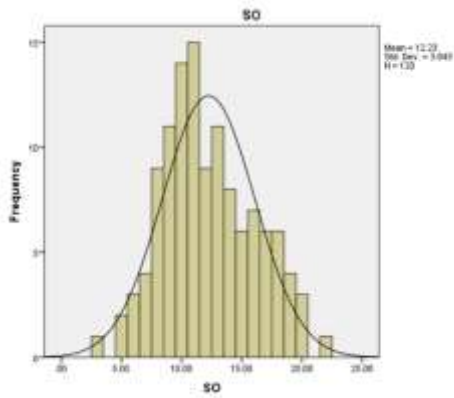


Chart 1: Dast (Depression, Anxiety, and Stress)



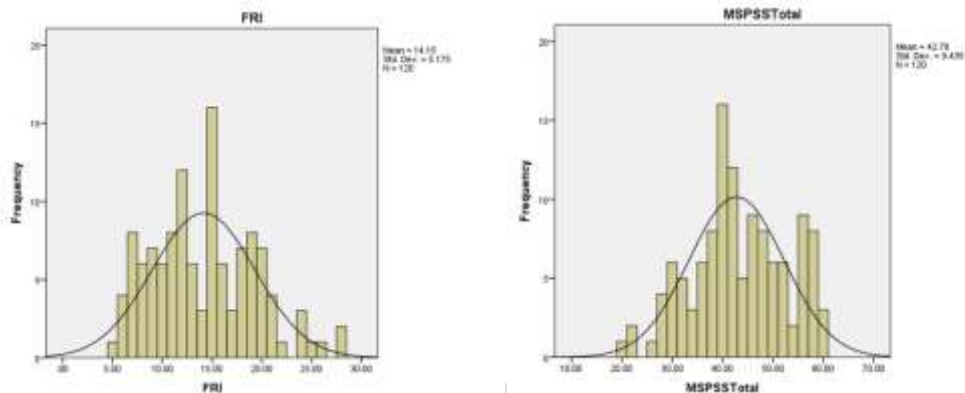


Chart 2: MSPSS (Family, Friends, and Significant others)

Variables	Hosteller		Day Scholar		t-value	sig
	Mean	SD	Mean	SD		
Depression	16.05	6.43	12.87	5.49	2.91	.004*
Anxiety	14.76	6.19	10.25	5.09	4.36	.000**
Stress	17.38	5.60	15.31	5.16	2.10	.038*
DASS-Total	48.20	16.90	38.43	14.26	3.42	.001**
Family	13.55	4.79	19.01	5.11	6.04	.000**
Friends	13.20	5.04	15.10	5.16	2.03	.044*
Significant other	11.85	3.90	12.51	3.79	-.80	.422
MSPSS-Total	38.76	8.31	46.78	8.82	5.12	.000**

Table:3 Independent t-test (n=120)

From the above table:3, we can see that the findings of the independent t-test are shown which tells us that on the total of DASS, there is a statistically significant mean difference in hostellers and day scholars, where the mean for hostellers is 48.20 and for day scholars are 38.43 and (t=3.42*), which means overall findings for hostellers is higher than day scholars. For depression, anxiety, and stress, individually there is a statistically significant mean difference exists between hostellers and day scholars, where the mean for hostellers is 16.05 and of day scholars 12.87 for depression(t=2.91**), in anxiety means for hostellers is 14.76 and in day scholars 10.25 (t=4.36*), then for stress mean in hostellers is17.38 for day scholars 15.31 (t=2.10*).

Findings depict that hostellers suffer more depression, anxiety, and stress as compared to day scholars.

For MSPSS overall for all dimensions there is a statistically significant mean difference between hostellers and day scholars where the mean for hostellers is 38.76 and day scholars is 46.78 (t=5.12*), which tells us that hostellers have a low level of perceived social support as compared to day scholars. Then, for the individual dimensions for family and friends, there is a statistically significant mean difference in hostellers and day scholars, where the mean in family dimension for hostellers is 13.55 and for day scholars is 19.01 (t=6.04*), in friends mean for hostellers is 13.20 and for day scholars is 15.10 (t=2.03*) which tells us that hostellers have a low level of perceived social

support from family and friends compared to day scholars. In the dimension of significant other, there is no statistically significant mean difference emerged, because the mean for hostellers is 11.85 and for day scholars are 12.51 ($t = -.80$). **Significant at 0.01 level and 0.05 level.**

CONCLUSION

The present research aimed to examine the impact of social support on mental health which was a comparative study between hostellers and day scholars, for which 2 scales were used DASS-21 (depression, anxiety, stress scale-21) and MSPSS (multidimensional scale of perceived social support). Data was collected for the google forms platform and after doing the scoring descriptive statistics, correlation analysis, and independent t-test were performed. Findings for which tell us that hostellers tend to have more depression, anxiety, and stress individually as well as overall compared to day scholars, and for MSPSS total and its dimensions results tells that hostellers have a low level of perceived social support compared to day scholars. Day scholars have better mental health and perceived social support compared to hostellers. Social support, in particular, plays a critical role in enhancing mental well-being and buffering against stressors (Thoits, 2011). The availability of social support systems can provide individuals with emotional validation, practical assistance, and a sense of belonging, all of which contribute to a positive mental health outcome. The sense of belonging is essential for individuals' psychological well-being, as it fulfills their innate need for connection and contributes to their overall happiness and life satisfaction (Baumeister & Leary, 1995). Instrumental support refers to the tangible assistance and resources provided by others. This can include practical help, such as financial aid, transportation, or academic support. Instrumental support plays a crucial role in alleviating stress and enabling individuals to navigate through daily challenges effectively. For, our findings we can see the role of social support on mental health as hostellers have a low level of social support so they are tending to have more depression, anxiety, and stress whereas, day scholars who have more social support have a low level of depression, anxiety, and stress, also day scholars tend to instrumental support in the form of their family or parent's which hostellers do not have which also make a difference in the level of perceived social support and mental health.

REFERENCES

1. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066x.55.5.469>
2. Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529. <https://doi.org/10.1037/0033-2909.117.3.497>
3. Cohen, S. (2004). Social Relationships and Health. *American Psychologist*, 59(8), 676–684. <https://doi.org/10.1037/0003-066x.59.8.676>
4. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
5. Cutrona, C. E. (1996). *Social support in couples: Marriage as a resource in times of stress*. Thousand Oaks, CA: Sage Publications.

6. Holt-Lunstad, J. (2017). The potential public health relevance of social isolation and loneliness: Prevalence, epidemiology, and risk factors. *Public Policy & Aging Report*, 27(4), 127–130.
<https://doi.org/10.1093/ppar/prx030>
7. House, J. S., Landis, K. R., & Umberson, D. (1988). Social Relationships and Health. *Science*, 241(4865), 540–545. <https://doi.org/10.1126/science.3399889>
8. Kawachi, I., & Berkman, L. F. (2001). Social Ties and Mental Health. *Journal of Urban Health-bulletin of the New York Academy of Medicine*, 78(3), 458–467. <https://doi.org/10.1093/jurban/78.3.458>
9. Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335–343. [https://doi.org/10.1016/0005-7967\(94\)00075-u](https://doi.org/10.1016/0005-7967(94)00075-u)
10. Rook, K. S. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology*, 46(5), 1097–1108. <https://doi.org/10.1037/0022-3514.46.5.1097>
11. Thoits, P. A. (2011). Mechanisms Linking Social Ties and Support to Physical and Mental Health. *Journal of Health and Social Behavior*, 52(2), 145–161. <https://doi.org/10.1177/0022146510395592>
12. Uchino, B. N. (2009). Understanding the Links Between Social Support and Physical Health: A Life-Span Perspective With Emphasis on the Separability of Perceived and Received Support. *Perspectives on Psychological Science*, 4(3), 236–255. <https://doi.org/10.1111/j.1745-6924.2009.01122.x>
13. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41.
https://doi.org/10.1207/s15327752jpa5201_2