

Helping Helps: Social Support and Its Influence on Mental-Health for the Helper

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Introduction

High suicide rate in Japan has been gradually decreasing, but not among the country's younger generation. Suicide is the cause of death for approximately 50% of 15 to 39 year olds in Japan (Bureau of Social Welfare and Public Health, 2006; The Cabinet Office, 2014). Light Ring, a nonprofit organization founded in 2012 ("Nonprofit organization Light Ring."), aims to reduce suicide rate by preventing mental health diseases among 20s and 30s in Japan.

Light Ring organizes social-support educational programs. Those programs operate on Helper Theory (Riessman, 1965), which maintains that helping others improve the helpers' well-being as well as the recipients'. Light Ring Time (LRT) is one such social support educational programs. LRT uses mutual counseling and case methods. LRT is unique because it opens solely to those who already support someone close, not like the gatekeeper workshops that open to everyone. Empowering those close to a depressed people in their 20s and 30s—their supporters—as paraprofessionals should be an effective method to prevent mental diseases of both support providers and recipients because supporting a depressed one burdens the supporter. A qualitative evaluation of the program has shown that the attendants of LRT were psychologically and emotionally helped during the program (Kasahara-Kiritani, Masuda, & Ishii, 2015).

Here, social support is defined as the “availability of people on whom we can rely: people who let us know that they care about, value, and love us” (Sarason, Levine, Basham, & Sarason, 1983). Among the three types of social support (emotional support, instrumental support and information support), emotional support offers esteem, attachment and reassurance; instrumental support offers material goods and services; and information support offers advice, guidance and feedback (Sarason et al., 1983). Social support has been shown to be associated with better mental health of providers (Taylor, 2011) and negatively associated with depression of the recipients (Lin, Ye, & Ensel, 1999).

This study aims to quantitatively assess whether LRT reduces depression of the participants. We hypothesized that providing social support is associated with higher level of subjective happiness and lower level of depression.

Methods

Overview of Light Ling Time

LRT is a three-hour social support educational program. Light Ring takes high risk approach instead of population approach and LRT is not open to everyone but is open solely for those who already supporting someone close. LRT consists of introduction, mutual counseling, active listening training and wrap up. Each module has its goals (Kasahara-Kiritani et al., 2015). Approximately 20 people participate in each LRT. The program is held every other month and is supervised by a coaching professional. Staffs of Light Ring advertise LRT through media advertisements (television programs), webpages, Twitter, Facebook, and e-mails sent to past participants.

Study population and procedure

Inclusion criteria: (1) have participated LRT, (2) fluent in Japanese (3) age over 18 years old (male: female = 61:34, average age 27.31 ± 8.24). It was confirmed that they could quit at any time without being questioned only those agree to participate needed to fill the questionnaire. A structured self-report questionnaire was administered to participants of LRT from October 2013 to June 2015 before the program started. The survey was anonymous.

Measurement

The questionnaire covered socio-demographic items (age, sex, frequency of participation to LRT). Provided social support was assessed through sub-scale of Berlin Social Support Scales (BSSS, Schwarzer & Schulz, 2000). Self-rated Happiness was assessed by Japanese version of Self-rated Happiness Scale, SHS (Shimai, Otake, Utsuki, Ikemi, & Lyubomirsky, 2004). Depression was assessed by the Self-Rating Depression Scale, SDS (Zung, Richards, & Short, 1965).

Statistical Analysis

Exploratory factor analysis was conducted to further assess the participants' characteristics. Then structural equation modeling (SEM) was performed by AMOS (ver. 22.0.0) to test the hypothesized model. The maximum likelihood method was used. To evaluate the overall model fit, indices chi-square value (CMIN), comparative fit index (CFI), and root-mean-square error of approximation (RMSEA) were used. The significance level for all tests was set at $p < 0.05$.

Results

As the result of an exploratory factor analysis, the subscale of BSSS was

divided to three factors, which are cherishing the other, giving practical supports, and detaching a concern. The mean score of each factor were: cherishing the other 3.03 (SD = 0.61), giving practical support 2.59 (SD = 0.61), detaching a concern 2.88 (SD = 0.58). The mean score of SDS was 40.53 (SD = 8.16) and that of SHS was 4.39 (SD = 1.02).

The test of the measurement model resulted in the following statistical values: CMIN (4) = 0.46, $p = 0.77$; CFI = 1.00; RMSEA = 0.00, which were indicative of no more modifications. The standardized path coefficients of the Model were: Provided social support had significant direct effect on self-rated happiness ($\beta = .26$, $p < .05$). Self-rated happiness had significant direct effect on depression ($\beta = -.49$, $p < .01$).

Discussion

We examined effects of providing social support on depression among non-professional supporters who attended a social support educational program, LRT, and tested the mediation roles of subjective happiness regarding the association. Our findings show that providing social support was positively associated with subjective happiness. In addition, higher levels of subjective happiness were associated with lower levels of depression. The study partly confirms the positive effect of providing social support to someone close on mental health of non-professional supporters.

This study shows that LRT, which is based on high-risk approach, is effective on decreasing the risk of depression and on empowering the non-professional supporter. Because depression is one of the strongest risk factors of suicide event, LRT might as well contribute to suicide prevention. The General Principles of Suicide Prevention Policy Japan recommends population approach because this is the most effective suicide prevention strategy. This study, however, partly explains the reason why small organizations such as non-profit organizations should focus high-risk strategy instead. Limitations of the current study includes that we used only the cross-sectional study.

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