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The impact of social support on mental health service users' sense of coherence: A longitudinal panel survey

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ABSTRACT

Background: Social support is a crucial coping resource in the development of a strong sense of coherence. However, little is known about which components of social support are most important for the positive development of sense of coherence.
Objectives: The aim of this study is to investigate the ability of the six social provisions in Weiss's theory of social support to predict the positive development of sense of coherence among people with mental health problems.
Design: The study has a prospective design including a baseline assessment and one-year follow-up.
Settings: The community mental health care system in a large city in Norway.
Participants: The sample comprised 107 people with mental health problems. The inclusion criteria were: 18–80 years of age, living at home, mental health problems considered relatively stable, able to engage in dialogue, reliant on the mental health services and/or an activity centre, good orientation, mastery of the Norwegian language and no alcohol and/or drug problems. A total of 92 completed both measures.
Methods: Sense of coherence was measured by the Sense of Coherence questionnaire, mental symptoms by the revised Symptom Checklist-90-R and social support by The Social Provision Scale (all Norwegian versions).
Results: The results show that while social support predicted change in sense of coherence (standardized beta coefficient for social support was 0.32, $P = 0.016$), mental symptoms did not (standardized beta coefficient −0.07, $P = 0.621$). The social provision of opportunity for nurturance contributed most to the prediction (standardized beta coefficient 0.24, $P = 0.019$).
Conclusions: The results indicate that improving social support with special emphasis on opportunity for nurturance might provide important opportunities for increasing sense of coherence among people with mental health problems.

What is already known about the topic?

- Through both empirical research and theory quality of social support has been defined as a crucial coping resource for the positive development of sense of coherence (SOC).

What this paper adds

- Quality of social support predicts positive development in SOC after a year among people with mental health problems.
- The social provisions of opportunity for nurturance and social integration showed to be the most important predictors of change in SOC.
- Symptom load showed no predictive power.

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1. Introduction

Research based on the theory of salutogenesis, that provides a generic understanding of how coping as a sense of coherence, may be created (Antonovsky, 1979, 1987), has concluded that SOC is an important determinant for physical and mental health and quality of life in general population groups, in different disease groups (Lindstrøm and Erikson, 2005a; Erikson and Lindstrøm, 2005) and for people with chronic illness undergoing rehabilitation (Aujoulat et al., 2008), including people with mental health problems (MHP) (Langeland et al., 2006, 2007). According to Antonovsky (1987), SOC is a global orientation that expresses the extent to which one has a pervasive and enduring, though dynamic, feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable (*comprehensibility*); that resources are available to one to meet the demands posed by these stimuli (*manageability*); and that these demands are challenges worthy of investment and engagement (*meaning*). SOC seems to have a main, moderating or mediating role in the explanation of health, especially in relation to factors that measure mental health. The evidence shows that there is a strong relationship between SOC and factors measuring mental health including hardiness, mastery, optimism, self-esteem, learned resourcefulness, constructive thinking, self-efficacy, social skills, good perceived health, quality of life and well-being. Furthermore, SOC is strongly negatively related to anxiety, burnout, demoralization, depression, hostility, hopelessness, perceived stress and post-traumatic stress disorder (Erikson and Lindstrøm, 2006). One conclusion of this may be that SOC is another expression for mental health (Bengel et al., 1999; Lindstrøm and Erikson, 2005b).

Antonovsky (1979, 1987, 1996) claimed from a theoretical point of view that SOC is an internal experience that gradually develops during youth to a relatively enduring and stable quality of an individual after 30 years of age. Another position is that the strength of SOC is continuously influenced by external events and internal reactions to these events. As we move further away from infancy through the life cycle, intergenerational networks become less crucial in their impact on SOC (Antonovsky, 1985; Krantz and Østergren, 2004; Suominen, 1993). In addition, empirical studies indicate that SOC may be altered by major changes in life experiences (Nilsson et al., 2003; Smith et al., 2003; Volanen et al., 2007 and/or powerful professional interventions (Langeland et al., 2006; Sack et al., 1997; Weissbecker et al., 2002). Researchers conclude that we need to know more about how to augment the resources that build resistance to adverse events in order to increase SOC (Hart et al., 2006; Langeland et al., 2006, 2007; Smith et al., 2003).

Quality of social support has been defined as a crucial coping resource for the positive development of SOC (Antonovsky, 1987). It is well documented that people with MHP have deficiencies in their social relationships (Caron et al., 1998; Lehman et al., 1982; Tempier et al., 1998). Psychiatric patients reported less satisfaction than the general population on all components of social support (Caron et al., 1998). In addition it has been reported that in comparison with the general population, people with MHP tend to have a greater proportion of relationships where they are recipients, rather than providers, of social support (Sullivan and Poertner, 1989) and they are often described as being unable to establish mutual relationships (Borg and Kristiansen, 2004). Furthermore, because of their high unemployment rate they are deprived of the social and psychological rewards of work, such as the provisions of social support (Nordt et al., 2007). Mental illness has also been connected to development of loneliness (Nilsson et al., 2006, 2008) which may be defined as lack of attachment and social integration (Weiss, 1974).

A number of studies have investigated social support and SOC, using different social support instruments in different populations. The Canadian National Population Health Survey found that social support and SOC were positively related (Wolff and Ratner, 1999). In a Swedish population, low SOC was correlated with low social support (Nilsson et al., 2000), while in Finnish people aged over 75 years, a strong SOC and the experience of high-quality social relationships were strongly related to subjective well-being (Elovainio and Kivimäki, 2000). In a population-based Swedish sample of rural males from nine counties, social support was the only variable with independent positive correlation to SOC (Holmberg et al., 2004). Skärsäter et al. (2005) have found that the salutogenic factor, quality of social support, is a cornerstone in the restoration of a person's SOC because it can be used in interventions that include the person's family or close social network in combination with support to assist the person to view her/his situation as comprehensible, manageable and meaningful, thereby improving health.

Different types of social support provide different coping resources, and because life situations vary in adaptation demands, a given type of social support will be effective only when the coping resource it provides is matched to the demands of the situation (Cutrona and Russell, 1987). Weiss's theory of social provisions incorporates major elements of most current conceptualizations of social support (Cutrona and Russell, 1987). The theory identifies six social functions or provisions that may be obtained from others: attachment, social integration, opportunity for nurturance, reassurance of worth, reliable alliance and guidance. This finer-grained approach to the study of social support appears to have theoretical implications in elucidating and identifying the specific mechanisms through which social support operates to promote SOC and thus to have clinical implications for mental health interventions for people with MHP.

Although there is much research on the relationship between social support and SOC in general, little is known about which components or specific types of social support are most important and most closely associated with the positive development of SOC, including in people with MHP. Based on this background, the aim of the present study is to examine the predictive value of social support on change in SOC over a one-year period in people with MHP, and to investigate further which components or specific types of social support are most important for changes in SOC.