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ORIGINAL ARTICLE

Examining the social support network in people with depressive disorder regarding age: differences between adolescent and adult patients

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Summary

Introduction: Loneliness, isolation, and social support networks have routinely been shown to have a positive correlation with depressive disorder, but have not been sufficiently researched in different age groups. This study aimed to examine social network support in depressed patients and explore the association between social networks in adolescents and adults with depressive disorders.

Material and Methods: The cross-sectional study was conducted, including 101 hospitalized patients: 47 adolescents and 54 adult patients. The examinees completed two questionnaires: the Beck Depression Inventory (BDI) and the Lubben Social Network Scale (LSNS-6).

Results: There were no statistically significant differences between adults and adolescents in socio-demographic characteristics, except partnership status and household members, where adults lived with significantly fewer family members. Most patients (63.4%) were at risk of social isolation. A statistically significant moderate negative correlation was established between depression scores measured by the BDI and the Lubben Social Network Scale results and the family subscale scores in an adult patient sample. The severity of depression, as expressed through BDI scores, was not correlated with social support network results in adolescents.

Conclusion: There is an association between depression in adulthood and the lack of family support, as well as the lack of a broader social support network, compared to depression in the younger, adolescent population. By understanding the intricacies of social support, we can more effectively predict and enhance the well-being of individuals.

Keywords: depression, Lubben social network scale, Beck Depression Inventory

INTRODUCTION

According to the Evolutionary theory of Loneliness, the absence of social support increases the risk of long-term mental and physical health issues, stressing the importance of social relationships (1). Social support has been reported to have a protective effect on mental well-being and to lower stress (2). Social networks are defined by aspects of the structure (family or non-family networks) and the function of social connectedness, such as the number, frequency, and reciprocity of ties (1). The presence of depression in association with social isolation has been evidenced across several studies. Major depressive disorder (MDD) is defined as a mood disorder causing a persistent loss of interest and despair for two weeks or longer, with related symptoms. Depression can interfere with daily life and can cause those affected not to work, study, eat, sleep, and enjoy previously enjoyed hobbies and life events as they did previously (3). Depression itself can instigate deprivation of social connections, which leads to further withdrawal, avoidance, and loss of activity (1). The prevalence of depression in the global population was estimated to be 3.8%, affecting 5% of adults and 5.7% older than 60 years of age (4). One study discovered that young adults who were socially isolated were more prone to develop depression and feelings of loneliness (2).

Additionally, another study found that the prevalence of depressive symptoms occurred 6 times more frequently in students with lower social networks as compared to students with better social networks (5). The study by Gariépy et al. systematically reviewed the characteristics of social support in Western countries (types and sources) associated with protection from depression across life periods (childhood and adolescence; adulthood) (6). Results showed that support from parents, teachers, and family was associated with lower depressive symptoms in children and adolescents. In comparison, in adults, it was related to spousal support followed by support from family, friends, and children. Social isolation contributes to feelings of self-preservation and loneliness, leading to increased hypervigilance toward social threats. Evolving into further separation from its social environment causes self-reinforcing isolation (7). Published data also indicate that self-reinforcing loneliness generates neurobiological and behavioural changes that negatively impact health, such as decreased sleep and physiological and immunological functioning (1). This study aims to examine social network support in depressed patients and explore the association between social networks in adolescents and adults with depressive disorders in a Serbian sample.

MATERIAL AND METHODS

The cross-sectional study was conducted from the end of November 2023 to the end of November 2024, including patients, partially hospitalized adolescents aged 16 to 24 years, and adults aged 25 to 55 years. The sample included 47 adolescents and 54 adults. Relevant information regarding the history of psychiatric treatment and disorders was taken from available medical histories and records within the documentation preserved in the hospital. The study was approved by the Ethics Committee of the Institute of Mental Health, number: 1060/2054/1 on November 29, 2023. Patients were included in the study after signing an informed written consent. Criteria for inclusion in the patient study were persons aged 16 or older and younger than 56, and the diagnosis of depressive disorder (mild, moderate, or severe, first or recurrent episodes of depression), diagnosed according to ICD-10 criteria. Exclusion criteria from the study were comorbidity with other psychiatric disorders, neurological diseases of the CNS, autoimmune diseases, pregnancy and lactation, current abuse of drugs, alcohol, and other psychoactive substances, as well as respondents with an intelligence quotient (IQ) below 80. The population of hospitalized day hospital patients completed the Beck Depression Inventory, the Lubben Social Network Scale-6 (LSNS-6), and a brief survey on socio-demographic data. The Beck Depression Inventory (BDI) is a self-report questionnaire used to assess the severity of depressive symptoms in individuals. Developed by Aaron T. Beck, it's a widely used tool in clinical settings and research for monitoring depression levels. We used the 21-item BDI-II version of this self-report instrument. The BDI-II measures the severity of depressive symptoms occurring over the previous 2 weeks, according to DSM-IV criteria. The items are rated on a 4-point severity scale (0–3) and are summed to give a total score (range 0–63). For the interpretation of final BDI scores, we used these criteria: 0-13 minimal depression; 14-19 mild depression; 20-28 modest depression; 29-63 severe depression (8). Lubben's Social Network Scale-6 (LSNS-6) is a short, self-administered instrument designed to measure a person's social support from family and friends. It consists of 6 questions that assess the closeness and frequency of contact with family and friends. Each question has graded answers from 0 to 5 according to the instructions, so that the final score of the scale is from 0 to 30 (9). According to a Hong Kong cross-sectional study, the cut-off value for "at risk of social isolation" estimated by the Lubben social network scale was a score of 12 or higher (10).

Statistical methods

Results were presented as frequency (percent), median (p25-p75), and mean±SD. For parametric data, an independent samples t-test was used to test differences between groups. For numeric data with a non-normal distribution, the Mann-Whitney U test was used. Fisher's exact test was used to test differences between nominal data. The correlation between the variables was estimated

using Pearson's correlation coefficient. P≤0.05 was taken as a statistically significant value. The SPSS program (v.27.0 for Windows; SPSS Inc., Chicago, IL) was used for statistical analysis.

RESULTS

Socio-demographic characteristics

The study consisted of 101 partially hospitalized patients, of whom 47 (46.5%) were adolescents and 54 (53.5%) were adults. The mean age of the adolescent respondents was 19.5±2.5 (between 16 and 24 years), and 36.8±8.2 in the adult group (between 25 and 54 years). Among the adolescent respondents, 44.7% were males, and 55.3% were females. In comparison, 30.2% of male and 69.8% of female adult patients participated in the adult group. Most adolescent respondents lived with 3 or 4 household members (23.4% each group), with a range between 1 and 8 members, and only one respondent lived alone. In contrast, 28.8% of adults lived alone, and the same percentage of subjects reported living with two or more members (range: 1 to 10 members). In the sample, 78.3% of adolescents and 77.4% of adults named the city their residence. Most adolescents are single (55.3%), and 42.6% of adolescent respondents are in an emotional relationship. In contrast, 44.4% of adults are single, while 27.8% of adults are in an emotional relationship, and 24.1% are married. The median value for duration of symptoms in the adolescent group was 48 months before coming to the present treatment (range between 1 and 180 months), and 36 months (between 2 and 240 months) for adults. In both groups, the majority of patients had recurrent depressive episodes: 63.4% of adolescents and 58.3% of adults. There

were no statistically significant differences between these two groups in gender, place of living, duration of symptoms, or frequency of first vs. recurrent episodes. Statistically significant is the difference between these groups regarding partnership status (p=0.001), probably because all of the married participants (12.9%) belonged to the adult subgroup. In contrast, no one from the youth subgroup was married. Another crucial statistical difference is regarding household members, where adults have a significantly lower (p < 0.001) number of persons with whom they share a home. The socio-demographic characteristics of the sample are presented in **Table 1**.

Analysis of depression levels and social network scale scores within groups

In the adolescent sample, the majority of patients, due to BDI scores, had a severe degree of depression (34.0%), scores indicating moderate depression represented 17.0% of patients, 21.3% had mild severity of depression, and 27.7% of them had minimal symptoms. A similar representation of results was for adults. Most of the adult patients had BDI scores indicating severe depression (42.6%), followed by 25.9% of patients who had scores for moderate depression, 14.8% had mild symptoms due to BDI, and the lowest number of adults had minimal symptoms (16.7%). There were no statistical differences between adults and adolescents regarding Beck depression inventory scores.

Total mean values for the social support network scale score were in an adolescent group of patients (13.5 ± 3.7) and in the adult group (12.8 ± 5.3). No statistically significant differences were found between the two groups in total social support network scale scores or between friends and family subscores. Due to an LSNS-6 score 12

Table 1. Socio-demographic characteristics of the sample

Patients sample, n (%)		Adolescents	Adults	p value
		47 (46.5%)	54 (53.5%)	N.A.
Age/years, (means ± SD)		19.5±2.5	36.8±8.2	N.A.
Gender ratio	male n (%)	21 (44.7%)	16 (30.2%)	0.151
	female n (%)	26 (55.3%)	37 (69.8%)	
Number of household members, median (p25-p75)		4 (3-5)	2 (1-3)	<0.001*
Place of living, n (%)	City	36 (78.3%)	41 (77.4%)	0.409
	Suburb	7 (15.2%)	11 (20.8%)	
	Village	3 (6.5%)	1 (1.9%)	
Emotional status, n (%)	Married	0 (0.0%)	13 (24.1%)	0.001*
	In relationship	20 (42.6%)	15 (27.8%)	
	Single	26 (55.3%)	24 (44.4%)	
	Other	1 (2.1%)	2 (3.7%)	
Duration of symptoms (months), medain (p25-p75)		48 (12-72)	36 (12-120)	0.627
No of episodes	first episode, n (%)	15 (36.6%)	20 (41.7%)	0.668
	recurent episode, n (%)	26 (63.4%)	28 (58.3%)	

*Statistically significant, p<0.05

or higher, at risk of social isolation is 70.2% of depressed adolescents and 57.4% of adults with depressive disorder. This difference between groups is not statistically significant. The social support network scores and quantification of depressive symptoms, as measured by the BDI, of the sample are presented in **Table 2**.

Table 2. The mean depression and social support network scores for adolescent and adult groups.

Variables	Adolescents	Adults	p value
BDI score, (means ± SD)	22.5 ± 12.4	25.4 ± 11.9	0.246
Family subsacale, (means ± SD)	7.3 ± 2.3	6.9 ± 3.6	0.602
Friends subscale, (means ± SD)	6. ± 3.2	5.9 ± 3.4	0.672
LSNS-6 score, (means ± SD)	13.5 ± 3.7	12.8 ± 5.3	0.485

BDI - Beck's Depression Inventory; LSNS-6 - Lubben's social network scale

Correlation between depression levels and the social network support scale in the sample

When we tested the correlation in the adult sample, BDI scores showed a statistically significant moderate negative correlation with Lubben Social Network Scale total scores (Pearson's correlation r = -0.41, p = 0.002). The association between BDI and Lubben scale scores in adult patients with MDD is presented in **Figure 1**.

We also found a statistically significant moderate negative correlation between BDI and family subscale scores in the adult sample (Pearson's correlation r=-0.39, p=0.003). The friend's subscale was not significantly correlated with depression scores in our study groups. There were no notable correlations between the adolescent population's BDI scores and the LSNS-6 scale and subscales. The association between BDI and Lubben scale scores in patients with MDD is presented in **Table 3**.

DISCUSSION

Our research showed that depressed adults have a significantly lower number of persons with whom they share a home compared to adolescents. Further, there was a statistically highly significant negative correlation
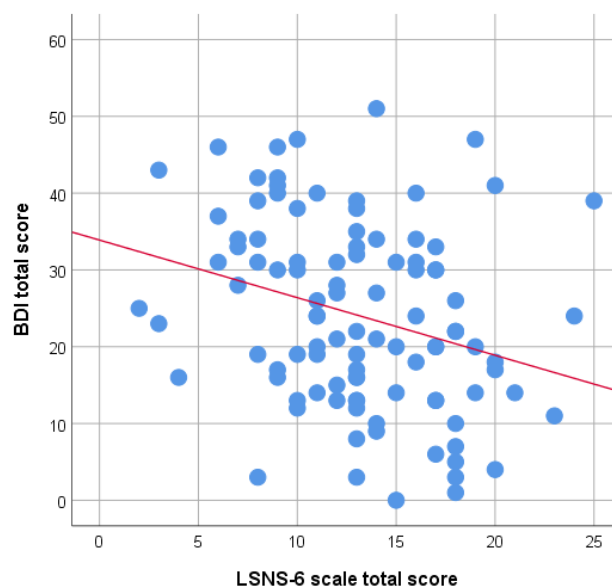

Figure 1. Association between BDI and LSNS-6 scores in adult patients with MDD

between depression scores measured by BDI and Lubben social network scale scores, as well as with family subscale scores in the adult sample of patients. Adolescents' BDI scores did not correlate with social network support scores. These are noteworthy results that have not been published yet, the first one on the population of Serbian adolescents and adults diagnosed with depression. However, similar research has been conducted in other countries previously.

Correlation of depression and social support in the adult population

The main results of our research suggest that lower social support is associated with higher scores of depression. Also, we found a negative correlation between family support and depression score in adults diagnosed with depression. The social network is considered significant for maintaining mental well-being, and recently published studies have found a reverse relationship between social support and intense feelings of psychological distress (11). According to a longitudinal survey of the elderly from Shanghai, persistent loneliness and social isolation were closely associated with depression (12). Achterbergh et al. showed that depression led individuals to withdraw, attributing it to challenges like low

Table 3. Correlations between BDI scores and the social network support scale in the sample

			LSNS-6 score	Family subscale score	Friends subscale score
Adolescents	**BDI score**	Pearson r	-0.94	-0.40	-0.75
		p-value	0.530	0.790	0.616
Adults	**BDI score**	Pearson r	-0.41*	-0.39*	-0.22
		p-value	0.002	0.003	0.110

*Statistically significant, p<0.05
BDI - Beck's Depression Inventory; LSNS-6 - Lubben's social network scale

motivation and energy when being around people, thus reinforcing depression (13). There have been only a few studies on the Lubben social network in relation to the Beck Depression Inventory. According to a cross-sectional survey of the Lubben network scale in association with depression in the older population, patients experiencing depressive symptoms exhibited significantly fewer social contacts compared to those without depression (14). Depressed patients tended to engage in low-involvement social activities or had no regular social activity. During adulthood, family responsibilities peak, becoming a significant source of stress and centrepiece of social networks in everyday functioning. Social networks typically shift to include more family members than friends during adulthood (6). Luna et al. reported in 2020 that regular interaction with friends and family positively influenced the quality of acting as a protective factor against depressive symptoms (15). Another study reported that older adults in Asia experience fewer depressive symptoms when they have strong overall social support, including having a spouse or partner, living with family, and having an extensive social network. Specifically, studies indicate that having a larger social network comprised mostly of family members is associated with a reduced rate of depression compared to having friends (16). These data are in agreement with our results from the adult respondents, showing the importance of family, relatives, and the broader community in adulthood.

Correlation of depression and social support in the adolescent population

Our results for adolescents did not show a significant correlation between the BDI and the Lubben Social Network Scale. This might be due to the extensive support they receive from their surrounding environment, including parents, family, friends, peers, school, and teachers, in contrast to adults who lack such a supportive network. That kind of support could be overlooked when assessing social support by using the Lubben social network scale, due to its limited scope. However, a study by Wang et al. suggests that increased social support could have an impact on late adolescents' mental health (17). Additionally, in comparison to adults, adolescents were less likely to live alone. According to a longitudinal study, living alone was associated with the highest depression rate compared to other living arrangement types (18). The average age of young people leaving their parental home in Serbia is 31.5 years for both men and women (19). This data is a possible explanation of our results since only one of our young respondents lived alone, while one-fourth of our adult respondents lived alone. In the literature, one can find studies that stress the consistent positive impact of peer support on the mental health of adolescents with MDD (20), particularly underscoring the significance of peer acceptance and influence during adolescence.

Parents, teachers, and family appeared as the most protective sources against depression in children and adolescents. Notably, support from parents and family was identified as the most consistently related factor to youth protection from depression, surpassing other sources. This underlines the importance of parental support in meeting children's basic needs and contributing to their mental health development.

Comparison of adults' and adolescents' sample characteristics

Our research showed there were no statistical differences between adolescents and adults in socio-demographic characteristics, except in partnership status and household members. We understand differences in partnership status due to the marital status of adults and the majority of adolescents being single. Since the average age at the time of first marriage is 34.1 years for grooms and 31.1 years for brides in Serbia, it's not affecting our adolescent respondents (16 to 24 years) (21). The threshold for being considered "at risk of social isolation" was set at 12 or higher. More than half of our patients are at risk of social isolation, interestingly, more adolescents than adults, but without statistically significant differences between both groups, as we expected in this study.

Limitations

A limitation of this study is its cross-sectional design and relatively small research sample. Also, we explored only respondents with depressive disorder, and no healthy subjects were included in the research. We acknowledge that the LSNS-6 questionnaire was initially designed for evaluating social support networks primarily among older adults. But in recent years, there has been an increase in research using Lubben's social network scale on adolescents. Even though our data confirms the importance of social networks in patients' households, there is a lack of information about cohesion within the households of our patients. There is a place for further research in the field of exploration of interpersonal factors, which could be perceived as protective or risk factors in the development of MDD.

CONCLUSIONS

According to our knowledge, this is the first study examining the social support network in people with depressive disorder in relation to age groups (adolescents vs. adults) in the Serbian population. In an adult sample of patients, having an insufficient social network was linked to higher levels of depressive symptoms. The results of this research underscore the significant role of family as a source of support in reducing depressive symptoms among adults.

On the other hand, adolescents showed no correlation. Understanding these dynamics allows clinicians to tailor interventions that not only address individual symptoms but also strengthen external support systems, potentially leading to improved mental health outcomes.

In conclusion, the research underscores the importance of further exploration and investigation into social support and its components for adults and adolescents. By understanding the intricacies of social support and its impact on mental health outcomes, we can better predict and improve the well-being of individuals. Overall, prioritizing research in this area can lead to more effective strategies for promoting mental health and well-being in adults.

Conflict of interest: The authors declare no conflicts of interest.

Authors contribution: The conceptualization or design of the work was done by Ana Munjiza Jovanović, Milutin Kostić and Ana Krunić; The acquisition, analysis, or interpretation of data were done by Ana Munjiza Jovanović, Milutin Kostić, Ana Krunić, Danica Milenković, and Lamija Ljajić; Preparing the draft of the manuscript was done by Ana Munjiza Jovanović, Milutin Kostić, Ana Krunić, Danica Milenković, and Lamija Ljajić

Ethical approval: Approval of the Ethical Committee was gained from the Institute of Mental Health of Serbia on Nov 29, 2023. decision number: 1060/2054/1.

Informed consent: Written informed consent has been obtained from the patients to publish this paper.

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ISPITIVANJE MREŽE SOCIJALNE PODRŠKE KOD OSOBA SA DEPRESIVNIM POREMEĆAJEM U ODNOSU NA ŽIVOTNU DOB: RAZLIKE IZMEĐU ADOLESCENATA I ODRASLIH PACIJENATA

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Sažetak

Uvod: Usamljenost, izolacija i mreže socijalne podrške često su povezivane sa depresivnim poremećajem, ali nisu dovoljno istraživane u različitim starosnim grupama. Cilj ove studije je bio analiza mreže socijalne podrške kod depresivnih pacijenata i ispitivanje povezanosti socijalnih mreža sa depresivnim poremećajem kod adolescenata i odraslih.

Metode: Istraživanje je sprovedeno kao studija preseka koja je uključivala 101 pacijenta: 47 adolescenata i 54 odrasla pacijenta. Ispitanici su popunili dva upitnika: Bekov upitnik depresije (BDI) i Luben skalu socijalne mreže (LSSM-6).

Rezultati: Nisu utvrđene statistički značajne razlike između odraslih i adolescenata u sociodemografskim karakteristikama, sa izuzetkom partnerskog statusa i broja članova domaćinstva, gde su odrasli imali značajno manje članova porodice koji žive sa njima. Većina pacijenata (63,4%) bila je u riziku od socijalne izolacije. Utvrđena je statistički značajna srednje jačine negativna korelacija između skorova depresije merene BDI-jem i rezultata Lubenove skale socijalne mreže, kao i sa rezultatima podskale za porodicu u odraslom uzorku pacijenata. Težina depresivnosti, izražena kroz skorove BDI-ja nisu bili u korelaciji sa rezultatima socijalne podrške mreže kod adolescenata.

Zaključak: Postoji povezanost između depresije u odraslom dobu i nedostatka porodične podrške, odnosno nedostatka šire socijalne mreže podrške, u odnosu na depresiju kod mlađe, adolescentne, populacije. Razumevanjem složenosti socijalne podrške možemo bolje predvideti i poboljšati dobrobit pojedinaca.