

*Section: Special articles***SOCIAL SUPPORT IN MENTAL HEALTH AND PREVENTION: PROCESS, INTERACTION, AND QUALITY****Arno Remmers**

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Abstract

Social support can be defined as an interactive process initiated by attachment and characterised by the differentiation of needs. This process culminates in the encouragement of support and self-help. The significance of factors such as time, trust, reliability, availability, and identification with others for individuals receiving support cannot be overstated. A range of factors can contribute to the development of resilience and mental health balance. These may include, but are not limited to, a supportive person, a partner, family members, and the wider community. The implementation of practical measures to provide early social support has been demonstrated to have a positive impact on the well-being of expectant mothers, their families, and the developmental outcomes of their children. The distinguishing qualities of social support can be assessed by applying the principles of positive transcultural psychotherapy and family therapy to enhance the outcomes of social support. The differentiation of the social support qualities for prevention in family counselling, psychotherapy, social work and mental health as an interactive process in three phases with specific roles in the interaction, and specific qualities to adapt to the process, the interaction and the instruments to the individual needs within the social system is a subject that merits further investigation. The following paper sets out to describe a conceptual model that has been developed in collaboration between social workers, psychotherapists, medical doctors, and counsellors. The purpose of this model is to describe the process, needs, interaction qualities, and roles in social support.

Keywords: Positive Psychotherapy, social support, mental health prevention

Introduction

In the process of developing a program to prevent postpartum depression in China in 2018, the considerable impact of social support on maternal mental health became evident. However, despite its recognized importance, there remains a lack of clarity around how different types of social support function most effectively, particularly across cultural contexts. Definitions, mechanisms, and operational

pathways of social support remain insufficiently delineated in both research and practice.

Through collaborative work with social workers and analysis of social support systems within German and Chinese family and community structures, it became apparent that the interactive processes involving human, functional, and institutional support are crucial in influencing outcomes. Yet, the precise qualities and dynamics of these interactions—especially their emotional and functional components—are still not fully understood. This

represents a significant gap in both theoretical conceptualization and practical application.

This article aims to address this gap by developing and analyzing a conceptual framework of social support that integrates empirical practice and interdisciplinary literature. The research focuses on specific forms of social support as they relate to social work, family support, psychiatry, and psychotherapy. Special attention is given to the emotional relationships and roles, qualities of support, and areas of need, particularly as they intersect with personality traits and interpersonal styles.

Moreover, while risk factors for mental health disorders such as depression have been well documented in early childhood development, less emphasis has been placed on how social support for pregnant women and mothers can serve as a critical protective factor. This paper thus also explores how concepts like resilience and early prevention can inform the strategic deployment of social support to mitigate mental health risks.

Methodology

The present article is founded upon a comprehensive literature review, the objective of which was to furnish a thorough exposition of the multifarious terms, definitions, and influences of social support in relation to the prevention of mental disorders. The following sources were consulted for the purpose of acquiring the information: A comprehensive search strategy encompassing Research Gate, PubMed, books, and journals was employed.

The author has collaborated with social worker groups in Germany, China, and Bulgaria as a supervisor and therapist. In this capacity, the author has employed the model of positive family therapy (Peseschkian, 1977) and developed a conceptualisation of social support processes and tools. A questionnaire was constructed and tested in a pilot phase. The practical application is presented and discussed in comparison with the literature research.

The 8CHANCES questionnaire was developed to operationalize and assess key dimensions of social support relevant to maternal mental health and early prevention. Its conceptual foundation was built through an interdisciplinary approach that combined theoretical insights from social work, psychology, and public health with empirical findings from practice. The initial

item pool was generated based on a targeted review of the literature on protective factors for postpartum depression and social resilience, as well as thematic analysis of interviews conducted with professionals in perinatal care across China and Germany.

Following initial drafting, the questionnaire underwent a pre-testing phase with practitioners who evaluated item clarity, contextual relevance, and the overall usability of the instrument. Their feedback informed a revision process that refined the language and structure for greater cultural and professional accessibility. The current version includes 43 items covering life balance, changes in feelings and health, relations, support and resources, secondary capacities, primary needs, origin family relations, conflict reaction type, and general mental health, and is designed for use in interdisciplinary and cross-cultural contexts.

Although full psychometric validation is ongoing and needs further clarification, preliminary feedback suggests strong face and content validity, particularly in identifying gaps and strengths in support structures from the perspective of practitioners.

What does social support mean?

In 1997, Langford identified the following four defining attributes of social support: emotional, instrumental, informational, and appraisal. The present study identified three factors that were deemed to have a significant impact on the provision of social support: namely, social network, social embeddedness, and social climate. The consequences of social support were incorporated within the overarching category of positive health states (Barrera & Ainlay, 1983; Langford et al., 1997), distinguished between 'material aid', 'behavioural assistance', 'intimate interaction', 'feedback', and 'positive social interaction'.

The concept of social support encompasses a range of qualities, including emotional support, encouragement, practical assistance, and the provision of information. The provision of emotional support constitutes an integral component of the therapeutic milieu. In the **initial phase** of an encounter, it is imperative to prioritise the cultivation of empathy, understanding, and expressions of care. This can be achieved through active listening and empathetic communication, which serve as fundamental components in fostering a positive

and effective interaction. Examples of such expressions include the utilisation of phrases such as 'tell me how you are', 'I feel with you', 'I understood that you feel like ...?', 'You're loved', 'I will stay with you'. The notion of belonging constitutes an integral component of this support framework, fostering a sense of inclusion and communal acceptance. This aspect is of paramount importance in ensuring the efficacy of the support system. The practice of active listening has been shown to engender a sense of being truly heard and understood without interruption or judgment (Smith, 2019).

Esteem support is defined as encouragement and confidence-boosting messages in the subsequent **second phase**. Messages of this nature have been shown to engender feelings of capability and value in the recipient. For instance, the following statements have been found to be particularly efficacious: 'You did it, how could you manage it?' and 'You are so strong with your capability of...!'. The provision of readily available and reliable support has been demonstrated to engender feelings of reassurance and to reduce stress in users. The notion of autonomy in decision-making, as opposed to a passive acceptance of instructions, is indicative of the utilisation of extant resources.

The **third phase** is characterised by the provision of tangible, practical support, information and assistance, useful advice, guidance, or information that assists in problem-solving or decision-making. Effective support is characterised by a reciprocal relationship, wherein the balance between giving and receiving is perceived to align with the actual support provided. It is imperative that support is tailored to the specific situation and needs of the individual.

The provision of effective social support is characterised by a number of key qualities. Firstly, the provision of empathy and active listening is vital, as is the provision of encouragement and a sense of reliability. Finally, the sense of belonging is important, as is the identification of the individual's needs, with practical help being tailored to the individual's goals. It is also important to ensure that the manner in which support is delivered matches the recipient's needs and preferences.

The Role of Social Support in Mental Health

In a meta-analysis, Harandi and Taghinasab (2017) demonstrate a strong and consistent

positive association between social support and mental health across different populations and settings. The study consolidates findings from numerous studies to highlight that social support, in its various forms, such as emotional, informational, and instrumental support, plays a crucial role in improving mental health and well-being. Individuals with higher levels of social support tend to have better mental health outcomes, including lower levels of depression, anxiety, and stress. In addition, the study highlights that social support acts as a protective factor, buffering individuals against the negative effects of stress and other mental health challenges. This suggests that promoting social support, strengthening social networks, improving family and community support systems, and promoting environments that enhance social connectedness could be an important preventive and therapeutic measure in mental health interventions.

In the "Evidence-Based Atlas" of Arango et al. (2021), a comprehensive exploration of the risk and protective factors for mental disorders is presented, extending beyond genetic influences to include environmental, social, and psychological determinants. The study emphasises that mental disorders are influenced by a complex interplay of biological, psychological, and environmental factors, and identifies several key non-genetic factors that contribute to the onset and progression of mental health conditions.

The analysis highlights that early life adversities, childhood trauma, socioeconomic stress, and family dynamics are significant risk factors for the development of mental disorders, while protective factors such as strong social support, resilience, and positive coping mechanisms can mitigate these risks. Furthermore, the study places emphasis on the significance of neurobiological processes, epigenetics, and life course events, which interact with genetic predispositions to shape mental health outcomes.

Social support for pregnant women and mothers plays an important role - the more support they have, the more responsive they tend to be with their children. Positive maternal interactions promote children's mental well-being by promoting emotional balance and a safe, affective environment. The effects of early mother-child relationship dynamics have been shown to persist over time, influencing mental

health outcomes up to 19 years into adulthood. Early active interaction can prevent depression, almost independently of genetic factors (Schmid-Hagenmeyer, 2008). "The less initiative the mother showed in interacting with the three-month-old child, the more depressed the children saw themselves at the age of 19, and the more they ... received a diagnosis of depression or dysthymia. These children also had more behavioural symptoms between the ages of 2 and 15. "The more the mothers were burdened with psychosocial risk factors, the less they and the child interacted."

A 30-year longitudinal study conducted in Germany identified several key risk factors for child development, including the mother's experience of a "broken home," chronic life difficulties, unwanted pregnancy, parental mental health disorders, low educational attainment, poor conflict-resolution skills, poverty, and single parenthood. In contrast, protective factors were found to include the mother's sensitivity in interactions with the baby, her emotional support, the infant's tendency to smile during interactions, and the early development of expressive language" (Laucht, 2011). In a related context, Chebotareva (2001) explored how the dynamics of Positive Psychotherapy evolve during the treatment of pregnant women in Kazan, Russia, offering further insight into the psychological support of mothers during the perinatal period (Schmid-Hagenmeyer, 2008).

It appears that stress reactions and coping mechanisms are associated with the active care and interaction of mothers with their children, particularly in the case of boys. Some researchers have even found "a significant body of evidence from independent prospective studies that if a mother is stressed while pregnant, her child is substantially more likely to have emotional or cognitive problems, including an increased risk of attention deficit/hyperactivity, anxiety, and language delay." (Talge et al., 2007). O'Connor et al. (2002) showed this prenatal influence even when the mother was better able to control anxiety and depression after the birth of her child. The literature underscores the significant impact of parental interaction, particularly highlighting how psychosocial factors—such as postpartum depression—can adversely affect both mother and child, independent of any genetic predispositions.

In a multicentre study on the prevalence of women with Postpartum Depression (PPD) in a German-speaking country in 1997, the Edinburgh Postnatal Depression Scale (EPDS) was used for n=3087 patients. "15.7% of the women at three months and 13.7% of the women at six months postpartum had a score of 10 or more. In total, 21.3% of the women who answered both questionnaires were depressed at one or both points during the observed time. Demographic data of statistical significance for the EPDS score included the items: „single“, „no support from the baby's father“, „not nursing“, „receiver of social welfare“, „stress factors“, and „low educational level“ (Herz & Thoma, 1997).

A robust and consistent association has been found between exposure to early life stress and increased risk of depression in childhood and adolescence (LeMoult et al., 2017). The study synthesises findings from multiple studies, revealing that early adversities, such as abuse, neglect, and household dysfunction, significantly contribute to the development of depressive symptoms in young individuals. It demonstrates that children and adolescents who experience early life stress are at a higher risk for both the onset and persistence of depression. The study also emphasises that the cumulative effect of multiple stressors in early life can increase the severity and duration of depressive symptoms. "Subjects reporting the least helpful social supports also reported significantly more stressful events in the past five years and significantly more childhood events." (McFarlane et al, 1984) "Lack of social support constitutes an important risk factor for maternal well-being during pregnancy and has adverse effects on pregnancy outcomes" including weight and health of the baby (Elsenbruch et al, 2007). Early familial social support has been shown to be important in children's capacities to develop social competencies (Repetti et al, 2007).

Concerning Post Partum Depression, „Diagnosis is especially difficult, as women, due to shame, stigma, and many fears, do not seek help, and doctors, due to misinterpretation of symptoms, often do not recognise the severity of the situation. Untreated, these disorders can have especially severe consequences, not only for the mother but also for the child and the whole family. Psychotherapy should be initiated as soon as possible, and the therapist should be

very supportive in the beginning. Specific manualised forms of psychotherapy for women with postpartum depression have also shown very promising results.” and “As matter-of-fact postpartum mental disorders frequently are associated with attachment disorders, that are characterized by the inability to have a relation to their baby, not developing feelings of sympathy and love or even refuse and having hostile feelings towards it (Riecher-Rössler & Hofecker Fallahpour, 2003). “These results and the experience in social work show how important the first attachment phase of interaction becomes for the supportive phases to cope with shame, fears, and stigma.

Ruminating in pregnancy seems to be a significant risk factor for the mother-infant relationship. „Controlling for age, pre- and postnatal depressive symptoms, ruminative thinking during pregnancy was a significant predictor of mother-reported impairments in the mother–infant relationship. Yet, rumination was not predictive of postpartum depressive symptoms (Müller et al, 2018). Concerning our subject of social support, we might think about which way of communication or social support is useful for coping with rumination.

Solmi et al. (2022) provide valuable insights into the age of onset of various mental disorders worldwide, revealing critical patterns in the timing of onset across different regions, cultures, and demographic groups. The study concludes that mental disorders tend to have an early onset, with the average age of onset being significantly younger for conditions such as schizophrenia, bipolar disorder, and major depressive disorder. The analysis further underscores that early-onset mental disorders are associated with more severe clinical outcomes, including poorer prognosis, greater chronicity, and a higher likelihood of disability. The study highlights how socio-economic, cultural, and environmental factors shape the age of onset of mental disorders, suggesting that early interventions tailored to specific cultural and contextual realities may be more effective in reducing their global impact. Consequently, it is essential to differentiate the concept of social support in order to more effectively promote prevention and resilience. Tailoring social support across various dimensions or axes—such as emotional, functional, and institutional—is key to addressing diverse needs. The central question that arises is how to systematically

apply social support based on empirical research findings.

Furthermore, social support, particularly in the form of a network, has been demonstrated to have a significant impact on the mental health of the elderly population. A study conducted in India, for instance, has shown that “strong social networks significantly improve mental health outcomes, emphasising the importance of social support in promoting well-being in older adults” (Sharma et al., 2024).

The Multidimensional “Perceived Social Support Scale PSSS” of Zimet (1988) names the social support of „Family, friends, and important others“. This scale has been used in a study about burnout of bank employees in China, and it was found that negative well-being and low social support are associated with burnout symptoms. In the conclusion, the discussion suggests that it is needed in consultation with the visitors to „feel “the „emotional, relational and material support “as qualities of social support (Wu et al., 2021)

The SCORE questionnaire of the European Association for Family Therapy EFTA measures with its „Family Functioning Scales“ the dimensions „Strengths & Adaptability, Overwhelmed by Difficulties, Disrupted Communication“ (Stratton et al., 2013) to find out protective and risk factors within family contexts.

The Online Social Support Scale OSSS was developed by (Nick et al. 2018), including four subscales: esteem/emotional support, social companionship, informational support, and instrumental support. The authors found that increased time spent online not only raises the risk of cybervictimization but also enhances the level of social support received from one’s online network. Much like in-person support, online social support serves as a valuable resource that can help buffer the negative impact of stressful or harmful experiences. In particular, it was shown to mitigate some of the adverse effects associated with online victimization“ (Nick et al., 2018).

Yerilmaz (2011) from Turkey found that „achievement and trustworthiness are important predictors of subjective well-being as secondary capacities. Time and hope are important predictors of subjective well-being as primary capacities.” (Yerilmaz & Öznel, 2011) These qualities are described in the differentiation analysis of positive

psychotherapy (Peseschkian 1977, 1991). Investigations about depressive patients found the importance of orderliness and patience with oneself and others as specific for patients with depression (Velikova, 1997). Zhao Xudong et al. used questionnaires in research about students and their risk of psychosis and found a lower level of self-esteem, lower social support, and lower resilience among students at CHR for psychosis in comparison to healthy controls. These results are consistent with those of previous studies (Pruessner et al., 2011; Kim et al., 2013), which were conducted in the sample of help-seeking adolescents and young adults. These findings suggest that low self-esteem, insufficient social support, and poor resilience appear to increase the risk of psychiatric disorder. (Shi et al., 2016). Concerning a study of McFairlane (1984), "individuals with helpful social supports describe their social networks as smaller and appear to derive support primarily from spouse and close family relationships" - that means a preferred quality of attachment in closer relations. Time urgency plays a role (besides hostile competition and Type A behavior) for anxiety and depression symptoms, according to a study by Li Xuanxuan et al. (2018). This implies that the provision and receipt of social support fosters a sense of temporal availability and forbearance towards another individual.

Attachment and emotional social support are intertwined - like we can see in refugees experience: "Insecure and unresolved attachment were consistently linked to higher psychological distress, particularly PTSD, especially in adults. In children, insecure attachment was associated with parental mental health problems and dysfunctional parenting, whereas secure attachment buffered the effects of parental PTSD" (Egger et al., 2025). Attachment is the basis in a process of social support. The experience of attachment, loss, and detachment in early life has been demonstrated to be a contributing factor to mental health dysregulation. As posited by Gerd Rudolf, the unconscious conflict inherent in depression and loss is characterised by the notion that the fear of losing an attachment or relationship subsequently serves as a catalyst for depressive reactions (Küchenhoff, 2025, p. 50). The meaningful relationship as such can have a healing quality, what we 'do' is much less important.

The receipt of social support, when perceived as efficient and gratefully acknowledged, engenders a sense of autonomy in the face of relational or social network needs for assistance. It is imperative that these resources are characterised by their emotional support, acceptance, realism, and tangible nature. Furthermore, support resources should offer individuals accurate and relevant information about their experiences while being delivered in an environment that fosters empathy, connection with relatable role models, and a sense of belonging. The emotional qualities of social support have been identified as including attachment, affection, love, trust, acceptance, intimacy, encouragement and caring.

"Although the perception of available support is associated with positive outcomes, the receipt of actual support from close others is often associated with negative outcomes. In fact, support that is "invisible" (not perceived by the support recipient) is associated with better outcomes than "visible" support.... Results indicated that both visible and invisible support were beneficial (i.e., associated with less sadness and anxiety and with greater relationship quality) only when the support was responsive. These findings suggest that the nature of support is an important determinant of when received support will be beneficial" (Maisel & Gable, 2009). Psychodynamic reasons for this might be not to feel helpless, but still active and self-controlled.

The process, dimensions and tools of helpful social support in three phases of interaction

Social support has to deal with the ambivalence of dependency versus autonomy - the supporting persons and systems can have the tendency to create a dependency and helplessness by acting, while the person in need can struggle with the lack of autonomy. To overcome this ambivalence three phases of interaction are described in positive family therapy that can be applied for the communication in social systems (Peseschkian, 2016):

- **Attachment Phase – "Hello"**

This phase involves the initial emotional connection between individuals. It requires an open, empathetic attitude and genuine presence, without a fixed agenda.

Example: *A community nurse visits a new mother showing signs of postnatal exhaustion.*

Rather than immediately offering advice, the nurse sits down calmly, listens attentively to the mother's words and nonverbal cues, and responds with validation: "That sounds really overwhelming. I'm here with you." This emotional openness creates a safe space for trust to develop.

- **Differentiation Phase – "How are you?"**

Here, differences in values, capacities, and needs are explored and respected. The goal is to recognize and integrate individual perspectives into the support process.

Example: In a family therapy session, a teenage son expresses frustration at his parents' strict expectations. The therapist encourages each family member to voice their views and helps them see how their differing needs - for autonomy versus structure - can be acknowledged without judgment.

- **Detachment Phase – "See you later"**

This final phase focuses on integration, self-help, and the transfer of insights into new contexts. It supports individuals in applying what they've gained and moving forward with autonomy.

Example: After several supportive sessions, a young adult preparing to leave state care is invited to reflect on her strengths and goals. Together with the social worker, they create a self-care and resource plan that emphasizes independence and future-oriented thinking. The farewell is marked by a message of confidence: "You've got the tools now - you'll know when to reach out if you need more."

These three phases form a dynamic framework for guiding interactional support. By initiating thoughtful questions and responses tailored to each phase, practitioners can help individuals experience not only care but also growth, clarity, and connection within and beyond the immediate support system.

1. Attachment in social support: Coming into resonance

In order to establish a constructive resonance with another, it is first necessary for the carer to possess fundamental capacities, including the ability to interact socially and to form relationships, to be aware of time, to be patient, and to love. Only then can trust, hope, and a meaningful perspective be cultivated between the two parties ('Listening first, questions later'). The general qualities of social support can be categorised into two main types: primary

capacities, which include time, acceptance, identification, trust, and hope, and secondary capacities, which include trustworthiness, reliability, orderliness, openness, politeness, fairness, and faithfulness. The cultivation of emotional security within interpersonal relationships, such as those with family members, friends, and communities, is contingent on trust and availability. Access to social support resources is imperative, with the provision of practical assistance, emotional support, and availability during times of crisis being of particular significance.

The quality of interpersonal interaction is influenced by the personality styles of the individuals involved, as well as by their respective needs along key relational dimensions, including the balance between closeness and distance, autonomy and guidance, individuality and identification, and attachment and detachment. A person with a functional style requires rational communication concerning functions and actions. In contrast, a client who is experiencing emotional instability or trauma may require a safe distance in one moment and a holding bond in the next. By contrast, a person with a dependent style requires the provision of information regarding what was helpful before. Finally, a person with a functional style and understanding requires clear information in order to reach independent decisions.

Time, patience, trust, love, tenderness as primary capacities, and secondary capacities of an emotional important person, like achievement, trustworthiness, reliability, orderliness, openness, politeness, fairness, faithfulness seem to play an important role as characteristics of the care persons in social support. Effective support often relies on a resonance between the caregiver's personality and that of the individual in need. In contexts such as depression, anxiety, or early infant care, it is typically the caregiver who must take the initial active step to establish a connection. This is followed by a sensitive inquiry into the individual's specific needs, ultimately leading to a cooperative and consensual interaction that encourages trust and responsiveness.

2. Differentiation of needs, tasks and objectives: Specific questions

Differentiating between needs, tasks, and objectives is crucial for ensuring the effective management of resources and achieving

objectives optimally. Questions address four distinct areas of life, as outlined by the Balance Model, through which various dimensions of social support are identified and explored:

Body functions and individual needs

Activity, everyday life, and movement

Social relations and needs in relation

Perspective, motivation, wishes, and future

Interactive communication, combined with targeted inquiries into these life domains, enables a comprehensive understanding of underlying emotional needs, daily practical requirements, and areas of potential deficit that may require support or compensation.

3. Self-help and consensual interactive support related to the four life domains

Body: Bodily needs are closely linked to emotional and caring attachment, often expressed through feelings and the capacity to sense one's emotional states. Research has shown that the act of caressing stimulates the release of oxytocin, a hormone associated with bonding and stress reduction. This physical expression of care plays a significant role in medical, therapeutic, and caregiving contexts—not only in alleviating pain, but also in supporting healthy nutrition, bodily regulation, and overall well-being.

Activity is to be assisted if needed: The provision of assistance with day-to-day activities, the activation of material resources, the provision of informal support, and the facilitation of support from institutions.

Social relations: The active and voluntary involvement of close partners, family members, friends, groups, and self-help groups is a crucial aspect of social support.

Future: The process of achieving clarity regarding perspectives, goals, the realization of wishes, and the reflection of individual life philosophies and spiritualities helps to reach an understanding, perspective, and consensus.

Dimensions of Social Support Relations

In examining the qualities of relationships as a source of social support, four distinct dimensions can be identified. These dimensions encompass relationships with oneself, one's partner, friends, family, and the community. It appears that differentiating between these various relationship levels is imperative to ensure the efficacy of the measures employed for the purpose of prevention and social support.

The concept of "**Me**" can be understood as the development of self-support grounded in an individual's own resilience and personal resources.

The term "**YOU**" is defined as "Support by close persons" in terms of personal relations.

The concept of "**WE**" is based on the notion of support through social interaction, which is best understood in the context of family and group relations and dynamics.

The term "**World**" is understood to denote a social construct, representing a community, cultural and ritual support system, and spiritual relation. It is also a means of identifying oneself within a particular group or community.

It is recommended that each of these relationships be examined to ascertain the most appropriate support and determine the individual's role within the social system.

Results

Questionnaire 8CHANCES - categories for prevention and treatment

The "8CHANCES" questionnaire has been developed to measure the concept of "coping, health, adaptation, needs, and changes exploration scales" (Remmers, 2018). The questionnaire was initially piloted in a project in Romania (Marian & Stancu, 2022) and China, but has not yet been standardised. The primary objective of the initiative was to establish a framework for health prevention for expectant mothers and children, with a focus on the early identification and treatment of mental health disorders, to mitigate the risk of postpartum depression and promote the optimal mental well-being of children. The results obtained have enabled the identification of diverse support requirements, thus facilitating the planning of mental health treatment, family therapy, counselling, social work or self-help to ascertain the protective and risk factors, as well as the potential risk of depression, the presence or absence of "social support", the existence of inner conflicts, or any imbalance in life. The available resources of the individual, the partnership, the family unit, and the community can be regarded as being in a state of equilibrium or as a potential avenue for cultivating resilience. It is recommended that all of the aforementioned elements be considered when formulating recommendations, which may include self-help strategies, social work support,

counselling, or therapeutic interventions. The objective of this procedure is to ascertain the requirements of the individual in question about support and treatment concerning the following fields:

1. Life balance: The following four domains of life energy should be considered to diagnose the actual balance in life energy: time, energy, social importance, resources, and absence (Peseschkian, 2016). Subscales are employed to measure time, energy, or activity about social importance in the Balance Model (differentiation). In the domains of self-help and counseling, there has been a tendency to focus attention on identifying deficiencies in four distinct areas and formulating effective strategies for their management.

2. Changes in feelings and health: The items pertain to the following domains: body/health, activity/work, social interaction/relations, hope/perspective. The objective is to identify changes in the previously mentioned domains over the past year, as perceived by the client, in terms of their feelings, functionality, and family life. This approach is designed to identify changes in the four areas of life over the past year, to understand challenges, problems, perceptions, and values.

3. Relations, Social Support and Resources: The extent of family and social support across four key areas—the self, the partner, the family, and the community - measured in terms of time availability, trust, and identification, can serve to indicate the presence of resilience factors or, conversely, the absence of such support as potential risk factors. The concept of social support can be differentiated according to three distinct categories: firstly, the relationship with oneself, which is defined as individual resilience; secondly, the relationship with partners and family support. The concept of community has been shown to play a significant role in shaping the provision of social support across diverse cultural contexts. Notably, communities also contribute to facilitating dialogue, including through participation in online chat groups. Furthermore, 12 of the SCORE questions from the European Family Functioning Scale were

incorporated into the positive psychotherapy-based construction to evaluate global family functioning.

4. Capacities, secondary actual capacities: Social norms (8 "secondary capacities", Peseschkian 1977) are defined as the values that delineate the dimensions of one's behaviour, expectations of others, and ideals and values. Social norms are described as capacities, concepts, and resources.

5. Primary needs and primary actual capacities: The term "primary needs" refers to fundamental human requirements, whereas "primary actual capacities" denote the fundamental capacities and skills that individuals possess. Emotional needs (Peseschkian, 1979) are defined as the eight "primary capacities" in the following areas: the self, the partner, and the family. The family subscale includes subscales for family functioning and social support. The instrument thus provides an assessment of the individual's needs and style, as well as the discrepancy between the needs identified and the support received.

6. Origin Family: The role model dimensions of the past (Peseschkian, 1980) are described in terms of quality of time, patience, trust/confidence, and role model. The family model in these four areas has been demonstrated to exhibit signs of resilience, in addition to risk factors associated with mental health and conflict coping.

7. Conflict reaction: Conflict reactions in the four areas of body, activity, social contacts, and future orientation can be categorized into three protective response patterns: active engagement, withdrawal, and redirection toward other areas. Within these domains, the family model reveals both resilience factors and vulnerabilities related to mental health and conflict management.

8. Mental Health: Global mental health questions concerning Anxiety, Depression, Obsessive Compulsive Symptoms, Hypomania, and Addictions. Decision criteria for treatment and self-help should give an overview of the need for treatment.

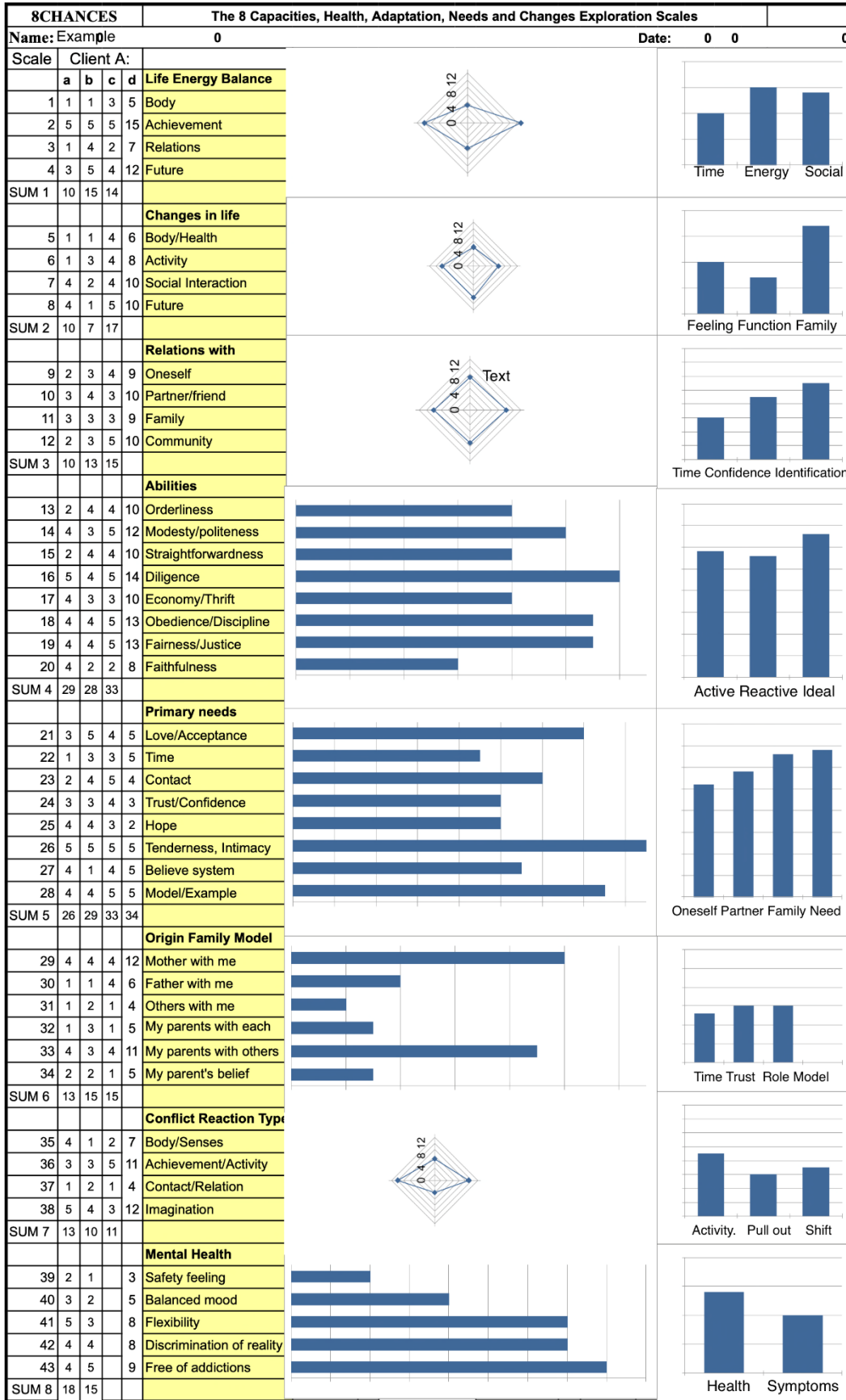


Figure 1. Results sheet of the Questionnaire 8Chances (2018, 2025)

As illustrated above, the eight primary scales and subscales encompass social support and family functioning, which are particularly crucial for preventing complications during pregnancy, late puberty, menopause, and periods of crisis. The potential outcomes for clients may include:

1. All the necessary resources are in place, and both the client and the family have been assessed as having strong sides. Furthermore, the client's life is in balance.

2. The capacity for self-improvement, either on an individual or a familial level, is predicated on the cultivation of internal equilibrium, the enhancement of well-being, and the facilitation of personal growth. This process can be instrumental in fostering a sense of partnership or familial cohesion.

3. The provision of social support is recommended, with particular emphasis on the potential benefits of access to a social worker or other relevant community-based resources.

4. In circumstances where a family unit is experiencing difficulties, it is recommended that they seek the assistance of a counsellor. The provision of family therapy or consultation is advised as a means of addressing the issues that have led to the necessity for support.

5. In the presence of symptoms or other sources of distress, it is recommended to seek consultation with a mental health service. For additional information or support, the following contact options are available: telephone number and social media channels.

The following feedback is intended to facilitate self-improvement and ongoing personal and professional development.

It is evident that the questionnaire requires further development and cultural adaptation. It has the potential to serve as a valuable source for future research and discussion on diagnosing needs and implementing a tailored social support system.

Conclusions

Social support can be more effective in mental health prevention and social work, following a three-phase model of interaction that incorporates **attachment and needs, tasks and objectives, self-help, and support**. In each of these phases, a different approach to interaction is useful, depending also on the personalities of the individuals involved.

The efficacy of social support in the context of mental health prevention and social work is theorised to be amplified by a **three-phase model of interaction**. This model encompasses the following:

- The attachment and needs phase.

- The tasks and objectives phase.

- The self-help and support phase.

In each of these phases, a different mode of interaction is advantageous, with the optimal approach also contingent on the personalities of the individuals involved.

The **process orientation** is comprised of three distinct phases.

Needs orientation (Balance Model): It is essential to employ an orientation (Balance Model) that caters to the specific needs of individuals with distinct personalities and circumstances.

The **interaction orientation** is defined by the role models: Me, You, We, and World, focusing on the relations most useful in individual social support.

Recommendations for future research and practice in enhancing social support systems.

Having in mind the discussed results, the following possibilities for **prevention, counselling, and therapy** around pregnancy and early childhood can be suggested:

- Research about the influence of the differentiated qualities and the interaction process of social support, related to the needs in the four life balancing support areas, concerning the relational support model. The present questionnaire, 8CHANCES, has been developed for this task and is currently in the pilot phase of application. It may have the potential to support a more specific approach to prevention through its scales for differentiating the qualities and amounts of social support, family functioning, personal resources, relational patterns, conflict reaction patterns, and values (see attachment). The questionnaire can be used to identify changes over the past year, as well as the existence of inner conflict and symptoms of mental health disorders.

- Further development of test instruments for the specific needs of social support for social work, counselling, and support-oriented therapy

- Adapting social support interaction to the communication needs in a consensual process regarding the individual's needs using the Balance Model.
- Capacity-oriented counselling in pregnancy, having in mind the family support and the different dimensions of social support.
- Postpartum depression treatment concerning the interaction needs of the baby with an initiative person, which might be realized by another person with the qualities of taking time, loving, interacting, and mirroring the baby.
- Baby interaction training for mothers, fathers, or their relatives
- “Balanced microtrauma training” of parents and mothers
- Early support for families in high-risk conditions with difficulties and communication problems could be arranged by social workers, family therapists, or counsellors.

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