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# From Social Practice to Mental Health: The Mediating Role of Socio-Emotional Competence and Social Support among College Students

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**ABSTRACT**

This longitudinal study investigates the mental health status of first-year college students, specifically examining psychological challenges during their transition. Using a six-month design, we assessed how varying engagement in social practice activities influenced mental well-being, further exploring the mediating role of socio-emotional competence between social practice participation and social support. Overall, mental health across the full sample showed no significant change over time. Moreover, socio-emotional competence emerged as a significant mediator in the relationship between social practice and social support. However, subgroup analyses revealed that students with initially lower mental health scores (first-level psychological problem) experienced significant improvement over time, while those with higher baseline mental health (second and third-level) showed no significant changes.

**KEYWORDS**

Social practice; Mental health; Social support; Socio-emotional competence

## 1 Introduction

Mental health encompasses a dynamic equilibrium in an individual's cognitive, emotional, and behavioral functioning, facilitating effective adaptation to social environments and supporting personal growth. This foundation of well-being extends beyond individual life satisfaction to constitute a critical element of societal harmony and advancement. Notably, adolescent and young adult mental health challenges have escalated globally throughout the last twenty years, representing a significant public health concern due to their substantial contribution to disability burden and persistent functional limitations.

International multi-country studies consistently report rising rates of common mental health issues—including suicidal thoughts—among university-aged groups (Bould et al., 2019; McManus & Gunnell, 2020). This trend highlights the critical need for universities to provide accessible mental health support. However, a significant treatment gap persists: despite growing needs, distressed students rarely use formal services (Eisenberg et al., 2011). Yet stigma and counseling misconceptions continue limiting service uptake (Gulliver et al., 2010; Quinn et al., 2009). Without timely intervention, these problems may deteriorate, potentially causing severe consequences (Worsley et al., 2022). Universities must therefore develop interventions that fit students' specific needs.

Due to widespread stigma and privacy concerns around professional mental health services, college students often turn to informal support—especially friends and family—who typically offer deeper empathy and closeness. Peer support programs also serve as valuable informal resources, helping students manage distress in relatable ways (Suresh et al., 2021). Social support—including emotional comfort, practical advice, and tangible help from relationships—is a well-documented protective factor against psychological distress (Haber et al., 2007). Previous studies confirm significant links between perceived social support and depression among Chinese undergraduates (Yang et al., 2016). Better access to supportive networks builds psychological security and resources, promoting positive emotions, life satisfaction, and academic success during college (Jia et al., 2021).

Empirical evidence confirms a robust predictive relationship between social support and adolescent socio-emotional development. Current literature demonstrates that elevated perceived support corresponds to enhanced competence, with distinct support dimensions differentially fostering specific socio-emotional capacities(Wang & Bu, 2023). Shu et al. similarly found that physical activity significantly enhances university students ' perception of social support, with socio-emotional competence serving as a mediating factor in this relationship(Shu et al., 2024).

Consequently, enhancing collegiate mental healthcare accessibility constitutes an urgent public health priority

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(Worsley et al., 2020). Globally, there has been widespread advocacy for holistic, environment-based systemic approaches to improve health outcomes(Whitelaw S. et al., 2001). As individuals transitioning into early adulthood, college students face developmental challenges related to identity exploration(Arnett et al., 2014). Therefore, campus mental health programs should prioritize developing social-emotional competencies, psychological resilience, and preventive strategies for social/emotional/behavioral difficulties (Cavioni et al., 2020).

## 2 Method

### 2.1 Participants

This investigation recruited 90 first-year undergraduates (M~age~ = 20.4 years, SD = 1.2; 35 male, 49 female) from a university-affiliated student-led civic engagement initiative. Participants represented 20 distinct academic disciplines and provided expressed written consent. The university's research ethics committee granted formal approval for all procedures (Protocol #: NMD-RT-2024-12-04).

### 2.2 Procedure

Utilizing a six-month longitudinal framework, this research investigated social practice engagement effects on undergraduate psychological well-being. The cohort comprised 90 volunteer participants recruited through a university-based service initiative. At baseline (pre-test), participants completed a standardized mental health assessment to establish initial data. Over the following six months, they engaged in various activities such as On-Campus Practice、Publicity and Awareness Campaigns、Educational Practice, with no direct intervention or manipulation by the researchers.

Each student could participate in multiple activities; participation numbers are detailed in Figure 1.

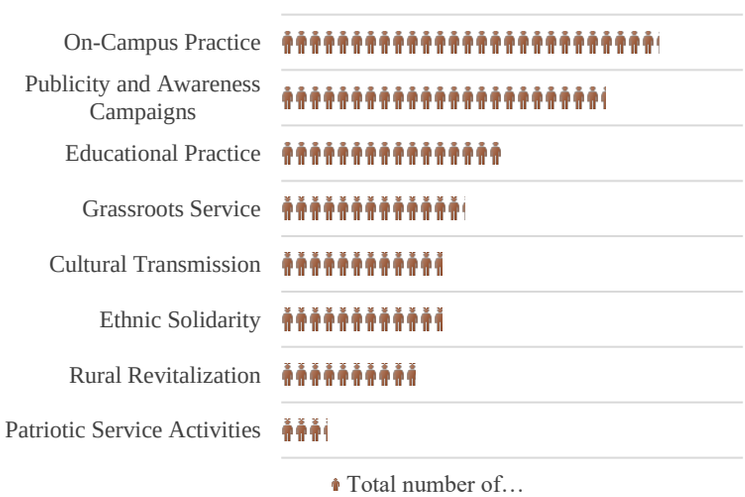


Figure 1 Social practice participation breakdown by type

### 2.4 Measures

College Students Mental Health Screening Scale

The institution implemented a culturally grounded mental health assessment system specifically validated for Chinese undergraduates. The College Students Mental Health Screening Scale (CSMHSS) employs a three-tier progressive screening protocol comprising 96 items across 22 clinically derived dimensions.

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) assesses perceived support from family, friends, and significant others. Its Chinese adaptation in the Psychological Health Assessment Scales demonstrates established reliability and validity.

Socio-Emotional Competence Scale

This research employed Chen Zhaojun et al.'s (2023) Socio-Emotional Competence Scale, designed specifically for Chinese undergraduates. The 26-item instrument uses a 5-point Likert system with exclusively positive scoring, where elevated scores reflect stronger competence. Its internal consistency was excellent (α = .967).

Social Practice Participation Questionnaire

An investigator-developed 8-item questionnaire assessed students' social practice engagement patterns, documenting participation frequency, activity types, and involvement intensity throughout the study period. Notably, item 7 ("Do you think participating in social practice activities promotes personal growth?") and item 8 ("Do you think participating in social practice activities improves physical and mental health? ") revealed high levels of student endorsement (item 7: M = 4.72; item 8: M = 4.71).

## 3 Results

### 3.1 Comparison of mental health pre- and post-intervention

We first conducted a paired-samples t-test to examine differences in overall mental health levels between baseline and post-intervention assessments. The results indicated that the participants' general mental health did not show a statistically significant improvement following six months of social practice activities ($t = -0.38$, $p > 0.05$).

Subsequently, we analyzed the scores for each mental health screening level separately. Paired-samples t-tests revealed a significant improvement in first-level mental health problems after the six-month intervention ($t = -2.49$, $p = 0.015$), implying these activities may alleviate severe psychological issues in college students. No significant changes were found for second- or third-level mental health problem scores.

Based on participants' scores from the Social Practice Participation Questionnaire, the top and bottom 27% were selected to form the experimental and control groups, respectively. The experimental group consisted of the 22 participants with the highest scores—characterized by the greatest number of participations, highest frequency, and most diverse types of social practice activities. Conversely, the control group included the 22 participants with the lowest scores, who participated less frequently, less often, and in fewer types of activities.

Repeated-measures ANOVA assessing mental health score changes across pre-post tests revealed no significant time effect overall, $F(1, 42) = 0.16$, $p > 0.05$.

Further analysis by mental health screening levels revealed:

A significant main effect of time in the first-level mental health group, $F(1, 42) = 7.25$, $p = 0.01$.

No significant time effect emerged among second-level mental health participants, $F(1, 42) = 0.095$, $p > 0.05$.

No significant time effect emerged among third-level mental health participants, $F(1, 42) = 0.08$, $p > 0.05$.

### 3.2 Mediation effect of socio-emotional competence between social practice and social support

First, preliminary correlation analyses revealed that both social practice ($r = 0.22$, $p < 0.05$) and socio-emotional competence ($r = 0.76$, $p < 0.001$) were positively correlated with social support. This indicates that greater involvement in social practice activities is associated with higher perceived levels of social support. Social practice was also significantly correlated with socio-emotional competence ($r = 0.24$, $p < 0.05$).

Mediation analysis via PROCESS macro (Model 4) examined post-intervention relationships, controlling for gender/major: social practice → socio-emotional competence → social support. Results showed that social practice significantly positively predicted socio-emotional competence ($\beta = 0.638$, $p < 0.05$) and had a positive but non-significant direct effect on social support ($\beta = 0.110$, $p = 0.496$). Socio-emotional competence significantly positively predicted social support ($\beta = 0.612$, $p < 0.001$).

Table 1 Mediation model test for social-emotional competence

| Regression equation | | Overall fit index | | Significance of regression coefficient | | |
|---|---|---|---|---|---|---|
| Outcome variables | Predictor variables | R | $R^2$ | F | $\beta$ | $t$ |
| Social Support | Social Practice | 0.250 | 0.063 | 1.778 | 0.862 | 2.228* |
| | Gender | | | | 1.103 | 0.360 |
| | Major | | | | 1.462 | 0.474 |
| Social-emotional competence | Social Practice | 0.225 | 0.050 | 1.415 | 0.638 | 1.999* |
| | Gender | | | | 0.904 | 0.359 |
| | Major | | | | -1.363 | -0.536 |
| Social Support | Social Practice | 0.758 | 0.574 | 26.647 | 0.110 | 0.496 |
| | Social-emotional competence | | | | 0.612 | 9.861*** |
| | Gender | | | | 0.229 | 1.701 |
| | Major | | | | -2.257 | 1.714 |

*$p < .05$; **$p < .01$; ***$p < .001$.

The path model depicting the relationships among social practice, socio-emotional competence, and social support is presented in Figure 2. These results suggest that socio-emotional competence fully mediates the effect of social practice on social support. The mediation analysis results are summarized in Table 2. The total effect of social practice on social

support was 0.110, with socio-emotional competence serving as a complete mediator. Specifically, the indirect effect via the path social practice → socio-emotional competence → social support was 0.528, accounting for 82.76% of the total effect. Bootstrapping with 5,000 samples confirmed the significance of this indirect effect, since the 95% CI excluded zero (CI = [0.482, 1.124]).

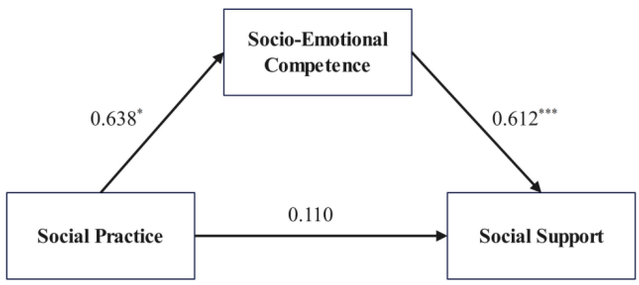


Figure 2 Mediating role of socio-emotional competence in social practice effects on social support

Table 2 Bootstrap mediation effect test table for socio–emotional competence

| | | | Bias-corrected 95%CI | | Percentage of total effect (%) |
|---|---|---|---|---|---|
| Effect type | Efficiency value | Standard error | Lower | Upper | |
| Total effect | 0.638 | 0.319 | 0.003 | 1.272 | |
| Direct effect | 0.110 | 0.221 | -0.331 | 0.550 | 17.24 |
| Indirect effect | 0.528 | 0.273 | 0.482 | 1.124 | 82.76 |

## 4 Discussion

This study assessed university social practice's mental health impact. Results confirm these activities' efficacy. First, the longitudinal tracking analysis revealed no significant change in overall mental health scores after six months of social practice. However, scores related to first-level psychological problems showed significant improvement. When participants were divided into high and low engagement groups based on their involvement in social practice, the improvement in first-level psychological problems was more pronounced in the high-engagement group. Second, post-intervention analyses established socio-emotional competence as the mediator between social practice and social support. These findings indicate university social practice activities promote student mental health, primarily through enhanced socio-emotional skills and consequent social support gains.

The first key finding highlights the direct effects of social practice on mental health. Pre- and post-intervention assessments indicated that students who engaged in social practice experienced significant improvement in mental health, especially in first-level such as anxiety(Williams & Cooper, 1998). Specifically, at baseline, 59 participants reported no psychological distress, 11 had potential psychological distress, 10 exhibited general psychological problems, and 4 had severe psychological distress. At follow-up, the numbers were 51, 11, 19, and 2, respectively. According to the concept of social support and motivational theories related to functionality, students who receive more volunteering opportunities or psychological support are better able to satisfy intrinsic motivations through these activities. This, in turn, promotes social relationships, provides career development opportunities, and protects against negative emotions. However, prevalence of general psychological problems rose significantly among participants during the study (Diener, 2000). Although the six-month social practice intervention showed the greatest benefit for students with severe psychological distress, the emergence of general psychological issues among first-year students remains a concern (with 5 students in the low-engagement group and 4 in the high-engagement group reporting such problems at follow-up).

The second major finding of this study was the mediating role of socio-emotional competence. Although social practice did not significantly predict social support directly—likely due to the limited sample size—socio-emotional competence significantly mediated this relationship(Shu et al., 2024;Wang & Bu, 2023). This suggests that participation in social practice activities may enhance individuals ' socio-emotional skills, such as empathy and emotion regulation, which in turn strengthen their perceived social support. Specifically, through interpersonal exchanges and emotional interactions in social practice contexts, young people can build or improve their social networks and obtain various forms of support. These include subjective emotional and psychological support as well as objective material assistance, all of which positively influence the development of relational skills, emotional regulation, and stress-coping abilities(Zhang et al., 2021). Strong socio-emotional competence facilitates healthy interpersonal relationships, thereby increasing social support that fosters further socio-emotional development.

In summary, this study demonstrates that social practice activities can significantly improve mental health among

college students, corroborating previous research on the positive effects of social practice on individual psychological development. These results highlight universal intervention opportunities as essential for students. Our results support the broader promotion and adoption of social practice as a convenient and effective means to enhance mental health, particularly for college populations. Participation in social practice not only fosters socio-emotional competence and social support but also strengthens social connections and provides participants with a sense of purpose and accomplishment. Social practice helps students develop accurate social awareness, self-understanding, and interpersonal skills—all crucial factors in promoting mental health. By integrating theoretical knowledge with real-world issues, students enhance their problem-solving abilities and psychological resilience, better equipping them to face life's challenges and stressors.

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