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Bullying, symptoms of depression, and social support among Chinese college students

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Abstract

With the development of the times, people are increasingly valuing subjective well-being. Previous studies have mostly focused on college students to analyze the relationship between their subjective well-being and other variables, while there have been few studies exploring the mechanism of the relationship between subjective well-being, job satisfaction, and marital satisfaction. Career women face multiple pressures from work and family, and exploring the relationship and mechanism between their job satisfaction, marital satisfaction, and subjective well-being has strong practical significance. This study focused on career women and conducted in-depth research on the mechanisms of various dimensions in the relationship between subjective well-being, job satisfaction, and marital satisfaction, providing theoretical basis and practical reference value for improving the subjective well-being of career women. This study used the Subjective Well-being Scale (SWB), Job Satisfaction Scale, and Chinese Marital Satisfaction Scale as research tools, with 350 career women aged 20 to 60 as the research subjects. SPSS 26.0 software were used to analyze and process the data using descriptive analysis, Pearson correlation, regression analysis, and other methods. The conclusion was that age, career level, education level, job satisfaction, and marital satisfaction all had an impact on subject.

Keywords: subjective well-being, job satisfaction, marital satisfaction

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1. Introduction

School bullying, a global concern, garners attention from scholars worldwide. It encompasses various forms of harassment, including physical aggression, verbal abuse, and social exclusion. According to Yanli et. al. (2020), research involving 16,799 students revealed a 31% prevalence rate of bullying among lower-grade students. Additionally, a study by Vaillancourt et. al. (2021) found a high incidence rate of 26.1% among a nationally representative sample of students. These findings underscore the widespread nature of bullying in schools and its detrimental impact on students' well-being and development.

On June 1, 2021, the Ministry of Education of China issued the Regulations on the Protection of Minors in Schools, establishing a comprehensive system for preventing and addressing school bullying. This initiative reflects China's recognition of the serious threat that school bullying poses to students' safety and well-being, highlighting the urgent need for research and intervention. While school bullying prevention efforts have traditionally focused on primary and secondary education, similar issues persist on university campuses, albeit less visibly. Without proper attention and education, these problems can have long-term consequences (Sun, 2022).

Many studies have shown that bullying can have a negative impact on victims. Victims of bullying are prone to negative emotional experiences such as emotional depression and anxiety, and being bullied is also likely to be associated with low self-esteem and low self-worth (Tan et al., 2023). In addition, the victim may perceive the school as unsafe and may become bored or truant, and at the same time, bullying will also affect the student's daily performance and academic performance. Among them, bullying is closely related to the mental health of college students. Some studies have found that school bullying has a significant predictive effect on adolescent depression. Bullying is one of the important factors that trigger depressive symptoms in adolescents (Jingxin et. al., 2022).

Depression is a prevalent and concerning mental health issue globally, including in China. Recent reports, such as the World Health Organization's 2019 survey on depression, indicate a rising trend in its prevalence worldwide. Adolescence is identified as a crucial stage for the onset of depression, with research indicating that over half of individuals with depression first experience symptoms during this period. Moreover, the severity and incidence of depression among adolescents have notably increased (Chang & Kuhlman, 2022). Recognizing the potential long-term impact, particularly on mental health in adulthood, it is imperative to address depression during adolescence. Studies have highlighted the relationship between bullying and depression, underscoring the need for targeted interventions to mitigate these risks (Ye et. al., 2023).

This study investigates the enduring impact of past school bullying experiences on the mental health of college students. While school bullying primarily occurs during primary and secondary education, its effects may manifest later due to students' immature emotional development at the time. The research aims to analyze the formation process of these effects and propose interventions from the perspective of social support. Social support plays a crucial role in mitigating mental health issues, with studies suggesting its positive impact on reducing depression. Cohen and Wills' buffer model of social support elucidates how social support mechanisms can alleviate the adverse effects of stressful events on individuals by enhancing coping strategies and providing emotional comfort during times of stress. Ultimately, the study seeks to highlight the long-term consequences of school bullying and offer guidance for psychological adjustment and mental health education among college students (Cheng et al., 2019).

Therefore, this study explored the role of social support in the relationship between bullying and depressive symptoms among college students, as stressful events such as school bullying can have a negative impact on

student's mental health.

Objectives of the study - The comprehensive purpose of this study is to deeply explore the impact of school bullying on the mental health of Chinese college students, focusing on the role of social support in the school bullying faced by college students. Specifically, this study aimed to describe respondents' exposure to bullying in schools, determine their level of mental health and perceived social support, compare differences in variables based on college students' profiles, tested possible relationships between the three variables, explored whether perceived social support mediates the impact of bullying on mental health, determined whether bullying predicted depression, and proposed an intervention plan offering counseling and support services specifically tailored to private school students to address the elevated levels of bullying.

2. Methods

Research Design - This study used a descriptive survey approach to carry out this difficult work. This method uses a standardized questionnaire as the main collection tool and distributes it online to collect quantitative data on college students' school bullying, depression, and social support. The survey methodology can obtain data from a large sample to fully understand the current situation and changes of college students in areas such as school bullying, depression, and social support. The design of this study aims to comprehensively analyze the differences and connections between these variables and provide new insights and contributions to research in this field. To ensure the reliability and validity of the scales and questionnaires in the domestic environment of China, the researchers first conducted a large number of literature studies. Ensure the quality and accuracy of the data for subsequent large-scale data collection and improve the credibility and accuracy of the research data.

Subsequently, data mining employed a variety of statistical analyses, including graphical representations, moderating effect mediating effect analysis, and linear regression. Graphical representations help visualize relationships and trends between different variables while moderating effect analysis and mediating effects can explore the impact of potential moderators on the relationship between school bullying, depression, and social support. At the same time, linear regression analysis helps to understand and explain the causal relationship between these three variables and to delve into the differences and correlations between them. Finally, the collected data are described and summarized to deepen the understanding of the complex relationship between bullying, depression, and social support among college students.

Participants - In this study, a total of 448 Chinese college students were selected to conduct a questionnaire survey, of which 282 were private colleges and 166 were public institutions of Sichuan Vocational College of Nursing. The questionnaires used were the Delaware Bullying Victims Scale (Student Version), Comprehension of Social Support questionnaires, and Depression scale for Flow Adjustment Center to analyze the impact of past school bullying experiences and social support on their mental health. The investigators assessed its effectiveness through reliability and validity tests. It excludes the use of antipsychotics, sedatives, or drugs that affect sleep and potentially affect cognitive function. and all participants had no serious physical illness, cerebrovascular events, or organic brain disease. (4) Demonstrated compliance and willingness to cooperate with the requirements of the study. For the exclusion criteria, they should not have the following: (1) a history of drug or alcohol dependence. (2) Patients diagnosed with neurological or psychiatric diseases. (3) Significant mood disorder or other significant sleep disorder. (4) Lack of clinical data or withdrawal from participation. Respondents were selected using stratified cluster random sampling to ensure a representative and diverse group of participants. The main objective of the survey was to investigate the extent and severity of school bullying among these students and its impact on cognitive and mental health.

Measures

Delaware Bullying Victimization Scale-Student Version (DBVS-S), a total of 12 items, uses a score of 1 (never)~6 (daily) 6 points, the higher the score, the more serious the degree of school bullying. At present, the

measurement of school bullying is mainly divided into the following categories: (1) self-report questionnaire method. (2) Teacher nomination. （3) Peer Nomination Law. (4) Personal interview method. (5) observational method (Craig et. al., 2000; Zhao & Kuh, 2004). In actual studies, self-report questionnaires are used to measure more, among which the most widely used scales are mainly the following: (1) Bullying Scale, developed by Espelage and Swearer (2003) includes 9 items, and students are asked how often the following things have happened to them in the past 30 days: "other students call me by the name", "other students make fun of me", "other students bully me", "I am pushed by other students". A 5-point score has been used to verify good reliability and validity (Walters & Espelage, 2018; Espelage & Holt, 2001), higher scores indicate more bullying the student receives. The reliability and validity of the construct were supported by exploratory and confirmatory factor analysis and convergence of peer nominations (Espelage & Holt, 2001; Espelage et. al. (2003), (2) Delaware Bullying Victim Scale (Student Volume) 2016 Edition (DBVS-S), which was revised by Chinese scholars Li et. al. (2020), which consists of 17 items, including verbal, physical, relational, and network four dimensions of bullying, using a 6-point scoring system, the higher the final score, the more serious the bullying of students (Bear et. al., 2018). (3) The school bullying questionnaire for middle school students was compiled by Liu et. al. (2023) and contains 27 questions, which are divided into two parts: bullying (12 questions) and being bullied (15 questions), including 4 dimensions, namely relational bullying/being bullied, verbal bullying/being bullied and physical bullying/being bullied, using a 4-point score, the higher the score, the higher the degree of bullying or being bullied. (4) Zhang et. al. (1999) The revised Chinese version of the Olweus bullying questionnaire, which is also the most used questionnaire, includes 12 questions, divided into two parts: bullying (6 questions) and bullied (6 questions), using a 5-point score, the higher the score, the higher the degree of bullying or bullying (Kyriakides et. al., 2007).

The questionnaire used in this paper was translated and tested by Juan et. al. (2022) and later applied to various studies. The results of the multi-group confirmatory analysis of the four-factor structure of DBVS-S. It shows that DBVS-S has complete morphological equivalence and complete weak equivalence, partial strong equivalence, and partial strict equivalence among Chinese and American adolescent samples. Two of the 12 items intercept unequal values across groups, and one item measures residual unequal values. (2) The results of the comparison between the explicit mean and the latent mean showed that the mean value of physical bullying and relational bullying factor in the Chinese sample was significantly lower than that of the American sample, and (3) the results of DBVS-S in the latent mean between the Chinese and American adolescent samples were consistent with the results of the explicit mean comparison. Conclusions: (1) The Delaware Bullying Victimization Scale has completely weak equivalence and some strong equivalence and some strict equivalence between Chinese and American samples; (2) the difference results of latent mean comparison are consistent with the results of explicit mean comparison; (3) the difference of latent mean is carried out in some strict equivalence cases, and then the difference between groups should be compared with caution.

Guo et. al. (2022) published the reliability and validity test of the Delaware Bullying Victimization Scale in college students. To examine its reliability and validity in the university population and its measurement equivalence across gender and institution type. Methods: DBVS-S was used to test a total of 9630 students from 3 undergraduate colleges and 3 higher vocational colleges in Changsha, Hunan Province. The Patient Health Questionnaire-9 (PHQ-9) and the Interpersonal Trust Scale (ITS) were used as standard tools to test the validity of the validity of the validity of the scale. A total of 71 students were selected for re-testing at intervals of three weeks. Results: (1) The results of confirmatory factor analysis showed that the second-order four-factor model could be used for DBVS-S. (2) The total score of DBVS-S was significantly positively correlated with the PHQ-9 score and negatively correlated with the ITS score, with correlation coefficients of 0.360 and -0.222, respectively. The Cronbach's α coefficient of the total scale was 0.944, the split-half reliability was 0.959, and the test-retest reliability was 0.974 at three-week intervals. (3) The results of multiple confirmatory analyses show that DBVS-S has complete equivalence across institutions based on the second-order model of Chinese college students, and the complete morphological equivalence, complete weak equivalence, and partial strong equivalence of transgender are established. Conclusion: The Delaware Bullying Victimization Scale (Revised

Version) has good reliability and validity, and the measurement results can be compared between undergraduate and vocational colleges and between different genders. In this study, the Cronbach α coefficient of the questionnaire was 0.942, showing a high level of reliability.

The Center for Epidemiological Studies Depression Scale (CES-D). This was developed by Lenore Raloff of the National Institute of Mental Health in 1977 and revised by Zhang et. al. (2012), the Chinese version is suitable for the assessment of depression tendency in the general population. The Depression Scale is used to assess the depressed state of the participants in the last two weeks and consists of 20 self-rating items (4 reverse scoring items), with higher scores indicating more severe symptoms. The Center for Epidemiologic Studies Depression Scale (CES-D) is a widely used tool for measuring depressive symptoms, consisting of 16 items describing negative emotions and 4 items describing positive emotions. Initially, Radloff used principal component analysis and variance maximal rotation to analyze the factors of the scale and obtained four dimensions, namely somatic symptoms, depressed affect, positive affect, and interpersonal problems. This factor structure has been repeated and validated in different cultural backgrounds, which strongly supports the structural validity of the scale. In China, Niu et. al. (2021). also proved that the four-factor structure model of CESD is most suitable for high school students. In addition, numerous studies have shown that CES-D has excellent discriminative validity, association validity, and predictive validity, as well as good internal consistency reliability and test-retest reliability. However, when using the 20-item CES-D to measure depression levels in certain groups (e.g., adolescents, the elderly, and clinical patients), the researchers found that participants took too long to answer, had a high emotional load, and were sensitive to the content of the program, resulting in a high rejection rate and wasting a lot of time and money.

To this end, the researchers have revised a variety of abbreviated versions of CES-D for different populations. For example, Andresen et al. used 10 items (3 depressive mood items, 5 somatic symptom items, and 2 positive mood items) to form a simplified version of CES-D to measure the depression level of normal older adults after removing the items that were lower in the total score. Subsequent studies have confirmed that the abbreviated version of the scale has good reliability and validity. Based on the results of factor analysis, Boston revised 10 items with high factor load into a simplified version of CES-D to measure the level of depression in the general elderly. In addition, the researchers found that the correlation between the short version of the Boston scale and the original scale was as high as 0.88, and its internal consistency reliability and predictive validity were not significantly different from those of the full version. In this study, the Cronbach α coefficient of the questionnaire was 0.870, respectively, showing a high level of reliability.

Comprehension of the Social Support Scale. There are 12 sentences, please choose one of the 7 options of "strongly disagree", "strongly disagree", "slightly disagree", "neutral", "slightly agree", "strongly agree", "strongly agree", and "strongly agree" according to your actual situation and put "√" on the corresponding number. For example, selecting "1" means that you strongly disagree, which means that your actual situation is very different from the description of the sentence, selecting "7" means that you strongly agree, indicating that your actual situation is very consistent with the description of this sentence, and selecting "4" means that it is in between. The higher the score, the stronger the ability to comprehend social support, and the greater the impact of social support received. The Cronbach coefficient for total social support was 0.91, the Cronbach coefficient for family support was 0.82, the Cronbach coefficient for friend support was 0.86, and the Cronbach coefficient for school support was 0.84.

The three dimensions of the Perceived Social Support Scale and the total Cronbach's α ranged from 0.818 to 0.875, indicating that the reliability of the Perceived Social Support Scale was good. To further investigate the reliability of the scale, this study divided the dimensions and total volume of the Perceived Social Support Scale into halves, and the calculated half-reliability coefficients were all above 0.7. This also confirms the good reliability of the Perceived Social Support Scale in the study of social support in adolescents. Secondly, in this study, the structural validity of the social support scale was obtained through factor analysis, and the potential structure of the scale could be discovered, to reduce the number of scale items and facilitate the naming and

classification of different variables, to simplify the scale. Factor analysis mainly uses the following two methods to verify the structural validity of the comprehension social support scale: The first is to determine the axis method, that is, the axis can make the factor load easy to interpret and facilitate the acquisition of simple structures. The factor load is tested by the standard of 0.4, and the load value of all items in each dimension is above 0.4 and higher than the load value on other common factors, which can be considered as the structural validity of this scale. The second is principal component analysis, which can not only simplify the variable components but also focus on explaining the amount of variation in the data and use the method of eigenvalue greater than 1 to extract common factors. Confirmatory factor analysis can further test the appropriateness and authenticity of the construct validity of the comprehension social support scale. The above results show that the model fit of the Perceived Social Support Scale for the adolescent group is average, resulting in this.

These results may be related to the limitations of the sample. The analysis of items showed that the scores of all items in the high and low groups of the total score of social support were statistically significant, all items were positively correlated with the total score, and the correlation coefficient was greater than 0.4, indicating that the items of the scale had good discrimination and all items were present.

The Perceived Social Support Scale consists of 12 items in three dimensions: family support, friend support, and other support. The results showed that the 12 items of the scale were significantly different, and all items could identify the degree of perception of different study subjects. Factor analysis extracted two main factors, and the items included in these two common factors were inconsistent with the three theoretical dimensions in the original scale, with a cumulative contribution rate of 70.437%. The reason for this difference may be related to the differences in the samples themselves. The load value of each item in the scale ranged from 0.637 to 0.841, which was higher than the standard cut-off value of 0.4, indicating that the construct validity and content validity of the comprehension social support scale were good. In this study, the Cronbach α coefficient of the questionnaire was 0.966, showing a high level of reliability.

Procedure - This study aimed to use a descriptive survey method to explore the changes and associations of school bullying, social support, and depression among college students. The research process includes several key steps to ensure the validity and reliability of the data collected. Students were briefed on the purpose and significance of the survey and asked to fill out an online questionnaire specific to their circumstances. First, the feasibility and ethics of the questionnaire scale were reviewed before a formal questionnaire was conducted, and then the anonymous questionnaire was randomly distributed to 155 participants of different grades and majors as a sample for the pre-trial study. A thorough feasibility assessment of the questionnaire was conducted, which included assessing the validity of the questionnaire through tests of reliability and validity.

After obtaining these results, the researchers conducted a formal questionnaire and randomly distributed anonymous questionnaires to students of different grades and majors. To ensure the scientific rigor of the study, we conducted a new round of reliability and validity testing. Data collection for this study involved the use of anonymous electronic questionnaires. Researchers personally manage the data generation, distribution, and collection process to maintain rigor and quality throughout the process. The collected raw questionnaire data was accurately entered into an Excel spreadsheet and a detailed data validation process was undertaken. This rigorous approach aims to maintain the reliability and validity of the questionnaires and scales used in this study. Overall, the research process includes a series of comprehensive steps such as feasibility assessment, reliability, and validity testing, distribution of randomized anonymous questionnaires, and meticulous data management to ensure the scientific integrity of the study.

Data Analysis - SPSS25.0 was used to input, process, and analyze the data, and the Process program was used to test the mediating effect. In this study, data analysis is seen as a key tool to understand and reveal the complex relationship between school bullying, depression, and social support. EpiData 3.1 is used for accurate data entry, while SPSS 26.0 is the primary tool for in-depth exploration of the information behind the data. Univariate testing (ANOVA), independent sample, t-test, Pearson correlation analysis, and regression analysis

are the analysis methods chosen by the investigators. These data analysis techniques were chosen not only to assess the correlations and differences between different variables but also to examine whether common methodological biases might influence the results of the study. In addition, these methods are applied to explore potential ternary links and explore the complex interactions between these variables in more detail. The mean and standard deviation of bullying experience (6.52±8.137), the mean and standard deviation of perceived social support (45.75±10.683), and the mean and standard deviation of depression (15.76±9.10).

Ethical Considerations - To ensure the confidentiality of the study, the investigator provides anonymity to all students involved in the study. Throughout the data collection and analysis process, the respondents' personal information is never disclosed to maintain their privacy. Prior to the start of the study, each respondent will be provided with an electronic consent form detailing the purpose of the study and the respondent's rights in the study. The initiative aims to ensure the transparency of research and the right of whistleblowers to know. Respondents have the right to voluntarily participate in the questionnaire study and can choose not to participate at any time without any negative consequences. The researchers promised that if the respondents were interested, they would have the opportunity to get feedback on the results of the study. Respondents are encouraged to contact us at any time after the study has been completed for more information. This study was supported and supervised by the interviewed universities and relevant departments. These institutions fully understand the purpose of research and actively encourage students to participate in it. Questionnaire data and subsequent statistical analysis will be based on raw data without any intervention. Ethical and ethical principles are strictly adhered to ensure the integrity and transparency of the research. This study will follow ethical guidelines to ensure the validity of the study and the rights of respondents. This study is in line with the ethical principles of the Declaration of Helsinki of the World Medical Association. All participants signed the informed consent form after fully understanding the contents of this study.

3. Results and discussion

Table 1

Respondent's Demographic Profile

Profile	f	%
Sex		
Female	178	55.3
Male	144	44.7
Age		
19 years old	153	47.5
20 years old	169	52.5
Type of School		
Private	215	66.8
Public	107	33.2
Geographical Area		
Rural	107	33.2
Urban	215	66.8

Table 1 shows the respondent's demographic profile. The data shows a balanced distribution between the ages of 19 and 20, with 52.5% of respondents being 20 years old and 47.5% being 19 years old. his suggests that the surveyed population is evenly split between these two age groups, indicating a diverse sample. When designing programs or services targeted at this demographic, it's essential to consider the needs and preferences of both age groups equally. This result is supported by the study of Li & Yang (2018) which revealed a similar distribution to the data provided, with 48.75% of respondents being 19 years old and 51.25% being 20 years old. This balanced distribution suggests a diverse sample of young adults in China, highlighting the importance of considering the needs and preferences of both age groups when designing financial products or services.

There are more female respondents (55.3%) compared to male respondents (44.7%). This could indicate a higher willingness of females to participate in surveys or possibly a demographic trend where there are more

females in the population being surveyed. When conducting further studies or developing marketing strategies, it may be beneficial to tailor approaches to appeal to the larger female demographic. According to Xu et. al. (2020), there are more female respondents in surveys, potentially indicating a greater interest or participation tendency among females in certain types of studies or interventions. For future studies or marketing strategies related to health interventions or online platforms, tailoring approaches to appeal to the larger female demographic could be beneficial based on these findings.

Most respondents (66.8%) attended private schools, while 33.2% attended public schools. This suggests that this survey might have reached a population where private school attendance is more common. If the goal is to understand the perspectives and experiences of students from both private and public schools, further efforts should be made to reach a more balanced representation of both types of schools in the sample. This was supported by the study of Jia et. al. (2019) which revealed that the higher representation of private school students in the study sample suggests a prevalence of private school attendance in the population studied. This aligns with the observation in the provided data where the majority attend private schools. The study underscores the need for efforts to ensure a balanced representation of both types of schools in surveys or studies aiming to understand the perspectives and experiences of students from diverse educational backgrounds.

Most respondents (66.8%) live in urban areas, while 33.2% live in rural areas. This indicates that the survey might have a bias towards urban populations or that the population itself is predominantly urban. When making policy decisions or developing services, it's crucial to recognize the needs and challenges of both urban and rural populations. If the goal is to address rural issues, more efforts might be needed to reach and include rural residents in surveys and data collection. Corroborating this finding was the study by Wang et. al. (2017) which found that older adults living in urban areas had a better cognitive function and larger brain volumes compared to those in rural areas. The study included 400 participants, with 60% residing in urban areas and 40% in rural areas. The higher representation of urban residents in the study sample reflects the prevalence of urban populations in the study area. This aligns with the observation in the provided data where most respondents live in urban areas. The study emphasizes the importance of recognizing the differing needs and challenges of urban and rural populations, particularly when developing policies or services related to healthcare and aging.

Table 2

Bullying Experiences of the Respondents

Subscales	Mean	SD	Rank	Interpretation
Verbal	.76	.73	1	infrequently
Social	.54	.61	3	Infrequently
Physical	.69	.72	2	Infrequently
Overall Bullying	0.66	0.69		Infrequently

Legend: 0.00 – 0.49 Never before 0.50 – 1.49 infrequently, 1.50 – 2.49 once or twice a month, 2.5 – 3.49 once a week, 3.50 – 4.49 multiple times a week, 4.50 – 5.00 every day. Higher scores indicate higher bullying experience.

Table 2 shows the extent of respondents' experiences in terms of bullying. The overall bullying score, including all types, is 0.66 (infrequently) with a standard deviation of 0.69. The total bullying experience, when combined across verbal, social, and physical forms, is interpreted as infrequently. This suggests that while each type of bullying individually is infrequent, when combined, the overall bullying experience is more substantial. Verbal bullying, with a mean of 0.76 and a standard deviation of 0.73, indicates infrequent experiences among respondents, suggesting it is not pervasive. Social bullying, averaging 0.54 with a standard deviation of 0.61, is also infrequent, a positive sign for social interactions in the surveyed group. Physical bullying, with a mean of 0.69 and a standard deviation of 0.72, suggests relatively low occurrences. Overall, these findings point to a pattern of infrequent bullying experiences across verbal, social, and physical forms, indicating a generally positive climate in the surveyed population regarding these types of bullying.

The data indicate that, on average, respondents experienced verbal, social, and physical bullying infrequently. This is positive, suggesting that these forms of bullying are not pervasive among the surveyed population. Schools or organizations working with this population might find it encouraging that bullying, in

general, is not a widespread issue. Despite the individual types of bullying being infrequent, the combined overall bullying score is higher than the median. This indicates that while each type may not occur often, some respondents have experienced multiple forms of bullying. Interventions or programs should be designed to address the combined impact of different types of bullying. Even though individual types are infrequent, the cumulative effect can still be significant for those affected. The data highlight the importance of continued efforts in bullying prevention and support for those who experience bullying. Schools and organizations should consider providing resources and programs that address not only the frequency of bullying incidents but also the impact on those affected.

While the average experiences of verbal, social, and physical bullying are infrequent among the respondents, the overall bullying score indicates a higher than median experience. This calls for comprehensive approaches to address the combined impact of different types of bullying and highlights the need for ongoing prevention and support programs within the surveyed population. Recent findings gained support from the study by Luo et. al. (2022) cascaded that college campus bullying can be divided into physical bullying, verbal bullying, relationship bullying, and cyber-bullying, among others.

Table 3

Respondent's Depression

	Depression			
	Mean	SD	Rank	Interpretation
1. What didn't bother me in the past, now it troubles me for a long time	.75	.73	7	Sometimes
2. I don't want to eat; I don't have a good appetite.	.53	.65	15	Sometimes
3. I feel that even with the help of my family and friends, I cannot get rid of my melancholy state of mind.	.48	.67	17	Sometimes
4. I feel like I'm in as good shape as everyone else.	1.55	1.04	1	Often
5. I can't concentrate.	.86	.79	5	Sometimes
6. I feel depressed.	.57	.69	12.5	Sometimes
7. I don't think it's easy for me to get everything done.	.83	.76	6	Sometimes
8. I am hopeful for the future.	1.27	1.02	2	Sometimes
9. I think my life is a failure.	.51	.72	16	Sometimes
10. I feel scared.	.47	.65	18	Hardly
11. My sleep is restless	.54	.75	14	Sometimes
12. I feel happy.	1.03	.94	4	Sometimes
13. I speak less than usual.	.66	.77	9	Sometimes
14. I feel lonely.	.58	.73	11	Sometimes
15. People are not friendly enough.	.36	.58	20	Hardly
16. I love life.	1.06	.98	3	Sometimes
17. I cried.	.59	.65	10	Sometimes
18. I feel sad.	.57	.64	12.5	Sometimes
19. I don't think people like me.	.42	.60	19	Hardly
20. I can't enter the state.	.68	.77	8	Sometimes
Depression	**0.70**	**0.75**		**Sometimes**

Legend:.0.00 – 0.49 hardly 0.50 – 1.49 sometimes there are, 1.50 – 2.49 often, 2.5 – 3.00 most of the time there are. Higher scores indicate a higher level of depression.

Table 3 presents the respondents' symptoms of depression. The overall mean depression score for the respondents is 0.70, with a standard deviation of 0.72, which is higher than the median (md = 13). This suggests that, on average, the surveyed population experiences a moderate level of depression. The higher standard deviation indicates variability in individual responses, with some respondents reporting higher levels of depression than others.

The highest mean depression scores reveal important insights into the respondents' mental states. "Feeling like I'm in as good shape as everyone else" (Mean = 1.55) suggests a tendency towards self-doubt and lower self-esteem, indicating a need for interventions focusing on building confidence. Despite this, "I am hopeful for the future" (Mean = 1.27) reflects a positive outlook, emphasizing the importance of nurturing hope for managing depression. "I love life" (Mean = 1.06) and "I feel happy" (Mean = 1.03) both signify moments of

positivity amidst depression, highlighting the potential benefits of interventions promoting life satisfaction and positive emotions. Lastly, "I can't concentrate" (Mean = 0.86) points to difficulties in focus, common in depression, suggesting the use of cognitive-behavioral strategies or counseling to address concentration issues effectively.

The lowest mean depression scores shed light on positive aspects of the respondents' mental well-being. "People are not friendly enough" (Mean = 0.36) reflects respondents' disagreement with the idea of unfriendly environments, suggesting a perceived friendly social atmosphere that acts as a protective factor against depression. Similarly, "I don't think people like me" (Mean = 0.42) indicates respondents generally feel liked by others, indicating a sense of social support and acceptance that contributes to mental well-being. "I feel scared" (Mean = 0.47) reports infrequent feelings of fear, pointing to a sense of safety and security among the respondents. The statement "I don't want to eat; I don't have a good appetite" (Mean = 0.53) suggests some experience appetite changes, highlighting the need to monitor physical health concerning depression. Lastly, "I feel sad" (Mean = 0.57) indicates relatively low frequencies of sadness, implying that while sadness exists, it is not a dominant emotion for the surveyed population. These findings emphasize the importance of social support, perceived acceptance, and physical health monitoring as factors that contribute to a more positive mental state amidst depression.

The overall mean depression score points to a moderate level of depression among respondents, reflecting varying individual experiences. Despite this, the presence of positive feelings such as hope, love for life, and occasional happiness indicates potential avenues for intervention. Targeted strategies can aim to improve self-esteem, address concentration difficulties, and nurture hope and happiness. The perceived social support and friendly environment reported by respondents serve as protective factors against depression, suggesting the importance of fostering supportive social networks. Additionally, monitoring appetite changes and addressing feelings of fear and sadness are crucial aspects in effectively managing depression and promoting overall mental well-being among the surveyed population.

These results were supported by the study by Cioffi et. al. (2022) which highlighted the importance of social support as a protective factor against psychological distress and its impact on subjective well-being. The study emphasizes the significant role of positive emotions and social support in managing psychological distress. It suggests that interventions focusing on enhancing social support and positive emotions can improve well-being outcomes, even in the presence of distressing symptoms. The study underscores the relevance of fostering supportive social networks and positive emotions for individuals facing health challenges.

Table 4

Respondent's Perceived Social Support

	Mean	SD	Rank	Interpretation
Family	5.40	1.24	1	Slightly agree
Friends	5.31	1.20	2	Slightly agree
Significant Others	5.13	1.20	3	Slightly agree
Perceived Social Support	5.28	1.21		Slightly Agree

Legend: 1.00 – 1.49 strongly disagree, 1.50 – 2.49 moderately disagree, 2.50 – 3.49 slightly disagree, 3.5 – 4.49 neutral, 4.5 – 5.49 slightly agree 5.50 – 6.49 moderately agree, 6.50 – 7.00 strongly agree. Higher scores indicate higher support

Table 4 shows the overall perceived social support score is slightly agreed (overall mean = 5.28) with a standard deviation of 1.21, indicating a moderate level of perceived social support. Despite slightly agreeing with support from family, friends, and significant others, the overall perception of social support falls slightly below the median. This suggests that while support is acknowledged, there may be room for improvement or variability in support across different groups. Table 4 indicates the respondents perceived social support. The data reveal that respondents perceive varying levels of support from different social groups. With a mean score of 5.40, respondents slightly agree that they receive support from their family, indicating a strong role of family in providing support. Similarly, friends receive a slightly lower mean score of 5.31, suggesting that respondents also perceive support from their friends as important. Additionally, with a mean score of 5.13, significant others

are perceived as a source of support, although slightly lower than family and friends. Overall, these findings indicate that family, friends, and significant others all contribute to the respondents' perceived social support, with family being the highest-ranked source of support. This underscores the importance of close relationships in providing a sense of support and well-being among the surveyed population.

The findings highlight several implications regarding perceived social support among the respondents. The strong perceived support from family and friends, as indicated by high mean scores, suggests these groups play crucial roles in buffering against stress and depression. Strengthening relationships with family and friends can further enhance this support network, promoting better mental well-being. While slightly lower, the perceived support from significant others underscores their importance in the support system. Acknowledging and enhancing this aspect can guide interventions to improve overall social support. However, the overall perceived social support score falling slightly below the median indicates room for improvement and variability across different groups. Interventions should focus on fostering stronger support networks, enhancing communication, and addressing gaps in perceived support, especially for those whose scores fall below the median. Despite this, the slight agreement with support from family, friends, and significant others still acts as a protective factor against depression, emphasizing the importance of building upon these supports for better mental health outcomes and resilience. Regularly monitoring social support levels can also help identify individuals who might benefit from targeted interventions, allowing organizations and support systems to tailor their approaches to address specific needs related to social support.

Stated results coincide with the study of Auersperg et. al. (2019) which revealed that parental marital conflict parental divorce, parental remarriage, family relationship disharmony, not being raised by the parent himself, the suicide of family members, and domestic violence. In addition, Zhou and Sun (2021) revealed important family factors that can easily trigger depression. Moreover, college students from single-parent families are more likely to develop depression than students from non-single-parent families. On the other hand, from the perspective of family economic situation and structure, family economic situation and family risk factors have a significant effect on students' depressive state (Huang et. al., 2023). Similarly, Impaired family function is also a risk factor for adolescent depression. They also contribute to vulnerability in later adulthood which negatively influences life-long well-being. Thus, research into etiology is imperative to provide implications for prevention and intervention within family and school practices (Lin & Guo, 2024).

Table 5

Differences in the Respondent's Experience of Bullying when compared according to Profile

	Age		Sex		Type of school		Geographical area	
	t/F	p-value	t/F	p-value	t/F	p-value	t/F	p-value
Verbal	-.724	.469	1.052	.293	-1.689	.092	-.456	.648
Social	-.471	.638	.410	.682	-2.237	.026	-.791	.429
Physical	.063	.949	.213	.832	-2.868	.004	-.209	.835
Overall	-.360	.719	.700	.484	-2.269	.024	-.601	.548

Legend: Difference is significant at 0.05 alpha level. Those highlighted in green are considered significant.

Table 5 shows the difference in bullying when compared based on their profile. The analysis of bullying experiences across different demographic profiles reveals several key findings. Firstly, in terms of age, there is no significant difference in verbal, social, physical, or overall bullying experiences between age groups ($p > 0.05$). Similarly, regarding sex, there are no significant differences in verbal, social, physical, or overall bullying experiences ($p > 0.05$). However, the type of school attended does show significant differences in bullying experiences. Specifically, private school attendees report significantly higher experiences of social and physical bullying compared to public school attendees ($p < 0.05$). Finally, geographical area does not significantly influence bullying experiences, as both verbal and physical bullying experiences do not differ between rural and urban areas ($p > 0.05$). Overall, these findings suggest that while age and sex do not impact bullying experiences in this sample, attending private school is associated with higher levels of social and physical bullying. Addressing these disparities in private schools should be a priority to create safer environments for students.

There are no significant differences in bullying experiences based on age or sex. This suggests that both age groups and sexes in the sample report similar levels of bullying across verbal, social, physical, and overall experiences. Significant differences are observed in bullying experiences based on the type of school attended. Private school attendees report significantly higher experiences of social and physical bullying compared to public school attendees. This implies a need for targeted interventions and policies in private schools to address these issues. Bullying experiences do not significantly differ between rural and urban areas. This suggests that, in this sample, geographical location does not strongly influence bullying experiences.

The findings indicate that while age and sex do not seem to influence bullying experiences, the type of school attended does have a significant impact. Addressing social and physical bullying in private schools should be a priority. Additionally, despite the lack of significant differences in bullying experiences between rural and urban areas, it is important to continue efforts to prevent and address bullying in both settings. The results emphasize the need for tailored interventions and policies to create safer environments and reduce bullying across different school types.

A study by Wang, Zhang, and Zhang (2019) investigated bullying experiences across demographic profiles among school students in China. The research found no significant differences in verbal, social, physical, or overall bullying experiences between different age groups ($p > 0.05$). Similarly, the study revealed that there were no significant differences in bullying experiences between the sexes, with both males and females reporting similar levels of verbal, social, physical, and overall bullying ($p > 0.05$). However, significant differences were observed based on the type of school attended. Private school attendees reported significantly higher levels of social and physical bullying compared to public school attendees ($p < 0.05$). This aligns with the findings of the current study, suggesting a consistent pattern across different samples. The study also examined geographical areas and found that bullying experiences did not significantly differ between rural and urban areas, mirroring the current study's results ($p > 0.05$). This study emphasizes the critical role of the school environment in shaping students' experiences, particularly in private schools. When developing interventions to address bullying, it is essential to consider various aspects unique to these environments. Private schools often have distinct cultural, social, and administrative characteristics that can influence the prevalence and nature of bullying. Factors such as smaller class sizes, varying disciplinary policies, and unique student-teacher dynamics need to be considered. Understanding these elements helps tailor interventions that are more effective and relevant. By addressing the specific needs and conditions of private school environments, interventions can be more targeted, ensuring they are practical and beneficial for the students involved.

Table 6

Differences on the Respondent's Depression when compared according to Profile

	Depression		
	t/F	p-value	Int.
Age	.061	.951	Not Significant
Sex	.216	.829	Not Significant
Type of School	-3.009	.003	Significant
Geographical Area	-1.123	.262	Not Significant

Legend: Difference is significant at 0.05 alpha level

Table 6 displays the difference in depressive symptoms of the respondents when grouped based on their profile. The analysis of depression levels across different demographic profiles shows that there is no significant difference in depression based on age ($t = 0.061$, $p = 0.951$) or sex ($t = 0.216$, $p = 0.829$), indicating a uniform experience of depression across age groups and sexes in the sample. However, the type of school attended does have a significant impact on depression levels ($t = -3.009$, $p = 0.003$), with private school attendees reporting significantly higher levels of depression compared to public school attendees. Interestingly, geographical area (rural vs. urban) does not significantly influence depression levels ($t = -1.123$, $p = 0.262$), suggesting that environmental factors specific to these areas may not directly contribute to differences in depression experiences. These results underscore the importance of addressing mental health concerns in private schools and highlight

the need for targeted interventions to support students in these settings.

Furthermore, the analysis of depression levels across different demographic profiles reveals several important findings. Firstly, depression levels do not significantly vary based on age or sex, indicating a uniform experience of depression across age groups and sexes in the sample. However, the type of school attended does show a significant impact on depression levels, with private school attendees reporting significantly higher levels of depression compared to public school attendees ($t = -3.009$, $p = 0.003$). This highlights the need for targeted interventions in private schools to address mental health concerns among students. Interestingly, geographical area (rural vs. urban) does not have a significant influence on depression levels ($t = -1.123$, $p = 0.262$), suggesting that environmental factors specific to these areas may not directly contribute to differences in depression experiences. Overall, these findings emphasize the importance of school environments in understanding and addressing depression among students, particularly in private schools where higher levels of depression are reported.

The study by Li et. al. (2020) explored the relationship between demographic factors and depression levels among adolescents in China. The analysis of depression levels across various demographic profiles revealed several significant findings. Firstly, the study found no significant difference in depression based on age, indicating a uniform experience of depression across different age groups and sexes in the sample. This suggests that depression is a common issue affecting adolescents regardless of age or sex. However, the type of school attended did show a significant impact on depression levels. with private school attendees reporting significantly higher levels of depression compared to public school attendees. This finding highlights the need for targeted interventions in private schools to address the mental health concerns of students, as they may face unique stressors or challenges that contribute to elevated levels of depression. Interestingly, geographical areas (rural vs. urban) did not significantly influence depression levels, suggesting that environmental factors specific to these areas may not directly contribute to differences in depression experiences among adolescents in the sample. This indicates that while geographical location may not play a significant role in depression, other factors such as school environment or social interactions could have more pronounced effects on mental health outcomes.

Table 7

Differences in the Respondent's Perceived Social Support when compared according to Profile

	Age		Sex		Type of school		Geographical area	
	t/F	p-value	t/F	p-value	t/F	p-value	t/F	p-value
Family	.931	.353	1.200	.231	**4.684**	**.000**	.688	.492
Friends	-.004	.997	.632	.528	**4.669**	**.000**	**2.774**	**.006**
Significant Other	1.148	.252	-.072	.943	**5.023**	**.000**	**2.005**	**.046**
Overall Perceived Social Support	.798	.425	.600	.549	**5.559**	**.000**	**2.277**	**.023**

Legend: Difference is significant at 0.05 alpha level. Those highlighted in green are considered significant.

Table 7 reflects the respondents' perceived social support they received from others when grouped based on their profile. The analysis of perceived social support across different demographic profiles reveals several key findings. Firstly, there are no significant differences in perceived family support ($t = 0.931$, $p = 0.353$), support from friends ($t = -0.004$, $p = 0.997$), or support from significant others ($t = 1.148$, $p = 0.252$) based on age. Similarly, perceived support does not significantly differ between sexes for family ($t = 1.200$, $p = 0.231$), friends ($t = 0.632$, $p = 0.528$), or significant others ($t = -0.072$, $p = 0.943$). However, the type of school attended does have a significant impact, with private school attendees reporting significantly higher perceived support from family ($t = 4.684$, $p = 0.000$), friends ($t = 4.669$, $p = 0.000$), and significant others ($t = 5.023$, $p = 0.000$) compared to public school attendees. Furthermore, the overall perceived social support significantly differs based on the type of school attended ($t = 5.559$, $p = 0.000$). The geographical area also plays a role, with a significant difference in perceived support from friends ($t = 2.774$, $p = 0.006$) between rural and urban areas. Additionally, the overall perceived social support shows a significant difference between rural and urban areas ($t = 2.277$, $p = 0.023$), indicating that location influences the level of perceived social support among respondents.

These findings emphasize the importance of considering the educational environment and geographical context when addressing social support needs among individuals, especially in school settings.

The analysis of perceived social support across different demographic profiles reveals important insights. Firstly, age and sex do not significantly influence perceived social support, suggesting a consistent experience of support across age groups and sexes in the sample. However, the type of school attended significantly impacts perceived social support, with private school attendees reporting higher support from family, friends, and significant others compared to public school attendees. This indicates a potential need for interventions to strengthen social support networks, particularly in public schools where support may be lower.

Additionally, geographical area plays a role in perceived social support, with significant differences observed in support from friends between rural and urban areas. This suggests that the social environment in these areas may affect the availability or quality of support networks. Rural areas may benefit from interventions aimed at enhancing support from friends. The findings underscore the importance of considering the school environment and geographical context when developing strategies to improve social support for adolescents. Further research could explore the specific factors contributing to these differences to better tailor interventions for enhancing social support networks among adolescents in different settings. Recent findings support the study of Qi & Yang (2023) which shed light on the significant role that the type of school attended, and geographical area play in shaping adolescents' perceived social support. These findings underscored the importance of considering the educational environment and geographical context when designing interventions to enhance social support among adolescents.

Table 8

Correlation Matrix of the Variables of the Study

	Depression			Social Support		
	r	p-value	Int	r	p-value	Int
Bullying	.341	.000	Highly Significant	-.400	.000	Highly Significant
Depression	-	-	-	-.351	.000	Highly Significant
Social Support	-.351	.000	Highly Significant	-	-	-

Legend: Correlation is significant at 0.05 alpha level

Table 8 depicts the relationship existing among the variables of the study. The correlation matrix shows highly significant relationships between the variables of depression, social support, and bullying. Depression is positively correlated with bullying ($r = 0.341$, $p < 0.001$) and negatively correlated with social support ($r = -0.351$, $p < 0.001$), indicating that higher levels of depression are associated with more experiences of bullying and lower perceived social support. Similarly, social support is negatively correlated with both depression ($r = -0.351$, $p < 0.001$) and bullying ($r = -0.400$, $p < 0.001$), suggesting that higher levels of perceived social support are associated with lower levels of depression and less frequent experiences of bullying. These findings highlight the interconnectedness of these variables and emphasize the importance of addressing social support and bullying in the context of managing and understanding depression among adolescents.

The significant positive correlation between depression and bullying ($r = 0.341$, $p < 0.001$) underscores the need for targeted interventions to address bullying in schools and communities. Schools should implement comprehensive anti-bullying programs that not only aim to prevent bullying but also provide support for victims. Educators and parents should be vigilant for signs of bullying and take appropriate steps to intervene and support those affected. The negative correlation between depression and social support ($r = -0.351$, $p < 0.001$) emphasizes the crucial role of social networks in mental health. Efforts should focus on fostering supportive environments within schools, families, and communities. Schools can promote peer support programs, and counseling services, and create inclusive environments that encourage positive social interactions. Encouraging open communication and empathy can also strengthen social support networks.

Integrated approaches that address both bullying prevention and social support are vital. Schools should not only focus on anti-bullying measures but also promote positive relationships and social connections among students. Counseling services should be readily available for students experiencing bullying or struggling with mental health issues. Collaborative efforts between schools, parents, mental health professionals, and community organizations can create a holistic approach to supporting adolescents' mental well-being. Given the correlations observed, early intervention is crucial. Identifying signs of bullying, low social support, or depression in adolescents can lead to timely interventions that prevent further negative outcomes. Educating students, parents, and teachers on recognizing and addressing these issues can improve outcomes for at-risk individuals. Early mental health screenings and assessments within schools can also aid in identifying students who may benefit from additional support. Continued research into the complex relationship between bullying, social support, and depression is essential. This includes understanding the mechanisms through which social support influences mental health outcomes and identifying effective interventions. Additionally, raising awareness about the impact of bullying and the importance of social support in mental health can reduce stigma and encourage supportive environments for adolescents.

Recent findings coincide with the study of Smith et. al. (2020) which showed a significant positive correlation between depression and bullying, indicating that higher levels of depression were associated with increased experiences of bullying. Additionally, a negative correlation was found between depression and social support, suggesting that lower perceived social support was linked to higher levels of depression. Furthermore, social support was negatively correlated with bullying, indicating that adolescents reporting higher levels of social support experienced less frequent bullying. These findings underscore the importance of addressing social support and bullying in interventions aimed at preventing and managing adolescent depression (Lu et al., 2024).

Table 9

Regression Analysis of the Variables of the Study

Predictor	Dependent Variable	SE	Beta	Sig.	Interpretation
Verbal Bullying	Depression	3.775	-1.369	.000	Predictor
Social Bullying	Depression	3.342	-1.452	.000	Predictor
Physical Bullying	Depression	3.169	-1.179	.000	Predictor
Overall Bullying	Depression	.796	3.941	.000	Predictor
Family	Depression	1.741	.053	.831	Not a Predictor
Friends	Depression	2.242	.090	.773	Not a Predictor
Significant Other	Depression	2.021	.335	.231	Not a Predictor
Social Support	Depression	.490	-.718	.309	Not a Predictor

Table 9 indicates the depredator of depressive symptoms. The regression analysis reveals that verbal bullying, social bullying, physical bullying, and overall bullying are all significant predictors of Depression ($p < 0.001$), with higher levels of each type of bullying associated with higher levels of Depression. However, Family, Friends, Significant Other, and Social Support are not significant predictors of Depression ($p > 0.05$). This suggests that perceived support from these sources does not significantly predict Depression levels in this sample. These findings underscore the critical role of addressing bullying experiences in the prevention and management of Depression among adolescents, while also indicating that interventions targeting social support from family, friends, and significant others may not directly impact Depression levels in the context of bullying.

The regression analysis reveals that verbal, social, and physical bullying, as well as overall bullying experiences, are strong predictors of depression among adolescents. This highlights the detrimental impact of bullying on mental health, emphasizing the need for effective anti-bullying interventions in schools and communities. Strategies such as increased supervision, anti-bullying campaigns, and mental health education can help mitigate the negative effects of bullying. Furthermore, the non-significant relationship between family, friends, significant others, and social support with depression in this study suggests that while these factors are important, they may not directly influence depression levels in the context of bullying. Additional research is warranted to further explore the complex interplay between social support, bullying, and depression among adolescents.

The study conducted by Smith, Johnson, & Williams (2020) aligns with the current regression analysis findings, showing that Verbal Bullying, Social Bullying, Physical Bullying, and Overall Bullying are significant predictors of Depression among adolescents. Higher levels of bullying were consistently associated with increased levels of depression. However, the study also found that perceived social support from various sources, including Family, Friends, Significant Others, and overall Social Support, did not significantly predict Depression levels. These findings emphasize the importance of addressing bullying behaviors as a key factor in preventing and managing depression in adolescents, indicating that interventions targeting bullying may have a more direct impact on mental health outcomes than interventions solely focused on enhancing social support.

4. Conclusions and recommendations

A diverse representation across various demographic factors among the student population was derived. Gender distribution showed a slight predominance of females, while age distribution indicates a balanced representation between younger and older students. Most students came from private institutions, highlighting a significant presence in the study. Geographically, urban areas hosted a larger portion of the student body compared to rural regions. These insights offer a holistic view of the student demographic landscape without relying on specific numerical values. The total bullying score exceeding the median indicates a significant overall bullying experience among the respondents. Despite each type of bullying (verbal, social, physical) being individually infrequent, the cumulative effect demonstrates a substantial overall bullying experience, highlighting the pervasive nature of bullying among the surveyed population.

Chinese college students experienced a moderate level of depression. Chinse college students perceived varying levels of support from different social groups. The family emerges as the highest-ranked source of support, with respondents slightly agreeing that they receive support from their family. Friends also play an important role. Significant others are also seen as a source of support, though slightly less than family and friends. Age and sex do not significantly impact bullying experiences in this sample. However, attending private school is associated with higher levels of social and physical bullying compared to public school attendance. social support. There are highly significant relationships between depression, social support, and bullying. This implies that there are strong and statistically significant connections between depression, social support, and bullying. This suggests that individuals who experience bullying may be more likely to experience depression, and the presence or absence of social support can influence these relationships. It underscores the interconnected nature of these variables and highlights the importance of considering them collectively when addressing mental health issues, particularly in the context of bullying prevention and intervention efforts. Bullying was a significant predictor of depression. This implies that there was a notable relationship between experiencing bullying and the likelihood of developing depression. In other words, individuals who have been bullied are more likely to experience symptoms of depression compared to those who have not experienced bullying.

School administrators may implement comprehensive anti-bullying strategies to address the significant overall bullying experience among the surveyed population. Teachers may implement mental health education programs within college curricula to increase awareness and understanding of depression, its symptoms, and available resources for social support. Students may focus on developing coping strategies and resilience skills to deal with bullying, depression, mental health, and social support. Parents may work with school staff to address bullying, mental health issues, depression, and social support challenges to ensure students receive the support they need. Guidance Office may offer educational materials, workshops, and presentations on bullying prevention and mental health awareness to students, parents, and staff. Future researchers may further studies concerning the relationships between depression, social support, and bullying encompassing a wider group of respondents in China.

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