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How Social Trust Affects Young Adults' Mental Health: Chain Mediation Effects of Social Sustainability in Communities

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Abstract: The community is the primary living environment of youth groups and serves as a bridge between the individual and society. However, few studies have examined how the social environment affects mental health by influencing the social sustainability of the community. This study examines the chain mediating effects of neighbor interactions, reciprocity, and perceived work stress (i.e., social sustainability of communities) in the association of social trust (i.e., social environment) and mental health among Chinese young adults. The data came from the cross-section data from the Chinese General Social Survey (2021). Multiple linear regression models revealed that both social trust and neighbor interactions were significantly and positively related to the mental health of young adults. The structural equation model revealed that social trust had a direct effect on increasing neighbor interactions, which in turn indirectly influenced neighbor reciprocity and perceived work stress, and gradually resulted in the reduction of depressed mood. The findings indicate that neighbor interactions could be advocated and strengthened in communities. Additionally, policymakers should create a more trusting and inclusive social environment to improve the mental health of young adults.

Keywords: social trust; social sustainability; mental health; young adults



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1. Introduction

Against the backdrop of the economic recession and increased involution, the mental health of young people is under serious threat. According to the Report on National Mental Health Development in China (2021~2022) [1], more than 20 percent of young adults rated their mental health as poor and had anxious and depressive symptoms in the post-pandemic era, a proportion significantly higher than that of other age groups. This poses a substantial challenge to their daily lives. Developing effective strategies for this impending crisis has become a pressing concern for researchers. In addition to examining the physiological components of mental health from a biological or medical perspective, exploring social explanations of psychological dilemmas is increasingly crucial. Numerous research has found that mental illness not only depends on physical conditions, but is also influenced by social factors such as inclusiveness [2,3], income disparity [4,5], and residential environment [6,7]. In the Chinese context where collectivist culture predominates, social structures and environments have greater influence over individuals than in other countries [8]. Several studies have further pointed out that many mental issues among Chinese young adults can be traced back to the drastic changes in society, necessitating an understanding from both institutional and cultural perspectives [9–11]. In terms of

accessibility of interventions, pursuing a socially oriented approach with a reduced economic burden may be more effective, targeted, and pragmatic in developing countries for enhancing the mental health of young adults.

Among these underlying social predictors of health literacy, the positive role of social trust (namely general trust in some studies) is emerging. As a crucial social asset, social trust fosters collective cohesion and closely correlates with economic recovery and livelihood advancement. In the post-pandemic era filled with uncertainties and risks, a robust trust atmosphere will impart social support, a sense of belonging, and psychological security to individuals [12]. Consequently, this enables people to have enough confidence to face crises and life challenges, thereby enhancing their physical and mental health. Some research indicated that people's self-reported health status is significantly enhanced as their level of social trust increases [13,14]. Similarly, the influence of social factors in the community on mental health has also been increasingly noticed. Harmonious neighborhood ties, regular community activities, and exceptional public services can substantially reduce stress and improve people's overall quality of life [15].

Although the positive relationship between social trust, community environment, and mental health has been gradually verified in prior studies, several pressing issues still require attention. Firstly, few studies have examined the mechanisms by which social trust is specifically linked to mental health. Mechanism research constitutes a pivotal area within social science since it offers a thorough understanding of the pathways and reasons why social trust affects mental health. Secondly, there is a substantial lack of research conducted from the perspective of community sustainability. Given that the community serves as the primary living space, individuals' mental health is inevitably affected by their neighborhood and community environment. Moreover, according to rational action theory and social capital theory [16,17], the pathway through which social trust as a macro-variable affects mental health as a micro-variable may be captured by the meso-variable at the community level. In addition, some health studies that involve community factors primarily focus on the elderly population, as they tend to have closer ties with the community [18,19]. However, young adults are also constantly integrating into community life.

The present study aims to elucidate the intricate relationship between social trust and mental health among young adults by addressing existing research gaps. Specifically, this study will focus on the community-centric pathways through which social trust boosts the mental health of young people. The implications of our findings are profound for both psychological and sociological research as we provided novel insights into the characteristics of the association between social trust, mental health, and the social sustainability of communities. This study proceeds by introducing its background and purpose. Subsequently, we review the literature and construct a theoretic model. We then provide an overview of the data and methods. Following this, our results and the interpretation are outlined. The conclusion is presented in the last section, along with the limitations and implications for future studies.

2. Literature Review and Conceptual Model

2.1. Social Trust and Mental Health

As a key factor in shaping human interactions and behavior, the constructive role of social trust in preventing isolation and promoting mental health has been verified from various aspects. Psychologists agree that trust makes the public open, bias-free, more optimistic about the future [20], and enriches resilience and confidence [21,22]. For instance, Lee and Lin proved that trust could enhance patients' self-efficacy through the sample of patients with type 2 diabetes [23]. From the insight of business organizations, trust

contributes to reducing transaction costs, promoting communication and cooperation among employees, improving job satisfaction, and spurring innovation [24,25], thereby boosting the staff's happiness [26,27]. Besides, sociologists have highlighted the bridging function of social trust among diverse ethnic groups [28,29]. In the perspective of social connectivity, trust not only enables different ethnic, age, and professional groups to take part in public affairs for common interests but also helps people participate in various social organizations, such as hometown associations and sports clubs [30]. These activities could expand the heterogeneity of social networks, enabling members to obtain added emotional and instrumental assistance, ultimately benefiting individuals' physical and mental health. Hence, this study proposes the following hypothesis:

Hypothesis 1: *Social trust is positively associated with mental health in young adults.*

2.2. Mediating Effect of Neighbor Interactions

From a social-ecological viewpoint, community settings exert a direct impact on individual behavior [31]. As a constituent of the social environment, mutual trust means a relaxed and friendly atmosphere, a strong sense of safety, and efficient norms coupled with social control [32,33]. The penalties for breaching trust and the resulting loss will encourage residents to comply with rules and keep promises, thus facilitating neighborhood interactions. According to Putnam, community social capital consists of trust and neighbor interactions [34]. Despite trust and neighbor relationships belonging to the cognitive and structural dimensions, an interactive impact exists between the two. On one hand, neighbor interaction can facilitate the dissemination of practical information and build sentimental connections, thereby enhancing trust among neighbors. Subsequently, social trust will also be further improved due to the "halo effect" [35,36]. As a result, individuals will be more likely to share joys and sorrows with their neighbors in high-trust surroundings. The strong social ties would replace the previous weak relationship, and engender an obvious development in reciprocity and mutual help [37].

Neighbor relationship represents a distinct form of social networks, specifically manifested in three primary aspects. Firstly, urbanization and industrialization have restructured Chinese lifestyles [38], especially their living environment [39]. Neighbors neither have kinship ties that characterize traditional Chinese social relations nor are they groups of strangers in modern society. A person encounters his neighbors frequently due to geographical advantage, yet he may remain unaware of his neighbors' professions and hobbies. In a manner of speaking, neighbors can be described as the most familiar strangers. Secondly, neighbors have constituted a community of shared interests, such as the safety and hygiene demands of the public space, and lawn mowing [40], which helps to facilitate a forceful collective action. Finally, neighbor relations are the outwardly expanding social ties. Unlike relatives, friends, or colleagues, the neighbor is a unique link within the regular network. This connection is not pre-existing or professionally guided but rather exists objectively and requires active construction by individuals [41]. This attribute inevitably causes the imbalance of neighbor interactions (i.e., organized or atomized lifestyle) even if residents live in the same community.

From a social support perspective, the specificity of neighbors determines their exclusive position to affect mental health through mutual aid and support. On the one hand, as an additional social relationship, although individuals usually expect less services from their neighbors compared with relatives and friends, neighbors can provide timely assistance in emergencies due to the proximity, such as temporary care for children, medical supplies, or sharing goods during the COVID-19 lock-down [42,43]. This unintended warmth will have a strong compensation effect, reducing social isolation and other negative emotions, in line with the Chinese proverb "A near neighbor is better than a distant cousin".

On the other hand, collective action and social participation spawned by common interests and hobbies can strengthen the weak ties in the neighborhood, thus activating the sense of community and enhancing belongingness [44]. When people feel the growing social support in networks, the alienation and depressive symptoms will be effectively alleviated [45]. In terms of social approval, frequent neighborhood interactions indicate that an individual is accepted by others and groups within the community. This not only makes it easier for the individual to obtain social support but also brings a sense of being recognized and affirmed, which is equally beneficial for mental health [46,47]. In short, when having more frequent neighbor interactions, young adults could experience a stronger sense of mutual support, which in turn improves their mental health.

Hypothesis 2: *More frequent neighbor interactions are related to higher levels of mental health.*

From a stress process perspective, neighbor interactions can also indirectly affect individuals' mental health by alleviating work strain. The workplace is one of the most important fields of life for young adults, and their competitiveness in the labor market determines social class and personal socio-economic status [48,49]. Accordingly, the related nervousness constitutes a main source of stress in daily life. Although it is not the greatest threat as opposed to other stressors like divorce or close friends passing away, job stress has a long-term persistence, resulting in widespread and pervasive chronic harm to mental health [50]. Finding methods to manage this negative mood is consequently crucial for maintaining mental health. Previous research has found a potent valve to alleviate accumulated tension at work, i.e., to divert one's attention from a stressful event to amateur activities and detach oneself from the confines of the workplace [51,52]. As it happens, most topics and contents of communication between neighbors are not too closely related to work performance, and they prefer to talk about school education, community healthcare, and even the experience of keeping pets. This purposeless association not only harvests heterogeneous information but also prompts individuals to temporarily dissociate themselves from their professional identity and work-related emotions, allowing them to revert to the essence of human life, thereby effectively relieving work stress. In a word, neighbor interactions can substantially mitigate people's work pressure, consequently reducing depressed mood.

Hypothesis 3: *Social trust affects young adults' neighbor interactions, thus influencing neighbor reciprocity and perceived work stress, and eventually has indirect effects on mental health.*

2.3. Moderating Effect of Neighbor Interactions

In addition to mediating effects, there may also be a moderating effect between social trust, neighbor interactions, and mental health. Likely, the strength of the link between neighbor networks and mental health varies on account of the level of social trust. Following Maslow's Hierarchy of Needs theory, social needs are a major necessity for life and serve as a significant predictor of well-being [53,54]. Thus, when we assume that the total amount of someone's need for social ties remains at a relatively constant level, the degree of reliance on neighbors varies depending on the context of social trust. In high-level trust surroundings, one person is generally optimistic and gets along better with others, which helps to cross the psychological barriers between different groups and engage with those outside his living circles. As the heterogeneity of social network membership increases, the path to social needs fulfillment will become diverse, leading to a possible decline in the importance of neighborhood interactions in maintaining mental health. Conversely, under the atmosphere of low levels of social trust, interacting with unfamiliar faces is perceived as risky. Given the norms and social controls implicit in

the community, neighbors can be a vital vehicle for individual weak ties. In other words, concerns and defensiveness about strangers highlight the status and value of neighbor interactions, reinforcing the association between neighborhood interactions and mental health. Thus, the relationship between neighborhood interaction and mental health is stronger in low-trust contexts than in high-trust climates. In other words, neighborhood interaction exerts a compensatory effect in low-trust societies, substituting for the absence of support from strangers or unfamiliar individuals.

Hypothesis 4: *The relationship between neighbor interactions and mental health is stronger in the groups that distrust the majority than their peers.*

2.4. Theoretical Model

The purpose of this study is to investigate whether social trust affects young adults' mental health through neighbor interactions and nail down the precise mechanisms. Both social support theory and stress process theory posit that social intercourse among neighbors, and the consequent reciprocal care and stress release might mediate or moderate the relationship between social trust and mental health. The corresponding research model is illustrated as follows (Figure 1):

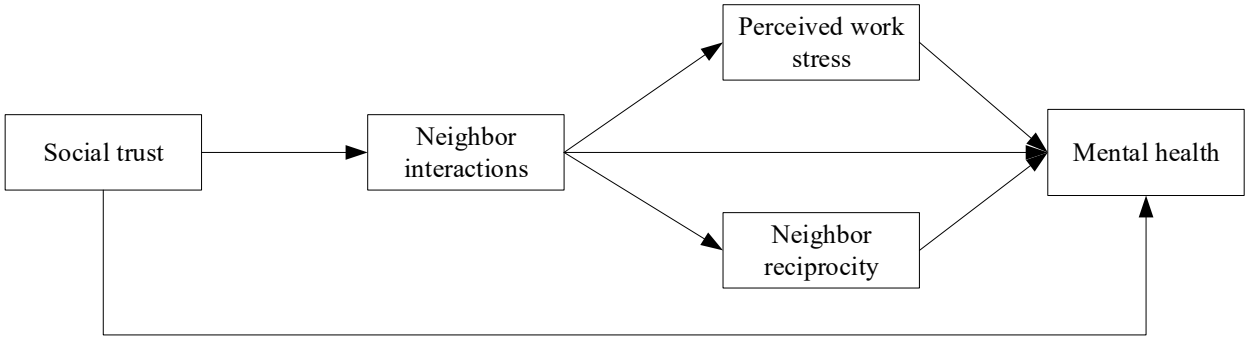


Figure 1. Conceptual framework of the relationships among social trust, social sustainability in communities, and mental health.

3. Methods

3.1. Sample

Data for this study was extracted from the 2021 Chinese General Social Survey (CGSS), implemented by the National Survey Research Center at Renmin University of China. The CGSS survey aims to systematically and comprehensively collect basic information on Chinese behavior, attitudes, life, and work, further reflecting their social relations, ideological patterns, and social structure. Utilizing the Probability Proportionate to Size Sampling method, the survey encompassed over 10,000 households across provinces, cities, and autonomous regions in mainland China. Because of its representativeness and scientific nature, numerous studies adopted this data in their research. To date, sixteen annual cross-sectional surveys have been conducted from 2003, and the latest data was available as of 2021. The 2021 CGSS data was employed in our research for investigation timeliness and completeness. After removing the observations with missing values in the related variables and inappropriate age group, this sample includes 1047 observations aged 44 years and younger. All statistical analyses were performed using STATA 16.0 software.

3.2. Measures

3.2.1. Dependent Variable: Mental Health

Mental health was indicated by the respondents' self-reported emotional item revised from the Patient Health Questionnaire in Kuszynski's study [55]. Respondents were asked to rate their frequency of feeling depressed in the past four weeks and the answers ranged from 1 (never) to 5 (always). Higher scores suggested more depression and worse mental health.

3.2.2. Independent Variable: Social Trust

Social trust was measured by the classic indicator, namely the attitudes towards the view that most people can be trusted. The question involving social trust asked by the 2021 CGSS was: "Overall, do you agree that the vast majority of people are trustworthy in this society?". Participants answered on a 5-point scale from 1 (fully disagree) to 5 (fully agree), with higher scores indicating greater social trust.

3.2.3. Mediator Variables: Community Sustainable Indictors

Neighbor interactions were assessed by the frequency of social and recreational activities with neighbors (visiting each other's homes, watching TV together, eating together, playing cards, etc.). Respondents were expected to answer from 1 (nearly every day) to 7 (never). For ease of interpretation, this study reversed this item, and the new scale varied from 1 (never) to 7 (nearly every day).

The neighbor reciprocity indicator was indicated by asking respondents to what extent they agree that neighbors will help them when encountering difficulties. The answers ranged from 1 (fully agree) to 5 (fully disagree). Like the neighbor interactions indicator, neighbor help was also encoded in a reverse way because of ease of understanding.

Perceived work stress was measured by the frequency of feeling stressed at work. Respondents were required to report how often they perceived high work pressure on a 4-point scale from 1 (always) to 4 (rarely). We recoded the answers so that the high scores meant a stronger perceived work stress.

3.2.4. Control Variables: Socio-Demographic Indicators

Some socio-demographic variables, which were confirmed to be predictors of mental health, were also controlled in this study. Age and income were continuous variables, measured in years and the natural logarithm of individual income plus one, respectively. Gender, hukou (the household registration system conducted in the 1950s), marital status, party identification, and ethnicity were dichotomized as a set of dummy variables: male, urban hukou, married, member of the Chinese Communist Party (CCP), and Han ethnic group were encoded as 1; while female, rural hukou, other marital status, non-member in CCP, and ethnic minority group were encoded as 0. Education was assessed by the level of education attainment: 0 (primary school), 1 (middle school), and 2 (bachelor degree or above). The gross domestic product (GDP) in each province was represented by its logarithm value. Income change caused by the COVID-19 pandemic ranged from 1 (increased a lot) to 5 (decreased significantly) [56,57].

3.3. Analytical Strategy

Firstly, this study conducted a descriptive analysis of the related variables. Secondly, multiple linear regression models were performed to further examine the effects of social trust, neighbor interactions, perceived work stress, and neighborhood help on mental health. Additionally, we explored how social trust moderated the relationship between neighbor interactions and mental health through interaction terms. Finally, structural

equation modeling was used to inspect the chain mediating mechanisms through which social trust affects young adults' mental health.

4. Results

Table 1 shows the basic information for the dependent and explanatory variables in this study. The average mental health score was 1.91 and one-quarter of the respondents reported that they felt depressed regularly in the last four weeks. The mean social trust of the participants was 3.50. The frequency of social and recreational activities between neighbors was relatively low, with most reporting several times a month (mean = 3.45). Neighbor reciprocity and perceived work stress were at a high level, with mean values of 3.84 and 2.03, respectively. As for the other variables, the mean age of the respondents was 31.86. About 44% of the participants were male. More than half (60.7%) of the participants were married, and the minority (9.6%) of the respondents were CCP. Approximately 44.5% of the respondents had at least a bachelor's degree or above. Urban hukou accounted for more than one-third of respondents. Most of the participants were Han ethnic group.

Table 1. Descriptive analysis of relevant variables.

Variables	Mean	Standard Deviations	Encoding Scheme
Mental health	1.91	0.95	1 (never)~5 (always)
Social trust	3.50	0.94	1 (fully disagree)~5 (fully agree)
Neighbor interactions	3.45	2.03	1 (never)~7 (nearly every day)
Neighbor reciprocity	3.84	0.74	1 (fully disagree)~5 (fully agree)
Perceived work stress	2.03	0.92	1 (rarely)~4 (always)
Age	31.86	7.94	18~44 years
Gender	0.44	0.49	0 (female), 1 (male)
Marital status	0.61	0.49	0 (non-married), 1 (married)
Party identification	0.10	0.29	0 (non-CCP), 1 (CCP)
Ethnicity	0.92	0.28	0 (minority), 1 (Han)
Education	1.36	0.64	0 (primary)~2 (bachelor or above)
Hukou	0.33	0.37	0 (rural), 1 (urban)
Income	8.35	4.58	0~13.71
GDP	10.59	0.58	8.41~11.66
Income change	3.32	0.788	1~5

Table 2 presents five regression models for mental health. Model (1) displays the relationship between social trust and mental health when controlling for the covariates. Compared to young people, older respondents experienced an increase in the frequency of feeling depressed due to the physical health anxiety and life stress associated with aging. Advantageous resource groups were significantly more psychologically healthy. Specifically, the respondents who were male, married, members of CCP, and had better income expectations tended to have better mental health than their peers. Social trust was proved to be a positive factor in maintaining mental health and alleviating depression, with each increase of one unit on social trust improving mental health by 0.122.

Model (2) included both social trust and neighbor interactions as predictors of mental health. The positive relationship between social trust and mental health was still significant while controlling for neighbor interactions. Additionally, higher neighbor interactions were associated with improved mental health. Adding neighbor interactions to Model (2) made the coefficient of social trust in Model (1) decrease to 0.116, which suggested that the effect of social trust on mental health was partially mediated by neighbor interactions.

Table 2. Multiple linear regression models for mental health (N = 1047).

	Model (1)	Model (2)	Model (3)	Model (4)	Model (5)
Social trust	−0.122 ***	−0.116 ***	−0.083 **	−0.058 â€	−0.092
	(0.020)	(0.020)	(0.028)	(0.035)	(0.089)
Age	0.002 *	0.002	0.003	0.001	−0.001
	(0.001)	(0.002)	(0.003)	(0.002)	(0.001)
Gender	−0.102 *	−0.102 *	−0.144 **	−0.143 *	−0.208 *
	(0.040)	(0.041)	(0.055)	(0.068)	(0.091)
Education	0.029	0.030	0.043	−0.058	−0.069
	(0.031)	(0.035)	(0.050)	(0.060)	(0.080)
Hukou	0.011	0.007	0.046	−0.020	−0.019
	(0.025)	(0.025)	(0.033)	(0.043)	(0.055)
Marital status	−0.115 **	−0.119 **	−0.131 *	−0.155 *	−0.167 *
	(0.046)	(0.046)	(0.066)	(0.078)	(0.084)
Party identification	−0.114 â€	−0.122 *	−0.113	−0.080	−0.069
	(0.060)	(0.060)	(0.080)	(0.111)	(0.133)
Ethnicity	0.079	0.068	0.150	0.079	−0.199
	(0.073)	(0.064)	(0.113)	(0.126)	(0.199)
Income	−0.000	−0.000	0.009	−0.003	0.020
	(0.004)	(0.004)	(0.013)	(0.008)	(0.022)
GDP	−0.099 **	−0.095 **	−0.058	−0.019	−0.044
	(0.033)	(0.034)	(0.047)	(0.054)	(0.077)
Income change	0.081 ***	0.085 ***	0.068 *	0.064	−0.017
	(0.023)	(0.023)	(0.034)	(0.040)	(0.054)
Neighbor interactions		−0.017 â€	−0.031 *	−0.014	−0.098
		(0.010)	(0.014)	(0.016)	(0.090)
Perceived work stress			0.188 ***		0.184 ***
			(0.029)		(0.047)
Neighbor reciprocity				−0.131 **	−0.116 *
				(0.045)	(0.058)
Social trust× Neighbor interactions					0.017
					(0.024)
_cons	3.122 ***	2.994 ***	2.043 ***	2.791 ***	2.466 ***
	(0.318)	(0.366)	(0.560)	(0.612)	(0.932)
adj. R^2	0.026	0.025	0.052	0.018	0.043

Standard errors in parentheses: â€ $p < 0.1$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Model (3) examined the relationship between work stress and mental health. We found that work stress was associated with a 0.188-unit decrease in the frequency of feeling healthy. The effect of neighbor interactions on mental health got bigger compared to Model (2), and the coefficient value increased from 0.017 to 0.031.

Model (4) added neighbor reciprocity based on Model (2). Neighbor reciprocity was positively related to mental health, which increased neighbor help, resulting in a 0.131-unit improvement in mental health. Similarly, the coefficient value of neighbor interactions became smaller in Model (4), indicating that work stress and neighbor reciprocity might be the indirect path through which neighbor interactions affected mental health. Model (5) included the moderating variable, namely the interaction between social trust and neighbor interactions. However, this moderating variable was not significant.

Figure 2 displays that social trust was positively related to elevated neighbor interactions, and that neighbor interactions were significantly associated with higher neighbor reciprocity and less work stress. This led to decreased depressive feelings and better mental health.

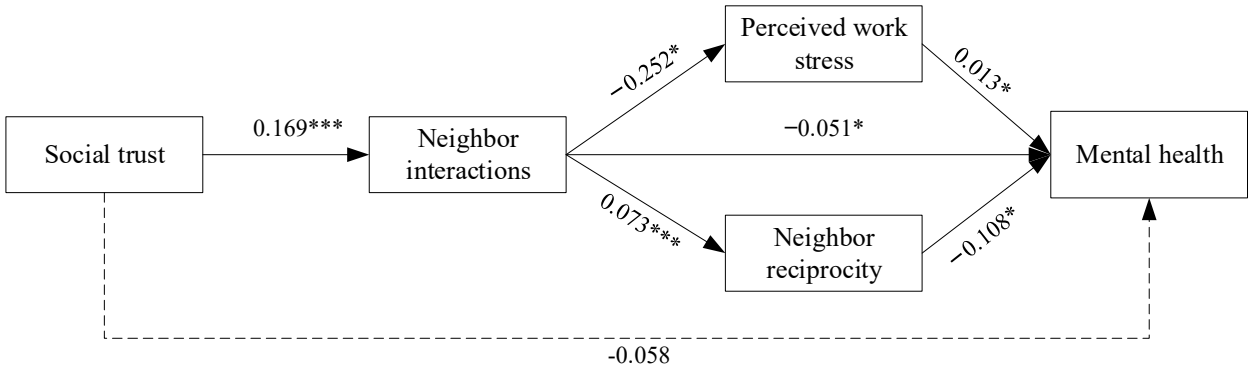


Figure 2. The mediating effects of community sustainable characteristics between social trust and mental health. * $p < 0.05$, *** $p < 0.001$.

5. Discussion

As a holistic predictor, social trust not only reflects the stability of the social order but also projects on families and individuals as an important dimension of their mental health. Previous studies have explored the association between social trust and mental health from psychological optimism and sociological connectivity perspectives; however, the hierarchical fallacy that social trust affects mental health has not received the attention it deserves. Therefore, this study selected the meso-level variable of community-led relations to examine how social trust influences young adults' mental health.

Using the data from 2021CGSS, we found that social trust was associated with better mental health among young adults when controlling for the covariates. The first hypothesis was supported. This result is consistent with the findings of previous studies [58,59]. As George Simmel said, "Society will become the scattered sand without social trust, since few relationships can be built on a precise understanding of others." [60]. In other words, social trust brings loose individuals closer together through intangible bonds, reducing the probability of uncertainty evolving into risk, and allowing individuals to maintain external connections in the face of unknown life, thereby enhancing happiness and mental health.

The second hypothesis that neighbor interactions are related to higher levels of mental health among young adults was supported. This finding provides fresh evidence for neighbor interactions as a positive factor in promoting health, aligning with health studies in various contexts [61–63]. As an effective supplement to conventional social relations, the neighborhood network has played an important role in Chinese rural areas [64,65]. However, accelerated urbanization and marketization have transformed neighbors from acquaintances to strangers due to the disintegration of the traditional social order and the decline of general trust [66,67]. Therefore, the critical position of neighbors was once overlooked by the public. In recent years, researchers have rediscovered the importance of the neighborhood. Xiang Biao has brought up the sociology concept of the nearby, which aims to promote authentic social connections by reconnecting with the surrounding environment, thereby enhancing community cohesion and individuals' well-being [68]. Our findings empirically proved the theorists' points and provided new insights. Unlike previous studies that mainly focused on the elderly [69,70], this study highlights the value and significance of neighborhoods in preserving the health of youth groups, enriching the connotations of the neighbors. In addition, we noticed that the relationship between neighbor interactions and depressed mood was still significant when neighborhood reciprocity and work stress were simultaneously included in the structural model. This suggests that neighbor interactions might improve young adults' mental health through other paths besides neighbor reciprocity and stress relief. The mediating mechanism needs to be further explored in subsequent studies.

The third hypothesis that social trust affects neighbor interactions, which in turn influences neighbor reciprocity and perceived work stress, and then affects mental health, was supported. The result indicated that people who trusted the majority had a stronger desire to engage with their neighbors. This finding corroborates previous studies that the availability of neighborhood networks and participation in community activities are influenced by collective social capital [71]. This study also reveals that social trust has indirect effects on mental health through neighbor interactions, consistent with several studies emphasizing the crucial role of social determinants in health outcomes [72,73]. This finding further illustrates the cross-level process by which social predictors influence mental health from the perspective of social support and stress coping theory.

The fourth hypothesis that social trust moderates the relationship between neighbor interactions and mental health was not supported. This finding suggested that the impact of neighborhood interactions on mental health among young adults is relatively stable, regardless of the level of social trust. This might be due to the irreplaceable status of the neighbors. Even though there are other possibilities for people to establish weak ties in high-trust surroundings, this does not imply that individuals necessarily have the time or motives to engage in social affairs. Previous studies have shown that time spent in public events declines steadily for residents [74,75]. However, the geographic advantages of neighborhoods force residents to be integrated into community social networks, and this connection is independent of whether individuals are actively involved, thus triggering the disappearance of the moderating effect between social trust, neighbor interactions, and mental health. Additionally, there is also the possibility that the study sample was relatively small, making it statistically difficult to reject the null hypothesis.

6. Conclusions

This study discovered that community sustainable indicators serve as bridges linking social trust and mental health. In essence, our study confirmed the mediating role of social trust on mental health at the community level. Specifically, these community sustainable elements encompass neighbor interactions, reciprocity, and perceived work stress. Our research revealed the dual role of neighborhood interaction between social trust and health, providing support and coping with stress. This enriches our understanding of the value of current social neighborhood interaction. Notably, the direct relationship between social trust and mental health diminished after introducing community sustainable indicators to the model. This implies that the impact of social trust on mental health is primarily manifested through the community. The findings of this study also emphasize that neighbor interactions, reciprocity, and perceived work stress are not just isolated elements but constitute essential components of a broader framework that sustains both social cohesion and young adults' mental health.

Communities are vital places for people's lives, and strategies to nurture a mutual trust atmosphere and cultivate a harmonious neighborhood environment are intimately related to the psychological happiness of human beings. Regrettably, many government departments and community governors lack adequate cognition of the importance of maintaining a positive neighborhood environment, resulting in numerous mental health issues that remain unaddressed in daily life. Given the crucial role of neighbors in protecting the well-being of residents, this study further verified the penetration and applicability of the Chinese proverb that neighbors are more precious than distant relatives among young adults. Policymakers must create a more trusting and inclusive community environment to help young adults' mental health. Scholars concerned with health should broaden their horizons beyond individual perspectives to focus on the social and community levels.

7. Limitations and Future Studies

There are some limitations in this study. Firstly, neighborhood interaction is essentially a multifaceted concept that includes not only interaction frequency but also other dimensions such as communication methods or relationship strength. However, due to the limitations of questionnaire-based measurements, we only used the social frequency indicator between neighbors, which makes the research conclusions insufficient in depth. Similarly, shortcomings also existed in the measurement of mental health. Future studies should collect more comprehensive data to assess both neighborhood interactions and mental health accurately. Secondly, structural equation modeling cannot eliminate endogeneity issues in the model, and there may be a reverse causal relationship between social trust and mental health. Some of the more rigorous statistical methods, such as the instrumental variable method and randomized controlled trials, can be employed to address these concerns.

Furthermore, the pathways through which social trust influences mental health within communities require further exploration. In addition to social sustainability, community sustainability includes economic and environmental dimensions. Given the robust connection between social trust and economic development, we speculate that economic sustainability might serve as an important mediating factor. Moreover, due to the limitations of our research survey, our study did not account for other social factors that may influence mental health, such as family structure or social approval. We hope that future studies will build upon the insights from this study to complement and enhance the understanding of these related health dynamics.

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References

1. Fu, X.; Zhang, K. *Report on National Mental Health Development in China (2021~2022)*; Social Sciences Academic Press: Beijing, China, 2023.
2. Thupayagale Tshweneagae, G.; Mokomane, Z. Inclusiveness: A mental health strategy for preventing future mental health problems among adolescents orphaned by AIDS. *J. Psychiatr. Ment. Health Nurs.* **2012**, *19*, 746–750. [CrossRef] [PubMed]
3. Cleary, M.; West, S.; Hungerford, C. Inclusion, Inclusivity and Inclusiveness: The Role of the Mental Health Nurse. *Issues Ment. Health Nurs.* **2024**, *45*, 769–773. [CrossRef] [PubMed]
4. Sturm, R.; Gresenz, C.R. Relations of income inequality and family income to chronic medical conditions and mental health disorders: National survey. *BMJ-Brit Med. J.* **2002**, *324*, 20. [CrossRef] [PubMed]
5. Layte, R. The association between income inequality and mental health: Testing status anxiety, social capital, and neo-materialist explanations. *Eur. Sociol. Rev.* **2012**, *28*, 498–511. [CrossRef]
6. Arcaya, M.C.; Tucker-Seeley, R.D.; Kim, R.; Schnake-Mahl, A.; So, M.; Subramanian, S.V. Research on neighborhood effects on health in the United States: A systematic review of study characteristics. *Soc. Sci. Med.* **2016**, *168*, 16–29. [CrossRef] [PubMed]
7. Mouratidis, K. Built environment and leisure satisfaction: The role of commute time, social interaction, and active travel. *J. Transp. Geogr.* **2019**, *80*, 102491. [CrossRef]

8. Papadopoulos, C.; Foster, J.; Caldwell, K. 'Individualism-collectivism' as an explanatory device for mental illness stigma. *Community Ment. Health J.* **2013**, *49*, 270–280. [CrossRef]
9. Hsiao, F.H.; Klimidis, S.; Minas, H.; Tan, E.S. Cultural attribution of mental health suffering in Chinese societies: The views of Chinese patients with mental illness and their caregivers. *J. Clin. Nurs.* **2006**, *15*, 998–1006. [CrossRef] [PubMed]
10. Wang, K. The Yin–Yang Definition Model of Mental Health: The Mental Health Definition in Chinese Culture. *Front. Psychol.* **2022**, *13*, 832076. [CrossRef] [PubMed]
11. Yang, G.; Xiangming, L. Graduate socialization and anxiety: Insights via hierarchical regression analysis and beyond. *Stud. High. Educ.* **2024**, 1–17. [CrossRef]
12. Kim, Y.R.; Liu, A. Social distancing, trust and post-COVID-19 recovery. *Tour. Manag.* **2022**, *88*, 104416. [CrossRef] [PubMed]
13. Lindstrom, M.; Mohseni, M. Social capital, political trust and self-reported psychological health: A population-based study. *Soc. Sci. Med.* **2009**, *68*, 436–443. [CrossRef] [PubMed]
14. Adjaye-Gbewonyo, K.; Kawachi, I.; Subramanian, S.V.; Avendano, M. High social trust associated with increased depressive symptoms in a longitudinal South African sample. *Soc. Sci. Med.* **2018**, *197*, 127–135. [CrossRef] [PubMed]
15. Sirgy, M.J.; Cornwell, T. How neighborhood features affect quality of life. *Soc. Indic. Res.* **2002**, *59*, 79–114. [CrossRef]
16. Goldthorpe, J.H. Rational action theory for sociology. *Br. J. Sociol.* **1998**, *49*, 167–192. [CrossRef]
17. Hawe, P.; Shiell, A. Social capital and health promotion: A review. *Soc. Sci. Med.* **2000**, *51*, 871–885. [CrossRef]
18. Keysor, J.J.; Jette, A.M.; LaValley, M.P.; Lewis, C.E.; Torner, J.C.; Nevitt, M.C.; Felson, D.T.; Group, M.O.M. Community environmental factors are associated with disability in older adults with functional limitations: The MOST study. *J. Gerontol. Ser. A Biomed. Sci. Med. Sci.* **2010**, *65*, 393–399. [CrossRef]
19. Yeom, H.A.; Fleury, J.; Keller, C. Risk factors for mobility limitation in community-dwelling older adults: A social ecological perspective. *Geriatr. Nurs.* **2008**, *29*, 133–140. [CrossRef] [PubMed]
20. Eisner, J.P. The origins of explanatory style: Trust as a determinant of optimism and pessimism. In *Explanatory Style*; Routledge: Abingdon, UK, 2013.
21. Tomasic, R.; Akinbami, F. The role of trust in maintaining the resilience of financial markets. *J. Corp. Law Stud.* **2011**, *11*, 369–394. [CrossRef]
22. Smith, C. Understanding trust and confidence: Two paradigms and their significance for health and social care. *J. Appl. Philos.* **2005**, *22*, 299–316. [CrossRef]
23. Lee, Y.; Lin, J.L. The effects of trust in physician on self-efficacy, adherence and diabetes outcomes. *Soc. Sci. Med.* **2009**, *68*, 1060–1068. [CrossRef] [PubMed]
24. Asencio, H. Leadership, trust, and job satisfaction in the public sector: A study of US federal employees. *Int. Rev. Public Adm.* **2016**, *21*, 250–267. [CrossRef]
25. Hattori, R.A.; Lapidus, T. Collaboration, trust and innovative change. *J. Change Manag.* **2004**, *4*, 97–104. [CrossRef]
26. Helliwell, J.F.; Huang, H. Well-being and trust in the workplace. *J. Happiness Stud.* **2011**, *12*, 747–767. [CrossRef]
27. Mousa, M.; Chaouali, W. Inspiring workplace happiness: Religiosity and organizational trust in the academic context. *Asia-Pacific J. Bus. Adm.* **2022**, *14*, 658–674. [CrossRef]
28. Braesemann, F.; Stephany, F. Between bonds and bridges: Evidence from a survey on trust in groups. *Soc. Indic. Res.* **2021**, *153*, 111–128. [CrossRef]
29. Dinesen, P.T.; Sønderskov, K.M. Ethnic diversity and social trust: Evidence from the micro-context. *Am. Sociol. Rev.* **2015**, *80*, 550–573. [CrossRef]
30. Kong, D.; Pan, Y.; Tian, G.G.; Zhang, P. CEOs' hometown connections and access to trade credit: Evidence from China. *J. Corp. Finance* **2020**, *62*, 101574. [CrossRef]
31. Kloos, B.; Shah, S. A social ecological approach to investigating relationships between housing and adaptive functioning for persons with serious mental illness. *Am. J. Community Psychol.* **2009**, *44*, 316–326. [CrossRef] [PubMed]
32. Cook, K.S. Institutions, trust, and social order. In *Order on the Edge of Chaos: Social Psychology and the Problem of Social Order*; Cambridge University Press: New York, NY, USA, 2015; pp. 125–144.
33. Shapiro, S.P. The social control of impersonal trust. *Am. J. Sociol.* **1987**, *93*, 623–658. [CrossRef]
34. Putnam, R.D. Bowling alone: America's declining social capital. In *The City Reader*; Routledge: Abingdon, UK, 2015.
35. Nicolau, J.L.; Mellinas, J.P.; Martín-Fuentes, E. The halo effect: A longitudinal approach. *Ann. Tour. Res.* **2020**, *83*, 102938. [CrossRef]
36. Zheng, S.; Hui, S.F.; Yang, Z. Hospital trust or doctor trust? A fuzzy analysis of trust in the health care setting. *J. Bus. Res.* **2017**, *78*, 217–225. [CrossRef]
37. Mata, F.; Pendakur, R. Social capital, diversity and giving or receiving help among neighbours. *Soc. Indic. Res.* **2014**, *118*, 329–347. [CrossRef]
38. Wang, R.; Feng, Z.; Liu, Y.; Qiu, Y. Is lifestyle a bridge between urbanization and overweight in China? *Cities* **2020**, *99*, 102616. [CrossRef]

39. Guan, X.; Wei, H.; Lu, S.; Dai, Q.; Su, H. Assessment on the urbanization strategy in China: Achievements, challenges and reflections. *Habitat Int.* **2018**, *71*, 97–109. [CrossRef]
40. Sisser, J.M.; Nelson, K.C.; Larson, K.L.; Ogden, L.A.; Polsky, C.; Chowdhury, R.R. Lawn enforcement: How municipal policies and neighborhood norms influence homeowner residential landscape management. *Landsc. Urban Plan.* **2016**, *150*, 16–25. [CrossRef]
41. Brower, S. *Neighbors and Neighborhoods: Elements of Successful Community Design*; Routledge: Abingdon, UK, 2020.
42. Chen, X.; Zou, Y.; Gao, H. Role of neighborhood social support in stress coping and psychological wellbeing during the COVID-19 pandemic: Evidence from Hubei, China. *Health Place* **2021**, *69*, 102532. [CrossRef]
43. Kim, S.H. Love thy neighbor? The role of trust in neighbors during the COVID-19 crisis. *Health Place* **2024**, *85*, 103164. [CrossRef]
44. Smith, K.M. *The Relationship Between Residential Satisfaction, Sense of Community, Sense of Belonging and Sense of Place in a Western Australian Urban Planned Community*; Edith Cowan University: Joondalup, Australia, 2011.
45. Sullivan, M.; Moore, M.; Blom, L.C.; Slater, G. Relationship between social support and depressive symptoms in collegiate student athletes. *J. Study Sports Athletes Educ.* **2020**, *14*, 192–209. [CrossRef]
46. Samadifard, H.R.; Sadri Damirchi, E. The relationship between perception of social interaction, perceived social support and social acceptance with aggression among adolescents. *J. Res. Health* **2018**, *8*, 38–46. [CrossRef]
47. Yang, J.; Yang, Y.; Li, H.; Hou, Y.; Qi, M.; Guan, L.; Che, X.; Chen, Y.; Chen, W.; Pruessner, J.C. Correlation between self-esteem and stress response in Chinese college students: The mediating role of the need for social approval. *Pers. Individ. Differ.* **2014**, *70*, 212–217. [CrossRef]
48. Avvisati, F. The measure of socio-economic status in PISA: A review and some suggested improvements. *Large-Scale Assess. Educ.* **2020**, *8*, 8. [CrossRef]
49. Ishii, K.; Eisen, C. Socioeconomic status and cultural difference. In *Oxford Research Encyclopedia of Psychology*; Oxford University Press: Oxford, UK, 2020. Available online: https://oxfordre.com/psychology/display/10.1093/acrefore/9780190236557.001.0001/acrefore-9780190236557-e-584#acrefore-9780190236557-e-584-bibliography-0001 (accessed on 19 January 2025).
50. Godin, I.; Kittel, F.; Coppieters, Y.; Siegrist, J. A prospective study of cumulative job stress in relation to mental health. *BMC Public Health* **2005**, *5*, 67. [CrossRef]
51. Akanji, B.; Mordi, C.; Ajonbadi, H.A. The experiences of work-life balance, stress, and coping lifestyles of female professionals: Insights from a developing country. *Empl. Relat. Int. J.* **2020**, *42*, 999–1015. [CrossRef]
52. Jeong, J.; Kang, S.; Choi, S.B. Employees' weekend activities and psychological well-being via job stress: A moderated mediation role of recovery experience. *Int. J. Environ. Res. Public Health* **2020**, *17*, 1642. [CrossRef] [PubMed]
53. McLeod, S. Maslow's hierarchy of needs. *Simply Psychol.* **2007**, *1*, 1–18.
54. Steverink, N.; Lindenberg, S. Which social needs are important for subjective well-being? What happens to them with aging? *Psychol Aging* **2006**, *21*, 281. [CrossRef] [PubMed]
55. Kuczynski, A.M.; Halvorson, M.A.; Slater, L.R.; Kanter, J.W. The effect of social interaction quantity and quality on depressed mood and loneliness: A daily diary study. *J. Soc. Pers. Relatsh.* **2022**, *39*, 734–756. [CrossRef]
56. Guberina, T.; Wang, A.M.; Obrenovic, B. An empirical study of entrepreneurial leadership and fear of COVID-19 impact on psychological wellbeing: A mediating effect of job insecurity. *PLoS ONE* **2023**, *18*, e284766. [CrossRef] [PubMed]
57. Gu, X.; Obrenovic, B.; Fu, W. Empirical study on social media exposure and fear as drivers of anxiety and depression during the COVID-19 pandemic. *Sustainability* **2023**, *15*, 5312. [CrossRef]
58. Fahmi, M.; Panjaitan, N.A.; Habibie, I.; Siregar, A.Y.; Amarullah, G.; Rahma Sunjaya, D.K. Does your neighborhood protect you from being depressed? A study on social trust and depression in Indonesia. *BMC Public Health* **2019**, *19*, 1371. [CrossRef]
59. Kim, S.; Chung, Y.; Perry, M.J.; Kawachi, I.; Subramanian, S.V. Association between interpersonal trust, reciprocity, and depression in South Korea: A prospective analysis. *PLoS ONE* **2012**, *7*, e30602. [CrossRef] [PubMed]
60. Simmel, G. *The Sociology of Georg Simmel*; Free Press: Mumbai, India, 1950.
61. Putrik, P.; de Vries, N.K.; Mujakovic, S.; van Amelsvoort, L.; Kant, I.; Kunst, A.E.; van Oers, H.; Jansen, M. Living environment matters: Relationships between neighborhood characteristics and health of the residents in a Dutch municipality. *J. Community Health* **2015**, *40*, 47–56. [CrossRef]
62. Bjornstrom, E.E. The neighborhood context of relative position, trust, and self-rated health. *Soc. Sci. Med.* **2011**, *73*, 42–49. [CrossRef] [PubMed]
63. Somefun, O.D.; Fotso, A.S. The effect of family and neighbourhood social capital on youth mental health in South Africa. *J. Adolesc.* **2020**, *83*, 22–26. [CrossRef] [PubMed]
64. Wu, F.; Logan, J. Do rural migrants 'float'in urban China? Neighbouring and neighbourhood sentiment in Beijing. *Urban Stud.* **2016**, *53*, 2973–2990. [CrossRef]
65. Zhang, M.; Wu, W.; Zhong, W.; Zeng, G.; Wang, S. The reshaping of social relations: Resettled rural residents in Zhenjiang, China. *Cities* **2017**, *60*, 495–503. [CrossRef]
66. Xu, Y.; Li, J.; Jiao, S. Impacts of Chinese urbanization on farmers' social networks: Evidence from the urbanization led by farmland requisition in Shanghai. *J. Urban Plan. Dev.* **2016**, *142*, 05015008. [CrossRef]

67. Hazelzet, A.; Wissink, B. Neighborhoods, social networks, and trust in post-reform China: The case of Guangzhou. *Urban Geogr.* **2012**, *33*, 204–220. [CrossRef]
68. Xiang, B. The nearby: A scope of seeing. *J. Contemp. Chin. Art* **2021**, *8*, 147–165. [CrossRef]
69. Chaudhury, H.; Campo, M.; Michael, Y.; Mahmood, A. Neighbourhood environment and physical activity in older adults. *Soc. Sci. Med.* **2016**, *149*, 104–113. [CrossRef]
70. Hand, C.; Law, M.; Hanna, S.; Elliott, S.; McColl, M.A. Neighbourhood influences on participation in activities among older adults with chronic health conditions. *Health Place* **2012**, *18*, 869–876. [CrossRef] [PubMed]
71. Welzel, C.; Inglehart, R.; Deutsch, F. Social capital, voluntary associations and collective action: Which aspects of social capital have the greatest 'civic'payoff? *J. Civ. Soc.* **2005**, *1*, 121–146. [CrossRef]
72. Poortinga, W. Social relations or social capital? Individual and community health effects of bonding social capital. *Soc. Sci. Med.* **2006**, *63*, 255–270. [CrossRef] [PubMed]
73. McCulloch, A. Social environments and health: Cross sectional national survey. *BMJ-Brit. Med. J.* **2001**, *323*, 208–209. [CrossRef]
74. Twenge, J.M.; Spitzberg, B.H.; Campbell, W.K. Less in-person social interaction with peers among US adolescents in the 21st century and links to loneliness. *J. Soc. Pers. Relatsh.* **2019**, *36*, 1892–1913. [CrossRef]
75. Bartolini, S.; Sarracino, F. The dark side of Chinese growth: Declining social capital and well-being in times of economic boom. *World Dev.* **2015**, *74*, 333–351. [CrossRef]

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