Review article

Social interventions: An effective approach to reduce adult depression?

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ABSTRACT

Background: Social interventions that aim to facilitate bonds and interaction among individuals could reduce depression at a population level; yet, the scope and effectiveness of these interventions remain unclear. This systematic review classifies and reports on social interventions that have been implemented to target depression in adults.
Methods: Search terms related to 'intervention', 'depression', and 'social' were entered into databases, including: The Cochrane Database of Systematic Reviews, MEDLINE, Embase, PsycInfo, CINAHL, and TRoPHI. Inclusion criteria included: (1) depression was an intervention outcome, (2) depression was not attributable to concomitant illnesses or circumstances (e.g., chronic illness or exposure to natural disasters), (3) the intervention facilitated social interaction, (4) the intervention targeted adults (18–64), (5) the sample was community-based, (6) the study was available in English, and (7) within-group or between-group comparison group information was available.
Results: Of the 24 studies meeting the inclusion criteria, 17 reported reductions in depressive symptoms. Social interventions often incorporated multiple strategies to improve depressive symptoms, including: peer support (n=17), skill building (n=11), group-based activities (n=11), psycho-education (n=9), psychotherapy (n=5), exercise (n=5), and links to community resources (n=3).
Limitations: Findings of this review may not be generalizable to specific population subgroups with depression, including those who have chronic illnesses or postpartum depression.
Conclusions: Various types of social interventions can be effective in reducing adult depression. Social interventions can be tailored to diverse groups, are feasible in resource-scarce communities, and have the potential to reduce population-level depression due to their group formats.

1. Introduction

Depression affects an estimated 350 million people worldwide (Marcus et al., 2012). Given its enormous impact, the United Nations (United Nations, 2016) and World Health Organization (World Health Organization, 2013) have identified mental health promotion as a global priority. They have also deemed the social determinants of health that are modifiable in nature, as key factors by which to promote mental health at a population level (World Health Organization, 2013, 2014). Such recommendations are based on decades of research demonstrating that features of individuals' social environments can be harmful or conducive to one's mental health. Social isolation, detrimental social ties, and living in socioeconomically disadvantaged neighbourhoods are examples of risk factors inherent in the social environment that can increase someone's likelihood of depression (World Health Organization, 2014; World Federation of Mental Health, 2012; Bassett and Moore, 2013; Santini et al., 2015). Since

these risk factors exist within social networks and community structures, they can impact the spread of mental illness at a population level (Bruce et al., 2002). It has, therefore, been suggested that public health interventions intervene upon the reciprocal relationships between social networks and communities, and the risk factors within them (Bruce et al., 2002).

The overwhelming majority of interventions for depression to date have been focused on the individual (McLaughlin, 2012). Such approaches fail to account for the broader social structures that are known to contribute to adult depression (McLaughlin, 2012; Bruhn, 2009). In recognizing the importance of intervening on the socio-relational aspects of individuals' environments, interventions that are "social" in nature have emerged, but an unclear picture remains as to the types of interventions that have been conducted. This review addresses this uncertainty by compiling the available evidence and characterizing the types of social interventions that have been conducted to address depression in general adult populations.

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1.1. Defining "social"

The term "social intervention" has not been clearly defined in the public health literature. This term though, is aptly suited for the class of interventions examined in this review, since it allows for the comparison of interventions that are based upon the shared rationale that improving the social environment is critical for reducing adult depressive symptoms. For the purpose of this manuscript, the term "social intervention" will be defined as an intervention that promotes interpersonal-level interaction, by targeting social capital and social support within groups or communities. This definition emerges from established models and frameworks - most notably, The Social Ecological Model (Stokols, 1996) and the Social Determinants of Mental Health framework by Lund et al. (2013).

The social ecological model is particularly useful to consider when defining "social intervention" because it recognizes that in addition to individual-level characteristics (e.g. biological and psychological factors), interpersonal (e.g. social networks), organizational (e.g. schools and workplaces), community (e.g. community groups and sites), and public policy level (e.g. policies and laws) factors also influence health (Glanz and Bishop, 2010). The interpersonal level of the social ecological model may be especially pertinent to intervene upon when addressing depression, since symptoms have been shown to spread throughout social networks (Rosenquist et al., 2011). Interventions aimed at reducing depression through interpersonal initiatives would be advantageous for reducing depression in general adult populations since they have the capacity to reach broader groups than individual-level interventions, and thus have the potential to impact populations through community-based initiatives (Lund et al., 2013).

Other frameworks have also recognized the importance of considering interpersonal environments in the promotion of mental health (World Health Organization, 2014; Lund et al., 2013). Lund et al. (2013) developed a framework that outlined six classes of social determinants of mental health, each divided further into proximal and distal characteristics. One of the six classes in the Social Determinants of Mental Health Framework is termed "social". This social category includes constructs inherent within social networks at the individual and community-levels - classified as proximal and distal, respectively. Distal characteristics include neighbourhood disorder and community social capital, whereas proximal factors include individual social capital and social support (Lund et al., 2013). This framework theorizes that interventions that address these social determinants of mental health have the potential to positively impact the mental wellbeing of populations.

Social interventions in the current study will include interventions that target the interpersonal level of the social ecological model, and actively engage individuals with their broader social networks by fostering social support and social capital within groups and communities. Thus, they aim to promote mental health in the general adult population by addressing the "social" social determinants of health. Social interventions, for example, may aim to increase participation in local community groups, create new ties between strangers through social skills groups, improve social support among existing friends, or promote community cohesion and reduce neighbourhood disorder through the creation of neighbourhood coalitions. Social interventions may also take a multi-level approach by incorporating initiatives that target more than one level of the social ecological model. For example, a community-level intervention may include activities that foster interpersonal interaction between community members, and thereby take a multi-level approach to mental health promotion. These multi-level interventions may show the most promise in reducing adult depression, given their potential to intervene on multiple risk factors within an individual's environment.

1.2. The current review

Emerging mental health literature suggests that interventions aimed at reducing adult depression should address the social determinants of mental health - and particularly those determinants that reside within the structures of social networks and communities. Social interventions are on the rise but the scope and effectiveness of these interventions are unknown. The primary objective of this systematic review is to characterize the social interventions that have been conducted to reduce depression in adults, and report on their effectiveness in seeing reductions in depressive symptoms. Research questions include: (1) what are the characteristics of social interventions that have been conducted to reduce depression in adults? (Characteristics include key intervention components, target audience, setting, and delivery mode) and, (2) which of these interventions have been effective in reducing depressive symptoms? It is hoped that the answers to these questions will have direct implications for population-health efforts aimed at combating adult depression.

2. Methods

2.1. Electronic searches

The following electronic databases were used to retrieve studies in October 2014: The Cochrane Database of Systematic Reviews, MEDLINE, Embase, PsycInfo, CINAHL, and The Trials Register of Promoting Health Interventions (TRoPHI). The first reviewer conducted the initial searches in October 2014. Search terms included (1) intervention OR program OR therapy OR treatment AND (2) depress* OR mental OR mood OR affective AND (3) group OR social OR support OR community OR participation OR cohesion OR neighbourhood OR integration OR participation OR peer. Boolean (AND/OR) searches were used in each database, except TRoPHI, which contains a series of drop-down menus through which to filter results. Limits were placed on searches so that they returned journal articles that were available in English, and published from January 1995- October 2014.

2.2. Selection of studies

2.2.1. Study design and participants

Randomized controlled and non-randomized studies were selected for review. Interventions were included only if there was a comparison or control group included in the design (between or within-group comparisons were acceptable). The target population of interest was adults from the general population. Studies looking exclusively at older adults (i.e., 65 or older), children, or adolescents (i.e., under 18) were excluded due to the differential effects that the social environment has on health in persons of these age groups. Studies using samples drawn from a population whose depression was attributable to concomitant conditions (e.g., chronic conditions, addictions, dual diagnoses, transplant, psychotic disorders, perinatal depression) or work-related stress (e.g., military personnel or caregivers) were excluded since this review aimed to focus on the general adult population. Lastly, samples from non-community settings (e.g., hospital patients, psychiatric facility patients) and samples that were community-based, but had recently experienced an environmental incident that altered the social environment or health of the community (e.g., natural disaster) were excluded.

2.2.2. Interventions

Social interventions whose primary aim was to reduce depressive symptoms were included. As described earlier, social interventions included interpersonal-level interventions that actively engaged individuals with their broader social networks by fostering social support or social capital within groups or communities. Partner- and family-based interventions were not included in this particular definition, because the social interventions referred to in the current study aimed to