



Cognitive social capital and mental illness during economic crisis: A nationwide population-based study in Greece



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ABSTRACT

The ongoing financial crisis in Greece has yielded adverse effects on the mental health of the population. In this context, the particular study investigates the link between two indices of cognitive social capital; namely interpersonal and institutional trust, and the presence of major depression and generalized anxiety disorder. A random and representative sample of 2256 respondents took part in a cross-sectional nationwide telephone survey the time period February–April 2011 (Response Rate = 80.5%), after being recruited from the national phone number databank. Major depression and generalized anxiety disorder were assessed with the Structured Clinical Interview, while for interpersonal and institutional trust the pertinent questions of the European Social Survey were utilized. Socio-demographic variables were also encompassed in the research instrument, while participants' degree of financial strain was assessed through the Index of Personal Economic Distress. Both interpersonal and institutional trust were found to constitute protective factors against the presence of major depression, but not against generalized anxiety disorder for people experiencing low economic hardship. Nonetheless, in people experiencing high financial strain, interpersonal and institutional trust were not found to bear any association with the presence of the two disorders. Consistent with these, the present study shows that the effect of social capital on mental health is not uniform, as evident by the different pattern of results for the two disorders. Furthermore, cognitive social capital no longer exerts its protective influence on mental health if individuals experience high economic distress. As a corollary of this, interventions aiming at mitigating the mental health effects of economic downturns cannot rely solely on the enhancement of social capital, but also on alleviating economic burden.

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Introduction

Social determinants have long been acknowledged as playing a prominent role in health (e.g. House & Kahn, 1985); however, social capital has recently emerged as an increasingly important concept in international research and public health discourse (Kawachi, 2010). While many definitions have been put forward to construe it (e.g. Coleman, 1988; Putnam, 1993), social capital is generally conceptualised as a way of describing social relationships within

societies or groups of people (De Silva, McKenzie, Harpham, & Huttly, 2005). Given the complexities of the social matrix, the theory of social capital has encompassed various divisions of the concept: ecological vs. individual social capital, structural vs. cognitive social capital, bridging vs. bonding social capital, among others (Almedom, 2005). Its multifaceted nature along with the heterogeneity in definition and measurement has rendered synthesis of evidence challenging.

In spite of diversities in the study of social capital, converging evidence has corroborated a link between its indices and health outcomes. For example, it has been shown that components of social capital; such as trust, reciprocity and membership in voluntary organizations, can account for a substantial proportion of life expectancy, infant mortality rate, heart disease, violent crime and self-rated health (Barefoot et al., 1998; Kawachi, Kennedy, & Glass,

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1999; Kawachi, Kennedy, Lochner, & Pothrow-Stith, 1997; Nummela, Sulander, Rahkonen, Karisto, & Uutela, 2008). On the contrary, only a handful of studies have explored associations between social capital indices and mental health outcomes (Almedom, 2005; De Silva et al., 2005).

A systematic review on the association between measures of social capital and mental illness has endeavoured to shed light on their interplay (De Silva et al., 2005). In particular, the results of the review highlight the need to disaggregate/disentangle measurements of ecological social capital from those of individual social capital. While elements of the latter; namely, trust and reciprocity, were found to bear an inverse association with common mental disorders; this does not hold true for ecological social capital and mental illness. The inconsistency in findings emanating from those studies can be explained by the diverging methodologies, the diversity in populations investigated, the variety in mental health outcomes and the different uses of ecological methodology. As a result of these, the authors have been forestalled from drawing firm conclusions. Concomitantly, they call for attention on the dearth of research on studying social capital in rural populations and in developing countries. Nonetheless, the particular systematic review concentrated on negative facets of mental health (i.e. the presence of mental disorders), rather than on overall levels of positive mental health. Congruent with this, a more recent systematic review exploring the links between social capital and mental well-being in older population has shown a positive association between the two (Nyqvist, Forsman, Guintoli, & Cattani, 2013). Similarly, other studies have drawn similar conclusions, justifying further the contribution of social capital in promoting mental health and preventing mental disorders (Forsman, Nyqvist, & Wahlbeck, 2011; Han & Lee, 2013; Muckenhuber, Stronegger, & Freidl, 2013).

The need for mental health promotion and disease prevention becomes a top priority during periods of economic downturn (WHO, 2011). In line with this, reports addressing ways of mitigating the mental health effects of the financial crisis, have stressed the importance of strengthening social capital (Christodoulou & Christodoulou, 2013; Wahlbeck & McDaid, 2012). Furthermore, an epidemiological study conducted in 2009 in Sweden revealed an additive impact of low social and economic capital on poor health outcomes, including psychological distress, suggesting that any policy strategies employed should target economic and social capital simultaneously (Ahnquist, Wamala, & Lindstrom, 2012). In spite of the heightened importance of social capital during economic downturn, to date no study has explored its links with mental disorders during a period of economic downturn (Patel, 2010). This strand of research can inform policy making as well as the design and implementation of interventions that can alleviate the mental health impact of the recession. Furthermore, it is congruent with the view that measures of social capital should be embedded in political and economic historical contexts; otherwise they produce partial and distorted accounts of reality (Almedom, 2005).

The global economic downturn has been among the deepest to strike the international community since the Great Depression. With its outset being pinpointed in the American continent, the biggest tremors were felt in the Mediterranean countries. Greece, having been gravely struck by the recession, is faced with an ongoing socio-economic and political turmoil, significant cuts in government spending and alarmingly fast-paced increases in unemployment rates (Eurostat, 2011; HSA, 2011). Since 2009, the country is grappling with austerity measures and budget reforms; including the health sector, in an attempt to decrease its fiscal deficits and public debt. While heightened attention is given to the effectiveness of budget cuts and austerity measures in facilitating recovery of the economy; the health effects of the crisis, including

mental health, have recently come to the fore, engendering a lively debate among clinicians, researchers and policy makers (e.g. Kentikelenis et al., 2012; Kondilis, Gavana, Giannakopoulos, & Benos, 2012; Liaropoulos, 2012). As a corollary to the economic downturn, a striking spread of infectious diseases has been observed (Andriopoulos, Economopoulou, Spanakos, & Assimakopoulos, 2012; Bonovas & Nikolopoulos, 2012; Fotiou et al., 2012); while the pernicious health effects of the crisis have also been extended on mental health. In particular, elevated rates of major depression and suicidality have been documented (Economou, Madianos, Peppou, Patelakis, & Stefanis, 2013; Economou et al. 2013; Madianos, Economou, Alexiou, & Stefanis, 2011), while a depression helpline has recorded a steep increase in calls with direct or indirect reference to the economic crisis during the first half of 2010 and onwards (Economou et al., 2012).

In 2008, a cross-sectional survey was implemented, so as to compare its findings with those of the first nationwide prevalence study 30 years ago (Madianos, Gefou-Madianou, & Stefanis, 1993; Madianos, Gefou-Madianou, & Stefanis, 1994; Madianos & Stefanis, 1992). In 2009 and in 2011, two replication studies were conducted in order to monitor the impact of the economic crisis on the prevalence of major depression and suicidality in the general population, with both of them corroborating an increase in the pertinent rates, as the crisis progressed (Economou, Madianos, Peppou, Patelakis, et al., 2013; Madianos et al., 2011). In this context, the survey conducted in 2011 incorporated an assessment of two indices of social capital: interpersonal trust (horizontal social capital) and institutional trust (vertical social capital) in an attempt to shed light on the processes taking place in the Greek society at the time. Trust was selected on the grounds that both its horizontal and vertical facets are reciprocally associated with and pertain to the engagement, networks and participation in civil society as well as in the relations of reciprocity in civil society (Putnam, 1993). Furthermore, there is scarcity of research exploring the links between mental illness and trust, especially institutional (Almedom & Glandon, 2008; Lindstrom & Mohensi, 2009).

Congruent with the aforementioned, the present paper has set the following objectives:

- 1) To determine the level of interpersonal and institutional trust in 2011, when the Greek economy was in the throes of collapse.
- 2) To estimate the association of major depression with interpersonal and institutional trust
- 3) To estimate the association of generalized anxiety disorder (GAD) with interpersonal and institutional trust.

The links between major depression/GAD and interpersonal/institutional trust will be explored after adjusting for known confounders: gender, age and education (Harpham, Grant, & Thomas, 2002). Concomitantly, a stratified analysis will be conducted for people experiencing high and low economic distress, given the potential moderating role played by economic hardship: “individuals and groups with material assets would be expected to both generate and benefit from the structural and cognitive components for social capital differently from those without” (p. 945, Almedom, 2005). Previous research has shown that high levels of social capital are not always beneficial to mental health and can in fact increase psychological distress in people with low material resources (Kawachi & Berkman, 2001; Mitchell & LaGory, 2002). Consistent with this, the association of social capital indices with mental disorders was explored separately for people in high financial strain and those in low. We expected that the exposure (social capital indices) would have different effects on the outcome (depression and generalized anxiety disorder) at different values of the modifier/moderator variable (high vs. low financial strain).

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