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## Original Research

# Country specific associations between social contact and mental health: evidence from civil servant studies across Great Britain, Japan and Finland

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## ABSTRACT

**Objectives:** Little is known about which component, such as social contact of social networks is associated with mental health or whether such an association can be observed across countries. This study examined whether the association between frequent social contact and mental health differs by composition (relatives or friends) and whether the associations are similar across three occupational cohorts from Great Britain, Japan, and Finland.

**Study design:** Cross-sectional analysis of data from three prospective cohort studies.

**Methods:** Participants were civil servants of a prospective cohort study based in London (Men:  $n = 4519$ ; Women:  $n = 1756$ ), in the West Coast of Japan (Men:  $n = 2571$ ; Women:  $n = 1102$ ), and in Helsinki, Finland (Men:  $n = 1181$ ; Women:  $n = 5633$ ); we included the information on study variables which is complete. Mental health function was the study outcome, indicated by the total score from the Mental Health Component on the Short Form Health Survey36. Participants reported frequencies of contacts with their relatives or friends via a questionnaire. Age, marital status, and occupational position were treated as confounders in this study.

**Results:** Findings from multiple regression showed that the associations between social contact and mental health function were different depending on country of origin and

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gender. Among British or Japanese men, frequent contact with both friends and relatives was positively associated with their mental health function, while only social contact with friends was significantly associated with mental health of Finnish men. In women, the patterns of the associations between social contact and mental health were more distinctive: friends for Great Britain, relatives for Japan, and friends and relatives for Finland. These significant associations were independent of the confounders.

**Conclusions:** Social contact was related to mental health of working people; however, culture and gender are likely to be tapped into.

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## Introduction

In 2004 mental disorders were identified as leading causes of the global burden of disease worldwide, despite the mortality due to these conditions being considerably low.<sup>1</sup> Of these disorders, depression was estimated to have affected over 150 million people worldwide, and was also the third leading cause of moderate to severe disabilities. Individuals experiencing mental disorders are likely to be discriminated against or socially excluded,<sup>2</sup> which the World Health Organisation has sought to address by proposing action plans to prevent mental disorders as well as to provide adequate community-based infrastructure to manage such disorders when they occur. Previous work examining the association between social networks and mental health reported a dose–response relationship between them,<sup>3–6</sup> suggesting that social networks could be used to protect individuals against poor mental health.

Social networks have been used interchangeably with social support,<sup>7,8</sup> contributing to inconsistent findings in the previous studies. Social networks have been thought to promote individual health directly through interaction with the members embedded within the social networks in the forms of social influence or self-validation.<sup>8–10</sup> On the other hand, with the presence of stressors, social support is thought to indirectly affect individual health by mobilising existing resources.<sup>9</sup> This difference in the association with individual health was further shown by an extensive review of the relevant literature by Cohen and Willis.<sup>10</sup>

We noted variations in mental health by country and gender in our previous work, specifically that mental health was poorer among Japanese participants, especially among the female participants.<sup>11–13</sup> We think this gender and country difference in mental health can be associated with frequencies in social contact, a prime characteristic of social networks.<sup>14</sup>

Furthermore, Berkman and Syme<sup>15</sup> developed the Social Network Index, the score derived from a weighted total score on frequencies of social contact with proximal or distal social ties, such as family and friends, which has been adapted by many studies.<sup>16–19</sup> However, a previous study using a British birth cohort study showed that the associations between the size of social networks and psychological well-being were different by composition and were specific to gender.<sup>20</sup> This opens up a debate as to whether or not the effects of social

network composition are similar among people across different cultures.

In addition, closeness with relatives was reported to be different across European countries,<sup>21</sup> while kinship bounded by marriage has been a focal point of social relationships in Japan.<sup>22</sup> In Japan married women are likely to be expected to adopt family members of their husband over their own because they belong to the 'ie' (family in English) of their husband. Those raise the question of whether the association between social networks, especially kinship networks, and mental health is similar among men and women across countries. Our aim is to explain the country differences in mental health in relation to social contact by composition (relatives or friends) across Great Britain, Japan, and Finland through examining this research question: how do the associations between social contact by composition (relatives or friends) and mental health differ between British, Japanese, and Finnish participants?

## Methods

### Study subjects

Datasets for this study are from the Whitehall II Study (WII), the Japanese Civil Servant Study (JACS), and the Helsinki Health Study (HHS). In 1985, the WII was initiated to examine the detrimental effect of social gradient on health and illness.<sup>23</sup> Civil servants working in London offices were targeted for this cohort study. Since 1985, participants have been followed to assess their social environment, psychosocial exposure, physical and psychological well-being, and health-related behaviours and outcomes. The available cases of 4440 men and 1708 women of the WII participants from the Phase V data, collected during 1997 and 1999 were used for this study.

JACS is a collaborative study along with the WII study.<sup>24</sup> Similarly to the study design for the WII study, the participants in the JACS were all civil servants employed in a west coast prefecture of Japan; they voluntarily responded to a postal questionnaire mailed to them. Phase I data of the JACS, collected during 1998 and 1999, were used for this study to examine cultural differences in the effect of social networks on mental health. The participants were aged 20 to 65 and were non-industrial employees at the time of the survey. Available cases of 2532 men and 1087 women of the JACS participants were used for this study.

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