

THE ASSOCIATION BETWEEN SOCIAL CAPITAL AND MENTAL HEALTH

(A STUDY IN SECONDARY SCHOOLTEACHERS IN TEHRAN)

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Abstract

The relationship between social capital, health and wellbeing have been increasingly recognized. Also there has been a lack of research and theoretical development into social capital and mental health. Therefore, this study aimed to investigate the relationship between social capital and mental health of secondary school teachers in Tehran. This research was conducted through a survey using interviews and questionnaire. The data was collected from 320 high school teachers, which were selected by multistage and cluster sampling device. The data was analyzed using Spearman's correlation test. The results showed that there were a significant relation between social trust, social support and mental health.

Key words: social capital, social trust, social participation, social support, mental health

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Introduction:

The theory of social capital attempts to describe the factors that shape social interaction with social institution. Social capital means features of social life such as norms, and trust that act together more effectively to pursue shared objective (Robert Putnam 1990). The literature suggests four main theoretical stands, all of which overlap to some extent, these are collective efficacy, social trust/reciprocity, participation in voluntary organisation and social integration for mutual benefit (Lochner et al, 1999). Social capital is a way of conceptualising the social world. Its use within scientific literature dates from the 1960s (Jacobs, 1961), and developed later, by the sociologists Pierre Bourdieu (1986), James Coleman (1988) and Robert Putnam (1993; 2000). Kawachi & Berkman (2001) have attempted to develop the concept by linking the social support and social network. The effects of social capital on mental illness are likely to be complex, and it is probably mistaken to assume that different types of psychiatric disorder share a common pattern of association with this exposure. Different processes may affect the geographical distribution of schizophrenia and non-psychotic disorders, particularly anxiety and depression (Dohrenwend et al, 1992). While initially considered, with respect to economic advancement, the relationship between social capital, health and wellbeing has been increasingly recognized (Lomas, 1998; Hawe & Shiell (2000). Also, individual networks, and therefore person related social support and coping behaviours, are contingent on outer layers of ties, such as civic association and voluntarism (Kawachi & Berkman, 2001; Wind, Fordham & Komproe, 2011). The small number of studies on social capital and mental health are prone to the limitations mentioned earlier, and have produced mixed results. Mac Culloch investigated social capital using data from the British household survey (McCulloch, 2011).

According to WHO definition, mental health is the ability to balance and harmony with others, improvement and modification of social-personal environment, resolution of conflicts personal willingness fairly, reasonably and appropriate.

Therefore, the future of human life will be dependent on better understanding of factors that affect on human mental health. Some of these factors are related to the quality of relationship with others, both formal and informal groups and institutions from which they referred to as social capital. Presumably, we can see that the concept of social capital due to its nature and

content have the potential to be applied in theoretical and various field analyses that one of them is mental health; as having a health-perspective approach to matters requires systematic and comprehensive attitude to provide appropriate solutions according to social realities (Behzad, 2006).

In development process of a country along various capitals - natural, human and material-social capital is considered as an output and input within the development. In economies of underdeveloped countries, social capital has been called as the missing loop of development. Obviously, this growth is provided when all members of a society such as teachers have good mental health. Putnam (2000) knows social capital as relation between individual, social network, norms of social trust and has confirmed the relationship between mental health and social capital.

Theoretical Background

Durkheim in the 1890s was the first sociologist that said the structure of society had a strong bearing on psychological health (Simpson, 1995), the conceptual development of appropriate epidemiological approaches to its investigation (Susser & Susser, 1996). More recently, 'social capital' has been embraced as a possible explanation for differences in health that are found between places or between groups of people (Amick et al, 1995; Putnam, 1996; Wilkinson, 1996; Kawachi et al, 1997; Baum, 1999). Social capital may play a role in the incidence and prevalence of mental illness. Beyond this basic characterization, a number of alternative formulations of the concept have been proposed. Woolcock (1998) has followed Putnam in distinguishing between three major forms of social capital: social bonds (with family and co-ethnic, co-national, co-religious or other forms of groups), social bridges (with other communications, between socially heterogeneous groups) and social links (with the structures of the state). Another distinction is that between the 'social cohesion' or 'communication' theory of social capital, conceptualizing it as the resources available within a community (e.g., trust, norms, mutual assistance), and the 'network' theory, defining it in terms of resources within an individual's social network (e.g., instrumental support, information channels) (Kawachi, 2006). In another review of primary evidence linking social capital and mental health, Almedom (2005) suggests that social capital can be both an asset and a liability, arguing that it is more relevant to access to social capital than to

possess it (because possession brings liability). This is supported by a study among homeless persons in mid sized southern US cities, which suggested that various forms of bonding social capital (trust, religious affiliation, social support) impact depressive symptomatology, but does not overcome the effect of stressors, such as the lack of access to communal resources (Irwin et al., 2008).

Key definitions and concepts

Social capital

Social capital's most commonly adopted definition in health sciences recognizes five characteristics: community networks, civic engagement, civic identity, belonging, solidarity, equality), reciprocity and norms of cooperation, and trust in the community (Putnam, 1993). Three types of social capital have been identified:

- Bonding capital, which refers to the relationship and bonds among close family members, friends and neighbours;
- Bridging capital, which refers to the weaker ties that are formed among distant friends, acquaintances, colleagues and associates.
- Linking capital, which refers to the connections between institutions and members of a community, or between groups with different levels of power and social status (Putnam, 2000; Woolcock, 2001).

Social support and mental health

Social support systems are an important part of our lives. These systems include anyone we trust and can go to for help, advice, or any other type of emotional support. Your social support system may be made up of your friends and family members.

Having a strong social support system is vital to maintaining mental health. Mental health is how people feel, think, and act in life. For instance, mental health affects how people think about and

deal with challenges and problems. Making decision, relating to other people, and handling stress are all part of maintaining mental health (Canadian Mental Health Association).

Social network

The core contention of the concept is that social networks are a valuable asset, providing a basis for social cohesion and cooperation. Within networks, trust between individuals can yield trust between strangers, and trust of social institutions. Ultimately it may become a shared set of values, expectations and behaviours (Beem,1999).

Social participation

The components of activity and participation have some overlap. Both components together are divided in single list of nine domains; each domain consists of several sub domains that cover the full range of life areas from basic learning or watching to composite areas, such as interpersonal interactions and relationships or work and employment. In addition to the general ICF classification, a child and youth specific classification called the ICF for Children and youth were developed; core domains were added to cover child and youth specific areas of life, like play (WHO).

Social Trust

Conceptually, trust is also attributable to relationships within and between social groups (history, families, friends, communities, organizations, companies, nations, etc). It is a popular approach to frame the dynamics of inter-group and intra-group interactions (Hardin, 2002). People may work together and achieve success through trust such as working on projects that brings individuals' contribution (Kurt & Dirks, 2001). VPEC-T ("vee-pec-tee") is used where interaction between agents and communication between parties can easily result in ambiguity. This form of analysis is particularly applicable where it is likely that the interaction and communication context is unordered, complex or chaotic, and liable to result in misunderstanding. It is identified as a new way of carrying out (Bamberge, Walter, 2010), and also identified as a way to design services (Seligman, Adam, 1998).

The aim of this study was to investigate the social participation, social trust and support in high school teachers in Tehran of the capital city of Iran.

Detailed objectives of the study include:

1. Understanding the relationship between risk factors and mental health of the teachers.
2. Understanding the relationship between social participation and mental health of the teachers.
3. Understanding the relationship between social support and mental health of the teachers.
4. Understanding the relationship between social trust and mental health of the teachers.

Research hypotheses include:

1. It seems there is a relationship between social trust and mental health.
2. It seems there is a relationship between social participation and mental health.
3. It seems there is a relationship between social support and mental health.

Methodology:

In this study a cross sectional survey was used. In cross-sectional studies, samples are drawn from the relevant population and studied (Ruan, 2005). The data was collected by using observation, interviews and questionnaires techniques from 320 high school teachers of Tehran, which were selected by multistage and cluster sampling device. The data was analyzed using Spearman's correlation test. The association between social capital and mental health were also evaluated by two level statistical methods, descriptive and inference. Five point scale was used in a continuum including "strongly agree", "somewhat agree", "indifferent", "somewhat disagree" and "strongly disagree".

Results:

The data were assessed by two level statistical methods. A: in descriptive level data analysis revealed that 51% of responses were "Strongly/ Somewhat agree", 9.3% were "Indifferent" and 39.7% were "Strongly/ Somewhat disagree". B: in inference level the relation between social capital and mental health variables is shown in table 1. As shown in the table the coefficient correlation for social trust was 0.58, ($P= 0.05$), for social participation was 0.63, ($P= 0.05$) and for social support was 0.64, ($P=0.05$). The Inferential results obtained from the Spearman's test showed that there was a significant relationship between social capital and mental health.

Additionally, the results showed that there was a positive significant relationship between social trust and mental health, also the relationship of the social participation as well as social trust with mental health was significant. So the hypothesis concerning the positive relationship between social support and mental health was confirmed. Inferential results obtained from the results indicated that the above relationship is true about all social supports with mental health.

Table 1: The relationship between social trust and mental health

Mental health Social Capital	Key responses of teachers about mental health	Strongly agree n (0/0)	Somewhat agree n (0/0)	Indifferent n (0/0)	Somewhat disagree n(0/0)	Strongly disagree n(0/0)	r (p-value)
Social trusts	My corporeal difficulties decrease by work	32(10)	144 (45)	23(7)	107(34)	14 (4)	0.58(0.05)
	I feel tranquility in my work	81 (26)	110 (34)	13 (4)	103 (32)	13 (4)	
Social participation	I prefer to be active as a teacher	45 (14)	112 (35)	33 (10)	102(32)	28 (9)	0.63(0.05)
	My best entertainment is taking part in the	39 (12)	118 (37)	38 (12)	102 (32)	23 (7)	

	teaching						
Social support	I like my environment work	28(9)	121 (38)	32 (10)	106(33)	33(10)	0.64(0.05)
	I take part in discussing about work with other colleagues	21 (7)	124 (39)	43 (13)	101 (32)	31(9)	

n=320

r=Spearman's coefficient correlation

Discussion and Conclusion:

There has been a lack of research and theoretical development into social capital and mental health. Kawachi & Berkman (2001) have attempted to develop the concept by linking it to the social support and social networks literature. Eriksson (2011) lists the benefits of individual social capital that are assumed to positively affect health as: access to social support, health enhancing, social influence and control, social participation (enhancing cognitive skills, sense of belonging and life meaning), and material resources. Health relevant benefits of collective social capital are seen to be trust and collective action (facilitating a health enabling environment, healthy norms, information and knowledge, collective efficacy and political influence), and material resources. Further research into the effects of social capital on mental health requires more stringent conceptual clarity, operational definitions and validated contextual measures of communities that are not based exclusively on the aggregated characteristics of individual members. Gilbert (2013) examined in meta-analysis the social capital and health, criticized the statistical data, studies that have examined the relationship between social capital and health. Barry & Welth (2010) investigated the components of social in investigating social capital and health in Australia. They conclude that all three aspects of health (mental health, physical performance, and general health) have relation with social capital. This relationship has a stronger relation especially with mental health. (Smith, et al, 2008). Today, social capital has been written into national and international

health policies and is increasingly considered as a central constructin regard to social policy and health (Mc Kenzie & Harpham,2006).Systematic review of studies explore the link between mental illness and individual and ecological social capital, respectively. DeSilva et al.(2005) noted that in adults there is strong evidence of an inverse association between levels of individual cognitive social capital and common mental disorders. A later survey in Japan, however, suggested that both cognitive and structural social capital at the ecological level may influence mental health (Hamano et al., 2010).

The resultsof this study showed that there is a significant positive relationship between social capital and mental heath,that consistent with the other results in this connection.

Aspect of social capital has proved fruitful is a need to expand attention to social structure, organisation and institions to fully understand the health outcomes of groups and individuals.

The results of this study showed that there was significant relationship between socialtrust (trust to institutions, social confidence) and mental health.Also the relationship between participation and mental health was confirmed and there was significant relationship between social support and mental health.Also, the results showed that there is a significant relationship between interpersonal and generalized confidence and mental health. On the other hand social support has a significant correlation with mental health. Therefore, having a strong social support system is vital to maintaining mental health.In explaining the results, it can be said that teachers who have high self confidence, teach more effectively, establish more beneficial relations, use the opportunities better and can be independent and have a brighter view of their life path,which these reasons lead to a increase the social capital.

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