Social Capital and Mental Health Among Black and Minority Ethnic Groups in the UK

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BACKGROUND

- Black and minority ethnic (BME) communities appear to be at a **greater risk of psychosis and depression**.
- Explanations of raised vulnerability for mental disorders among BME populations include issues with migration, settlement and experience of racism and discrimination, poverty and adverse environmental condition.
- **Social capital** refers to those potentially positive aspects of social life and is constructed through shared networks, norms, and trust. It enables a more effective pursuit of shared objectives.
- High levels of social capital may enhance a sense of belonging and thus increase collective wellbeing.
- Conversely, where social capital is low individuals may feel insecure and alienated.
- There is no consensus on the relationship between social capital and mental wellbeing
- Some evidence suggests that smaller social networks, fewer close relationships, and lower social support are associated with depressive symptoms. BME populations experience such issues in the UK.
- There has been scant research that considers how social capital impacts wellbeing among BME groups in the UK.

METHODS

Participants: We used a cross-sectional analysis of data drawn from Wave 6 (2014–2016) of the *Understanding Society* (a longitudinal survey of households in the UK), which contains representative samples of BME and white populations in the UK.

Data Collection: Data collection was conducted face-to-face via computer aided personal interviews, with additional self-completion instruments such as the General Health Questionnaire-12 (GHQ12) administered separately.

We extracted data from Wave 6 only. The final dataset used in analysis comprised **25,921**.

MEASURES

BME Groups: Ten *ethnicity* groups were identified: white (British); white (Irish); white (other); mixed ethnicity; Indian; Pakistani; Bangladeshi; Caribbean, African, with a residual *other* category comprising minorities deemed too small to justify separate categories for analysis.

Mental Health: The GHQ12 is a self-administered screening test used among respondents in community and non-psychiatric clinical settings to assess psychological distress.

Social Capital: Participants were asked about the following aspects of their neighbourhood: how close knit it is; access to help from others; neighbourhood trust; whether people get along; sense of belonging; if they can borrow things; and if they feel similar to others. Responses were summed, and allowing for reverse-coding the summary scale ranged from eight to forty (with higher scores indicating greater social capital).

Migrant and Acculturation Factors: From country of birth we derived *born in UK* (Yes/No). Acculturation and sense of assimilation was assessed via a continuous variable, *British Identity* measuring how individuals perceived the importance of being British.

Sociodemographic and Socioeconomic Factors: These include: age (continuous); gender; marital status (grouped as single, married/cohabiting and, as a single group, those widowed, separated or divorced); family structure; and locale of residence—summarised as urban or rural. Proxy indicators of socioeconomic circumstance included home ownership (yes, no), economic activity (employed, not employed, retired) and educational level.

ANLYSIS

Analysis utilized SPSS. Descriptive statistics for continuous variables included means, standard deviation and range, with percentages presented for categorical variables. Independent sample T-tests for continuous variables, and Pearson's chi-square for categorical variables determined gender differences in the population. We calculated mean differences in social capital across ethnic groups with a one-way ANOVA. Binary logistic regression examined determinants of psychological distress for the total sample and for men and women separately. Fully adjusted odds ratios (ORs) and 95% Confidence Intervals were derived.

Table 1: Likelihood of reporting psychological distress, stratified by gender—in a series of four incrementally adjusted models

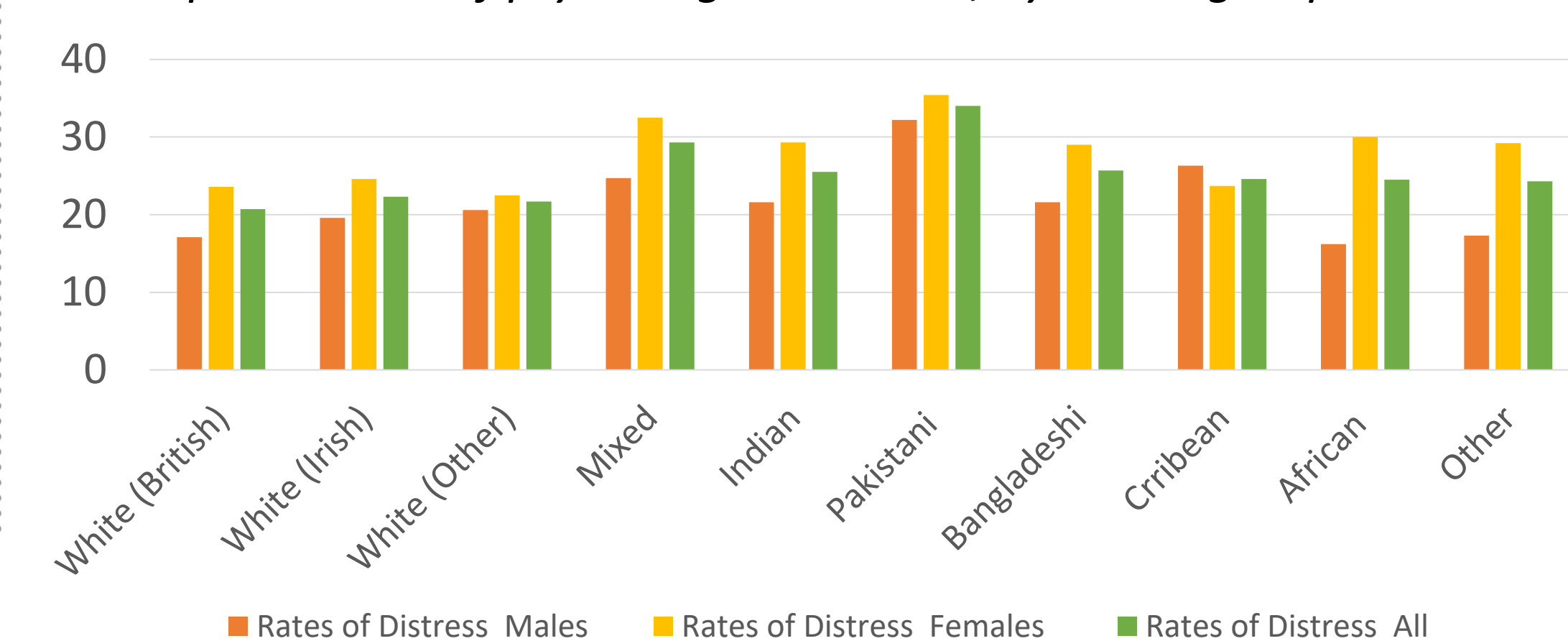|	m1: minimally adjusted ($) OR (95% CI)	m2: m1 + socioeconomic factors (&) OR (95% CI)	m3: m2 + sociodemographic factors (£) OR (95% CI)	m4: m3 + social capital OR (95% CI)
All persons				
White (British)	1.00	1.00	1.00	1.00
White (Irish)	1.08 (0.85, 1.36)	1.04 (0.82, 1.32)	0.94 (0.73, 1.20)	0.99 (0.77, 1.28)
White (other)	1.01 (0.83, 1.22)	0.98 (0.80, 1.19)	1.05 (0.84, 1.30)	1.04 (0.84, 1.30)
Mixed	1.43 (1.16, 1.77)*	1.30 (1.05, 1.61)*	1.26 (1.01, 1.56)*	1.23 (0.99, 1.54)
Indian	1.27 (1.08, 1.50)*	1.26 (1.07, 1.49)*	1.39 (1.15, 1.67)*	1.40 (1.16, 1.69)*
Pakistani	1.79 (1.51, 2.12)*	1.48 (1.24, 1.76)*	1.65 (1.36, 2.00)*	1.73 (1.43, 2.10)*
Bangladeshi	1.17 (0.91, 1.49)	0.95 (0.73, 1.22)	1.06 (0.81, 1.38)	1.14 (0.87, 1.48)
Caribbean	1.20 (0.96, 1.50)	1.05 (0.85, 1.34)	1.00 (0.79, 1.27)	0.97 (0.76, 1.23)
African	1.13 (0.90, 1.42)	0.97 (0.77, 1.22)	1.04 (0.81, 1.35)	1.00 (0.77, 1.29)
Other	1.14 (0.94, 1.39)	1.05 (0.86, 1.28)	1.13 (0.91, 1.41)	1.10 (0.88, 1.38)
Males				
White (British)	1.00	1.00	1.00	1.00
White (Irish)	1.16 (0.80, 1.68)	1.09 (0.75, 1.59)	0.87 (0.89, 1.29)	0.97 (0.65, 1.44)
White (other)	1.22 (0.89, 1.66)	1.19 (0.86, 1.63)	1.07 (0.76, 1.52)	1.04 (0.73, 1.48)
Mixed	1.48 (1.05, 2.09)*	1.31 (0.92, 1.88)	1.23 (0.85, 1.78)	1.24 (0.86, 1.80)
Indian	1.28 (1.01, 1.64)*	1.33 (1.03, 1.71)*	1.29 (0.96, 1.72)	1.31 (0.98, 1.75)
Pakistani	2.15 (1.66, 2.79)*	1.97 (1.50, 2.58)*	1.93 (1.42, 2.61)*	2.11 (1.56, 2.86)*
Bangladeshi	1.22 (0.82, 1.80)	1.06 (0.70, 1.58)	1.02 (0.66, 1.57)	1.13 (0.74, 1.74)
Caribbean	1.72 (1.19, 2.47)*	1.40 (0.96, 2.04)	1.28 (0.86, 1.89)	1.28 (0.87, 1.90)
African	0.88 (0.58, 1.33)	0.75 (0.49, 1.16)	0.70 (0.44, 1.11)	0.70 (0.44, 1.11)
Other	0.96 (0.68, 1.35)	0.87 (0.61, 1.24)	0.82 (0.56, 1.20)	0.82 (0.56, 1.19)
Females				
White (British)	1.00	1.00	1.00	1.00
White (Irish)	1.02 (0.75, 1.39)	1.00 (0.73, 1.36)	0.97 (0.70, 1.33)	1.00 (0.72, 1.38)
White (other)	0.90 (0.70, 1.15)	0.88 (0.68, 1.13)	1.05 (0.79, 1.40)	1.06 (0.80, 1.12)
Mixed	1.40 (1.08, 1.82)*	1.28 (0.98, 1.68)	1.26 (0.96, 1.66)	1.22 (0.93, 1.61)
Indian	1.26 (1.01, 1.57)*	1.23 (0.98, 1.53)	1.45 (1.13, 1.85)*	1.46 (1.14, 1.86)*
Pakistani	1.57 (1.26, 1.96)*	1.27 (1.01, 1.59)*	1.48 (1.15, 1.91)*	1.52 (1.18, 1.94)*
Bangladeshi	1.13 (0.83, 1.55)	0.90 (0.65, 1.25)	1.06 (0.76, 1.49)	1.12 (0.80, 1.58)
Caribbean	0.99 (0.75, 1.32)	0.91 (0.68, 1.21)	0.89 (0.66, 1.20)	0.85 (0.62, 1.15)
African	1.27 (0.97, 1.67)	1.09 (0.83, 1.44)	1.28 (0.94, 1.75)	1.21 (0.88, 1.66)
Other	1.25 (0.98, 1.59)	1.15 (0.90, 1.47)	1.36 (1.04, 1.79)*	1.32 (1.00, 1.74)

RESULTS

- More than 20% of the sample were psychologically distressed. Eighty percent were white British, and the largest single ethnic minority group was Indian (3.1%). The mean age of the sample was 49.2 years and 56% were female. The predominant education status was High School level, 63% were employed and 74% reported owning their house.
- Psychological distress ranged from 21% in the white British population to 34% in the Pakistani population – gender and ethnic differences in distress are seen in **Graph 1**.
- Social capital varied significantly across ethnic groups (**Table 2**). White (other), *mixed*, Caribbean, African and *other* ethnic groups reported lower social capital, while white (Irish) and Pakistani groups reported higher social capital. In the stratified analyses males recorded stronger effect sizes of white (Other), *mixed*, Caribbean, African and *other* ethnicities were more likely to report lower social capital whereas white (Irish), Pakistani and Bangladeshi groups reported higher social capital levels than the white British group. For women, low social capital was reported by mixed, Caribbean, African and *other* ethnic groups.
- **Table 1** shows the odds of experiencing psychological distress by ethnicity in a series of incrementally adjusted models.
- In M1 those from Indian, Pakistani and mixed ethnicities (and, for males only, Caribbean) showed excess likelihoods for reporting distress when compared to the white (British) group.
- With further adjustment for sociodemographic and socioeconomic characteristics (M3) the excesses initially recorded for males, with the exception of Pakistanis disappeared suggesting a strong effect of sociodemographic and socioeconomic factors on distress.
- Indian and Pakistani women recorded likelihoods significantly different from white British women . In the final model (M4I) Indian and Pakistani women maintained this effect noted, while for men the effect remained only for Pakistanis, suggesting that, in this study, social capital exerts a relatively weak independent effect in models which include sociodemographic and socioeconomic characteristics.

Table 2: Levels of social capital, by ethnic group and sex

	All (mean)	All beta (95% CI)	Males beta (95% CI)	Females beta (95% CI)
White (British)	29.18	Ref	Ref	Ref
White (Irish)	30.12	0.94 (0.45, 1.42)*	1.43 (0.73, 2.13)*	0.54 (−0.13, 1.21)
White (other)	28.54	−0.64 (−1.04, −0.24)*	−1.20 (−1.80, −0.60)*	−0.29 (−0.82, 0.24)
Mixed	27.62	−1.56 (−2.03, −1.09)*	−1.09 (−1.80, −0.37)*	−1.92 (−2.55, −1.30)*
Indian	29.02	−0.17 (−0.52, 0.19)	−0.05 (−0.53, 0.44)	−0.23 (−0.74, 0.27)
Pakistani	29.61	0.43 (0.03, 0.82)*	1.03 (0.45, 1.61)*	−0.04 (−0.58, 0.49)
Bangladeshi	29.52	0.34 (−0.20, 0.87)	0.84 (0.07, 1.61)*	−0.07 (−0.80, 0.66)
Caribbean	27.62	−1.56 (−2.04, −1.08)*	−0.96 (−1.73, −0.19)*	−1.97 (−2.59, −1.35)*
African	27.31	−1.88 (−2.36, −1.40)*	−1.14 (−1.87, −0.40)*	−2.41 (−3.05, −1.77)*
Other	28.05	−1.14 (−1.56, −0.72)*	−0.83 (−1.45, −0.21)*	−1.39 (−1.95, −0.83)*

Graph 1: Levels of psychological distress, by ethnic group and sex

■ Rates of Distress Males   ■ Rates of Distress Females   ■ Rates of Distress All

DISCUSSION

- Full analysis is available via link in references section
- Our findings suggest that, compared to their white British peers, psychological distress may be more prevalent in some (but not all) BME communities.
- This corroborates other studies. In the British Psychiatric Morbidity Survey common mental disorders were found in around one adult in six and were more prevalent among Black women. In the EMPIRIC study after adjusting for differences in socio-economic status CMD risk was higher amongst Irish and Pakistani men aged 35–54 years, compared to white UK-born people. Higher rates of CMD were also observed among Indian and Pakistani women aged 55–74 years, compared to white women of similar age. Higher rates of psychological distress among Indian and Pakistani groups may be partly related to racism and/or disadvantage.
- While unemployment is a more specific determinant of psychological distress among males, for women more personal, culturally significant factors exert particular pressures: for example, low educational attainment, marriage (but without children), and being born outside the UK. Previous research suggests specific socio-cultural factors—influence of extended family, single women not chosen for marriage, infertility, gender of offspring and social isolation—that may be relevant to psychological distress in Pakistani women. In this study, for men and women, home ownership, greater sense of British identity and higher levels of social capital were protective for mental health, suggesting that economic security and settlement in the UK influence wellbeing within such communities.
- For men and women separately and for ethnic groups, levels of social capital appear significantly associated with mental ill-health, corroborating current evidence of associations between social capital and CMDs. In the fully adjusted models (which included sociodemographic and socioeconomic characteristics) inclusion of the measure for social capital did not materially mitigate recorded levels of psychological distress. This underlines the importance of contextual social and political factors and how these may impact on the mental health of BME populations.

CONCLUSIONS

- This study indicates which ethnic minority groups in the UK experience a greater risk of psychological distress, indicating where **investment of mental health resources are needed**.
- Gender differences for distress among BME groups imply that **appropriate interventions should be specific for men and women**.
- The influence of social capital on mental wellbeing warrants further study. **Investment into civic society type organisations, in order to build up trust and cohesion could possibly improve mental wellbeing**.

COMPLETE ANALYSIS AND LIST OF REFERENCES:

Bamford, J., Klabbers, G., Curran, E. *et al.* Social Capital and Mental Health Among Black and Minority Ethnic Groups in the UK. *J Immigrant Minority Health* (2020). https://doi.org/10.1007/s10903-020-01043-0