

*Are Social Relationships an Underestimated Resource for
Mental Health in Persons with Spinal Cord Injury?*

Theoretical Background & Empirical Evidence from 22 countries

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Introductory Remarks

CRPD Article 19: “Living independently & being included in the community”



Full inclusion & participation in the community, by ...

(a) Free choice of living arrangements

(b) Access to support services to prevent isolation / support community integration

(c) Access to community services & facilities responsive to needs

Policies act on structural conditions to enable the inclusion of persons with disabilities & shape social norms

→ to provide **optimal conditions** to maintain & form **good quality social relationships**

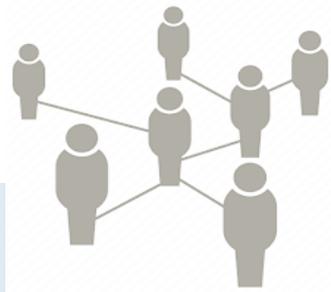
Overview on Today's Talk

Are Social Relationships an Underestimated Resource for Mental Health in Persons with Spinal Cord Injury?

- 1) Relevance of social relationships for health
 - A) Evidence from general population samples
 - B) Mechanisms behind the social relationship-health association
- 2) Evidence from the InSCI community survey
- 3) Conclusion

1) Relevance of Social Relationships for Health

How Do We Measure Social Relationships in Research?



Quantitative / structural aspects

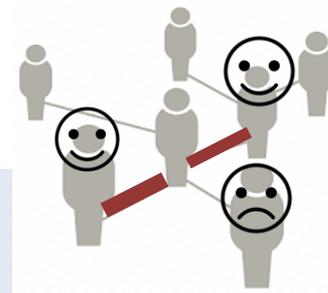
Having a partner

Living with others

Size of social network (*e.g. number of close friends, family members*)

Contact frequency

...



Qualitative / functional aspects

Social support (*e.g. emotional, instrumental, informational*)

Quality of relationships

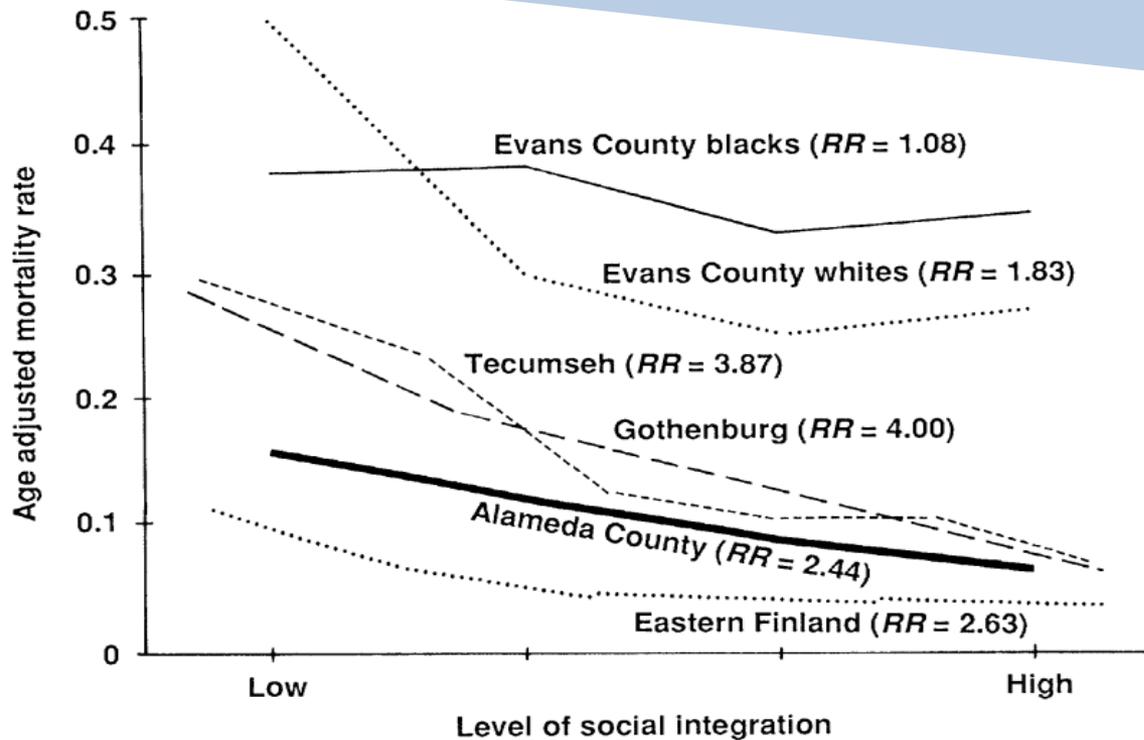
Feelings of belongingness

Satisfaction with relationships

...

1) Relevance of Social Relationships for Health

Social Integration & Mortality



Risk to die within the study period is higher for those with low social integration

Fig. 1. Level of social integration and age-adjusted mortality for males in five prospective studies. *RR*, the relative risk ratio of mortality at the lowest versus highest level of social integration.

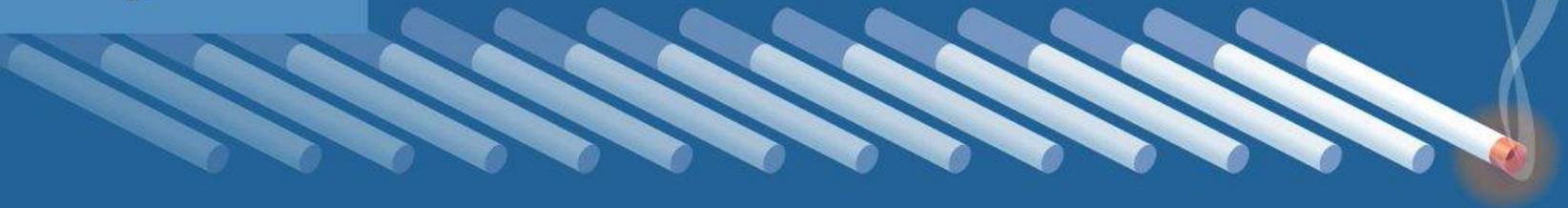
House et al. Science, 1988

Loneliness & Mortality: Results from a Meta-Analysis

Similar to
smoking
15
cigarettes
a day

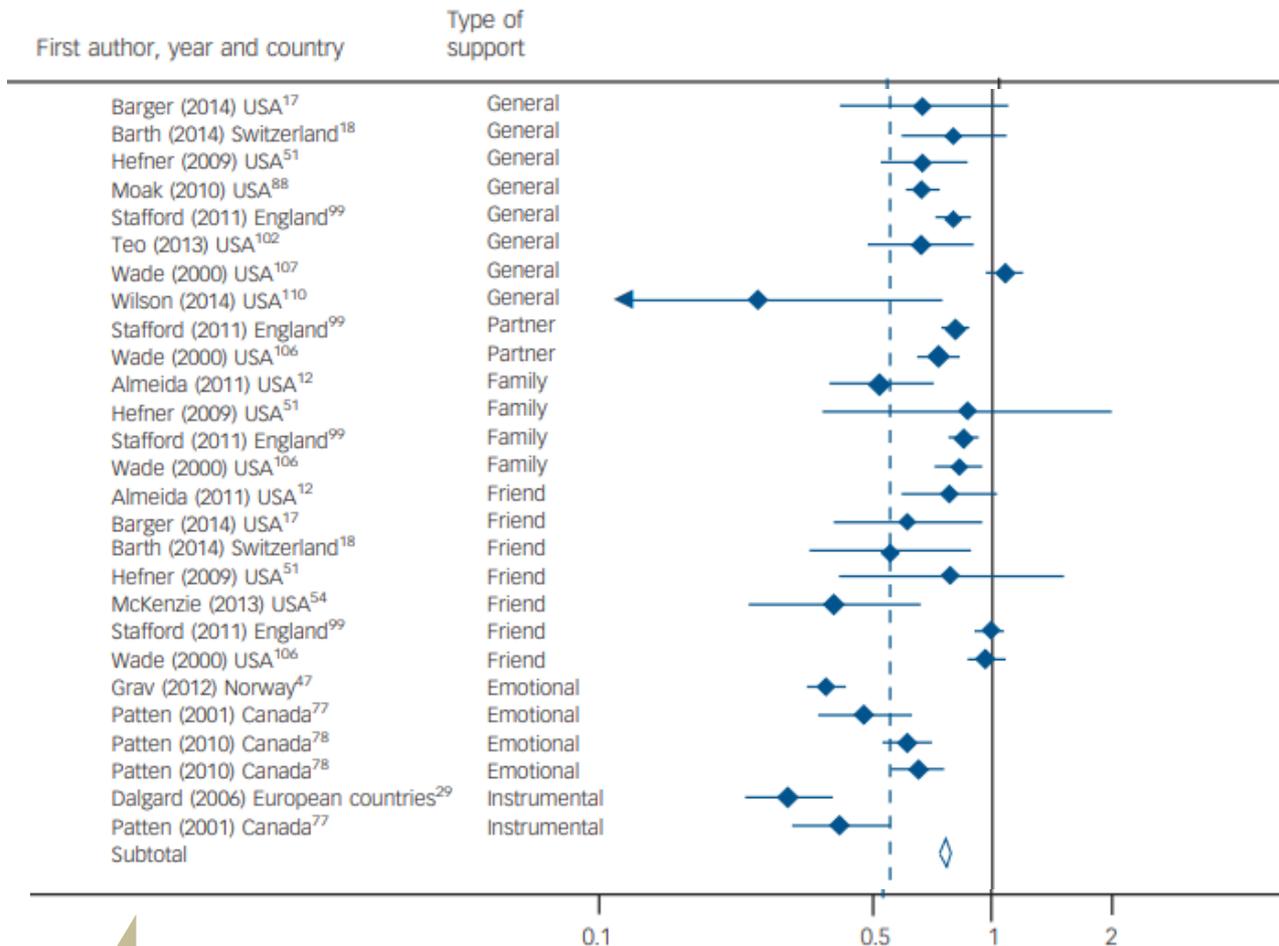


Loneliness is more dangerous than **obesity** and as damaging to health as **smoking** 15 cigarettes a day.



1) Relevance of Social Relationships for Health

Social Support & Depression: Results from a Meta-Analysis



← Reduced risk of depression with higher social support

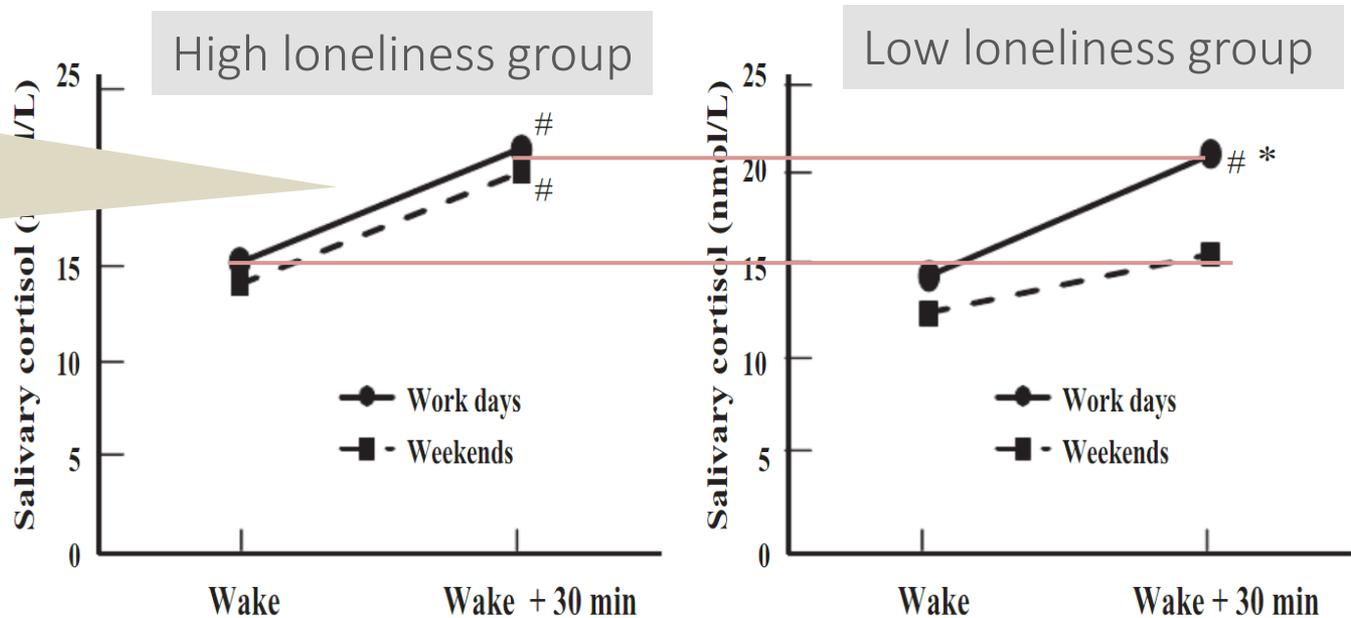
Overview

- 1) Relevance of social relationships for health
 - A) Evidence from general population samples
 - B) **Mechanisms behind the social relationship-health association**
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1b) The Mechanisms behind Direct-Effects Model



High loneliness group maintained stress level (=cortisol level) even during weekends



*1b) The Mechanisms behind
The Buffering-Model*

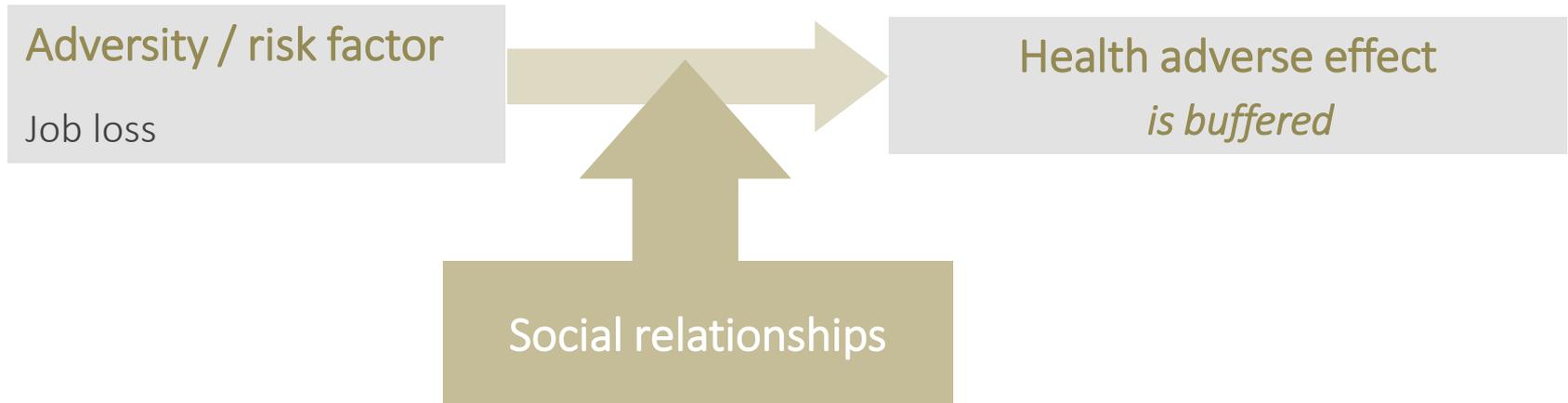
Adversity / risk factor

work stress
conflict in the family
loss of a close person
unhealthy habits
hopelessness
Job loss
...



Adverse effect on health

1b) The Mechanisms behind
The Buffering-Model



Buffering effect

= social relationship have an indirect effect on health by helping to cope with adverse events

(e.g. friend provides emotional support after job loss and offers to help screening job advertisements)

Overview

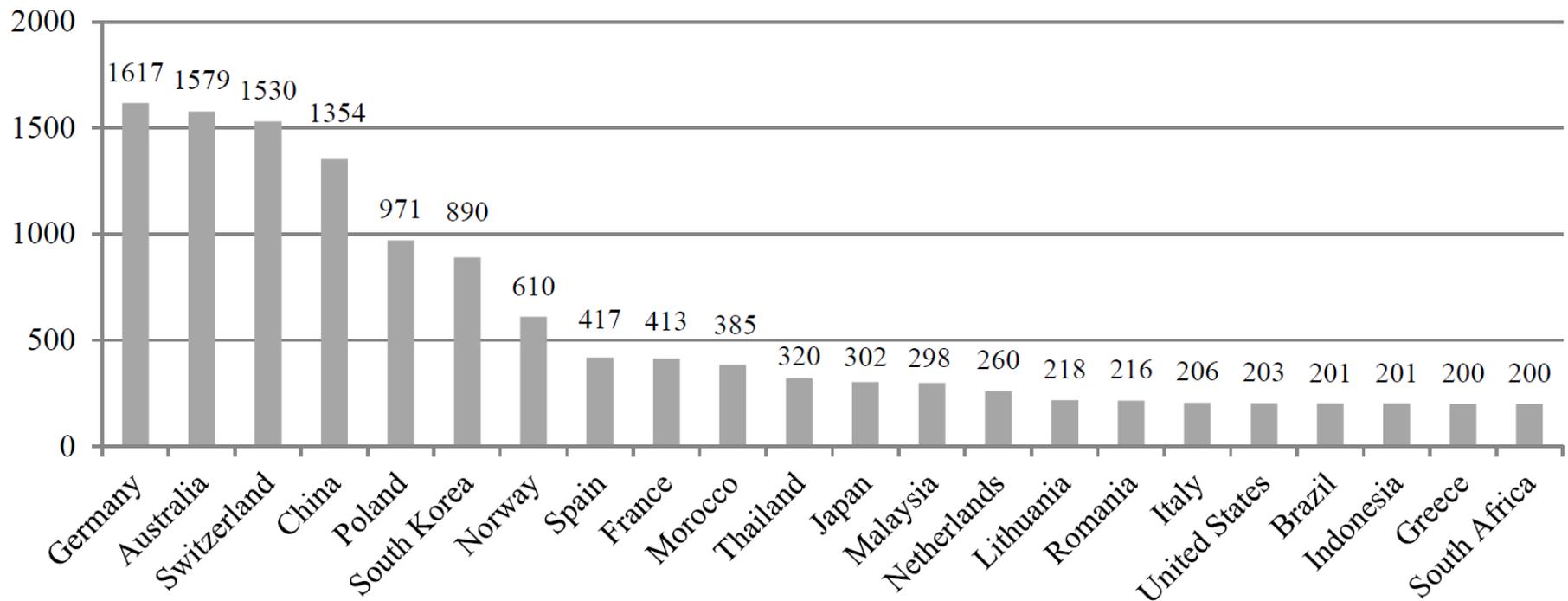
- 1) Relevance of social relationships for health
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2) Evidence from InSCI

About InSCI

- **InSCI** = The International Spinal Cord Injury community survey
- **12,588** people with spinal cord injury from 22 countries
- Completed 125-item **questionnaire** in 2017-2019



What Has Been Measured?



Social Relationships

Partnership	Information on having an intimate partner or not
Living situation	Living with others vs. living alone
Belongingness	“Do you feel included when you are with other people?”
Relationship satisfaction	“How satisfied are you with your social relationships?”
Social interactions	“How much of a problem is... - providing support for others; - interacting with people; - intimate relationships”



Mental health

SF-36 Mental Health Index

5 questions on the frequency of mood states

Score 0-100



2) Evidence from InSCI

How Were Social Relationships Rated?

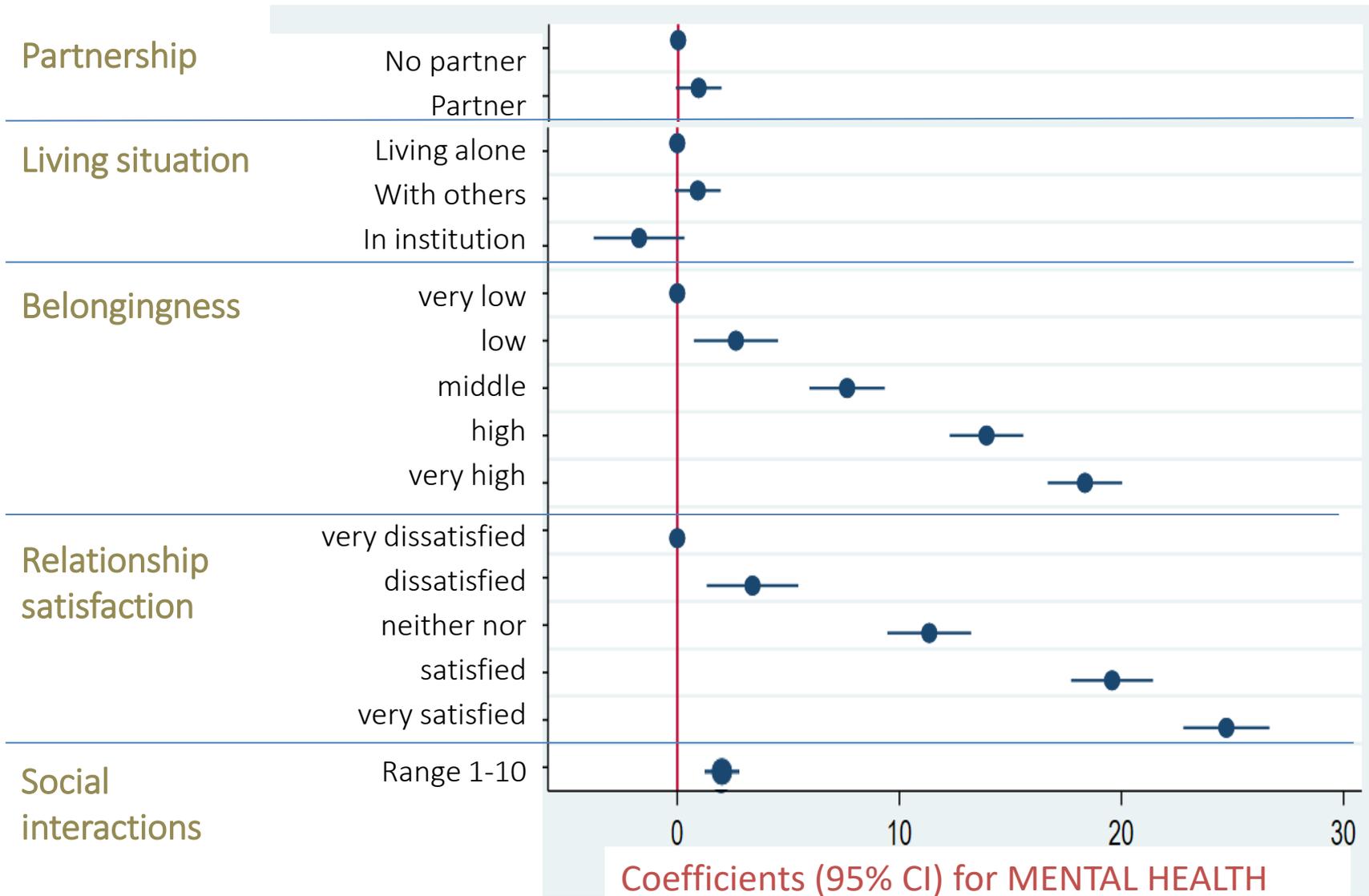
Partnership	Partner	59%
Living situation	Living alone	19%
	With others	78%
	In institution	3%

2) Evidence from InSCI

How Were Social Relationships Rated?

Partnership	Partner	59%
Living situation	Living alone	19%
	With others	78%
	In institution	3%
Belongingness	very low	4%
	low	9%
	middle	22%
	high	32%
	very high	33%
Relationship satisfaction	very dissatisfied	3%
	dissatisfied	8%
	neither nor	23%
	satisfied	48%
	very satisfied	18%
Social interactions	Range 1-12	Average 7.7

Social Relationships & Mental Health



Summary & Limitations

- Having a partner or living with others is not 'automatically' supportive for mental health (*free choice or dependencies?*)
- Qualitative aspects of social relationships are highly important for mental health

BUT: Poor mental health may also lead to poorer social relationships;
bi-directional association assumed:



BUT: Persons with poor mental health / poor social relationships might less often participate in research. Is the quality of relationships representative?

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Conclusion I



Are Social Relationships an Underestimated Resource for Mental Health in Persons with Spinal Cord Injury?

Yes, it is highly likely that we underestimate the importance & the potential of social relationships for mental health (& health in general)

→ *Difficult to intervene on*

→ *Often psychological or medical perspective on mental health; social factors may not receive enough attention*

Conclusion II



Implementation of CRPD Article 19:

“Living independently & being included in the community”

= important prerequisite to support integration & participation

- Social integration & participation = key features for maintaining & establishing good quality social relationships in persons with disabilities
- ... that ultimately contribute to optimal health (directly & indirectly)

Thank you very much for your attention & questions!

