# Social Capital and Mental Health: Counselor's Perspectives

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*Abstract*: Evidence for inequalities in morbidity and mortality by occupational social class and material standard of living has become irrefutable. Attention has now turned to the effects of social context. Durkheim in the 1890s was among the first to posit that the structure of society had a strong bearing on psychological health. There has been historic tradition on the conceptual link between social capital and health. 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. The theory of social capital attempts to describe the forces that shape the quality and quantity of social interactions and social institutions. Social capital has been characterised as the glue that holds societies together. "Social capital" means features of social life — networks, norms, and trust — that enable participants to act together more effectively to pursue shared objectives'. An important feature of social capital is that it is a property of groups rather than of individuals. The concept also can be broken down into 'structural' and 'cognitive' social capital. Structural components refer to roles, rules, precedents, behaviours, networks and institutions. These may bond individuals in groups to each other; bridge divides between societal groups or vertically integrates groups with different levels of power and influence in a society, leading to social inclusion. 'Cognitive social capital' describes the values, attitudes and beliefs that produce cooperative behaviour. The current paper will discuss in detail the nature of social capital, its link with health and more specifically to mental health and individual and community based interventions to build social capital and thereby enhances mental health of people at health.

*Keywords*: Social capital, mental health

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## Introduction

Research over the last two decades has demonstrated that social capital is linked with economic development, the effectiveness of human service systems and community development. Social capital has also been shown to decrease transaction costs in the production and delivery of goods and services, thereby improving productivity and efficiency. Political scientists have studied the contribution of social capital to the functioning of democracy, more efficient government, decreased corruption and the reduction of inequality within a society. Social scientists have investigated how higher social capital may protect individuals from social isolation, create social safety, lower crime levels, improve schooling and education, enhance community life and improve work outcomes (Woolcock, 1998).

There are four views of social capital. The narrowest conceptualization focuses on local, horizontal community associations and the underlying norms (trust, reciprocity) that facilitate coordination and cooperation for mutual benefit (Uphoff, 2000). This view primarily focuses on the positive aspects of social capital and does not necessarily include the detriments (such as exclusion and excessive demand on members).

Coleman (1988) gave a broader conceptualization of social capital which incorporates a wider spectrum of social dynamics. A definition based on function includes vertical associations, characterized by both hierarchy and an unequal power distribution among members within a society. A more macro view of social capital (Grootaert, 1998) focuses on the social and political environment that shapes social structures and enables norms to develop. This social and political environment includes formalized institutional relationships and structures within government and related agencies, the political regime and the legal and regulatory systems. social capital means "the features of social organization, such as civic participation, norms of reciprocity, and trust in others, that facilitate cooperation for mutual benefit" (Kawachi et al., 1997, p. 1491). There is a growing consensus that social capital captures a concept that facilitates collective action and can promote social and economic growth and development by complementing other forms of capital (Grootaert, 1998). Social capital is "social" and collective, debate continues around whether it is a form of "capital". Capital is conceived of in two fundamentally different ways (Eatwell, Milgate & Newman, 1987). It may be thought of as a fund of resources that can be switched from one use to another. This has been called the "financial" concept of capital. It may also be conceived of as a set of productive factors that are embodied in the production process, the so-called "technical" concept of capital.

The concept of social capital is the missing link in economic development (Grootaert, 1998). It has grown out of the belief that cohesive and productive groups of individuals are more than just the sum of their human capital. To understand the relationships between social capital and mental health, researchers and clinicians need to understand its cognitive and structural components. Cognitive social capital is derived from "mental processes and resulting ideas, reinforced by culture and ideology, specifically norms, values, attitudes, and beliefs that contribute to cooperative behaviour" (Uphoff, 2000, p. 218). Cognitive social capital influences behaviour, including control of risk-taking behaviour, mutual support and informal means of information

exchange. Uphoff (2000, p.218) argues that structural components of social capital are the "roles, rules, precedents and procedures as well as a wide variety of networks that contribute to cooperation". Structural social capital has two dimensions – *horizontal*, reflecting ties that exist among individuals or groups of equals or near-equals, and *vertical*, stemming from hierarchical or unequal relations due to differences in power or resource bases. It is shaped by government policies and the formal service networks that result from their implementation.

## Mental Health Promotion and Social Capital

The World Health Organization (WHO, 2001) has defined mental health as a "state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." Mentally healthy people have three main characteristics. These include:

- They feel comfortable about themselves and feel secure and adequate. They neither overestimate nor underestimate their abilities. They accept their short comings and have self-respect.
- They feel right feel right toward others. It means they show interest in others, have friendships and stable and lasting relationships. They feel a part of the group and trust others. They take responsibility for themselves and for their neighbours and fellow beings and
- They are able to meet the demands of their lives. They are effective problem solvers and solution oriented. They can take effective decisions and set reasonable goals of their lives and can regulate their emotions effectively.

Social capital can enhance mental health and reduce the impact of mental illness. Further, mental health promotion can potentially build social capital in various ways, with outcomes at both the societal and community levels. At the community level, mental health promotion can build pathways between health and social capital that can affect behaviour and service provision by promoting the psychological attributes of individuals and strengthening the relationships between individuals. This paper discusses only three pathways including, health-related behaviours, access to services and amenities, and psychosocial processes.

### 1) Health-related behaviours

Social capital can influence people's health behaviours by promoting a more rapid diffusion of health information (mental health literacy), increasing the likelihood that healthy behaviour norms are adopted and by exerting social control over deviant health-related behaviour. The theory of diffusion of innovations suggests that innovative behaviours (e.g. use of preventive services) diffuse much more rapidly in communities that are cohesive and that have higher levels of trust (Rogers, 1983). Some studies have suggested that the higher the degree of "collective efficacy" the more likely the community is to prevent antisocial behaviour (Sampson, Raudenbush & Earls, 1997). This process may be applied similarly to prevent deviant behaviour, such as adolescent drug abuse.

### 2) Access to services and amenities

Community social capital can affect access to services and amenities. Cohesive communities are more able to unite to form appropriate social organizations which ensure access to services that are directly related to health, such as community health clinics. Decreased access to services and amenities is often a result of poverty, crisis or chronic illness. Social capital links in these situations become even more important; they can serve as a mechanism that helps improve social support, integration, rehabilitation and recovery. Long-term solutions to the problems of inadequate resources and social exclusion require connecting marginalized groups to mainstream resources and services through mechanisms of bridging social capital, which unites these excluded groups with the majority.

### 3) Psychosocial processes

High levels of social capital are conducive for the development of an individual's psychosocial processes that are needed to cope with life's stressors and protective against ill-health. These psychosocial processes in part arise from social interaction within an individual's community. Interaction with others is enhanced if it is based on trust and reciprocity, which provide protective factors against the initiation of any psychosocial processes that are known to be determinants of ill-health. Resilience and life skills training are key to build individual resources in people in the communities.

The developmental processes by which the moral values of trust and reciprocity become instilled in children occur more quickly in communities with higher social capital. Members of such communities have some sense of public responsibility for each other, even if they have no related ties. These norms of reciprocity or mutual respect can translate into easier childrearing, improved self government and the maintenance of public life civility. Variations in the availability of psychosocial resources at the community level may help to explain the anomalous finding that socially isolated individuals residing in more cohesive communities do not appear to suffer the same ill-health consequences as those living in less cohesive communities.

## Building Social Capital at Community Level

Studies examining and projects incorporating social capital have revealed more about what destroys this phenomenon than what builds it. For instance, merely creating civil society groups does not automatically lead to the concurrent creation of social capital within and among these new groups. Instead, efforts to build social capital must consider the various sources of social capital that stem from these: "family, schools, local communities, firms, civil society, public sector, gender and ethnicity". From this, social capital can be built "at the 'level' of families, communities, firms, and national or sub-national administrative units and other institutions" (OECD, 2001, p. 45). Regardless of the level of intervention, the process of developing social capital

takes a long time. Consequently, investing in social capital should be seen from a life-course approach, for investments now may not only benefit this generation but also the next. It has been posited that interventions that target various dimensions of social capital simultaneously are more effective. This would entail intervening across multiple levels, including macro social policy reform while also increasing community access to external resources and power.

It is accepted that improved health status enhances human capital (Bhargava et al., 2001). For those with mental illness, action to remove psychosocial stressors, provide social and psychological support and provide clinical treatments to reduce symptoms and disability can all lead to an enhancement of the individual attributes necessary for constructive social interaction and assuming a productive social role. Mental health promotion activities targeting "well" populations have aims of enhancing resilience and social competencies. These actions should have a pay-off in terms of building social capital as good mental health enhances the competencies necessary for more constructive participation in civil society. In this context, mental health may have specific importance in contributing to the cognitive and psychological attributes necessary for the interactions that underpin social capital.

The following are the specific interventions which help building social capital at the community level.
- *Strengthen social networks*

e.g. Employ a community health worker to mobilize resources within social networks
and bring resources into communities
- *Build social organizations*

e.g. Facilitate the development of nongovernment organizations (NGOs)
- *Strengthen community ties*

e.g. Bring together groups normally divided along class, caste, race/ethnicity or religious
grounds
- *Strengthen civil society*

e.g. Inform decision-makers about the social consequences of macroeconomic policies

## Building Social Capital at an Individual Level

Besides family, community and group level interventions to build social capital, there are individual based techniques which help people to build their social capital. These techniques include
- I. Social skills intervention
- II. Relationship building intervention
- III. Relationship enrichment intervention
- IV. Problem solving skills training
- V. Forgiveness training
- VI. Gratitude intervention
- VII. Empathy skills training

## Conclusions

The level of social capital in a country or neighbourhood is an attribute of the social environment. Research to identify the relationships between social capital and mental health has relied largely on cross-sectional data. Organizations nowadays have started focusing on non monetary factors for employees' work place contentment and the development of the organization. Positive psychological factors like hope, optimism, self-efficacy and resilience have become the focus nowadays. Social capital has also emerged as an important factor for the organizational development and employees' happiness. There is a need that different organizations use the services of professional psychologists to train their staff in enhancing their interpersonal connections and thereby social capital. It will also contribute toward the growth and development of the institutes. The links between social capital, population health and mental health, and the potential of mental health promotion to enhance social capital are current topics of research and debate with important implications for improving population mental health.

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