A Six-year Follow-up Study in a Community-based Population: Is Neighbourhood-level Social Capital Associated with the Risk of Emergence and Persistence of Psychotic Experiences and Transition to Psychotic Disorder?

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SUBMISSION DETAILS

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Abstract Details This is the first longitudinal community-based study analysing the association between the extended psychosis spectrum and social capital. The strengths of our study are having high-quality data of a large number of participants at two different time points and the data being collected by house visits by trained interviewers. The longitudinal design allowed us to create categories based on dynamic transitions within the extended psychosis spectrum, and this approach is more useful than working with categories based on cross-sectional data. Working with a general population sample was advantageous because we were more likely to include individuals who might not be captured in a clinical sample. The fact that data was collected randomly throughout a geographical area prevented help-seeking bias, thus revealing the spectrum, including subclinical manifestations. Another strength is that the neighbourhood-level variables were independently collected from a different sample. In addition to this, social capital was measured directly, whereas, in many other studies, proxy measurements such as voter turnout were implemented.

Poster or Oral Presentation Both Poster and Oral

Background Social capital is thought to represent an environmental influence impacting risk of psychotic disorder. This study aims to investigate the association between neighbourhood-level social capital and clinical transitions within the spectrum of psychosis.

Methods 2175 participants, representative of a community-based population, were assessed twice (6-years apart) to determine their position within an extended psychosis spectrum: no symptoms, subclinical psychotic experiences (PE), clinical PE, psychotic disorder (PD). A variable representing change between baseline (T1) and follow-up (T2) assessment was constructed. Four dimensions of social capital (informal social control, social disorganisation, social cohesion and trust, cognitive social capital) were assessed at baseline in an independent sample, and the measures were aggregated to the neighbourhood level. Associations between the variable representing psychosis spectrum change from T1 to T2 and the social capital variables were investigated.

Results Lower levels of neighbourhood-level social disorganization, meaning higher levels of social capital, reduced the risk of clinical PE onset (OR=0.300; z=-2.75; p=0.006), persistence of clinical PE (OR=0.314; z=-2.36; p=0.018) and also the transition to PD (OR=0.136; z=-2.12; p=0.034). The other social capital variables were not associated with changes from T1 to T2.

Discussion Neighbourhood-level social disorganisation may impact the risk of psychosis expression. Whilst replication of this finding is required, it may point to level of social disorganisation as a public health target moderating population psychosis risk.

Keyword

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Social capital
Extended psychosis spectrum
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Consent of Release of Rights I have read and agree to the above terms and conditions.

DISCLOSURE

Financial Relationships

Disclosure No, I have nothing to disclose.