Exploring the Association between Network, Cognitive, Structural Social Capital and Depressive Symptoms in Taiwan

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Abstract

Depression is one of the most common mental health conditions in Taiwan. Although evidence suggests that social capital is associated with depression, few studies have comprehensively explored the influence of social capital on depression and also evidence in Taiwan is limited in comparison to other Western countries. Data from the 1997 Taiwan Social Change Survey (n=2,598), which was the only data that contains the best available information to measure all three dimensions of social capital (network, cognitive, and structural social capital in Taiwan were used to examine the association between three dimensions of neighborhood- and individual-level social capital and depression among Taiwanese adults 20 years and older. The 20-item Center for Epidemiological Studies Depression Scale was used to measure depressive symptoms; scores ≥ 15 indicated being at a risk for clinical depression. Three dimensions of social capital were assessed: cognitive social capital (measured using questions on perceived neighborhood trust and reciprocity), structural social capital (measured using questions about local social participation), and network social capital (measured using a position generator). In order to develop a greater understanding of the mechanisms linking social capital and depression, multivariable logistic regression models were used to assess the relationship between the three dimensions of social capital and the risk of clinical depression, the association between age-based patterns of social capital and the risk of clinical depression, and the independent association between neighborhood-level social capital and the risk of clinical depression.
The findings from the first in this study suggested the dimensions of social capital did not have the same relationship with being at a risk of clinical depression. Higher scores of cognitive social capital and structural social capital were both independently associated with lower odds of being at risk for clinical depression after controlling for potential confounders. Network social capital was not associated with being at risk for clinical depression except for network diversity. In the second paper, the study revealed that there are different age patterns for network, cognitive and structural social capita but we only observed age variations in network social capital and the risk for clinical depression. Furthermore, for the third paper, the study showed that neighborhood-level social capital did not appear to have a major influence on the results in Taiwan.

The findings suggest that the association between social capital and being at risk for clinical depression in Taiwan may differ according to the specific dimension of social capital assessed and age-based patterns of social capital. Furthermore, the association between social capital and being at risk for clinical depression may only exist in individual level. Disentangling the multidimensional and multilevel nature of social capital in the subpopulation may inform our understanding of the mechanisms linking social capital and depression to promote mental health especially in the specific population.