F.7. Difficult life events and mental health

Difficult life events, poor mental health and moves between neighbourhoods in the UK with different levels of deprivation
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Background
People moving to socioeconomically deprived neighbourhoods have elevated rates of poor health, in particular poor mental health, but the mechanisms underlying this association are not well understood. This study focuses upon moves within the UK triggered by relationship breakdown, job loss and housing eviction and repossession. It assesses whether movers experiencing these difficult life events are more likely to have poor mental health and to move to socio-economically disadvantaged areas.

Methods
The analysis assesses moves between adjacent waves of the annual British Households Panel Survey, pooled over ten years, 1996-2006 (N = 122,589 observations). ‘Difficult life event movers’ were respondents that had changed residential address and experienced loss of a relationship, housing or job between waves. Neighbourhood deprivation was defined by Carstairs 2001 quintile of ward of residence. Moves were categorised as to more, less or similarly deprived quintiles. Mental health status was indicated by self-reported mental health problems. Binary logistic regression models analysed the relationships between health and move type adjusted for age, sex, education and social class.

Results
The migration rate over one year was 8.5%. Among total movers 14.1% had experienced a difficult life event. Adjusted regression models indicated that difficult life event movers had elevated odds of mental health problems (1.66; 95% CI 1.35-2.06), relative to other movers. Difficult life event movers did not have elevated odds of moving to a more deprived area but had significantly lower odds of moving to a less deprived area, compared to other movers (0.70; 95% CI 0.59-0.84), when moves to similar areas was the reference group. Odds of mental health problems among difficult life event movers were most highly elevated among those moving to more deprived areas at 2.41 (95% CI 1.64-3.54), relative to stayers.

Conclusions
Movers in the UK that experienced relationship breakdown, job loss, housing eviction and repossession had elevated risk of mental health problems and were less likely to move to a less...
The impact of economic inequalities on self-esteem and depression – a longitudinal study from Denmark

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Background
During the last five years, negative consequences of austerity politics (e.g. its impact on soft outcomes such as self-esteem and mental health) have been dismissed as being irrelevant as arguments against ‘necessary’ social reforms and cut backs in many European countries including Denmark. But how important are economic factors, e.g. childhood experiences of parental unemployment, poverty and difficulties participating in leisure time activities as antecedents for self-esteem and depression?

Methods
Information from a birth cohort study of all adolescents born in 1989 (n = 3,058) living in Ringkøbing County, Denmark in 1989 was collected across three questionnaire rounds (age 15, 18 and 21) containing questions about self-esteem (Rosenberg in 1989) and symptoms of depression (SDQ). The participants (e.g. personal income, parental income and education etc.) was derived from a national register and linked to the data. Random and fixed effects regression was used to estimate the impact of economic deprivation on self-esteem and depression.

Results
In general, self-esteem increases across the three questionnaire rounds, i.e. as the adolescents grow from age 15 to 21. There are, however, marked differences in the growth rate across adolescents with different levels of parental income: adolescents from the richest tertile grow 1.44 points on the scale whereas adolescents from the poorest tertile grow 0.88 points. Experiences of being unable to afford participating in leisure time activities that cost money or going on trips lowered self-esteem by 0.4. Finally, the fixed effects regression shows big differences in self-esteem comparing adolescents with different levels of personal income: being in the highest quartile increases self-esteem by 1.75 (95% CI: 1.22-2.28) compared to those in the lowest quartile. Similar results were found for symptoms of depression as outcome.

Conclusion
Self-esteem and symptoms of depression among adolescents are affected by experiences of economic hardship. This is important to keep in mind when discussing the consequences of social reforms and austerity politics across many European countries.

Key messages
- Economic hardship e.g. being unable to attend leisure time activities is associated with lower levels of self-esteem and higher levels of depression.
- Economic inequalities should not be dismissed as irrelevant for adolescents’ well-being as is often done in political debates about the consequences of social reforms following austerity.

Relative deprivation in rich countries. Associations between child mental health and family financial stress in the Nordic countries 2011

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Child mental health problems are one of the main public health concerns in high as well as low income countries and cause suffering both in childhood and later in life. The socioeconomic situation of the family has been pointed out as an important determinant of child mental health, just as previous research has established negative associations between financial hardship and child mental health. In spite of sharing similar social, political and cultural structures, Iceland was the Nordic country most hardly and abruptly affected by the global financial crisis in 2008 which resulted in decrease in living standard and increased unemployment. The aim of the study was to examine potential differences between the Nordic countries in family financial situation and associations to child mental health.

The study was based on data from the 2011 version of the Nordic Study of Children’s Health, Wellbeing and Quality of life (NordChild). Random sample of 3000 children from each country was taken from the total population of children aged 2 – 17 years old, stratified by age and gender. Child mental health problems were measured by the Strengths and Difficulties Questionnaire (SDQ).

The results showed that a significant larger proportion of children in Iceland were living in families with financial stress than in the other Nordic countries. Almost half (47.7%) of the participating families in Iceland reported financial stress while 20% or less did so in the other countries except for Finland where 33.5% also reported financial stress. Financial stress was found to be negatively associated with mental health among both boys and girls in all age groups and in all the Nordic countries. The Icelandic children had the highest mean score on the SDQ—Total Difficulties Score, however, the odds of mental health problems in case of family financial stress were significantly lower among the Icelandic children (OR 1.60, 95% CI = 1.15-2.24) than children in the other Nordic countries: Denmark OR 3.07 (95% CI = 2.15-4.39), Finland OR 2.28 (95% CI = 1.60-3.25), Norway OR 2.77 (95% CI = 1.86-4.12) and Sweden OR 3.31(95% CI = 2.26-4.86).

These results might be explained by the importance of relative deprivation for child mental health.

Key messages
- Family financial stress was negatively associated with mental health among both boys and girls in all the Nordic countries.
- In Iceland, with almost equal proportion of families with and without financial stress, the odds of child mental health problems were lower than in the countries with large differences in proportions.

Barriers among Danish women and general practitioners to raising the issue of intimate partner violence in General Practise: A qualitative study

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Background
Thirty-five percent of Danish women experience sexual or physical violence in their lifetime. Survivors of IPV identify medical doctors as the healthcare professionals from whom...
they would most likely seek help. However, health care professionals are not in the practise of asking about intimate partner violence (IPV) in Denmark. It is currently unknown what hinders general practitioners from asking about partner violence and how Danish women would perceive such an inquiry. This aspect has not previously been explored in Denmark. An exploratory study was conducted to examine what hinders general practitioners (GPs) from asking and what Danish women’s views and attitudes are regarding being asked about IPV.

Methods
Data were collected through individual and group interviews with a sample of three GPs and a diverse sample of 13 women, including both survivors of partner violence and those without any history of partner violence. These respondent groups were selected given that they represent three different groups that would be directly affected by any procedural change regarding an inquiry about IPV in General Practise. An interpretative analysis was performed with the data.

Results
This study provides important knowledge regarding the barriers and attitudes towards inquiry about IPV in primary care in Denmark. Results indicate that Denmark is facing the same challenges when responding to survivors of IPV as other similar countries, including Sweden, Norway, the UK, USA, and Australia. Danish women want general practitioners to ask about violence in a respectful and non-judgemental manner. However, general practitioners are resistant towards such an inquiry and would benefit from training regarding how to respond to women who have been exposed to IPV.

Conclusions
It is acceptable to inquire about IPV with women in Denmark in a non-judgemental and respectful way. Informing about IPV prevalence is important prior to the inquiry. However, general practitioners require more awareness and training before a favourable environment for this change in procedure can be created. Further large-scale research is needed to support the evidence generated by this small study of importance in its field.

Key message
● Women preferred to be asked, as they do not know how to raise the issue themselves. In sum, the survivors of IPV are reluctant to disclose abuse and the GPs falsely believe that they can detect abuse.

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Background
Unemployment and worklessness are a problem across much of Europe and are associated with poor health. Differential patterning of worklessness across the social gradient is an important potential mechanism for health inequalities, but the extent that employment status mediates inequalities in mental health is unclear. We investigated the extent that inequalities in mental health are mediated by employment status in working age adults in England.

Methods
The Health Survey for England is a nationally representative cross-sectional study. Data from 2004-12 inclusive were pooled to provide a large enough sample to carry out a mediation analysis of inequalities, stratified by gender. The outcome measure was General Health Questionnaire (GHQ-12) ‘case-ness’, a screening tool for anxiety and depression. We calculated relative indices of inequality (RII) for two measures of social position (education level and area-based deprivation) using age-adjusted logistic regression models, where one represents no inequality. The marginal absolute prevalence difference (based on predictions from mean estimates of covariates) between the most advantaged and least advantaged categories was quantified. We then assessed the extent to which inequalities were attenuated by the addition of employment status and household income.

Results
Poor mental health was consistently socially patterned. Adjustment for employment status markedly reduced the magnitude of inequalities, almost abolishing them when assessed by education level and reducing them to a lesser extent when assessed by area deprivation. This level of attenuation was similar to that observed by the addition of household income. For example, the RII in men, measured by education level, decreased from 2.40 (95% CI 1.95-2.96) to 1.10 (95% CI 0.87-1.40) when employment status was added; compared to a reduction to 1.23 (95% CI 0.97-1.55) with household income.

Conclusions
Employment status differences may mediate the social patterning of inequalities in poor mental health in England. Attenuation was seen for both highest education level and area-level deprivation. These findings suggest policy responses to the current macro-economic crisis, such as active labour market interventions, could help address health inequalities.

Key messages
● The social patterning of poor mental health (measured by education level or area-based deprivation) is consistently attenuated by employment status.
● This highlights the potential for employment policy to help address health inequalities but raises the possibility that inequalities in Europe will increase, following the economic recession.

Gender and age inequalities in mental health of Romanian working adults
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Background
Mental health is a very important aspect of occupational health.

Methods
Face to face household interview conducted in Romania between 2005-2007, using Composite International Diagnostic Interview (CIDI), resulting a national representative sample of 2357 respondents. Lifetime time (LT) and 12 month (12 mo) prevalence of mental disorders and of psychotropic medication use were estimated. Analyses were carried out by 3 age group categories: 18-34, 35-49 and 50-64 years. Logistic regression assessed the association of LT, 12 mo prevalence and psychotropic medication use with gender and age.

Results
The overall prevalence of mental disorders has low LT and 12 month values in Romania. Prevalence of mood and anxiety disorders increases with age: LT increases with age in both females (8,2 to 14%) and males (3,5 to 10%) for ‘internalized’ disorders. The same pattern can be found for mood disorders: in females (3,1 to 4,6%) and males (1,1 to 4,2%) and for ‘any anxiety’ disorders in females (6,1 to 11,4%) and males (2,4 to 8,5%). ‘Any externalized’ disorder is increasing with age only in men (6,2 to 8,2%); in women there is a slight decrease. Gender differences (women vs men) were found for: suicide ideation in 18-34 years (3,1 vs 0,7%), suicide attempt in 35-49 years (1,3 vs 0,3%), followed by: mood disorders (3,1 vs 1,1%), anxiety (9 vs 3,6%) and suicide ideation (2,7 vs 1%). LT ‘externalized’ disorders are over 10 times higher for males vs. women in 18-34 years (6,2 vs 0,5%) and highest in the
50-64 years group (8.2 vs 0.3%). The use of antidepressant medication, is three times higher for females than for men (19.4 vs 5.5%) among those with mood disorders and double among those with anxiety (12.4 vs 6.8%). Overall, women are twice more likely to use antidepressant, antipsychotic medication and benzodiazepines. Other variables used in the analyses were: marital status, urban life and status of employment.

Conclusions

There are gender and age inequalities in the distribution of mental health disorders in the population of working age (18-64 years) in Romania. LT and 12mo prevalence of described disorders and the treatment with psychotropic medication, show the most affected groups by age and gender.

Key messages

- Age and gender are important predictors for mental disorders prevalence and psychotropic use.
- Age and gender can help in defining the most vulnerable subgroups during the active professional life.

Remittances and risk of major depressive episode and sadness among new legal immigrants to the United States of America: 2003-2004

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Background

Immigrants’ substantial financial contributions in the form of remittances are well documented. However, immigrants are seldom the focus of studies concerned with the impact of remittances on depression and other health outcomes, yet they constitute a group who may be especially vulnerable to the emotional effects of providing remittances. Immigrants are often exposed to multiple challenges in their new environments, thus remitting may heighten the risk of depression by generating financial strain. On the other hand, remitting may benefit mental health by encouraging a sense of mattering to family and friends. This study examines the association between sending remittances and two mental health outcomes: major depressive episode (MDE) and sadness among new legal immigrants in the United States (US).

Methods

Cross-sectional data for 8,236 respondents aged 18 years and older are from the US nationally representative New Immigrant Survey fielded between 2003 and 2004.

Results

Estimates from logistic regression models that control for sociodemographic and health factors show that immigrants who remit face over 40% higher risk of MDE (Odds Ratio [OR] = 1.586; 95% CI = 1.161-2.167) and sadness (OR = 1.458; 95% CI = 1.189-1.788) than non-remitters. Additionally, the detrimental effects of remittances on mental health are more pronounced among women, refugees/asylees/parolees, and low income persons.

Conclusions

Among immigrants, especially those who are socioeconomically disadvantaged, providing remittances may threaten mental health by creating financial hardship, which is a known risk factor for depression. Initiatives that encourage economic stability for both the immigrant and his/her network of dependents may protect against risk of depression. Such interventions might include efforts to adequately engage and reward immigrants in the labor market; and policies that make it easier for the immigrant’s dependents to migrate to economically advantaged environments with better opportunities for employment and financial security.

Key messages

- Providing remittances may increase risk of major depressive episode and sadness, especially for socioeconomically disadvantaged immigrants.
- Improving the financial status of immigrants and their families may minimize the detrimental effects of remitting on mental health.

The personality traits self-directedness and cooperativeness are associated with substance use among 18 year olds in Sweden

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Background

Personality traits are important factors in predicting both development as well as remission of substance use disorders (SUDs). Self-directedness (SD) and cooperativeness (CO) are character personality traits on the Temperament-Character Inventory (TCI) that are modifiable and correlate with substance use. This association has not been specifically studied in adolescents though information about personality traits could inform primary and secondary prevention of SUDs.

Methods

This study is part of the Child and Adolescent Twin Study in Sweden (CATSS), a nationwide cohort study of all twins born after 1992. In the present study, twins at the age of 18 answered TCI and Alcohol- and Drug Use Disorder Identification Tests (AUDIT and DUDIT, respectively). Data was analyzed using descriptive statistics as well as linear regression to study the association of SD and CO with AUDIT and DUDIT scores.

Results

A total of 1,659 adolescent men and 2,428 women had answered all three questionnaires in March 2014. The average AUDIT score was 4.96 ± 4.40 (standard deviation) and DUDIT 0.32 ± 1.80. Categories of AUDIT were; "low risk = 0-7" (78.7%), "risk group = 8-15" (18.8%) and "high risk/likely dependent ≥16" (2.5%). DUDIT was grouped into "no use = 0" (94.3%), "use = 1-7" (4.3%) and "risk ≥ 8" (1.4%). Standardized composite score of SD and CO was negatively correlated with AUDIT (β = -0.097, p < 0.001) and DUDIT (β = -0.030, p < 0.001) using a linear regression model adjusted for sex.

Conclusions

A significant proportion of the cohort report high intake of alcohol and other substances. Individuals with the highest AUDIT and DUDIT scores have low SD and CO scores indicating important modifiable personality traits in those at risk for developing SUDs. These findings could be used to target interventions aimed at people with deviant personality traits to prevent severe consequences of SUDs later in life.

Key messages

- Personality traits can be used to identify young people at risk of substance use disorders.
- Interventions to young individuals at risk of substance use disorders should take different personality traits into account.

Occupational Health Management in the geriatric care with particular focus on the care of people with dementia

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Background

The care of elderly people in need of maintenance and care is affected by demographic changes and therefore will...
increasingly gain importance. Beside the burdens of inpatient geriatric care, nursing staff is faced with additional challenges when dealing with people suffering from dementia. To ensure the provision of nursing care and health care it is necessary that a sufficient number of qualified, healthy, and motivated care givers are available.

**Methods**

Using survey data gathered from inpatient care institutions in Bavaria, Germany, the distribution of and differences in health-promoting resources as well as their influence on subjectively experienced burdens of the nursing personnel should be examined (including factors of influence). The analysis is based on a random sample drawn from all existing inpatient nursing care facilities in Bavaria equipped with both, open and closed areas or wards. The compiled sample consists of 805 questionnaires completed by the nursing staff of 53 institutions. In addition, 31 expert interviews with executives of the participating institutions are integrated. In order to analyze the data, descriptive as well as inductive statistical methods including linear and logistic multilevel regression analysis were applied.

**Results**

Based on the results of the multilevel analyses the following conclusions can be drawn: In regular use, the measures of workplace health management (WHM) have a positive effect on the subjective experience of stress and strain of nurses (somatic complaints ($\beta = -0.222$, $p = 0.009$), mental exhaustion ($\beta = -0.199$, $p = 0.017$), petulance ($\beta = -0.231$, $p = 0.005$), mental impairment ($\beta = -0.216$, $p = 0.007$). Which offers of WHM are used will be largely determined by variables of the ward-level (e.g. information/participation ($\beta = 0.463$, $p = 0.000$)) and the consideration of the time spent on workplace health management measures as working time ($\beta = 1.553$, $p = 0.000$).

**Conclusions**

By specifically influencing the factors identified within the framework of the present analysis, managers can impact the employees' probability of using workplace health management services positively. These opportunities should be taken in order to maintain the employees' ability and willingness to work in the long term.

**Key messages**

- Crucial for a significant positive effect on the strain of nurses is the regular use of measures of workplace health management.
- There are a lot of potential starting points to increase the use of measures of workplace health management.