

Psychosocial Issues — Economic

Recent Research Articles on this Topic:

Psychopathology and the initiation of disability payments. Kouzis AC, Eaton WW, Psychiatr Serv 2000 Jul;51(7):908-13

OBJECTIVE: Longitudinal prospective data from the multi-site Epidemiologic Catchment Area (ECA) survey were examined to determine relationships between mental disorders, alcohol abuse or dependence, and transfer payments for disability.

METHODS: ECA respondents who were not receiving disability benefits at baseline but who were receiving them at the one-year follow-up were identified. The effects of six psychiatric disorders on the risk of starting payments were examined. They were major depressive disorder, panic disorder, alcohol abuse or dependence, phobic disorder, obsessive-compulsive disorder, and schizophrenia. The odds of starting to receive payments were calculated for persons with these disorders, any mental or addictive disorder, or any two or more disorders, while the analysis controlled for socio-demographic characteristics.

RESULTS: A total of 15,567 people were interviewed at baseline; 7 percent received disability payments. Among the 11,981 people interviewed at one year, 261 had begun to receive payments that year, for a starting rate of 2.2 percent. Significant predictors of the initiation of payments were little education (odds ratio=3.7) and low household income (OR=2.6). Respondents with panic disorder were 5.2 times more likely to begin receiving benefits than those without this disorder; respondents with schizophrenia were 4.5 times more likely and those with two or more disorders were 2.8 times more likely to start benefits than those without these disorders.

CONCLUSIONS: Differences in social class influenced the initiation of disability payments. However, having a mental or addictive disorder was a more significant predictor, strongly increasing the risk of receiving payments. Given the economic burden to society and potential loss of earnings and opportunity costs for persons with disability and their families, intervening to prevent or alleviate mental disorders should be considered as one alternative to reducing disability payments.

Do the rich really die young? Alcohol-related mortality and social class in Great Britain, 1988-94. Harrison L, Gardiner E, Addiction 1999 Dec;94(12):1871-80

AIMS: To determine whether social class is a major influence on alcohol-related mortality in the general, economically active population of Great Britain.

DESIGN AND PARTICIPANTS: Poisson regression of rates of mortality known to be directly caused by alcohol consumption by age, sex and social class in England, Wales and Scotland.

MEASUREMENTS: The measure of alcohol-related mortality is total deaths from ICD-9 categories 291; 303; 357.5; 425.5; 535.3; 305; 790.3; and 571.0-571.3 over the 7-year period 1988-94. (It excludes deaths for which alcohol-attributable fractions would need to be calculated.) The measure of social class is the British Registrar General's six-fold occupational classification, used to code census and death certification data.

FINDINGS: Alcohol-related mortality rates are higher for men in the manual occupations than in the non-manual occupations, but the relative magnitude depends on age. Men aged 25-39 in the unskilled manual class are 10-20 times more likely to die from alcohol-related causes than those in the professional class, whereas men aged between 55 and 64 in the unskilled manual class are only about 2.5-4 times more likely to die. For women in paid employment there is no consistent class gradient; younger women in the manual classes are more likely to die from alcohol-related causes, but for older women it is those in the professional class who suffer elevated mortality.

CONCLUSIONS: Social class is a risk factor for alcohol-related mortality in Britain, although it is mediated by age and sex. Alcohol appears to be similar to other psychoactive substances, therefore, in that problem use is linked to social structural factors such as poverty, disadvantage and social class. This suggests that social interventions aimed at reducing poverty and inequality have the potential to reduce current levels of alcohol-related harm among the poorest groups in the community.

Alcohol-related mortality as a function of socio-economic status. Makela P, *Addiction* 1999 Jun;94(6):867-86

AIMS: To describe the differences in acute, chronic and total alcohol-related mortality by several measures of socio-economic status (SES) and to unravel the influences of different dimensions of SES.

DESIGN: A register-based follow-up study of alcohol-related mortality.

SETTING: Finland.

PARTICIPANTS: The dataset was formed by linking census records with death records for 1987-95 and included 21,922 alcohol-related deaths.

MEASUREMENTS: SES indicators include education, occupational class, personal income, net household income per consumption unit (spending power) and housing tenure. The judgment of whether death was alcohol-related was based on death certificates.

FINDINGS: Acute and chronic alcohol-related mortality were much higher in low SES groups for all SES indicators, including spending power, even when controlling for the remaining SES variables. Among men, personal income was a better predictor of alcohol-related death than spending power, while among women the situation was reversed. The effect of one SES measure was often stronger in low levels of another SES measure. Social selection and drift are likely to contribute to the large differentials in respect to personal income, while their effect on other differentials is likely to be smaller.

CONCLUSIONS: SES is an important predictor of acute and chronic alcohol-related mortality. The total impact of SES cannot fully be captured using only one or two measures of SES.