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INTRODUCTION

It is a fundamental principle of the scientific method that clearly stated hypotheses must be tested not just on one occasion but repeatedly. Unless observations can be reproduced independently in different research and laboratory settings using the same or closely comparable methods, there will always remain some doubt concerning original reports. This principle is taken for granted by basic scientists and yet in social and epidemiological research in psychiatry it is followed all too infrequently.

In relation to social network research in psychiatric disorders, one replication study has appeared which confirms that neurotically depressed psychiatric out patients nominate smaller primary social networks, report fewer social contacts and less social interaction during a sample week before being interviewed, compared with an individually matched, healthy, general population control group (Brugha et al., 1982). The original report of very similar findings (Henderson et al., 1978) has since been over shadowed by a prospective epidemiological study in the general population (Henderson et al., 1981) which reported that the availability of personal social relationships over a one year period was remarkably stable and virtually unrelated to the onset of minor neurotic disorders.
Brugha (1984) has since found that in depressives and healthy subjects there is no relationship between recent exit events and reduced social network size. This author has suggested that small social networks are unlikely to act causally though they may be associated with an increased risk of developing episodes of minor depressive disorders.

If social network deficiencies are indeed relatively stable over time, it will be important to establish whether measures of social contacts and interaction, which have also been shown to be quantitatively deficient in depressed out patients, are independent of nominated primary social network size. This issue can be resolved by examining social contacts and social interaction rates after controlling for social network size. It is therefore hypothesised that patients will contact a significantly smaller proportion of those whom they nominate as members of their primary groups and will spend significantly less time with each person contacted.

**Methods**

A sequence of 50 newly referred non psychotic, psychiatric out patients were interviewed at St. Vincent's hospital Dublin during 1979 and 1980 (Brugha et al., 1982). Each was matched according to age, sex, marital status and occupation with a healthy control, with no current physical illness or history of psychiatric illness. These were located through primary health care physicians in Dublin.

Each subject was interviewed by means of the Social Interaction Schedule (Henderson et al., 1978) and asked to nominate close relatives and good friends and report contacts and social interaction with them during the previous week. The Present State Examination and CATEGO algorithm were used to categorise the symptoms of the patients (Wing et al., 1974). The 60 item G.H.Q. was also used to screen out cases and controls who did not score respectively above and below the cut off score of 12 (Goldberg, 1973).

**Results**

In general it was found that by controlling for nominated primary group size, the 50 patients and their controls contacted similar proportions of their primary group. They also spent similar amounts of time in social interaction with each member contacted. Patients with more severe depressive disorders (CATEGO Class R) contacted a modest but statistically significantly larger proportion of their nominated primary group than did their matched controls.