

1 IV proposal

Y can be:

1. employment status (can only be done on a small portion of the dataset, pre-retirement: 50-66ish y.o.)
2. social network quality and quantity
 - (a) in this case having a regressor pandemic=1 or similar is crucial to avoid conflating the effects of pandemic and MH worsening
3. health outcomes
 - (a) decline in cognitive ability + memory tasks performance
 - (b) self-reliance in everyday activities
 - (c) physical activity
 - (d) grip strenght (not sure what it could measure)
 - (e) needing external care (from family and professionals)
 - (f) prevalence/worsening of medical conditions (heart disease, dementia...)

Identification issues:

1. Reverse causality for all possible Y
2. Measurement error in MH (measured through questionnaires and self-reports)
3. ???

IV strategy:

1. Instruments often used in the literature:
 - (a) number of psychiatric disorders before 18
 - (b) religious attendance to handle problems (used in Chatterji et al 2007)
 - (c) number of parents psychiatric disorders
 - (d) recent friends' death (not family to avoid correlation with model error)
2. My other instruments proposals:
 - (a) Number of days spent under strict lockdown measures (DATASET: Oxford COVID19 Government Response Tracker (n of deaths per 100000 and n of days with stringent control measures))
 - (b) Severity of childhood conditions (abuse, neglect - should check the detail of this info in SHARE)

(c) recent death in social network

Covariates in the model:

1. Individual characteristics (age, gender, educ, living conditions, income...)
2. Country or region FE
3. Others: ...