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| TOPIC | TITLE | NOTES |
| Labor market | Banerjee et al (2017), Effects Of Psychiatric Disorders On Labor Market Outcomes: A Latent Variable Approach Using Multiple Clinical Indicators | Topic description:   * investigates the effects of psychiatric disorders on labor market outcomes using a structural equation model with a latent index for mental illness, while also addressing the endogeneity of mental illness   Measure of MH:   * mental illness measure incorporates symptoms of four psychiatric disorders: Major Depressive Episode (MDE), panic attack, social phobia, and generalized anxiety disorder (GAD) (Page 2) * continuous latent index for mental illness derived from various symptoms and determinants of psychiatric disorders * The index also incorporates correlates of mental illness, including demographic, socioeconomic, and health conditions variables (Page 8)   Method:   * Multiple Indicator and Multiple Cause model (MIMIC) * The paper uses a structural equation modeling framework to simultaneously estimate the determinants of labor market outcomes and mental illness, as well as the loadings of different symptoms on mental health (Page 5)   Addresses endogeneity:   * addresses the endogeneity of mental illness using covariance instruments, as proposed by Lewbel (2012) * Lewbel (2012) that relies on heteroscedastic covariance restrictions (Page 1)   Results:   * Mental illness adversely affects employment and labor force participation. * Mental illness also reduces the number of weeks worked and increases work absenteeism. * The paper estimates potential gains in employment for 3.5 million individuals and a reduction in workplace costs of absenteeism of $21.6 billion due to the resultant improvement in mental health. |
| Labor market | Frijters et al. (2010), Mental Health and Labour Market Participation: Evidence from IV Panel Data Models | Topic description:   * investigates the relationship between mental health and labor market participation, focusing on the impact of mental health on employment status   Measure of MH:   * uses the Short-Form General Health Survey (SF-36) to measure mental health. * Specifically, it constructs a mental health **index** based on nine questions from the SF-36 survey. This index is strongly correlated with the Kessler Psychological Distress Scale (Pages 12)   Method:   * preferred specification is an IV-Probit model that uses a 3-degree polynomial of the quarter since the event (death of a close friend) as the instrument set (Pages 13-14)   Addresses endogeneity:   * The paper uses the death of a close friend as an instrument to control for endogeneity. * It also controls for reverse causality and potential measurement error, particularly through its preferred Model (6)   Results:   * The paper finds that a one standard deviation decline in mental health leads to a drop in the probability of labor market participation by around 19 percentage points (Page 6). * Older males, in particular, see a decline in the likelihood of participation of around 25 percentage points when affected by mental illness (Page 10). * A one standard deviation improvement in mental health leads to a decrease in labor market participation of about 12 percentage points (Page 18). |
| Loneliness | Atzendorf Gruber (2022), Depression and loneliness of older adults in Europe and Israel after the first wave of covid 19 | Topic description:   * investigates the mental well-being of older adults across different countries during the COVID-19 pandemic, focusing on feelings of loneliness and depression (Page 2).Measure of MH:   Measure of MH:   * he paper does not explicitly mention the specific tools used for measuring mental health but includes data from the Oxford COVID-19 Government Response Tracker (OxCGRT) to examine the association with national epidemic control policies (Page 2)   Method:   * multilevel binary logistic regression models with two levels (individual and country level) to examine factors influencing post-lockdown loneliness and feelings of sadness/depression. * The Akaike Information Criterion (AIC) and the Bayesian Information Criterion (BIC) are used for model fit assessment   Addresses endogeneity:   * does not explicitly address endogeneity concerns 🡪 NOT IV!!   Results:   * There are significant differences between countries in the prevalence of increased feelings of sadness/depression and loneliness. For many who reported these feelings, the situation worsened after the outbreak of the pandemic (Page 10). * On a country level, the number of deaths per 100,000 population and the number of days with a stringency index above 60 were associated with the prevalence of sadness/depression and loneliness. Specifically, the number of deaths explains 32.4% of the country variance in sadness/depression and 20.7% in loneliness. The number of days with a stringency index above 60 explains 36.9% of the variance in sadness/depression and only 7.4% in loneliness (Page 5). |
| Loneliness | Arpino et al (2022), Loneliness before and during the COVID 19 pandemic—are unpartnered and childless older adults at higher risk? | Topic description:   * impact of the COVID-19 pandemic on loneliness among older adults, examining how factors like childlessness and being unpartnered contribute to feelings of loneliness.   Measure of MH:   * does not provide explicit information on the tools used to measure mental health. 🡪 CHECK   Method:   * logistic regression models to analyze two binary outcome measures related to loneliness * Four models are fully adjusted for control variables and incrementally add explanatory variables: childlessness (Model 1, M1), unpartnered (Model 2, M2), both (Model 3, M3), and both variables and their interaction (Model 4, M4)   Addresses endogeneity:   * does not explicitly address endogeneity concerns   Results:   * The study found minimal differences in the independent and control variables before and during the pandemic. The prevalence of feeling lonely increased by only 0.8 percentage points during the pandemic compared to before. However, 11.6% of the respondents perceived themselves as more lonely during the pandemic. The study also indicated that childlessness and being unpartnered were significant factors contributing to loneliness |
| Loneliness | Luo et al (2012),  Loneliness, health, and mortality in old age: A national longitudinal study | Topic description:   * relationship between loneliness, health, and mortality in older adults using a U.S. nationally representative sample, focusing on how loneliness affects mortality risk through social relationships, health behaviors, and health outcomes. (Page 1)   Measure of MH:   * uses the Health and Retirement Study (HRS) for data collection, which includes a module on loneliness. The loneliness scale was adapted from the Revised UCLA Loneliness Scale. (Page 3)   Method:   * cross-lagged panel models to test the reciprocal prospective effects of loneliness and health   Addresses endogeneity:   * does not explicitly address endogeneity concerns   Results:   * feelings of loneliness were associated with increased mortality risk over a 6-year period. This effect was not explained by social relationships or health behaviors but was modestly explained by health outcomes like depressive symptoms and functional limitations. |
| Loneliness | Santini et al (2020), Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis | Topic description:   * explores the relationship between social disconnectedness, perceived isolation, and symptoms of depression and anxiety in older adults using longitudinal data   Measure of MH:   * uses validated scales for social disconnectedness, perceived isolation, and symptoms of depression and anxiety   Method:   * Structural Equation Modeling and uses maximum likelihood estimation with 5000 bootstrapped iterations   Addresses endogeneity:   * uses random intercept cross-lag panel models to control for time-invariant trait-like differences and uses weights to account for non-response and loss to follow-up. This approach aims to establish whether the associations might have been obtained spuriously based on stable third variable traits that were not controlled for. 🡪 not sure it effectively corrects for endogeneity * **Measurement Issues**: The study acknowledges that the results might differ if anxiety or depression symptoms had been assessed by clinical evaluation and diagnosis rather than the use of screening tools. It also mentions the possibility of residual confounding due to potential confounders that could not be included in the analysis, such as stressful life events, family history of mental disorders, or genetic profiles * **Reverse Causality**: The study found bi-directional influences, suggesting that not only does social disconnectedness lead to perceived isolation and then to symptoms of depression and anxiety, but the reverse pathways are also statistically supported   Results:   * social disconnectedness predicted higher subsequent perceived isolation, which in turn predicted higher symptoms of depression and anxiety. The reverse pathways were also statistically supported, suggesting bi-directional influences |
| Loneliness | Fokkema et al. 2012, Cross-national differences in older adult loneliness | Topic description:   * aims to investigate older adult loneliness in a country-comparative perspective   Measure of MH:   * uses perceived health, functional limitations, and problems with seeing or hearing as health indicators * These are measured on a 5-point scale ranging from excellent to poor * Functional limitations are measured using a 6-item list of Activities of Daily Living (ADLs) and a 7-item list of Instrumental Activities of Daily Living (IADLs) (Page 11).   Method:   * multivariate logistic regression analysis to provide insight into the sources of country-level differences in loneliness   Addresses endogeneity:   * does not explicitly address endogeneity concerns   Results:   * higher levels of loneliness at the country level are attributable to having an older population, a population with a higher proportion of women, and a population with a higher proportion of never and formerly married older adults. Socioeconomic factors account for the higher level of loneliness in certain countries. After controlling for various factors, only Italy and France have significantly higher levels of loneliness (Page 20). |
| Loneliness | Niedzwiedz et al. 2016, The relationship between wealth and loneliness among older people across Europe: Is social participation protective? | Topic description:   * investigates the relationship between household wealth and loneliness among older adults, focusing on the mediating role of social participation (Page 1).   Measure of MH:   * uses the R-UCLA loneliness scale to measure loneliness, and household wealth is measured by the sum of financial and real assets, minus liabilities (Pages 2, 4).   Method:   * Multilevel logistic regression models   Addresses endogeneity:   * does not explicitly address endogeneity concerns * mentions that the cross-sectional study design means causal inferences cannot be made 🡪 not true (?)   Results:   * lower household wealth is associated with higher levels of loneliness. Social participation acts as an important mediating variable, with different types of social participation showing varying associations with loneliness. |
| Loneliness | Luchetti et al 2019, Loneliness is associated with risk of cognitive impairment in the Survey of Health, Ageing and Retirement in Europe | Topic description:   * investigates the relationship between loneliness and cognitive impairment in middle-aged and older adults, using data from the Survey of Health, Ageing and Retirement in Europe (SHARE).   Measure of MH:   * three-item measure of loneliness and standard approaches for classifying cognitive impairment, including memory recall tasks and animal fluency tasks (Pages 3, 4)   Method:   * Cox regression hazard models were used to evaluate the time-to-event from baseline predictors like loneliness to the occurrence of cognitive impairment   Addresses endogeneity:   * conducted sensitivity analyses to test the robustness of the association between loneliness and cognitive impairment, but it does not explicitly address endogeneity concerns   Results:   * Loneliness was found to be a significant risk factor for cognitive impairment, even after controlling for various covariates like age, sex, education, and depressive symptoms. The association remained robust in various sensitivity analyses |
| Loneliness | Lee 2020, Loneliness among older adults in the Czech Republic: A socio-demographic, health, and psychosocial profile | Topic description:   * investigates the prevalence and correlates of loneliness among older adults in the Czech Republic, focusing on socio-demographic factors, health conditions, and psychosocial profiles.   Measure of MH:   * Loneliness was measured using the UCLA-Loneliness scale short version. Mental and emotional health was assessed using the EURO-D scale (Pages 2, 3).   Method:   * Descriptive statistics and Analysis of Variance (ANOVA) were used for initial data analysis * Regression analyses were performed to examine the relationship between loneliness and various health and well-being indicators 🡪 basic, not causal   Addresses endogeneity:   * does not address endogeneity concerns   Results:   * loneliness in Czech older adults is significantly related to poor health conditions, social environment, and various demographic variables. However, there was no gender difference. The paper concludes that political and cultural initiatives should target high-risk groups to combat loneliness and social isolation |
| Loneliness | Jarach et al (2021), Social isolation and loneliness as related to progression and reversion of frailty in the Survey of Health Aging Retirement in Europe (SHARE) | Topic:   * investigates the relationship between social isolation and loneliness with the progression and reversion of frailty in older individuals in Europe   Measure of MH:   * uses data from waves 5 and 6 of the Survey of Health Aging Retirement in Europe (SHARE) and employs the Revised UCLA Loneliness Scale and a self-created score for social isolation   Method:   * Multinomial logistic regression is used to compute relative risk ratios (RRRs) for changing frailty status according to levels of social isolation and loneliness   Addresses endogeneity:   * does not explicitly address endogeneity concerns   Results:   * average and high levels of loneliness and social isolation were significantly associated with the risk of robust people becoming frail and pre-frail. Reversion to robustness was inversely associated with high levels of loneliness (less frail meant becoming less lonely) |
| Loneliness | Santini, Koyanagi (2021), Loneliness and its association with depressed mood, anxiety symptoms, and sleep problems in Europe during the COVID-19 pandemic | Topic:   * investigates the moderating role of social network size in the relationship between formal social participation and mental health outcomes, specifically quality of life and symptoms of depression, among older adults in Europe   Measure of MH:   * Quality of Life (QoL) was measured using the Control, Autonomy, Self-realization, and Pleasure (CASP) scale. * Depression symptoms were measured using the EURO-D scale   Method:   * Multivariable linear regressions were conducted for each outcome (QoL and depression symptoms) * key predictor variables included formal social participation, social network size, and their interaction term   Addresses endogeneity:   * does not explicitly address endogeneity concerns   Results:   * ormal social participation and social network size positively predicted QoL at 2-year follow-up. * The interaction term (formal social participation x social network size) also predicted QoL but in a negative direction. * For individuals with a social network size of three or less, formal social participation positively predicted QoL |
| Loneliness | Hajek, Konig (2022), Which factors contribute to loneliness among older Europeans? Findings from the Survey of Health, Ageing and Retirement in Europe Determinants of loneliness | Topic:   * aims to identify factors associated with loneliness among older Europeans using longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE)   Measure of MH:   * Loneliness was assessed using a short three-item version of the Revised UCLA Loneliness scale   Method:   * linear fixed effects (FE) regressions to control for unobserved heterogeneity and to yield consistent estimates   Addresses endogeneity:   * acknowledges the possibility of endogeneity bias but does not explicitly state how it is addressed * does not address endogeneity conclusively   Results:   * loneliness increased with age, changes in marital status, decreases in log income, worsening self-rated health, and functional decline. However, changes in loneliness were not associated with changes in chronic diseases |
| Loneliness | Alves et al (2014), Loneliness in middle and old age: Demographics, perceived health, and social satisfaction as predictors | Topic:   * understanding the predictors of feelings of loneliness in middle-aged and older adults in Portugal.   Measure of MH:   * survey constructed with 8 main sections, including socio-demographic variables, residence characteristics, and measures of health   Method:   * logistic regression analysis to find predictors of feelings of loneliness. Chi-square tests and Spearman correlation coefficients were also used   Addresses endogeneity:   * does not explicitly address endogeneity concerns   Results:   * variables like age, gender, marital status, living arrangements, region, type of housing, professional status, and income were all significantly associated with loneliness. Health conditions and social satisfaction were also predictors |
| Social Networks | Shiovitz-Ezra, Leitsch (2010), The Role of Social Relationships in Predicting Loneliness: The National Social Life, Health, and Aging Project | Topic:   * ninvestigates the relationship between social network characteristics and feelings of loneliness among older adults, focusing on both objective and subjective aspects of social ties   Measure of MH:   * shortened version of the Revised UCLA Loneliness Scale (R-UCLA) and other subjective health measures like eyesight and hearing loss   Method:   * Hierarchical regressions were used to examine the importance of objective and subjective social network features in predicting loneliness   Addresses endogeneity:   * did not explicitly address endogeneity concerns   Results:   * The most influential predictor of loneliness in the entire sample was marital status. Being married was found to be a significant protective predictor of loneliness. Subjective perceptions of social ties and the quality of marital relationships were also significant factors. The subjective network characteristics explained 19% of the variance in loneliness |
| Social Capital | Sirven Debrand 2012, Social capital and health of older Europeans: Causal pathways and health inequalities | Topic:   * investigates the reciprocal relationship between social capital and health using panel data from the Survey on Health, Ageing, and Retirement in Europe (SHARE) (Page 2).   Measure of MH:   * probably EURO-D in the SHARE files? * This is a SHARELIFE based paper, so there might not be the MH module in one of the waves   Method:   * Maximum Likelihood with a standard bivariate Probit routine   Addresses endogeneity:   * addresses endogeneity by using retrospective data as initial conditions and by parameterizing individual effects to overcome problems of state dependency and individual heterogeneity   Results:   * Social participation significantly reduces the chances of poor health, supporting the hypothesis of a time-based causal beneficial effect of social capital on health. However, the magnitude of this effect varies depending on the health measure considered (Pages 6-7). |
| Social Capital | Murayama et al (2013), Do bonding and bridging social capital affect self-rated health, depressive mood and cognitive decline in older Japanese? A prospective cohort study | Topic:   * examines the longitudinal association of bonding and bridging social capital with self-rated health, depressive mood, and cognitive decline in older Japanese individuals   Measure of MH:   * measured using depressive mood as an indicator, assessed by the Geriatric Depression Scale (GDS)   Method:   * Logistic regression analyses   Addresses endogeneity:   * does not explicitly address endogeneity issues   Results:   * stronger perceived neighborhood homogeneity was inversely associated with poor self-rated health and depressive mood. When participants who reported a depressive mood at baseline were excluded, a stronger perceived heterogeneous network was inversely associated with depressive mood |
| Social Capital | Eshan De Silva (2015), Social capital and common mental disorder: a systematic review | Topic:   * aims to systematically review all published quantitative cross-sectional and longitudinal studies exploring the association between individual and ecological cognitive and structural social capital, and common mental disorders (CMD)   Measure of MH:   * measured using validated tools for common mental disorders (CMD), which include depression, anxiety, PTSD, etc. Studies that did not use a validated tool to measure CMD were excluded   Method:   * The studies included in the review are too heterogeneous for a meta-analysis. Instead, a subgroup analysis was used, dividing results based on the effect of different types of social capital on CMD. Multiple models presenting different confounders were included, and the model controlling for the most amount of confounders was selected   Addresses endogeneity:   * Not relevant. Not mentioned about reviewed studies.   Results:   * studies were heavily biased towards high-income countries. The results were divided into whether higher social capital was significantly associated with lower CMD, no association, or higher CMD. The review did not provide a pooled effect size due to the heterogeneity of the included studies |