| **TOPIC** | **TITLE** | **NOTES** |
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| Labor market | Banerjee et al (2017), Effects Of Psychiatric Disorders On Labor Market Outcomes: A Latent Variable Approach Using Multiple Clinical Indicators    [CUSTOM INDEX] | 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  [CUSTOM INDEX] | 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). |
| Labor market | Nadinloyi, Karim Babayi, Hasan Sadeghi, and Nader Hajloo. "Relationship between job satisfaction and employees mental health." *Procedia-Social and Behavioral Sciences* 84 (2013): 293-297. | Topic:   * relationship between job satisfaction and mental health among employees of two industrial companies in the city of Ardabil   Measure of MH:   * Birfield job satisfaction and Ruth questionnaire and scale   Method:   * sample of 90 employees, comprising 58 males and 32 females * Multiple regression and t-tests were used for data analysis * Pearson correlation coefficient   Addresses endogeneity:   * does not explicitly address endogeneity concerns   Results:   * positive relationship between job dissatisfaction and poor mental health indicators * The study concludes that there is a significant relationship between job satisfaction and mental health. Specifically, it finds a strong negative correlation between job dissatisfaction and poor mental health indicators like social dysfunction and depression. |
| Labor market | Frijters, Paul, David W. Johnston, and Michael A. Shields. "The effect of mental health on employment: evidence from Australian panel data." *Health economics* 23.9 (2014): 1058-1071.  [CUSTOM INDEX] | https://aipdf.app/g4EbiNGic2Ld/7dfT.pdf  Topic:   * The paper investigates the causal effects of poor mental health on labor market outcomes. It aims to overcome challenges like reverse causality, unobserved confounders, and measurement error that have plagued previous research in this area. The study uses Australian panel data spanning 10 waves to conduct its analysis   Measure of MH:   * Mental health is measured using nine questions from the Short-Form General Health Survey (SF-36)   Method:   * Instrumental Variables Fixed Effects (IV-FE) model * time-varying instrumental variable, the recent death of a close friend, to identify the causal effect of mental health on employment   Addresses endogeneity:   * instrumental variable used is the recent death of a close friend, which is assumed to be exogenous and strongly correlated with mental health * This approach aims to mitigate biases like attenuation bias arising from measurement error   Results:   * concludes that poor mental health has a substantial negative impact on employment. A one-standard-deviation worsening in mental health leads to a 30-percentage-point reduction in the probability of being employed |
| 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:   * 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). * *CIT: The findings show that both macro-indicators are influential for increased feelings of sadness/depression, but that individual factors are crucial for explaining increased feelings of loneliness in the time after the first lockdown. Models with interaction terms reveal that the included macro-indicators have negative well-being consequences, particularly for the oldest.* |
| 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. 🡪 SHARE DATA   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  DONE [X] | Fokkema et al. 2012, Cross-national differences in older adult loneliness | https://aipdf.app/3vnepLoYVBkZ/5LXS.pdf  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  DONE [X] | 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  DONE [X] | 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  DONE [X] | 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  DONE [X] | 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  DONE [X] | 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 |

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| Social Networks | Shiovitz-Ezra, Leitsch (2010), The Role of Social Relationships in Predicting Loneliness: The National Social Life, Health, and Aging Project | https://aipdf.app/6rNcTwjxMMnQ/a3td.pdf  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 networks | Gu, Naeun. "The effects of neighborhood social ties and networks on mental health and well-being: A qualitative case study of women residents in a middle-class Korean urban neighborhood." Social Science and Medicine 265 (2020): 113336. | https://aipdf.app/sp3XFcrypH2s/3AFg.pdf  Topic:   * explores the characteristics of neighborhood social ties and networks experienced by women residents in an urban neighborhood in Seoul, Korea, and how these social relationships contribute to their mental health and well-being   Measure of MH:   * The study employed in-depth, open-ended interviews as the main data collection method. Questions were based on Keyes' mental health continuum, such as "How would you rate your life overall these days?"   Method:   * phenomenological qualitative approach, no econometric method   Addresses endogeneity:   * study is not causal, so question not relevant   Results:   * inconclusive * neighborhood social networks and ties can have both positive and negative effects on mental health and well-being. While some participants experienced enhanced well-being through social engagement, others faced stress due to superficial and burdensome relations and social comparisons among neighbors |
| Social networks | Santini, Koyanagi (2021-B), The moderating role of social network size in the temporal association between formal social participation and mental health: a longitudinal analysis using two consecutive waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) | https://aipdf.app/5GZHgCetS3F3/7Ugg.pdf  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 |
| Social networks | Coleman, Max E., et al. "What kinds of social networks protect older adults’ health during a pandemic? The tradeoff between preventing infection and promoting mental health." *Social Networks* 70 (2022): 393-402. | https://aipdf.app/sk3RFqLB6Vok/7zSL.pdf  Topic:   * impact of social networks on mental health outcomes, COVID-19 risk perception, and precautionary behaviors, focusing on older adults during the early months of the pandemic   Measure of MH:   * Mental Health: Loneliness, Perceived Stress, Geriatric Depression Scale (GDS-5), and Anxiety are measured * Social Capital: Bonding Social Capital includes measures like network density, proportion of kin, proportion of close contacts, mean support functions, and mean tie strength. Bridging Social Capital includes network size, effective size, network diversity, and strength of the weakest tie   Method:   * Ordinary Least Squares (OLS) regression for continuous outcomes like risk perception, loneliness, and perceived stress. * Binomial regression for count outcomes like health precautions, depression, and anxiety   Addresses endogeneity:   * controls for baseline mental health to distinguish pandemic-related outcomes from pre-existing conditions * mentions the use of a cross-lagged approach for future research to disentangle issues of causality 🡪 “Given the timing of data collection, the reader should generally not be concerned about reverse causation (i.e., effects of the pandemic on social networks)” * the timing ensures that the social network data were not influenced by the pandemic, mitigating concerns about reverse causation   Results:   * Three social network measures are associated with lower depression scores: mean support functions, mean tie strength, and strength of weakest tie. * A one-SD increase in network density is associated with fewer symptoms of anxiety |
| Social Capital | Sirven Debrand 2012, Social capital and health of older Europeans: Causal pathways and health inequalities | https://aipdf.app/4QrBzYZJi8eQ/4a8R.pdf  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 | https://aipdf.app/5Cd8PW9YcXwH/r4Vb.pdf  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 | https://aipdf.app/5RjhvBHUxXxh/7VSK.pdf  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 |
| Social Capital | Riumallo-Herl, Carlos Javier, Ichiro Kawachi, and Mauricio Avendano. "Social capital, mental health and biomarkers in Chile: Assessing the effects of social capital in a middle-income country." *Social science & medicine* 105 (2014): 47-58. | https://aipdf.app/5ohWHjgFyYsf/977S.pdf  Topic:   * causal relationship between social capital and health outcomes like depression, diabetes, and hypertension in Chile   Measure of MH:   * Mental Health: Depressive symptoms were measured based on the Composite International Instrument Short-Form for depression * Social Capital: Social Support (SSi), Generalized Trust (GTi), and Neighborhood Trust (NTi) were used as indicators * Alcohol consumption was measured with the Alcohol Use Disorders Identification Test (AUDIT)   Method:   * Instrumental variable (IV) estimation (Page 3). * Ordinary least squares (OLS) models (Page 4). * Two-stage least square model (Page 4). * Anderson canonical LM test and DurbineWueHausman endogeneity test were used for instrument validation (Page 4)   Addresses endogeneity:   * IV analysis was conducted to reduce bias caused by reverse causation and residual confounding * Instrument: * indicator of whether the respondent or any family members had been a victim of a crime in the last 12 months * total social capital   Results:   * Lower levels of social capital lead to higher probabilities of suffering from depression, diabetes, and hypertension * IV estimates were considerably larger than OLS estimates, suggesting that IV estimates may correspond to the Local Average Treatment Effect (LATE) |
| Social Capital | Landstedt, Evelina, et al. "Disentangling the directions of associations between structural social capital and mental health: Longitudinal analyses of gender, civic engagement and depressive symptoms." *Social Science & Medicine* 163 (2016): 135-143. | https://aipdf.app/39SaXdJvXKjj/fzxC.pdf  Topic:   * longitudinal associations between civic engagement and depressive symptoms across four time points in men and women   Measure of MH:   * does not provide explicit information on the tools used to measure mental health or social capital 🡪 CHECK   Method:   * Structural Equation Modeling (SEM) is used for the analysis, employing various models like baseline model (Model A), social causation model (Model B), social selection model (Model C), and a bi-directional model (Model D).   Addresses endogeneity:   * uses gender-separate structural equation modeling and includes confounding variables like parental social class, parental unemployment, and parental health to address endogeneity   Results:   * finds that civic engagement and depressive symptoms are relatively stable over time. For men, the social causation model (Model B) is chosen, while for women, the baseline model (Model A) is used. The correlation between civic engagement and depressive symptoms is statistically significant for women at specific time points |
| Social Capital | Cohen-Cline, Hannah, et al. "Associations between social capital and depression: A study of adult twins." *Health & place* 50 (2018): 162-167. | https://aipdf.app/5Prii3wGHXd4/3nZU.pdf  Topic:   * explores the relationship between social capital and depression, using a twin design to control for genetic and environmental factors OVER 26 YEARS (LONGITUDINAL)   Measure of MH:   * Mental Health: The Patient Health Questionnaire-2 is used to measure depression * Social Capital: Four domains of cognitive social capital are measured, including sense of belonging, neighborhood social cohesion, workplace connections, and trust. These are assessed through self-reported statements rated on a scale   Method:   * multi-level random intercept model with the outcome assumed to follow a Poisson distribution * models: baseline (AR effects, and cross sectional correlations), forward causation (Civic engagement at one time point predicts depressive symptoms at the next time point), reverse causation (Depressive symptoms at one time points predict civic engagement at the next time point), reciprocal causation (Civic engagement and depressive symptoms have reciprocal effects)   Addresses endogeneity:   * twin design inherently controls for confounding due to genetic and childhood environment factors shared between twins within a pair * not sure it properly disentangles the effect of individual soc cap on depression from that of depression on individual soc cap   Results:   * **no significant within-pair associations** for community participation, volunteerism, or social interaction and depressive symptoms * trust in government and vertical workplace connections showed inverse associations with depressive symptoms * associations 🡪 a greater sense of belonging, neighborhood social cohesion, workplace connections, and both general and government trust were linked to fewer depressive symptoms. These associations were found to be independent of individual-level sociodemographic factors, genetic factors, or shared childhood environment factors * On the other hand, the study did not find evidence supporting an association between structural social capital (community participation, volunteerism, and social interaction) and depressive symptoms * suggests that **cognitive** social capital and depression are more strongly related because they both involve psychosocial processes 🡪 takeaway: measuring individual social capital is more relevant than measuring structural social capital |
| Covid MH  [put in ch1] | Adams-Prassl, Abi, et al. "The impact of the coronavirus lockdown on mental health: evidence from the United States." *Economic Policy* 37.109 (2022): 139-155. | https://aipdf.app/7DeKGd9GHHhW/5c5j.pdf  Topic:   * impact of state-wide stay-at-home orders on mental health during the COVID-19 pandemic   Measure of MH:   * does not provide explicit information on the tools used to measure mental health or social capital   Method:   * simple regressions to analyze the data, controlling for various variables like gender, household income, university degree, and age * placebo exercises to rule out pre-existing differences in mental health across states   Addresses endogeneity:   * not addressed   Results:   * finds a significant negative effect of state-wide lockdown measures on mental health. Specifically, the mental health scores of individuals in states with stay-at-home orders were 0.083 standard deviations lower than those in states without such orders |

PROMPT:

Using LINK

Please tell me: - a one sentence summary of the topic - which tools are used to measure mental health or social capital - which econometric methods are used - whether and how endogeneity concerns are addressed - a summary of the results