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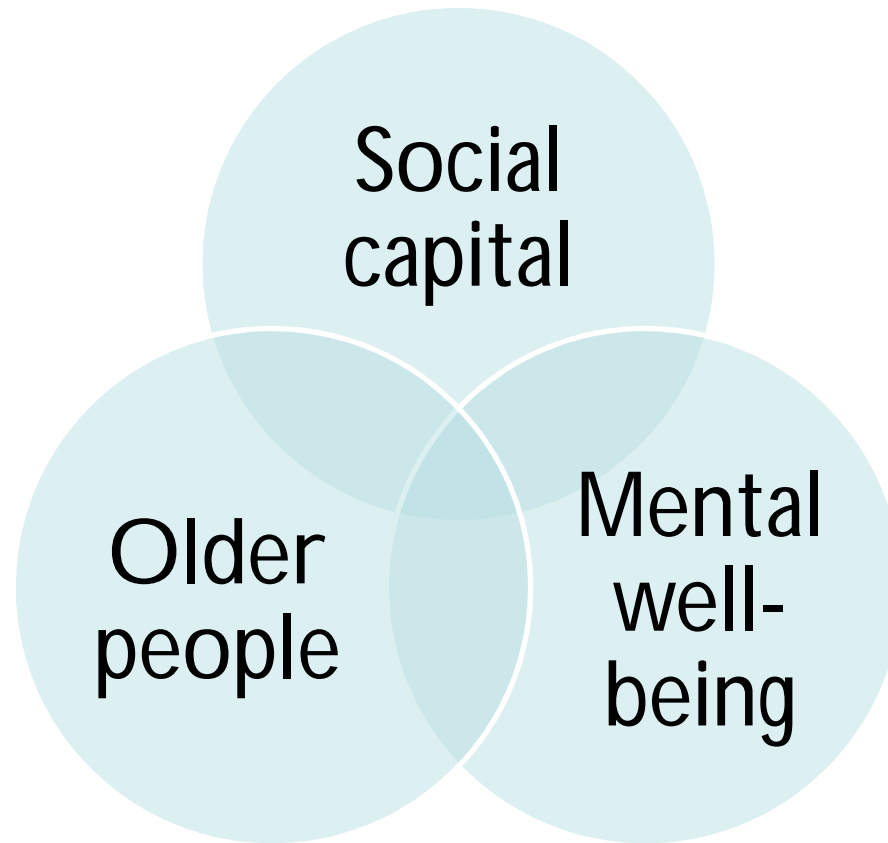
Social capital, loneliness and mental well-being in an ageing population: social inequalities

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To study the major social determinants of ageing related outcomes such as mental well-being, and specifically the role of social capital and loneliness in influencing this outcome



Social
capital

Older
people

Mental
well-
being

Social Capital

Features of social organization, such as trust, norms and networks, that can improve the efficiency of society by facilitating coordinated actions
(Putnam 1993: 167)

Aspects, focus and levels of social capital

Aspects

- Structural
- Cognitive

Focus (direction)

- Bonding
- Bridging
- Linking

Levels

- Micro (individual, family)
- Meso (neighbourhood)
- Macro (regions, countries)

The World Health Organization (WHO)

§ 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO, 2001)

Social capital as a resource for mental well-being in older people: A systematic review

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Social capital has previously been reviewed in relation to mental health. However, none have focused specifically on positive aspects of mental health such as mental well-being. This review aimed to explore the relationship between social capital and mental well-being in older people. Ten relevant databases were systematically searched using an extensive search strategy for studies, analyzing the link between social capital and mental well-being. Criteria for inclusion in the systematic review were: the study sample included older people (≥ 50 years); the study reported a mental well-being outcome; social capital was an exposure variable; and empirical research using quantitative methods and published in English, between January 1990 and September 2011. Eleven studies met the inclusion criteria. Each study was assessed against seven possible exposure measures (structural, cognitive; bonding, bridging, linking; individual, collective). The results showed that all included studies found positive associations between parts of social capital and aspects of mental well-being. Typically, the relationship between social capital and mental well-being differed within as well as between studies. Our results highlight that there is no 'gold standard' of how to measure social capital or mental well-being. Social capital is generated in the interaction between individual and collective life. A possibility for future research is therefore to follow Bronfenbrenner's classical division into macro, meso, and micro levels. We consider family and friends at the micro level to be the key factors in generating social capital and well-being in older people.

Keywords: social capital; mental well-being; older people; systematic review

Conclusions

- § Broaden the definition of social capital provided by Putnam
- § No "gold standard" on how to assess social capital or mental well-being
- § Overall: older people assessing social capital resources tend to have better mental well-being



GERDA



Western Finland
Mental Health Survey



ESS

GERDA

GErontological Research Database and Resource Centre



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Conclusions

- § Younger older people are resourceful
- § Younger older people vs oldest-old
- § Contextual level social capital on a municipal level is less important for understanding differences in health

Western Finland Mental Health Survey

In 2005 the Ostrobothnia Project was set up. The project aims at mental health promotion, prevention of mental disorders and substance use problems as well as developing mental health and addiction services, especially at primary care level. To evaluate the project outcomes on a population level a postal questionnaire has been performed in 2005, 2008, 2011 and 2014.

Nyqvist, F., Victor, C., Forsman, A.K., Cattan, M. Is low social capital a risk factor for loneliness in different age groups? A population-based study in Western Finland (under review)
Nyqvist, F., Forsman A.K., Cattan, M. (2013). A comparison of older workers' and retired older people's social capital and sense of mastery. *Scandinavian Journal of Public Health*, 41: 792-798.



European Social Survey



§ Finland, Poland, Spain

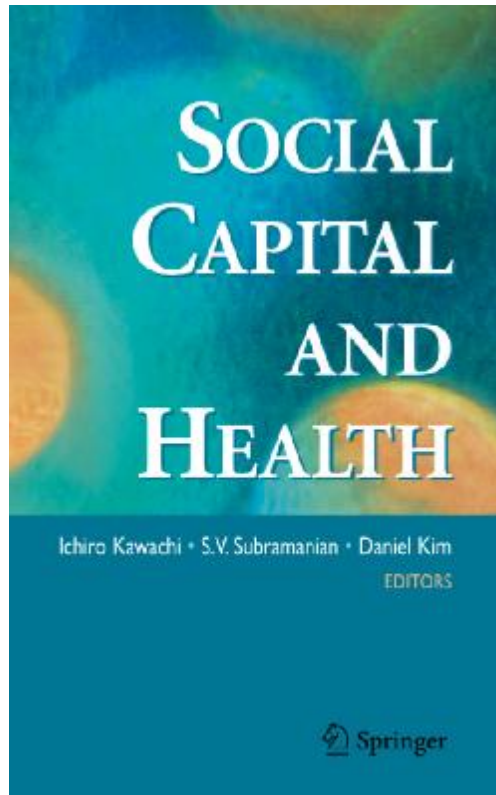
§ Welfare state characteristics

- § Koutsogeorgou, E., Nyqvist, F., Nygård, M., Cerniauskaite M., Quintas, R, Raggi, A. & Leonardi, M. (2015). Social capital and self-rated health among older adults: a comparative analyses of Finland, Poland and Spain. *Ageing & Society*, 35(3): 653-667.
- § Nyqvist, F. & Cattan, M. Social capital, mental well-being and loneliness in older people. In Leist, A.K., Kulmala, J. & Nyqvist., F. (editors) *Health and Well-Being in Old Age: From Biomedical and Life Course Factors to Policy and Practice*. New York: Springer, pp. 277-290.

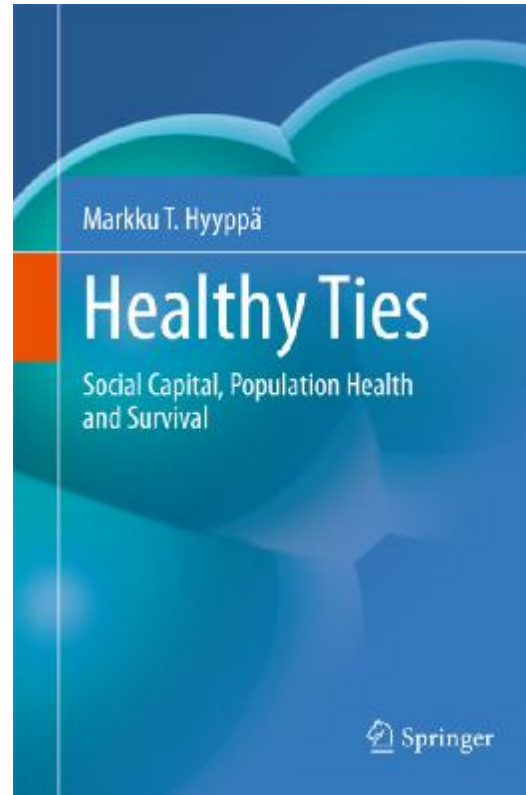
Summary

1. Differences in loneliness in Europe, northern Europe report lower levels of loneliness (Sundström et al., 2008; Yang & Victor 2011)
2. Differences in social capital across Europe (Carlsson 2004; Kumlin & Rotstein 2005, van Oorshot 2006)
3. The meaning of social capital for health and well-being differ depending on welfare state context (Rostila 2013; Koutsogeorgou et al. 2014)

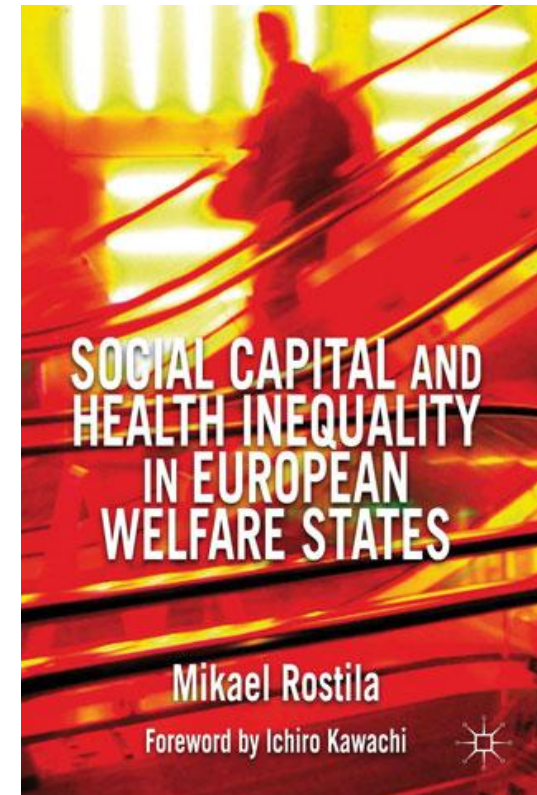
Empirical evidence



Springer, 2008



Springer, 2010



Palgrave
Macmillan, 2013

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Fredrica Nyqvist
Anna K. Forsman *Editors*

Social Capital as a Health Resource in Later Life: The Relevance of Context

 Springer

- § Editors: Fredrica Nyqvist, Anna K. Forsman; Faculty of Education and Welfare Studies, Åbo Akademi, Vasa
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Conclusions

- § Research cover physical or functional aspects of health, little research focus on social factors
- § Social capital- unique bridging capacity within and across disciplines
- § Increase our understanding of older people in their socio-environmental settings

Challenges

- § We know that social capital is a health resource
 - How can we generate social capital?
 - Micro, meso and macro perspective
- § Life course influences
- § Oldest old (diverse in age, gender, social class, ethnicity, health status and place of residence)

Mental health

Purpose in life

Ageism

Next steps!

Medication

Stroke

Nutrition

Cognition

Gerontological Resource Center

1. Create a web-based resource center
2. Collect data (GERDA)
3. Create and pilot an intervention study





Thank you!



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