Author’s response to reviews

Title: Population levels of wellbeing and the association with social capital

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Version: 3 Date: 01 May 2017

Author’s response to reviews:

Reviewer 1:

1. Abstract - Objective: “To detail wellbeing” is not specifically clear.

The wording has been changed.

2. Abstract - Method: Incomplete: no indication of participant’s age, statistical analyses not clearly specified and in relation to what (e.g. multinomial modelling of what?)

The age range and mean have now been added to the abstract. Additional clarification on the multinominal modelling has been added to both the abstract and the methods section.
3. Introduction - Too much info on geography and government plans.

Modifications to the introduction have been made.

4. Introduction - You don't discuss the criticism of large-scale programs intended to build on wellbeing until the aim is stated.

Thank you for this comment. The aim of the analysis and manuscript have now been changed so as to be more explicit and as such criticism of large-scale programs are no longer required.

5. Method - Ethics are described on page 5 and again on page 8.

The ethics detail included in the text (page 5) has now been removed.

6. The manuscript lacks focus and depth into the main aspects that need to investigated, the challenges in defining these concept and the potential overlap in measures.

The focus of this manuscript was purposely narrowed so that addressing the broad range of concepts and overlaps in measurements was not required. As stated in the manuscript, measurement issues in both the wellbeing and social capital fields are extensive and not covered in this analysis and manuscript.
Reviewer 2:

1. The paper is designed to identify predictors of wellbeing, but the introduction does not provide a full review of well-being predictors from other studies. The well-being construct, or at least the measure that is used here, has a lot of overlap with the construct of anxiety and depression. Therefore this review should include predictions of levels of internalising disorder in general as well as studies that specifically measure wellbeing. A focus on neighbourhood characteristics that predict these disorders would seem relevant to the study of social capital set up here.

In the interest of word count, and because of the very broad nature of both wellbeing and social capital concepts, an extensive review of the literature in both of these areas, as well as the broader mental health concepts was not included. This manuscript is not a thesis, nor a review of the current literature, and these issues were not the aim or focus of this analysis. Notwithstanding, the suggestion is constructive and worthy of an additional paper.

2. There is a conceptual overlap between the wellbeing and social capital measures. As noted in (1) the well-being measure contains an overlap with depression. The item tapping control in the social capital measure is also likely to pick up variance related to depression, as this seems closely related to depressogenic attributional style. This point may be solved by removing the control item from the social capital measure. The authors do need provide a defence for their approach to measuring social capital in this ms.

We agree that there is a conceptual overlap although our aim was to find a statistical overlap between the two concepts. Our aim was not to include mental health concepts in this population-based analysis rather limiting the methodology to the broad wellbeing and social capital related variables.

3. P1 Line 66. Independent components should not be connected. I think dissociable would be a better term than independent here.

Thank you for this suggestion. The amendment has been made to the text.
4. P1 Line 72. Please explain the evidence underlying this relationships in more detail. As written, it is assumed that well-being causes good health etc. But was is the evidence to support this causal relationship Does the literature convincingly show that the causal arrow goes in this direction, rather than mental health etc causing well being. Or might it be that shared factors cause both well being and strong health? Or might well-being and strong mental health be two measures of the same construct?

The wording for this paragraph has been amended so that associations rather than cause and effect are highlighted.

5. p4 line 93. I don't understand what the authors mean by "providing additional explanatory outcomes." In my understanding, outcomes are there to be explained, they cannot explain anything themselves, without becoming predictors.

Wording has been changed.