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The Importance of Social Health for Older Populations

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INTRODUCTION

Bhutan, while still a relatively young nation demographically, is experiencing a rapid increase in its elderly population. Projections indicate that by 2047, the proportion of Bhutanese aged over 60 will double to one in five¹. As this demographic shift unfolds, the health and well-being of older adults are becoming increasingly central to Bhutan's public health agenda. Traditionally, healthcare has focused on physical and mental health. However, social health, defined as the capacity to form satisfying interpersonal relationships and participate in community life, deserves equal attention. Social health is integral to holistic well-being and plays a key role in fulfilling Bhutan's Gross National Happiness (GNH) philosophy. Prioritising social health, particularly for older populations vulnerable to isolation and loneliness, is both a moral and pragmatic imperative for Bhutan's evolving health system.

Social Health: A foundational pillar

Social health is closely linked to both physical and mental health outcomes. Strong social connections reduce the risk of chronic diseases, cognitive decline, and mortality, while mitigating depression and anxiety. Notably, social isolation has been reported to have a health impact equivalent to smoking 15 cigarettes per day, and the mortality risk exceeds more well known risk factors of obesity and physical activity^{2,3}. Whilst this smoking analogy brought significant attention to the importance of social relationships in the media, the magnitude of the smoking comparison has been challenged⁴. Nevertheless, the evidence is clear that social health is a foundational pillar of overall health that demands equity with other public health promotion strategies.

While health systems globally have prioritised primary care and individual risk factors, there is growing recognition of the critical role that social integration and participation play in overall wellbeing. Bhutan, having made significant strides in public health, is well-positioned to lead in social health innovation.

However, promoting social health comes with its own set of challenges. Unlike clinical indicators such as blood pressure or blood glucose, its outcomes are less easily measured, and effective interventions often require cross-sectoral collaboration. Nevertheless, Bhutan's commitment to holistic wellbeing provides a strong foundation for addressing these challenges.

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Why social health should be prioritised for older populations

There is an increasing consensus that social determinants, such as social support, community engagement, and a perceived sense of belonging, are just as important as individual behaviours in shaping health outcomes⁵. For older adults, social health is especially crucial due to age-related transitions like retirement, bereavement, declining mobility, and family migration. These changes heighten the likelihood of social isolation and loneliness, both of which are now recognised as significant health threats, including an increased risk of depression and cardiovascular disease⁶. In Bhutan, the increasing urban migration, overseas migration of the younger population, and evolving family dynamics have weakened traditional support systems, leaving older adults increasingly vulnerable to social isolation. Addressing these issues requires acknowledging the importance of social health and fostering social connections through policy initiatives and community-driven approaches.

Mattering as a protective factor in later life

A critical yet underappreciated aspect of social health is mattering, the perception that one is significant and valued by others. Mattering plays a protective role for adults, helping to prevent mental health problems, reduce loneliness, and support overall physical health⁷. In contrast, social isolation fosters "anti-mattering," a toxic sense of feeling insignificant or unacknowledged.

Older populations may also face isolation due to limited digital literacy. However, engaging in online interactions has been linked to increased feelings of mattering, suggesting that digital connectivity can supplement traditional forms of social support⁸. Interestingly, mattering is especially vital for older populations and adolescents; for adolescents, mattering scaffolds identity, whereas for older adults, it counters existential erosion. This confluence highlights a valuable opportunity for intergenerational programs where adolescents assist elders with digital skills. In Bhutan, where respect for elders is a cultural cornerstone, integrating the concept of mattering into policies could serve as an important protective factor against emotional decline.

Social cure and social identity approaches

Recent theories, including the social cure and social identity theory, provide frameworks for enhancing social health. The social cure theory suggests that belonging to groups, such as religious or community groups, offers psychological resources that protect against stress and illness⁹. The theory emphasises

that it is not simply the number of social contacts that matters, but the quality and meaningfulness of group identification. This distinction is crucial for informing effective interventions that aim to foster a sense of shared identity and belonging within groups that participants value. Similarly, social identity theory emphasises that belonging to meaningful groups fosters resilience, self-esteem, and well-being¹⁰. These perspectives align with Bhutan's Buddhist philosophy, which emphasises interdependence and collective wellbeing. Participation in community rituals, religious gatherings, and intergenerational activities can reinforce social identities, providing older adults with a sense of continuity and purpose.

Community as medicine model

Modern health systems often overlook social health, highlighting the need for innovative models like Community as Medicine (CAM)¹¹. This group-based intervention focuses on four pillars: physical activity, healthy meals, social support, and stress reduction, and is delivered by health coaches and peer leaders over 12 weeks. Quantitative results show increased physical activity, better nutrition, and reduced depression and loneliness, while qualitative findings highlight improved self-worth and mutual support.

A key component of mattering is the ability to contribute meaningfully. The opportunities for meaningful contribution can be significantly eroded after retirement from working or raising a family. However, by engaging elders in Community as Medicine type programs, Bhutan could amplify the benefits of community-driven social health initiatives.

Social health and Gross National Happiness

Social health is a core element of Bhutan's GNH philosophy, and not merely a supplement to physical and mental health. Prioritising social health ensures that Bhutanese elders age with improved health, dignity, purpose, and connection. By raising awareness, applying concepts of mattering and social cure, and adopting models like community as medicine (CAM), Bhutan can redefine healthy aging as a communal endeavour, rooted in respect, inclusion, and mutual care.

REFERENCES

1. The Bhutan Live. Bold Steps to Support Our Growing Elderly Population. [Internet] Accessed on 12th May 2025
2. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspect Psychol Sci.* 2015;10(2):227–37. [\[PubMed\]](#) [\[DOI\]](#)
3. US. Department of Health and Human Services. Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of social connection and community. U.S. Public Health Service, Office of the Surgeon General. 2023. 81p. [\[Full Text\]](#)
4. Smith RW, Barnes I, Reeves G, Green J, Beral V, Floud S. P84 Is social isolation as bad for health as smoking 15

- cigarettes per day? Findings from two large prospective UK cohorts. *J Epidemiol Community Health.* 2019; 73:A108-A109. [\[DOI\]](#)
5. Umberson D, Montez JK. Social relationships and health: A flashpoint for health policy. *J Health Soc Behav.* 2010;51 Suppl:S54–66. [\[PubMed\]](#) [\[Full Text\]](#) [\[DOI\]](#)
6. Courtin E, Knapp M. Social isolation, loneliness and health in old age: A scoping review. *Health Soc Care Community.* 2017; 25(3):799–812. [\[PubMed\]](#) [\[Full Text\]](#) [\[DOI\]](#)
7. Flett GL. An introduction, review, and conceptual analysis of mattering as an essential construct and an essential way of life. *J Psychoeduc Assess.* 2022;40(1): 3-36. [\[Full Text\]](#) [\[DOI\]](#)
8. Francis J, Brauer S. Social isolation, loneliness, and mattering among older adult Facebook users from diverse backgrounds. *Innov Aging.* 2022;6(Suppl 1):33. [\[PubMed\]](#) [\[Full Text\]](#) [\[DOI\]](#)
9. Haslam C, Lam BCP, Ghafoori E, Steffens NK, Haslam SA, Bentley S v., et al. A Longitudinal Examination of the Role of Social Identity in Supporting Health and Well-Being in Retirement. *Psychology and Aging.* 2023 Jun;38:615–26. [\[PubMed\]](#) [\[DOI\]](#)
10. Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. *The Social Psychology of Intergroup Relations*, 33-47. [\[Full Text\]](#)
11. Duplantier SC, Lee J, Markle EA, Emmert-Aronson B. Community as Medicine: A novel approach to improve health behaviors and mental well-being for vulnerable populations. *Am J Lifestyle Med.* 2025;19(1):1–15. [\[PubMed\]](#) [\[Full text\]](#) [\[DOI\]](#)