Table 6: Expanded number of studies reporting associations with higher rates of the common mental disorders, by indicators of less privileged social position.

		Less education	*Unemployment*	*Lower income or material circumstances*	*Low social status*
Number of studies reporting associations	Total reporting	9	9	7	8***
Positive	Men & women separately	5**	5*	3	4
association	Men & women combined (separate data not given)	2	3	4	1
	Total positive	7**	8*	7	5
No clear association		2	1	0	3
Inverse association		0	0	0	0

Note: *one study positive only for men; women equivocal; **one study positive only for women; equivocal for men; *** the German 'social class' incorporated education and income as well as occupation.

social class differences were very small. Using more detailed Socio-Economic Groups (SEGs), prevalences were progressively higher with lower SEG. Using an education marker of 'some formal qualification' compared with 'no formal qualification', the former had markedly lower prevalence in women, especially young women, but differences were very small in men. People who owned their own house had lower prevalence than those who rented, and those who had access to a car had less than those who did not. Those on lower incomes had higher prevalence than those on higher incomes: twice the rate at age 16–44; twice the rate at age 45–64 in men, three times the rate in women.

These results, though from a smaller survey, are similar to the general results from the large-scale British surveys.

A survey in Belgium in 1997 [27] used the GHQ-12 with a cut-off point of 2 or more. There was no clear detailed pattern in relation to educational level, but 'primary school only' had higher results than all those 'more than primary' combined. A separately recorded 'depression score' (for the previous 12 months) did show markedly less positive scores with better education.

A study of two regions in France, Basse Normandy and Ile de France [28], found that being unemployed was associated with significantly more depression than other employment groups, but education was a mixed and equivocal picture.

If we add to Table 2 the results of these studies and the available findings of the German Health Survey of 1999, (acknowledging the provisional nature of some of the data) we get an expanded Table 6:

This adds a little extra weight to the major review without altering the general picture. It is still most notable that no study has given an inverse association between the three markers of social disadvantage and the prevalence of the common mental disorders.

Initial results from ESEMeD

The European Study of the Epidemiology of Mental Disorders (ESEMeD/MHEDEA 2000) was a comparison of cross-sectional samples of the non-institutionalised population aged 18 years or more, in six countries: Belgium, France, Germany, Italy, the Netherlands and Spain [29]. Different private companies were contracted to undertake the survey in each country. Trained interviewers used a computer-assisted personal interview (CAPI) including the most recent version of the Composite International Diagnostic Interview (CIDI 2000) to assess the presence of mental disorders in face-to face interviews in people's own homes. The total combined sample chosen was 38,015 people, of which 19,706 were interviewed. Response rates varied from 42.1% in France to 71.9% in Spain, giving an overall response rate of 55% [30,31].

We have examined data made available from the ESEMeD study. These are in the form of distributions of odds ratios (ORs) for associations in individual subjects between various social indicators and psychiatric disorder in the 12 months previous to interview. Unemployment data (having a job against not having a job) are the most relevant to inequality analyses; living alone (against not living alone) could possibly have a bearing; receiving Government Assistance (against receiving none) could be very relevant, but the data are not considered reliable by the researchers. Interpretations of data are generally prejudiced by low response rates.

As regards unemployment, all ORs were positive for 'any psychiatric disorder in the previous 12-months', but two of them were not significant; the highest OR (2.49) was Germany. For 'any mood disorder in the previous 12 months', the OR for The Netherlands was negative but not significant; all others were positive and significant at the