Table 5: 'Positive' associations with less privileged social status and the common mental disorders in European surveys (adapted from [6])

	European Surveys	Education	Employment status	Income and material standard of living	Occupational social status
1	HSE 1993+	-	-	positive association for income progressive for both men and women 1998	No clear distribution for either men or women
2	UK Psych Survey 1993	Positive for no qualifications or least years of education for both men and women	Positive for unemployed in both men and women	Positive for income, housing type/tenure, and car ownership	Positive for women (SC I+II compared to SC IV+V); positive for men (SC I compared to all other classes)
3a	HLS 1984/85	-	Positive for unemployment in men in both age groups	-	No clear social class distribution
3b	HLS 1991/92	-	No clear relationship	-	No clear social class distribution
4	BHPS 1991/92	-	Unemployment associated with maintenance, not onset in 1-year follow-up; symptoms reduced on gaining employment (men and women combined)	Positive for low income, 'poverty index', and index of material standard of living (men and women combined)	Positive association for both men and women
5	NEMESIS 1996	Positive for least education (men and women combined)	Positive for unemployment (men and women combined)	Positive for income (men and women combined)	-
6	GHS 1999	Just positive for lowest qualifications (men and women combined)	Positive for unemployment (men and women combined)	-	Positive for SC index combining education, income & job status (men and women combined)

low-up showed unemployment associated with the common mental disorders [25].

The National German Health Survey, 1999
The German Health Survey of 1999 used the CIDI and DSM IV to identify 'cases' in a realised sample of 4,181. Data for 12-month prevalence of 'any mood disorder' and 'any anxiety disorder', relating fairly closely to the 'common mental disorders' are available [11,12]. Prevalence rates are very similar to similar surveys elsewhere. 12-month prevalence was analysed for level of school achievement, employment, and an index of 'social class' combining education, income and job status. In each case high prevalences were found in the more disadvantaged groups (Table 4)

People with Abitur level education had less illness, just significant at the 0.05 level. The unemployed had significantly more illness than the full-time employed. People in medium and high class groups had significantly less illness than those in the low class group (this indicator incorporates education and income with occupation).

These results harmonise closely with the overall results of the Inequalities Review described above.

Summary of the six major European studies (Table 5)
Other surveys
Although the Survey of Surveys found few directly comparable studies, some results can be compared in their internal relationships, in the same manner as the literature review described above, and three studies provide data on markers of social disadvantage. These studies would not have fulfilled the strict inclusion criteria for that review, neither have they been subject to the validating processes undertaken in that review. The results should, therefore, be treated with caution.

The Northern Ireland Survey of 1997 [26] used the GHQ-12 with a cut-off point of 3 or more indicating a 'possible case'. Using the UK Occupational Social Classification, lower groups (classes III manual – V) showed higher prevalences than higher groups (I – III non-manual) for both men and women except in the youngest age group. The largest difference was in women aged 45–64. Over age 65,