

# Conventional mental health disorders and their socioeconomic factors

***ABSTRACT:***

a significant impact on prevalence rates. For example, people with depressive episodes were more likely than people without the disorder to be unemployed, to fall into social classes 4 and below, to lack formal education, to live in housing provided by the local government or housing association, to have moved three or more times in the previous two years, and to live in an urban area (Fekadu & Thornicroft, 2014).

A general practice survey indicated that 7.2% (range from 2.4 to 13.7%, depending on the practice) of consecutive attendees had a depressive condition, providing evidence of the social causes of depression. The difference in practices was explained by neighbourhood social hardship by 48.3%. Other factors were the percentage of people without a car or with only one automobile, as well as neighbourhood unemployment. The conclusion that gender and social and economic factors affect the prevalence of prevalent mental health disorders, whatever that term is defined, is therefore overwhelmingly supported by the research.

## REFERENCES

- Fekadu, A., & Thornicroft, G. (2014). Global mental health: perspectives from Ethiopia. *Glob Health Action*, 7(1), 25447.
- Hu, T. W. (2004). The economic burden of depression and reimbursement policy in the Asia Pacific region. *Australas. Psychiatry*, 12, 11-5.
- Jacob, K. S., Sharan, P., Mirza, I., Garrido-Cumbrera, M., Seedat, S., Mari, J. J., et al. (2007). Mental health systems in countries: where are we now?. *The Lancet*, 370(9592), 1061-1077.
- Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. *Bulletin of the WHO*, 82(11), 858-866.
- Wang, P. S., Aguilar-Gaxiola, S., Alonso, J., Angermeyer, M. C., Borges, G., Bromet, E. J., et al. (2007). Use of mental health