

RESEARCH ARTICLE

The Impact of Unemployment on Mental Health Problems among Adults in Pakistan

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Abstract: Unemployment is one of the most common causes of mental health problems however, it has rarely been studied among adults in Pakistan, despite being widely observed and discussed on a day-to-day basis. The objective of this study is to address this gap and examine the effect of unemployment on mental health problems, operationalized as depression, anxiety, and stress. The study adopted a cross-sectional correlational design and purposive sampling technique to collect data from Pakistani adults (aged at least 18 years, both genders) with at least an intermediate qualification. The study included two questionnaires: the Unemployment Syndrome Scale, and DASS (21-items, shorter version), to assess the levels of depression, anxiety, and stress. The findings indicate a significant association between unemployment and depression, anxiety, and stress. Moreover, the regression analysis also shows a significant effect of unemployment on depression, anxiety, and stress among Pakistani adults. The study provides useful implications for mental health professionals, parents, and the government to play a positive role in addressing these issues.

Keywords: Unemployment, Depression, Anxiety, Stress, Adults

Introduction

Unemployment, defined as a state where individuals seeking work cannot find employment, serves as a key economic indicator. A low unemployment rate indicates economic health, while a high rate signals economic instability (Belkin, [2025](#); Englama, [2001](#); Wanberg, [2012](#)). Research has consistently shown a significant association between unemployment and mental health issues, including depression, anxiety, and stress. Depression is characterized by persistent sadness, lack of interest in daily activities, and negative thoughts, including suicidal ideation (Hammen, [2005](#)). Anxiety involves excessive worry, fear of the future, and physical symptoms like heart palpitations and shallow breathing (Cole & Charura, [2025](#); Levitt, [2015](#); Julian, [2011](#)). Stress is a response to challenging situations and can lead to mental tension (Veysi et al., [2014](#); Wheatley, [1997](#)).

Numerous studies have examined the impact of unemployment on mental health. For example, longitudinal studies reveal that job loss correlates with higher levels of depression, anxiety, and somatization, especially in men (Linn et al., [1985](#)). Meta-analyses show that unemployed individuals experience greater distress than their employed counterparts, with a significant number suffering from psychological problems, such as depression and anxiety (Paul & Moser, [2009](#)). The negative mental health effects of unemployment are particularly strong in economically disadvantaged countries. Research also indicates that unemployment

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among young people is linked to mental health issues, although the relationship may not be entirely causal (Bartelink et al., [2020](#)). Furthermore, coping strategies play a role in mitigating these effects. Studies have shown that individuals who use problem-focused coping strategies experience lower levels of stress, anxiety, and depression compared to those who engage in avoidant coping (Bordea, [2017](#)).

Economic crises, such as those experienced in Portugal, exacerbate these mental health issues. Financial threats and hardship, often associated with unemployment, increase the prevalence of stress, anxiety, and depression. Social support can moderate these effects, providing relief from economic stressors (Viseu et al., [2018](#)). Similarly, the uncertainty surrounding the COVID-19 pandemic has contributed to higher rates of stress, anxiety, and depression globally, with unemployed individuals' particularly affected (Shah et al., [2021](#)). A study conducted in Peshawar Pakistan on 177 young cohorts depicted that employed were more unrest and distress than employed cohorts (Pervaiz et al., [2012](#)).

Despite the observed symptoms of depression, anxiety, and stress among Pakistani adults, and the country's low employment rate, there are very few studies on this issue. Therefore, the objective of this study is to investigate the impact of unemployment on mental health problems—i.e., depression, anxiety, and stress—among adults in Pakistan, in order to fill the gap in the literature and provide implications for societal welfare.

Research Questions

1. Is there a significant association between unemployment and mental health problems (depression, anxiety and stress) among unemployed adults in Pakistan?
2. Does unemployment have a significant effect on mental health problems (depression, anxiety and stress) among unemployed adults in Pakistan?

Research Objectives

1. To examine the relationship between unemployment and mental health problems (depression anxiety, and stress) among unemployed adults in Pakistan.
2. To assess the impact of unemployment on the mental health specifically depression, anxiety and stress of unemployed adults in Pakistan

Research Hypotheses

1. There is likely to be a positive and significant association between unemployment and mental health problems—i.e., depression, anxiety and stress—among unemployed adults in Pakistan.
2. There is likely to be a positive and significant effect of unemployment on mental health problems—i.e., depression, anxiety and stress—among unemployed adults in Pakistan.

Method

The study adopted a cross-sectional correlational research design and employed a purposive sampling technique to collect data from unemployed adults (N = 212) in Pakistan. Participants had a minimum qualification of intermediate education and were at least 18 years old. Both men and women were included in the study. Two instruments were used to assess the study variables: the Unemployment Syndrome Scale (20 items), a Likert-type scale ranging from 1 (Always) to 5 (Never), with an internal consistency of 0.91 (Bocchino et al., 2021). Lower scores indicate higher levels of unemployment-related symptoms. The second instrument was the DASS-21, used to measure depression, anxiety, and stress. It is a 21-item scale with a four-point Likert response format, ranging from "Did not apply to me" [0] to "Applied to me most of the time" [4]. The scale has a Cronbach's alpha of 0.88 for depression, 0.82 for anxiety, and 0.90 for stress, with higher scores indicating greater severity in each domain (Lovibond & Lovibond, [1995](#)). Ethical considerations followed the APA 7 code of conduct. Permission was obtained from both the relevant department and the original author to use the questionnaires. Participants' confidentiality was maintained, and informed consent

was obtained, clearly stating that participation was voluntary and that they could withdraw at any time. Participants completed the questionnaires in approximately 10 minutes, and their participation was greatly appreciated. Data were analysed using SPSS version 29.

Results

Table 1

Characteristics of Participants (N=212)

Characteristics	Frequency	Percentage	Mean	Standard Deviation
Gender				
Men	60	28.3		
Women	152	71.7		
Age			37.83	9.67
Education				
Intermediate	94	44.3		
Bachelor	65	30.7		
Master	24	11.3		
PhD	29	13.7		

The above table depicts those 60 men (28.3%), and 152 women (71.7%) participated in the study, with a mean age of 37.83 (SD = 9.67). The education categories of the participants show that 94 (44.3%) have an intermediate education qualification, 65 (30.7%) have a bachelor's degree, 24 (11.3%) have a master's degree, and 29 (13.7%) have a PhD.

Table 2

Correlation among Study Variables (N=212)

Variables	1	2	3	4
1.Unemployment	-	-.17**	-.16**	-.15**
1. Depression		-	.97**	.96**
2. Anxiety			-	.98**
3. Stress				-

The above table depicts that unemployment has negative and significant association with depression, anxiety and depression. However, the lower score of unemployment syndrome scale depicts higher unemployment this means higher unemployment is significantly and positively associated with depression anxiety and depression.

Table 3

Regression for Depression (N=212)

Variables	B	SE	β	R	R ²	P	95% CI	
							LL	UL
				.17	.03			
Constant	16.67	2.12				<.001	12.48	20.86
Unemployment	-.15	.06	-.17			.01	-.27	-.03

The table above shows that unemployment significantly and negatively predicts depression ($\beta = -0.17^{**}$, $R^2 = 0.03$, $F = 6.83$), accounting for 3% of the variance in depression. It is important to note that a higher score on the unemployment scale indicates lower unemployment, and vice versa. Therefore, unemployment significantly and positively predicts depression, accounting for a 3% change.

Table 4
Regression for Anxiety (N=212)

Variables	B	SE	β	R	R ²	P	95% CI	
							LL	UL
				.16	.02			
Constant	16.42	2.10				<.001	12.28	20.56
Unemployment	-.14	.05	-.16			.01	-.26	-.02

The table above shows that unemployment significantly and negatively predicts anxiety ($\beta = -0.16^{**}$, $R^2 = 0.02$, $F = 5.92$), accounting for 2% of the variance in anxiety. It is important to note that a higher score on the unemployment scale indicates lower unemployment, and vice versa. Therefore, unemployment significantly and positively predicts anxiety, accounting for a 2% change.

Table 5
Regression for Stress (N=212)

Variables	B	SE	β	R	R ²	P	95% CI	
							LL	UL
				.15	.02			
Constant	16.04	2.09				<.001	11.90	20.17
Unemployment	-.13	.05	-.15			.02	-.24	.01

The table above shows that unemployment significantly and negatively predicts stress ($\beta = -0.15^{**}$, $R^2 = 0.02$, $F = 4.85$), accounting for 2% of the variance in stress. It is important to note that a higher score on the unemployment scale indicates lower unemployment, and vice versa. Therefore, unemployment significantly and positively predicts stress, accounting for a 2% change.

Discussion

Unemployment is commonly observed in Pakistani society, as are symptoms of mental health problems such as depression, anxiety, and stress, often caused by financial strain in affording daily necessities. However, there is limited literature in Pakistan regarding the impact of unemployment on mental health problems—namely depression, anxiety, and stress—among Pakistani adults. Therefore, the objective of this study is to fill this literature gap and provide implications for unemployed Pakistani adults.

The first hypothesis of the study states that there is likely to be a significant association between stress, depression, anxiety, and unemployment among adults in Pakistan. This hypothesis was supported, as demonstrated by correlational analysis, and aligns with previous research, justifying the use of a cross-sectional study design. Data were collected during the COVID-19 quarantine/lockdown using an online questionnaire, with the DASS-21 employed as the screening tool. A non-probability sampling technique was used. Stress, anxiety, and depression were notably prevalent during the pandemic, with various factors influencing these mental health conditions (Shah et al., 2021). The results of this study revealed significant associations between these symptoms, which may be attributed to feelings of worthlessness, financial crises, compromised merit, family pressure, and a lack of societal support, as highlighted in previous and recent studies (Ali et al., 2025; Atkinson et al., 1986; Gore, 1978; Sathar et al., 2016).

The second hypothesis of the study is also supported by regression analysis and is aligned with previous studies, which revealed that a longer duration of unemployment predicts mental health problems such as depression, anxiety, and stress among young adults in Asian and European countries (Hamilton et al., 1993; Leonardi et al., 2018; Mamun et al., 2020; Mokona et al., 2020). The reason behind this significant prediction of unemployment’s impact on depression, anxiety, and stress could be Pakistan’s collectivistic society, where a person is responsible not only for their own expenses but also for their families, as depicted by previous literature (Keshf & Nadeem, 2024; Nasim et al., 2025; Qasim et al., 2025). This financial burden

on employed individuals contributes to psychological distress in Pakistani adults (Husain et al., [2014](#); Mirza & Jenkins, [2004](#)). A possible reason for this result in the context of the current study could be that the number of lower-class participants was higher than middle- and upper-class participants, indicating that financial strain affects mental health problems more severely in this demographic.

Limitations and Recommendations

The first limitation of the study is the small sample size (i.e., 212), which is not large enough to represent the broader population of unemployed Pakistani adults. Therefore, future studies should include a larger sample size to enhance generalizability. The second limitation is that the study only included educated individuals. Future studies should incorporate less educated and illiterate adults, and a qualitative design using in-depth interviews is recommended. The third limitation is the unequal distribution of demographic categories—i.e., middle class, upper class, lower class, gender (men and women), and educational qualification (intermediate, bachelor's, master's, and PhD). It is important for future studies to balance these categories and analyze mean differences to provide more valuable literature for academia. Future research may also explore demographic burnout, which could be relevant to the cultural context of Pakistan.

Implications

The findings of the study significantly support the hypotheses. Therefore, it is important to highlight the implications, as the hallmark of the study has been fulfilled. The government needs to take action by creating employment opportunities and ensuring transparency in the selection process so that deserving candidates can secure important positions. Transparency in recruitment is especially needed, as many individuals from lower- and middle-class backgrounds do not receive the opportunities they merit. Mental health campaigns should also encourage unemployed individuals to seek psychological support to manage their distress. There is a need to increase awareness in society, especially since Pakistan is a collectivistic society with limited mental health awareness. Parents should be psycho-educated, as their high expectations of children can contribute to psychological distress. They need to support their children with patience and understanding, as this can help alleviate the psychological burden faced by young adults in Pakistan.

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