Impact of Unemployment on the Mental Health of Youth in the Kashmir Valley

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ABSTRACT

Aim: The current study was carried out to investigate the Mental Health level of the employed and unemployed youth of Kashmir.

Material and methods: MH-38 inventory was used to evaluate mental health status of subjects. The sample consisted of 200 respondents; of these 100 were employed and 100 unemployed were taken into consideration. The effect of experimental variable was study on one criterion variable (Mental Health). For data analysis Mean, S.D. and t-test were applied.

Results: The findings of the study showed that the two groups significantly differed on all the sub scales of mental health. Unemployed showed higher level of anxiety, depression, and loss of behavioural/emotional control, psychological distress, and have showed lower levels of life satisfaction and psychological well-being scores in comparison with employed group.

Conclusion: In the present study it was found that unemployed youth are more prone to mental health disorders and health related issues. Unemployed have higher level of psychological distress as compared to their counterparts.

Keywords: Mental health; Unemployment; Youth of Kashmir

INTRODUCTION

Unemployment is a frightening problem for both the developed and developing countries. India is one of those developing countries which continue to have the problem of unemployment and underemployment despite continuous policy emphasis and programmes to eliminate the problem [1]. Despite various initiatives, the present unemployment rate in our country is at 4.9%. In India, the unemployment rate measures the number of people actively looking for a job as a percentage of the labour force. The unemployment rate for the year 2013-14 in rural India is 4.7% whereas in the share of urban India is 5.5% which is comparatively higher. The proportion of male and female workforce in rural India is 4.2% and 6.2% respectively while it is 3.9% and 12.4% respectively in Urban India. It is interesting to note that rural females are more employed than their urban counterpart whereas urban males lead their rural counterpart. The overall unemployment rate among male is 4.1% and 7.7% in female across the country. (Ministry of Labour and Employment Bureau 2013-14). Various strategies and proposals have been implemented to generate employment. Many employment programmes and policies have been introduced and undertaken to boost self-employment and help unemployed engage in public works. It is believed that India’s economic growth can be accelerated if human resources are purposefully and efficiently allocated [2].

The economy of every country is completely dependent on the youth’s employment generated in the particular country rather it holds the supremacy of the development of the country. In recent years India is facing a major challenge of unemployment which is largely caused by broken down of government policies and a lack of skill training as well as skill education. India as a big country is strongly under the hang on of unemployment issue in general particularly in Kashmir region. Unemployment can endanger the growth and development of any nation but also gainful employment of every nation guarantees the development.

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Citation: Bhat MA, Joshi J (2020) Impact of Unemployment on the Mental Health of Youth in the Kashmir Valley. J Psychol Psychother. 10:372. doi: 10.35248/2161-0487.20.10.373

Received: 25 April, 2020; Accepted: 27 May, 2020; Published: 3 June, 2020

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The impact of unemployment on mental health might also vary with the duration of unemployment. There are competing theories about how it may vary. Some have argued that the trauma of job loss is most intense at the time it occurs, subsiding later and others have pointed out that the stigma, social isolation, and (in some cases) material deprivations associated with unemployment are likely to be greater over time. The literature highlights the impact of unemployment on mental health.

International labour organization stated that unemployment among young men is related to the age when the young men leave the educational system, respectively the macroeconomic conditions and the business environment. When the age the young men leave the obligatory educational system does not coincide with the age young men can sign a work contract, this lack of correlation leads to the increase of the unemployment rate among young men. The countries with a low rhythm of economic development where the business environment doesn’t encourage the start-ups present increased rates of unemployment among young people [10]. A negative relationship was found between the mental health of jobless youth and poverty of the parental household [11]. The “Unemployment is mainly associated with unhappiness”, both for those who are experiencing it as well as those who are employed but fear of unemployment in a time of high job insecurity. Also, it has been acknowledged that unemployment is associated with a series of negative health consequences, both physical and psychological which tend to grow disproportionately with the duration of unemployment [12]. The event of being unemployed does not matter for self-assessed health. It is the selection of people with poor health to the pool of unemployed that explains the cross-sectional negative relationship between unemployment and self-assessed health. Mental health, however, is a broader concept than self-reported health status and it relates to stress, anxiety, depression, relationship problems, addiction, mood disorders and other aspects of psychological well-being [13]. It was stated that governments are rightly worried about rising levels of youth unemployment and underemployment, because of it not only the direct economic costs, but also due to the social impact of joblessness as manifested by increased crime, mental health problems, violence, drug taking and social exclusion [14]. Unemployed males and females are equally dissatisfied. The results also reveal that part time employment had a significant negative impact on life satisfaction among males [15]. The study was conduct on educated unemployed adults “A Challenge before Sustainable Education” and they reported that if educated unemployed youth fails to get employment turns into criminals for quick money. It is therefore essential to provide young men and women with educational as well as vocational guidance. This will help them decide a profession in accordance with their capability and aptitude and it will also help in solving the problem of unemployment [16]. It is reported that in the past one and half decades, beside other issues such as corruption and insecurity, unemployment has also been one of the crucial challenges for Afghanistan. Despite billions of dollars of international aid to Afghanistan, the essential steps towards sustainable employment have not yet been taken [17].

Mental health

Unemployment not only increases the likelihood of disease, but it can greatly affect one’s mental health, leading to depression and decreased self-esteem. In addition, one can alienate family and friends or feel alienated themselves which can result in lack of support in one’s life. The World Health Organization defines it as “a state of wellbeing in which every person recognize his or her own potential, can cope with the normal stresses of life, can work efficiently and productively, and is able to make a contribution to her or his community” [4]. Health is the level of utilitarian or metabolic effectiveness of a living being. In humans, it is the general state of a man’s brain, body and soul, normally intending to be free from sickness, harm or agony. It is a condition of complete physical, mental, social wellbeing and not just the non attendance of malady or illness [5]. Employment is one of the main essential determinants of health. Having a job or an occupation is an important determinant of self-esteem. It provides a vital relation between the person and society and enables people to contribute to society and achieve individual fulfilment. The World Health Organisation identifies a number of ways in which employment benefits mental health [6]. It has considered that the stipulation of structured time, social contact and satisfaction arising from involvement in a collective effort as a result the loss of a job or the threat of losing a job is harmful to health [7]. Poverty long-term unemployment is associated with socio-economic deprivation. People in poverty die younger, have less healthy lifestyles and live in less healthy environments and it causes premature mortality. Various studies showed that unemployed people without any previous illness were more likely to die at a younger age than the general population. Their study also showed that unemployed people with no previous illness were 37% more likely to die over the following 10 years than the common people [8]. Due to the loss of structured time, social contact and status have harmful effects on health, without a job people have lower levels of psychological well-being ranging from symptoms of depression and anxiety to self-harm and suicide. The loss of position or status and the loss of self-esteem are associated to depression. Redundancy can activate stress mechanisms that increase risk of diseases such as coronary heart disease [9]. The financial strain of unemployment has direct health impacts, with people in debt being more prone to depression. Jobless people are more likely to smoke and to drink to excess and the curse of unemployment may have knock on effects that increase stress and affect mental health such as loss of home and relationship breakdown.
Unemployment is perceived by an unemployed persons and severe stressful situation and it creates frustration and adjustment problems among them [18]. The association between employment status and mental health, and the mediating effects of financial hardship, mastery and social support. Their study investigates the effects of duration of unemployment on mental health. Social support and financial hardship are important factors in understanding the association of poor mental health with both unemployment and underemployment. In addition, the results propose that the most deleterious effects on mental health may occur in the first two months of unemployment before plateauing. In order to prevent deterioration in mental health, these findings suggest intervention should initiate immediately following job loss [19]. The amplified morbidity and mortality it seemed as a result after longterm unemployment when taking into consideration other factors such as age, race, marriage, income, occupation and limited access to health care [20]. The researcher was found that unemployment affects people differently. It can affect one’s mental health, physical health and can cause extensive stress in one’s life. Investigator recommended future research continues to be needed to identify supportive aspects in one’s life that may help to lessen the effects of unemployment [21]. The crime was on its peak among unemployed society [22]. The study was conducted on dimensions of the youth unemployment problem by analyzing the unemployment in the US countries and their results revealed that the employed does not mean that young people have jobs corresponding their qualifications [23]. The psychological strain due to unemployment and the stressful life events cause mental health to deteriorate, and consequently leading to neurotic tendencies which are of stable nature if unemployment continues for a long time. Their findings clearly indicated that stress is already related with anxiety and neuroticism [24]. The study was conducted on “youth unemployment and crime”, and they identified that increased youth unemployment causes an increase in burglaries, thefts and drug offences [25]. The effects of unemployment on mental health and assessed such effects are connected with relations among gender, family roles, and social class. Their results showed that unemployment had more effect on mental health of men than women [26]. He reported about the latent deprivation model, distress amid unemployed people the consequence of a lack of five latent functions of employment (time structure, social contact, collective purpose, status, and activity), which correspond to important psychological needs. But only the employment can afford these suppressed functions in a sufficient amount in current societies, while the unemployment leads to a state of deprivation, resulting in distress [27]. Unemployment means a situation when able and willing are not getting jobs as per their own capabilities and unemployment is also a severe psychosocial stressor and being without a job is experienced as one harmful process uncertainty which leads to stress, guilt and low self-esteem and distorts the ensemble of social relations of the person and the group and at the same time, unemployment propose that there is a gap of production, a gap of consumption and an empty mood [28]. The health effects of financial crisis and their study showed that the impact of the economic crisis generally and joblessness especially in mental health, concern to the scientific community and emphasize the need to provide appropriate intervention by health systems. In the Lancet journal showed that depressive disorders and the number of suicides will be increased significantly [29]. It is assured that there is highly significant association between family income of the respondents and psychological impact of unemployment [30]. The unemployed youth shows principally negative experience and lower levels of quality of life than the reference group. Findings also indicate that unemployed young adults reported good quality of life [31]. The researchers made an attempt to study the effect on mortality following Workplace Closurein Finland, in men and women, and they found that unemployment has a high correlation with mortality after or during the economic crisis in Finland in the period 1989-1994 and it also showed a significant percentage of this mortality came from heart problems and suicide [32]. The impact of joblessness on the mental health of women in the perspective of massive unemployment and comparison were made between the level of mental distress experienced by unemployed and employed women [33]. An attempt was made to examine the gender difference in relationship between health-related quality of life and work status. They revealed that quality of life was better among working adults than non-working adults [34]. The effects of the unemployment are proving disastrous for the psychology of young people, and decreases their self-esteem, they feel losing part of their social role, their relationships are made dysfunctional and eventually losing their quality of life. It is necessary the support for the unemployed youth of a team of experts, so that young people be able to re-evaluate their self-image and promote their quality of life [35]. The unemployed female managers encountered substantially greater sources of stress than their male counterparts in all aspects of unemployment. Increased stressors and less effective stress moderators resulted in female managers experiencing significantly poorer mental well-being and greater negative physical effects during unemployment than their male counterparts [36]. The long term unemployed persons had more episodes of a depressive mood in comparison with the short-term unemployed persons. In females the risk of depression increased in older age [37]. It was analyzed that economic changes have affected mortality rates in Europe from the last three decades as well as the way that governments could curtail these negative effects. It was found that for every 1% of increase in unemployment, there was 0.8% increase in suicides at ages under 65, and 0.8% increase in homicides and also an increase of more than 3% in unemployment had respectively a greater impact on suicide (increase 4%), at ages 65 years and deaths caused from alcohol use [38]. Joblessness is a countless socioeconomic problem. It is an immense cause of individual poverty, due to joblessness, corruption and offences increased [39].

RESEARCH METHODOLOGY

Objective

The present study was to examine the impact of unemployment on the mental health of youth in Kashmir.
Hypothesis
There would be significant difference between the dimensions/sub-scales of mental health inventory viz, anxiety depression, loss of behavioural/emotional control, general positive affect, emotional ties, psychological distress, psychological well-being, global scales and mental health index in employed and unemployed youth of Kashmir.

Sample
The present study was conducted on the sample of 200 respondents among these, 100 were employed and remaining 100 were unemployed youth. The participants were selected through the method of purposive randomly sampling. The sample of the present study was recruited from various districts of Kashmir Valley. The age of the respondents ranged from 18-25 years.

Procedure for data collection
First of all, the investigator met the participants personally and explained them the purpose of the present study. In some situations permission was also taken from the concerned authorities. Then after, the investigator established rapport with the participants and requested them to participate voluntarily and cooperate in the data collection process and assured them that their responses would be kept confidential and utilized for the research purposes only. The participants were asked to read the instructions carefully given on the top of each scale. They were also requested to answer all the statements given in the scales sincerely. After receiving their consent, were administered to employed and unemployed youth individually.

The employed and unemployed youth of Kashmir were approached after getting permission from the higher authorities of employed youth as well as individual consent was taken from both employed and unemployed youth prior to the data collection. After taking the consent, data was taken separately from each of the participants. The background and purpose of the research endeavour was explained thoroughly to each participant so that every answer will be quite truthful, reliable and transparent. Then after, the investigator established rapport with the participants and requested them to participate voluntarily and cooperate in the data collection process and assured them that their responses would be kept confidential and utilized for the research purposes only.

Research tools used
The Mental Health Inventory (MHI-38), developed Veit and Ware (1983), was applied to assess the mental health of the selected sample for the present study. This instrument provides an assessment of several domains of mental health including anxiety, depression, behavioural control, positive effect, and general distress. The full-length MHI consists of 38 items and has been studied extensively in a variety of populations. The 36 items are scored on a 6-point and 2 items scored on 5-point Likert type scale, ranging from 1 (all of the time) to 6 (none of the time). The subscale and total scores range from 0-226, with higher scores indicating better mental health. Subjects are asked to indicate how often they have experienced various emotions during the prior four week period. The scoring system for the MHI is relatively complex and generates a total score. One who scores high on this inventory is described as having high mental health and vice versa.

The full-length version of the Mental Health Inventory has a Cronbach alpha of .93 while the short form has an alpha of .82. In the field testing for the Multiple Sclerosis Quality of Life Inventory the Mental Health Inventory showed good convergent and discriminant validity.

RESULTS
The t-test was applied to the obtained data to analyze the significance of a difference between the two groups, unemployed and employed youth of Kashmir on mental health inventory (Table 1 and Figure 1).

The results showed the values of anxiety; depression, loss of behavioural and emotional control is higher for the unemployed group as compared to the employed group. Coherently, the levels of the positive effects, the emotional ties and life satisfaction are higher in the employed youth. The “t” value on all the sub scales showed significant differences.

### Table 1: Shows the mean, SDs and t-values on (MHI-38) in unemployed and employed youth.

<table>
<thead>
<tr>
<th>Mental Health Sub-scales</th>
<th>Unemployed Youth</th>
<th>Employed Youth</th>
<th>t-value</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Anxiety</td>
<td>35.89</td>
<td>9.23</td>
<td>18.38</td>
</tr>
<tr>
<td>Depression</td>
<td>17.64</td>
<td>4.56</td>
<td>9.59</td>
</tr>
<tr>
<td>Loss of behavioural/EC</td>
<td>37.42</td>
<td>8.38</td>
<td>24.91</td>
</tr>
<tr>
<td>General positive effect</td>
<td>23.7</td>
<td>6.93</td>
<td>44.33</td>
</tr>
<tr>
<td>Emotional ties</td>
<td>5.92</td>
<td>3.02</td>
<td>9.29</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>2.6</td>
<td>0.53</td>
<td>5.3</td>
</tr>
<tr>
<td>Psychological distress</td>
<td>93.84</td>
<td>28.3</td>
<td>51.33</td>
</tr>
<tr>
<td>Psychological well being</td>
<td>27.63</td>
<td>10.62</td>
<td>49.6</td>
</tr>
</tbody>
</table>
Our findings analyzed that unemployed participants showed higher scores in anxiety sub-scale of mental health inventory (M=35.89) in comparison of employed (M=18.38). Our findings bear some similarities with those of previous studies like Howe et al., reported elevated rates of depression, anxiety, and stress among involuntarily unemployed individuals. For example, the following rates were estimated: depression = 29%, anxiety = 31%, and stress = 28% in US adults [40]. This study is also found that continuous unemployment and failure of getting a job would be anticipated to promote mental impairments and reduce well-being and quality of life, eventually leading to depression, anxiety, and stress [41]. In context of depression sub scale of mental health inventory unemployed youth showed higher scores (M= 17.64), as compared with employed youth (M=09.38). Previous findings showed that unemployed individual’s showed sadness and a depressive symptom is common [42] more stress [43] and lower well-being compared to employed individuals [44]. Banks and Jackson reported that the unemployment results in minor psychiatric disorder, or it is likely to create increased symptoms [45]. In perspective of Loss of Behavioural/Emotional Control sub-scale of mental health inventory unemployed youth showed higher scores (M=37.42) than employed youth (M=24.91). These findings are supported by (Rabin, 2009) found that the participants who were experienced emotional distress were also experiencing physical distress [46]. It was also identified that jobless showed lower self-esteem and greater depressive affect, negative mood, and externality in locus of control than the employed [47]. In context of general positive affect sub-scale of mental health the employed show higher scores (M=44.33) in comparison to unemployed (M=23.7). This study is well supported by this finding which show that unemployed individuals had lower psychological and physical well-being than employed group. It was also assume that positive effects on employee performance and well-being would result increase levels of mindfulness [48,49]. In emotional tie sub-scale of mental health inventory, the employed youth showed high scores (M=9.29) in comparison of unemployed (M=5.92). The results of previous study proposed that structured interventions in emotional competences can increase people's beliefs in their own capabilities (entrepreneurial self-efficacy) and their ability to find employment (employability) and can contribute to the actual re-employment [50]. The gender and birth order have significant effect on quality of life and the findings also indicate that male and second born unemployed persons have good quality of life than female and first born unemployed persons [51]. During the present study the employed youth showed higher scores (M=5.3) than unemployed youth (M=2.6). In perspective of life satisfaction sub scale of mental health inventory. The literature also showed that unemployment is associated with poorer mental health, poor physical and psychological well-being, as well as lower levels of life satisfaction likely to report extreme dissatisfaction than their employed peers [52,53]. In the present study unemployed youth showed higher scores (M=93.84) in contrast with employed (M=51.33) on psychological distress in global sub scale of mental health inventory. This study is well supported by various previous
studies showed that unemployed persons report high psychological distress like depression, low self-esteem and lowered psychological well-being than employed persons [54,55]. In the framework of psychological wellbeing global sub scale of mental health inventory the unemployed showed lower scores (M=27.63) than employed (M=49.6). In relation with mental health index the employed showed higher scores (M=132.21) in contrast with unemployed (M=78.57). However lower mental health index ratio indicates that the unemployed are more associated with mental health issues. It was also found that unemployed persons report high psychological distress and lowered psychological well-being and self-esteem than employed group [56,57].

**DISCUSSION**

Unemployment among educated youth is one of the major social problems of Kashmir and the unemployment rates have continued to increase, most likely due to insufficient job creations. The present study aimed to address the gap in potential links between psychological distress and unemployment in the educated sector of the population. The problem of unemployment gains more importance because of higher incidence of unemployment among the educated section of youth in the state. Due to limited job opportunities available for educated youth in the state, the number of unemployed youth has been increasing in every passing year [58]. The previous studies was also focus on the industrial sector of the state of Jammu and Kashmir, both small as well as large scale and its potential to control educated unemployment and suggest measures and policies on the part of state government to establish the strong industrial base. Moreover, their study will examine the major causes for the failure of state and centrally sponsored schemes to eradicate unemployment in the state of Jammu and Kashmir [59]. Unemployment increases the psychological toll on families and can also increase stress and other negative effects of families which can exacerbate one’s overall mental health [60].

**CONCLUSION**

In the present study we found that unemployed have higher level of anxiety, depression, loss of behavioural/emotional control and psychological distress and have lower level of emotional ties, life satisfaction and general positive affect in comparison to their counter parts. The present study also reports on the high prevalence and associated risk factors of depression, anxiety, and behaviour problems among job seekers. This indicates that preventive workforce initiatives aimed at better alignment between educational channel and job markets are needed. Furthermore, early mental support and resilience training programs during higher education are needed to potentially mitigate the elevated risk of mental issues among unemployed youth in Kashmir. We suggested that skill based and job-oriented courses should be taught at secondary level so that its pass outs are not rendered unproductive and jobless. Further exploring with a national large-scale sample concerning our yielded risk issues.

**ACKNOWLEDGEMENT**

Author designed the study, collection of data, and drafted the manuscript and also revised and co-author approved for final manuscript for submission. The study was not financial supported by any government or academic bodies. The authors declared that there is no conflict of interests. All procedures on human subjects were conducted based on the ethical standards of the research.

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