



EU Resilient Minds

Building Resilience in Unemployed Adults through Emotional Management

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RESEARCH REPORT

Index

1. Introduction.....	1
1.1. Background: The Project Context.....	1
1.2. Objectives of the Research.....	1
1.3. Target Groups.....	1
2. Methodology.....	2
2.1. Development of Tools.....	2
2.2. Data Collection Process.....	2
2.3. Profile of Respondents.....	2
3. Analysis of Results.....	3
3.1. Unemployed Adults (Questionnaires).....	3
3.2. Employment Advisors, Social Integrators, Social Workers (Interviews).....	8
3.3. Mental Health Professionals (Interviews).....	8
4. Key Findings and Conclusions.....	11
5. Recommendations for Mental Health Interventions.....	12



1. Introduction

1.1. Background: The Project Context

The EU Resilient Minds (EU-MINDS) project responds to a critical gap in European employment and social inclusion systems: the absence of validated models to address the psychological and emotional toll of long-term unemployment. While numerous initiatives exist to support labor market integration, few directly target the mental health dimension, despite consistent evidence linking unemployment with anxiety, low self-esteem, depression, and social isolation.

By integrating research, innovation, and training, EU-MINDS aims to strengthen resilience among vulnerable adults and equip guidance professionals with practical tools. The project aligns EU priorities on upskilling and reskilling pathways and on improving the competences of educators and guidance staff, while addressing the needs of unemployed people at risk of social exclusion.

1.2. Objectives of the Research

The research provides the empirical foundation for EU-MINDS. Its objectives are to:

- Map the psychological and emotional impacts of long-term unemployment.
- Identify psychosocial needs of unemployed adults across four partner countries.
- Collect insights from employment advisors and mental health professionals on support practices, systemic barriers, and collaboration models.
- Generate evidence to underpin the EU-MINDS Intervention Guide and Platform, ensuring interventions are both innovative and practice-oriented.

1.3. Target Groups

The research engaged three complementary groups:

- **Unemployed Adults:** Individuals over 30, unemployed for at least one year, representing diverse socio-demographic backgrounds (e.g., gender, education, migration status, family situation, disability).
- **Employment Advisors, Social Integrators, and Social Workers:** Professionals directly supporting unemployed people in job-search and social reintegration processes.
- **Mental Health Professionals:** Clinical and occupational psychologists with expertise in diagnosing and treating psychological disorders and addressing psychosocial risks linked to unemployment.



2. Methodology

2.1. Development of Tools

To ensure comparability, the consortium developed a harmonized set of instruments:

- Questionnaires for unemployed adults: exploring socio-demographics, unemployment history, psychological and emotional impacts, coping strategies, and support needs.
- Structured interviews with employment advisors/social workers: capturing observations of clients' emotional challenges, support strategies used, systemic barriers, and experiences with referral.
- Structured interviews with mental health professionals: examining diagnostic insights, common clinical presentations, risk factors, therapeutic interventions, and opportunities for cross-sector collaboration.

All tools were co-designed by partners, piloted to test clarity and relevance, and finalized to ensure cultural and linguistic appropriateness while maintaining cross-country comparability.

2.2. Data Collection Process

Research was conducted between April and September 2025 across all four partner countries. Each partner was responsible for:

- Administering at least 50 questionnaires to long-term unemployed adults.
- Conducting at least 5 interviews with employment advisors/social workers.
- Conducting at least 5 interviews with mental health professionals.

In total, the dataset comprised 236 unemployed adults, 24 advisors/social workers, and 21 psychologists. All data were translated into English and centralized for joint analysis.

2.3. Profile of Respondents

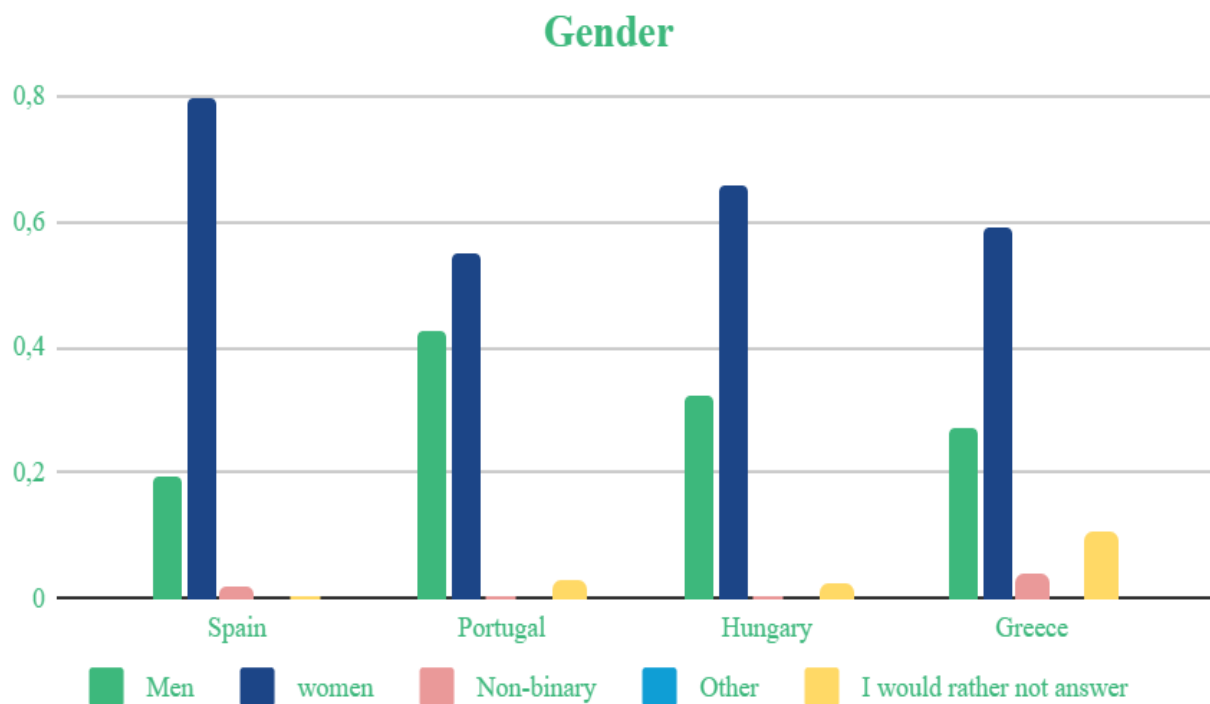
- Unemployed Adults: aged 30+, unemployed for at least one year, with diverse gender, education, status, and family circumstances.
- Employment Advisors/Social Workers: experienced practitioners (≥5 years) in career counselling, social integration, and reintegration programs.
- Psychologists: licensed clinical and occupational specialists with substantial experience in treating and supporting unemployed adults.

3. Analysis of Results

3.1. Unemployed Adults (Questionnaires)

Sociodemographic overview

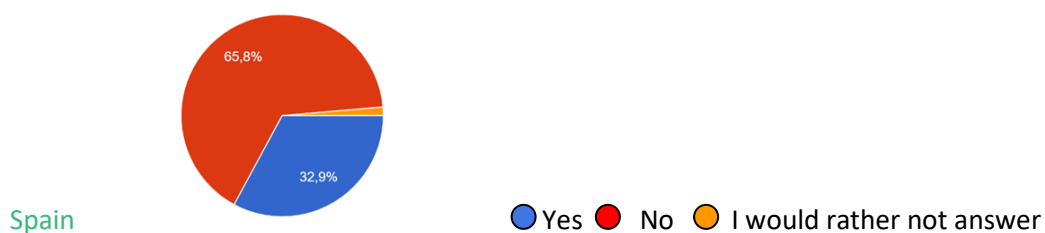
Across Spain (n=73), Greece (n=59), Hungary (n=53), and Portugal (n=51), women formed the majority of respondents, often reflecting gendered labour market patterns. Age distribution varied, though the 30–49 bracket was consistently the largest group, showing that unemployment particularly affected working-age adults with active family and career responsibilities. Educational attainment was mixed: Spain and Portugal had a higher share of respondents with secondary or tertiary education, while in Greece and Hungary, there was a stronger representation of those with lower or vocational schooling. Migrant and refugee participation was highest in Spain and Greece, mirroring local contexts of mobility and integration. A recognized disability was reported by nearly a third of participants in Spain and Greece, while fewer cases were noted in Portugal and Hungary. Roughly one-third of respondents across all countries reported dependent children, underscoring the intersection of unemployment with caregiving responsibilities and well-being



Gender of People Answering the Questionnaire

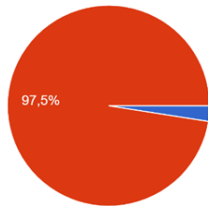


Recognized Disability (33% or more)



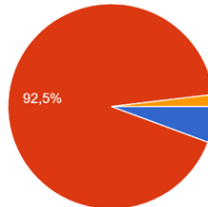


Portugal



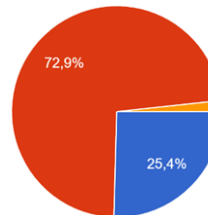
● Yes ● No ● I would rather not answer

Hungary



● Yes ● No ● I would rather not answer

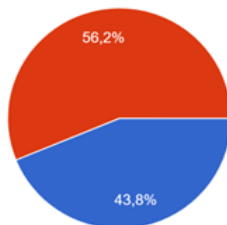
Greece



● Yes ● No ● I would rather not answer

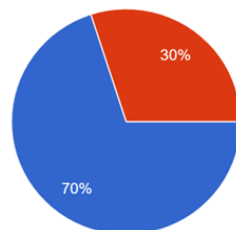
Nationality of the People Answering the Questionnaire

Spain



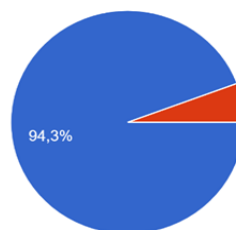
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Portugal

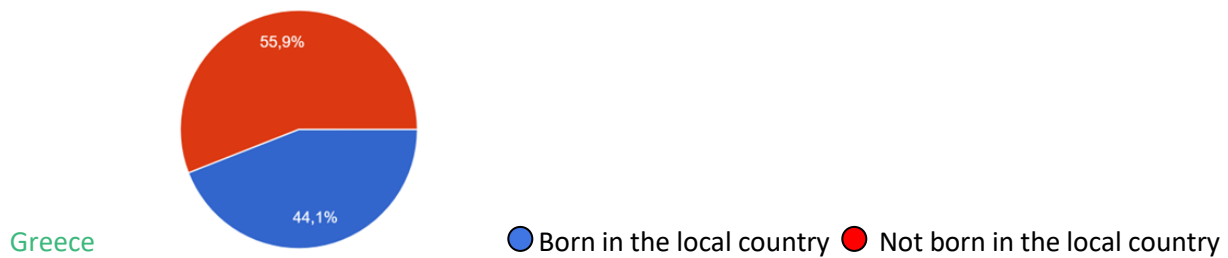


● Born in the local country ● Not born in the local country

Hungary

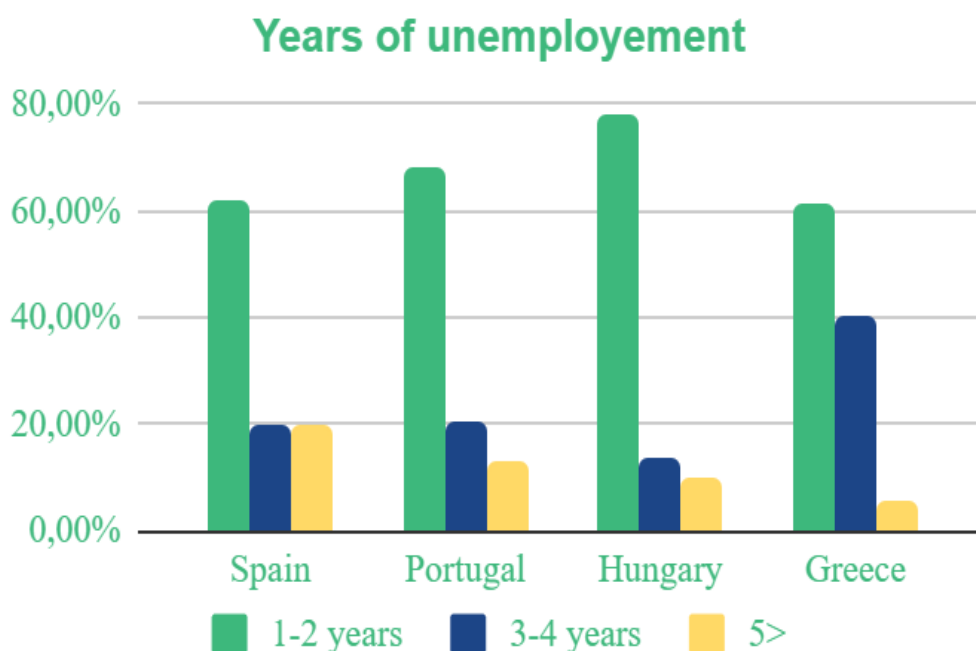


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Unemployment Background

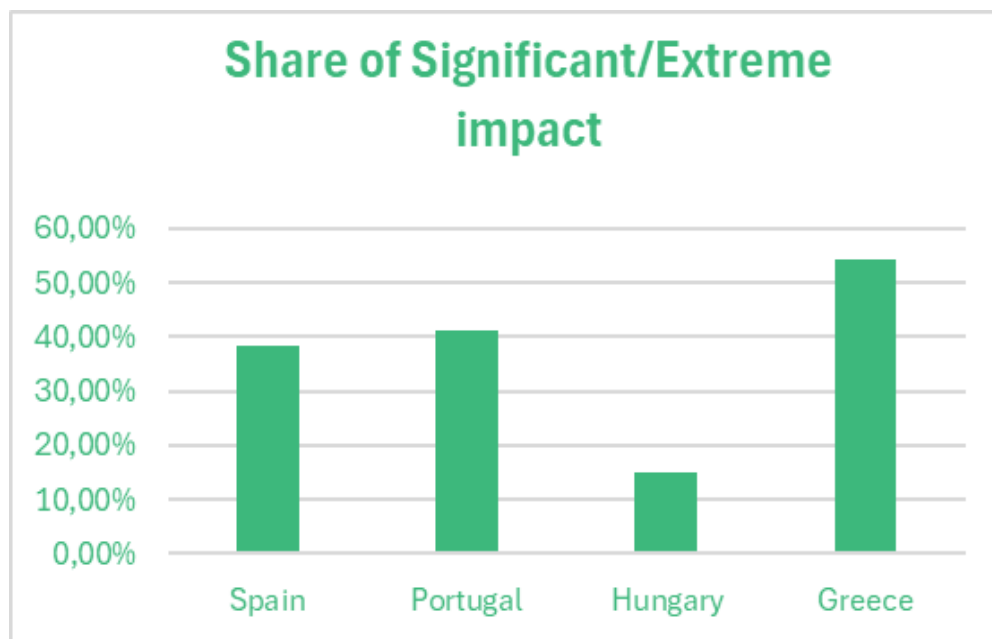
Most respondents had been unemployed for 1–2 years. Long-term unemployment (≥ 5 years) was particularly prevalent in Spain (19.2%) and Portugal (15.7%), reflecting entrenched structural barriers to re-entry. Previous employment was often in service sectors (retail, hospitality, caregiving), areas severely affected by economic volatility. Notably, a significant proportion across countries had experienced multiple cycles of short-term employment followed by renewed unemployment, illustrating instability rather than a single disruption.



Psychological and Emotional Impacts

The perceived impact of unemployment varied markedly by country. Greece reported the highest share of Significant/Extreme impact (54.3%), followed by Portugal (41.2%) and Spain (38.4%), while Hungary was notably lower (15.1%). The most frequently reported symptoms included anxiety, sleep

disturbance, sadness, hopelessness, and social isolation. Prior diagnoses of depression or anxiety were most common in Spain (41.1%) and Portugal (35.3%), aligning with their higher reported demand for mental health support. In Greece, unmet needs were particularly acute: more than half of the respondents expressed that they wanted but had not received psychological help. Qualitative answers also revealed feelings of discouragement, stigma, and loss of confidence, with many linking their mental health decline directly to the perceived lack of prospects.



Country-Specific Notes

- **Greece:** Highest distress levels, largest representation of refugees/migrants, and greatest unmet demand for psychological support.
- **Spain:** Elevated rates of disability and prior diagnosis, coupled with a large foreign-born population; strong emphasis on family support networks.
- **Portugal:** Moderate-to-high distress, unmet support needs, and high demand for training to rebuild confidence and digital/job-search skills.
- **Hungary:** Lowest reported distress and higher self-reported optimism, though cultural stigma may contribute to under-reporting.

Main Findings

Across all four countries, unemployment was consistently associated with anxiety, sleep disturbance, discouragement, and limited access to adequate mental health support. Despite national differences, psychological strain and systemic barriers were shared challenges, underlining the transnational dimension of the problem.

Coping Strategies and Support Needs

Respondents repeatedly emphasized the importance of accessible psychological care, practical training (especially digital competencies), and peer networks to counter isolation. Many highlighted the value of group-based support and emotional regulation tools, suggesting that unemployment interventions should move beyond job-search alone and address wellbeing more holistically. Structural obstacles—such as caregiving duties, financial instability, and transport barriers—were also frequently cited, pointing to the need for flexible, accessible programme delivery.

3.2. Employment Advisors, Social Integrators, Social Workers (Interviews)

Emotional and psychosocial observations: Advisors observed clients struggling with anxiety, discouragement, stigma, and low self-esteem. Many reported cycles of motivation loss after repeated job rejections and highlighted the compounding effects of bureaucratic stress and financial insecurity.

Support strategies and tools: Advisors employed motivational interviewing, psychoeducation, group workshops, and digital skills training. While some localized initiatives exist, most lack standardized tools for screening mental health concerns.

Systemic challenges: Respondents highlighted overwhelming caseloads, insufficient training in mental health, short-term contracts, and fragmented collaboration with external services. Such barriers undermine the sustainability of psychosocial support, as the predominance of temporary service arrangements hinders not only its continuity but also the establishment of a coherent, system-level framework.

Collaboration with mental health services: Collaboration was described as irregular and dependent on personal relationships rather than structured systems. Advisors expressed a clear desire for named mental health liaisons, clearer referral pathways, and shared feedback mechanisms.

3.3. Mental Health Professionals (Interviews)

Professional experience: Clinical and occupational psychologists emphasized the growing demand for mental health support among unemployed adults, with post-pandemic increases in anxiety, depression, and sleep disturbances.

Clinical impacts and diagnostic insights: Common presentations included generalized anxiety disorder, adjustment disorders, depressive symptoms, and insomnia. Comorbidity was common, with stress-related somatic complaints often overlapping with psychological distress.

Risk factors and vulnerable groups: Long-term unemployment, prior psychiatric history, migrant/refugee status, disability, financial insecurity, and single parenthood were recurrently identified as high-risk factors.

Therapeutic interventions: Effective approaches included brief CBT, behavioral activation, mindfulness, problem-solving therapy, and psychoeducation. Group interventions were seen as both cost-effective and valuable for reducing social isolation.



Cross-sector collaboration: Psychologists underscored the need for stepped-care approaches, clearer referral criteria, co-location of services within employment centers, and joint training sessions with advisors.

3.4 Common Findings on the Interviews

Common Risk Factors

- Long-term unemployment
- Previous psychiatric history
- Migrant/refugee background
- Disability
- Financial insecurity
- Single parenthood

Frequent Clinical Presentations

- Generalized anxiety disorder
- Adjustment disorders
- Depressive symptoms
- Insomnia & sleep disturbances
- Somatic complaints linked to stress

Effective Interventions

- Brief CBT (Cognitive Behavioral Therapy)
- Behavioral activation
- Mindfulness approaches
- Problem-solving therapy
- Psychoeducation



- Group-based programs (social support + cost-effectiveness)

Collaboration Needs

- Stepped-care approaches
- Clearer referral criteria
- Co-location of services in employment centers
- Joint advisor–psychologist training sessions

Category	Key Findings
Risk Factors	Long-term unemployment, prior psychiatric history, migrant/refugee status, disability, financial insecurity, single parenthood
Clinical Presentations	Anxiety disorders, adjustment disorders, depression, insomnia, stress-related somatic complaints
Therapeutic Interventions	Brief CBT, behavioral activation, mindfulness, problem-solving therapy, psychoeducation, group interventions
Collaboration Needs	Stepped-care model, clear referral pathways, service co-location, joint training with advisors



4. Key Findings and Conclusions

Main issues for unemployed adults: unemployment is consistently associated with emotional strain, manifesting in anxiety, low mood, sleep problems, hopelessness, and social isolation. Vulnerable subgroups include migrants, people with disabilities, people at risk of long-term unemployment due to emotional overload, long-term unemployed, and those with prior mental health conditions. High unmet demand for psychological support demonstrates systemic access barriers.

Insights from job advisors: Job advisors reported relying on motivational and psychoeducational approaches to sustain client engagement. However, they lack systematic tools for screening mental health, face overwhelming caseloads, and often operate with limited training in psychosocial interventions.

Insights from mental health professionals: psychologists highlighted the effectiveness of CBT-informed interventions and group formats but stressed the need for integrated systems of care. The absence of formalized referral protocols and co-location arrangements hampers service accessibility and effectiveness.

Research findings confirm the urgent need for multi-level interventions. Preventive, community-based strategies must be coupled with systemic reforms to embed stepped-care approaches into employment services, ensuring unemployed adults receive timely and effective mental health support. At the same time, the development of social welfare services should be directed toward the same goal, as social and mental health responsibilities should not fall primarily in the employment sector. In Hungary, however, both employment policy and the social welfare system remain in a neglected and overburdened state, limiting their capacity to respond effectively. Research findings confirm the urgent need for multi-level interventions.

5. Recommendations for Mental Health Interventions

5.1. Individual-Level Interventions

- **Brief Cognitive Behavioral Therapy (CBT) based modules to address anxiety, low mood, and sleep problems (Short-term / Low-cost):** Short, structured sessions can help individuals develop coping skills, regain routines, and improve sleep, directly addressing the most common symptoms identified in the research.
- **Mental well-being monitoring tools (Short-term / Low-cost):** Simple, self-completed digital or paper-based journals that help participants track their mood, stress levels, and sleeping patterns. This increases self-awareness and supports early intervention.
- **Strength-based approach (Short-term / Low-cost):** Focus not only on addressing problems, but also on recognizing and developing individual resources and skills.
- **Psychoeducational resources -stress management, rumination, rejection resilience (Short-term / Low-cost):** Accessible materials (leaflets, videos, online courses) provide practical techniques to manage daily stressors, normalize setbacks in job-searching, and prevent the escalation of distress.
- **Motivational interviewing techniques to restore agency and self-confidence (Short-term, requires advisor training):** Training advisors in MI enables them to strengthen clients' motivation, help them set realistic goals, and build confidence in their ability to return to work.
- **Peer circles and self-help groups to reduce social isolation (Short-term / Low-cost):** Group-based support reduces feelings of loneliness, encourages mutual encouragement, and provides spaces for sharing strategies to overcome challenges.
- **Systematic screening and safety protocols for at-risk individuals (Long-term / Policy-level):** Early detection of severe depression, trauma, or suicidality through short questionnaires ensures timely referral to specialized mental health services, reducing risks of deterioration.

5.2. Community-Level Interventions

These “Community-Level Interventions” recommendations are related to programs that should be developed in partnership with NGOs and community volunteers, enhancing accessibility for migrants and refugees while increasing program coverage and sustainability.

- **Group CBT (Cognitive Behavioral Therapy) and psychoeducational programs adapted to unemployed populations. (Short-term / Low-cost):** Group settings make interventions cost-effective, allow participants to learn from one another, and create opportunities to practice new skills in a supportive environment.

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- **Migrant-sensitive interventions, including cultural mediation and language support. (Short-term with NGO partnerships; Policy-level for broader rollout):** Tailored programs help overcome cultural and linguistic barriers, reduce stigma, and improve access for migrants and refugees, who are often at higher risk of exclusion.
- **Crisis helplines with multilingual support (Short-term / Medium-cost):** immediate access to psychological assistance for those unable to visit services in person, especially refugees and migrants.
- **Peer-led networks, both face-to-face and digital to enhance belonging and normalize experiences. (Short-term / Low-cost, with limits):** Former beneficiaries can be trained as facilitators, providing relatable role models and creating sustainable, low-cost support communities. Peer support may be valuable in specific contexts (e.g., refugees, migrants), but for groups facing complex social disadvantages, structured professional-led support should take precedence. Former beneficiaries can act as ambassadors or co-facilitators alongside professionals to ensure both relatability and safe, effective guidance.
- **Community navigators to assist with bureaucratic, housing, and childcare-related challenges. (Medium-term, requires structured funding):** Navigators act as guides, reducing the stress associated with navigating complex systems and enabling participants to focus on recovery and job-searching.
- **Digital literacy initiatives to enhance employability and reduce anxiety linked to technology use (Short-term / Low-cost):** Training in digital platforms, CV building, and online applications equip participants with essential skills and reduces stress associated with technological barriers.

5.3. Employment System-Level Interventions

- **Digital platform for knowledge-sharing and collaboration (Short-term / Low-cost):** a joint online space where advisors, psychologists, and social workers can exchange experiences, best practices, and methodological materials.
- **Dedicated mental health coordinators in employment offices (Medium-term / Policy-level):** staff responsible for liaising between advisors, psychologists, and external services to streamline communication and referrals.
- **Embed stepped-care pathways in employment services, with clear escalation protocols (Long-term / Policy-level):** A tiered approach ensures that individuals receive the right level of support, from universal psychoeducation to specialist mental health care for severe cases.
- **Implement standardized screening and referral mechanisms across all partner countries (Long-term / Policy-level):** using validated tools ensures consistency, facilitates data comparison, and creates clear criteria for when and how to refer clients to mental health services.



- **Establish co-location of mental health professionals in job centers to ensure immediate access (Long-term / Policy-level):** Locating psychologists in employment offices reduces barriers to entry, facilitates collaboration with advisors, and ensures quicker responses for those in crisis.
- **Provide continuous professional development for advisors on mental health basics and crisis response (Short-term / Medium-cost):** Regular training strengthens advisors' skills in identifying distress, applying basic interventions, and managing crisis situations without burnout.
- **Develop shared referral and feedback systems between employment, health sectors, and the social sector (Medium-term / Policy-level):** A structured communication channel ensures that referrals are tracked, follow-ups are made, and both sectors can monitor progress and outcomes.
- **Introduce equity measures such as flexible hours, childcare/transport vouchers, and targeted language support to remove practical barriers for parents, migrants, and low-income individuals (Medium-term / Policy-level):** Employers should be encouraged and supported to adopt these tools through information, guidance, and awareness campaigns, ensuring they actively promote the inclusion of disadvantaged groups in the labor market.
- **Advocate for policy measures, funding group programs, setting maximum wait times, and supporting peer facilitator roles (Long-term / Policy-level):** Embedding these practices in policy guarantees sustainability, ensures timely access to support, and builds capacity within local communities.