Stress, Coping Mechanisms, and Mental Health in Pakistani Adults: A Cross-Sectional Study

Irfana Kousar[1], Dr. Moazama Anwar[2], Dr. Muhammad Luqman Khan[3]

[1]MPhil Scholar, Department of Psychology, Riphah International University, Faisalabad Campus, Email: psychologistirfanapak241@gmail.com
[2]Assistant Professor, Department of Psychology, Riphah International University, Faisalabad Campus, Email: dr.moazama@riphahfsd.edu.pk
[3]Associate Professor, Department of Psychology, Riphah International University, Faisalabad Campus, Email: luqman.khan0078@gmail.com

ABSTRACT
Depression, anxiety, and stress are mental health issues that are becoming more prevalent in adults and depend on various psychological aspects. The current research investigated the correlation between stress, coping strategies, personality, and mental health outcome among Pakistani adults. The cross-sectional correlational design was employed, and the sample of 398 adults between the ages of 18 and 60 years was studied. Mental health (Patient Health Questionnaire-9), stress, anxiety, and depression (Depression Anxiety Stress Scale-21), coping mechanisms (Coping Inventory of Stressful Situations), and personality traits (Big Five Inventory-10) were measured using standardized measures. The SPSS was used to process descriptive statistics, Pearson correlation analysis, and multiple regression analysis. The findings revealed that poor mental health had a strong and positive relationship with stress and became the best predictor of depressive symptoms as it explained 51.4% of the variance in mental health outcomes. Mental health was also significantly correlated with coping strategies with problem-focused coping having negative relationships with psychological distress and emotion-focused coping being positively correlated with depression, anxiety, and stress. Personality traits were also strongly correlated with mental health outcomes but unlike stress and coping mechanisms, its predictive power was lesser. The results indicate that stress is a key factor in adult mental health whereas coping mechanisms are important psychological resources that can alleviate or worsen distress. Mental health is seen to be affected by personality traits indirectly through experiences of stress and coping reaction. The findings underpin the significance of stress management and interventions based on coping-skills in enhancing mental health in Pakistani adults.

INTRODUCTION
Mental Health in Adults: A Growing Concern
Mental health becomes a significant aspect of overall wellbeing and it is at the center of how people think, feel and act in their daily lives. Depression, anxiety, and stress are among the most common forms of mental health problems in adults worldwide and have been recognized to cause a significant percentage of disability and impaired quality of life. The World Health Organization states that depression is a significant cause of disease burden worldwide, whereas the number of anxiety and stress-related disorders is steadily increasing, especially among working-age adults (World Health Organization, 2017).

In developing nations like Pakistan, mental health issues are even exacerbated by the lack of socioeconomic stability, joblessness, school pressure, financial instability and lack of access to mental health care (Arooj, Iqbal, and Khan, 2025). Adults in Pakistan also experience various stressors that are associated with family roles, cultural pressures, and financial difficulties, and these factors can predispose them to psychological distress (Mirza and Jenkins, 2004). Although the mental health problems are highly prevalent, psychological problems have not been well diagnosed and treated in Pakistan, in part because of stigma and lack of awareness (Husain et al., 2007).

Mental health in adults is a subject that is affected by various psychological and environmental determinants (Kayani et al., 2023). Among them, stress, coping, and personality characteristics have been among the most common contributors to mental health outcomes that are often mentioned in the literature. The interaction between these factors must be understood in order to come up with effective prevention and response strategies especially in the non-Western cultural setting.

Stress and Mental Health Outcomes
Stress is also described as a psychological and physiological process that takes place in cases where people feel that the demands on the environment are more than what they can handle. Lazarus and Folkman (1984) have developed the transactional model of stress, which highlights that stress is not only a result of what people experience, but also the way people perceive and manage the experiences. Prolonged and improperly controlled stress may lead to adverse effects on mental health and expose one to the risk of depression, anxiety, and emotional burnout (Shehzad, Khan, and Khan, 2024). The extensive amount of literature has always demonstrated that there is a close linkage between stress and poor mental health. Perceived stress has also been associated with high symptoms of depression and anxiety among the adult population (Cohen et al., 2007). Emotional dysregulation, sleep disturbances and decreased psychological resilience have also been linked to chronic stress (McEwen, 2004). Constant stress in the presence of stressors like academic achievement, work, and financial problems may result in prolonged psychological distress in adulthood. Stress has been cited as a leading cause of ill health of the mind especially among students and working adults in the Pakistani setting. Residues of stress-related symptoms such as irritability, hopelessness, and emotional exhaustion have been reported to be high in studies carried out in Pakistan (Saleem et al., 2013). Adults are further exposed to psychological pressure owing to social and cultural pressure on top of limited mental health resources. As there is a high correlation between mental health and stress, it should be noted that there are factors that can minimize or enhance the adverse effect of stress. Mechanisms of coping and personality are regarded as some of the most important aspects that could determine the way people react to stressful events.

Coping Mechanisms and Psychological Well-Being
Coping mechanisms are strategies that people apply both cognitively and behaviorally to address stress and emotional requirements. Coping is regarded as a dynamic process and it depends on the characteristics of people and the characteristics of the stressor. Lazarus and

Folkman (1984) broadly classified the coping strategies into emotion-focused coping and problem-focused coping (Sarmad and Bashir, 2016). Problem-oriented coping is the presence of active attempts to solve the cause of stress, whereas the emotional-oriented coping is focused on managing emotional reactions to stress. Studies have indicated that coping mechanisms are influential in defining the mental health outcomes. Problem-focused coping is mostly regarded as adaptive because it fosters one to have a sense of control and stress management (Imran, Khan, and Zaidi, 2024). Research has established that problem-oriented copers have less depression and anxiety and are more psychologically adapted (Carver et al., 1989). Conversely, emotion-oriented coping like avoidance, denial and rumination coping styles have been linked to heightened psychological distress in most studies (Holahan et al., 2005). The Coping Inventory of Stressful Situations (CISS) also categorizes coping into task oriented, emotion oriented and avoidance oriented coping (Endler and Parker, 1990). Task coping that is more closely related to problem focused coping has been found to lead to more positive mental health outcomes, and emotion coping has been viewed as likely to lead to increased stress and depression (Khan and Khan, 2020). There is very little study of coping in adult populations in Pakistan, however there is evidence present that indicates that maladaptive coping mechanisms are frequently employed especially in situations where there is high stress levels (Haq and Khan, 2024). Cultural norms can also affect the nature of coping behaviors and some people tend to suppress or avoid emotions instead of actively dealing with the problem or taking action to solve it (Rizvi et al., 2015). The role of coping strategies is also important in establishing the protective psychological factors in the Pakistani adult population.

Personality Traits and Vulnerability to Stress

Personality traits are comparatively stable ways of thinking, feeling, and acting that have an effect on individuals to perceive and react to their surroundings. The Big Five or the Five-Factor Model of personality consists of extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience (Costa and McCrae, 1992). These characteristics have been much researched concerning stress and mental health. Nature versus nurture The neuroticism is one of the Big Five traits that have been observed to be a very powerful predictor of poor mental health. Neurotic people are more likely to feel down and more vulnerable to stress which exposes them to the threat of anxiety and depression (Kotov et al., 2010). Extraversion and conscientiousness, in their turn, are typically linked to better psychological well-being, since the given traits are correlated with the positive affect, social support and effective self-regulation (Alam and Khan, 2025). It has been indicated that personality traits have direct and indirect effects on mental health. Personality traits do not necessarily predict the experience of stress and the coping strategies that individuals employ; instead, they are likely to influence the experience of stress and the coping strategies of individuals (Hussain, Javed, & Sarmad, 2019). To illustrate, neurotic people tend to adopt emotion-based or avoidant coping styles, which could trigger psychological discomfort. Conversely, people with high conscientiousness tend to engage in problem-oriented coping and this could shield them against stress related mental illnesses (Connor-Smith and Flachsbart, 2007). Even though the importance of personality traits is extensively researched on Western population, not many studies have been taken to look at their influence on mental health in South Asian settings. The effects of culture on the expression of personality traits and their interactions with stress and coping might vary across different cultures. This points to the necessity of culturally specific studies that will explore personality in the context of the psychosocial.

An Integrated Perspective on Stress, Coping, and Personality

Although stress, coping styles and personality traits have been consistently attributed to mental health separately, not many studies have looked at the three variables in a single

paradigm. Studies that concentrate on a single variable can be incomplete in their comprehension of mental health in adults (Khan et al., 2021). A combined method will help to have a more in-depth analysis of the interplay of dispositional and situational factors on psychological outcomes. According to the transactional model of stress, stress appraisal is influenced by personality traits whereas stress coping strategies are the determinant of managing stress. The outcome of this interplay between stress exposure and coping reactions is mental health (Lazarus and Folkman, 1984). In this respect, coping strategies can be protective or risk factors based on the effectiveness with which people cope with stress (Tang et al., 2022). In the Pakistani society, there is indeed an observable gap of empirical research that examines the combination of stress, coping strategies, and personality types in the context of adult mental health. Majority of the available studies consider particular group like the students or healthcare workers and tend to study either stress or depression separately (Naz et al., 2020). Very little has been known in relation to how coping measures can offset the impact of stress or the role of personality traits to mental health results, taking into account other aspects of psychology.

With these gaps, it is necessary to conduct the research with an integrative approach and study several psychological factors at the same time. The study can be helpful to gain between mental health vulnerability and resilience in Pakistani adults and inform culturally appropriate interventions.

RESEARCH GAP AND PROBLEM STATEMENT

Even though stress, coping, and personality traits have been individually attributed to mental health outcomes, prior studies have mostly studied the factors individually. Such a disjointed treatment restricts the knowledge about how such psychological variables interact to affect adult mental health. Specifically, the interaction between stress and coping processes, along with the personality traits, is not examined to the full extent in one analytical model.

Mental health research in Pakistani context has been dominated by studies on prevalence rates of depression, anxiety and stress in particular groups as opposed to the psychological mechanisms that may protect or increase distress. There is a paucity of empirical research to study coping as a possible protective variable and seldom are personality traits included in the prediction models of mental health. In addition, a majority of the local studies are based on descriptive or bivariate analysis, which does not allow determining the most important predictors of mental health outcomes.

To close these gaps, the current research takes an integrative approach to look into the relationships among stress, coping styles, personality traits, and mental health outcomes among Pakistani adults through measures with standardized measures and regression based analyses. General aim of the study is; To examine the relationship between stress, coping mechanisms, personality traits, and mental health outcomes among Pakistani adults.

Research Objectives

The study aims to assess the level of mental health problems—specifically depression, anxiety, and stress—among Pakistani adults. It further seeks to examine the relationship between stress and mental health outcomes, investigate how different coping mechanisms are associated with mental health outcomes, and explore the relationship between personality traits and mental health outcomes in adults.
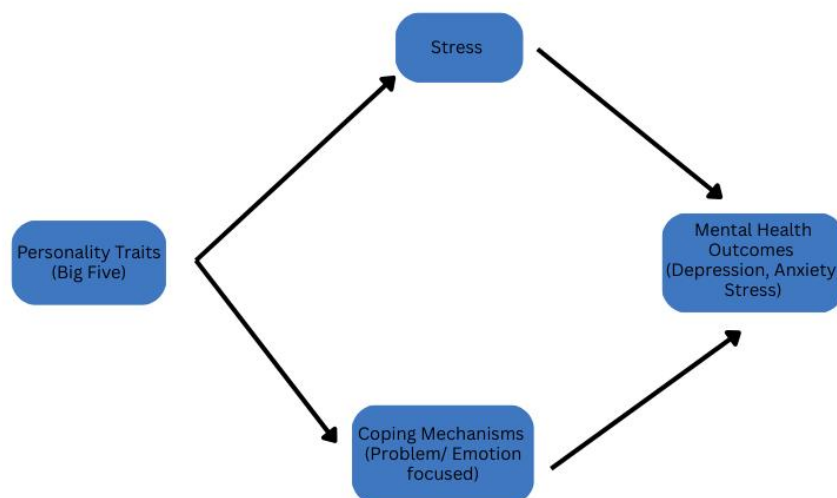
Hypotheses

1. Higher levels of stress will be significantly associated with poorer mental health outcomes among Pakistani adults.
2. Problem-focused coping will be negatively associated with poor mental health outcomes, indicating a protective relationship.
3. Emotion-focused coping will be positively associated with psychological distress.

CONCEPTUAL FRAMEWORK

The principle guiding the conceptual framework of the current research is the transactional model of stress and coping, which incorporates the most important psychological factors related to the adult mental health. The framework suggests that stress levels and stress coping mechanisms used by individuals in response to stress situations determine their mental health outcomes. Dispositional characteristics also include personality traits which influence the way people view stress and how they choose coping styles.

Stress is abstracted as a psychological risk factor, which is directly related to mental health outcomes. It is hypothesized that higher levels of stress will be associated with mental health problems that will involve more symptoms of depression, anxiety, and stress. Behavioral and cognitive responses to stress that affect psychological health are placed in the category of coping mechanisms. Problem oriented coping has been viewed as an adaptive approach that could leave someone less distressed psychologically but the opposite may be the case because emotion oriented coping approaches may be linked with increased levels of distress in case stressors are poorly addressed. Personality traits, founded on the Five-Factor Model are viewed as relatively fixed personal differences that are involved in promoting stress perception and coping style preference, but not as direct participants in mental health outcomes. It is believed that neuroticism, extraversion, and conscientiousness characteristics will influence the individual reactions to stress and the application of coping mechanisms.

The framework does not presuppose causal and mediational relationships but rather shows theoretically justified association between stress, coping strategies, personality factors, and mental health outcomes. The structure of the study is in line with the correlational and regression design and does not contradict the objectives and the

hypotheses

Figure 1. Conceptual framework illustrating the relationships among personality traits, stress, coping mechanisms, and mental health outcomes.

METHODOLOGY

Research Design

A cross-sectional correlational research was used in the current study. The design was chosen as it aimed to test the associations of stress, coping strategies, personality traits, and mental health outcomes of adults at one point of time. The correlational approach has been found to be suitable because the research objective was to find out the associations and predictive relationships and not to determine the causal effects. The design provided the possibility of a concomitant evaluation of several psychological variables in a natural environment with no experimental manipulation.

Participants

A total of 398 adults were recruited in the sample due to the various regions of Pakistan. The age of respondents was between 18 and 60 years. Both adult men and women were involved to make sure that the gender representation is diverse. The sample comprised people of various educational backgrounds, family setups, and marital status. Only people that could comprehend Urdu and those who volunteered to take part in the study were enrolled in the study. The ones that had a diagnosed severe psychiatric condition or were under intense psychiatric care were shut out of the study. This exclusion criterion was used to minimize the effects of clinical severity on self-reported mental health outcomes and the sample was non-clinical in nature.

Sampling Technique

The study recruited the participants through a convenience sampling method. Online channels and personal contacts have been used to reach the participants. The choice of this sampling method was because it was easy to achieve, accessible, and possible in terms of time and resource limitations. Though the convenience sampling technique limits the generalizability, it is widely applied to the research on adult populations and self-report in psychological studies.

Measures

i. **Demographic Information Form.**

Background information was gathered using a self-administered form of demographic information. The form contained questions on age, gender, level of education, marital status, family system and whether a person has any physical illness. This data was utilized in the description of the sample characteristics and facilitation of context interpretation of the findings.

ii. **Personality Traits**

A measure of personality was done by means of the Urdu version of the big five inventory-10 (BFI-10). The scale has five dimensions of personality which are extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience. All the traits are assessed with the help of two items which are rated with the help of Likert-type scale. The BFI-10 was because it is short and has psychometric acceptability in earlier studies. The greater the score of a subscale, the greater the levels of the corresponding personality aspect.

iii. **Coping Mechanisms**

The Urdu version of Coping Inventory of Stressful Situations (CISS) was used to measure the coping mechanisms. The scale measures three prominent coping styles, namely, task-oriented coping, emotion-oriented coping, and avoidance-oriented coping. The participants were asked to rate their frequency of various coping strategies in response to situations that are stressful to them. In the current research, the task-oriented coping was considered as problem-focused coping and emotion-oriented coping represented the emotional coping responses. Scores of high score depict high usage of the coping strategy in question.

iv. **Mental Health Outcomes**

Two standardized measures were used to measure mental health outcomes. The severity of depressive symptoms experienced in the last two weeks was used to assess depressive symptoms through the Patient Health Questionnaire-9 (PHQ-9). Depression, anxiety, and stress were also measured with the help of the Depression Anxiety Stress Scale-21 (DASS-21). The DASS-21 gives score of depression, anxiety and stress separately. The two instruments are common in psychological studies and have proved to be reliably acceptable among Pakistani samples.

Procedure

An online self-administered questionnaire was used to collect the data. The objectives of the study were briefly described and the voluntary nature of participation was clarified to the

participants. The participants were informed electronically about the study and gave their informed consent, after which they were allowed to complete the questionnaire. The questionnaire package was to consist of the demographic form then the standardized psychological scales. The questionnaire was given out to the participants who could complete them at their own convenience, and the mean time took was about 20 to 25 minutes.

Ethical Considerations

Prior to data collection, ethical permission of the study was sought with the concerned academic authority. The participants were made to know that their answers would be confidential and they would be used solely to conduct research. There was no identification information gathered. The participants were made aware of their freedom to drop out of the study without incurring any fines. Included in the study were all ethical principles that ought to be observed in research that involved human subjects.

Data Analysis

Statistical Package of Social Sciences (SPSS) version 26 was used in the analysis of the data. To summarize the demographic characteristics and study variables, the frequencies, percentages, means, and standard deviations were calculated as descriptive statistics. To study the correlation between stress, coping mechanisms, personality traits and mental health outcomes, Pearson correlation analysis was used. The relative contributions of stress, coping mechanisms and personality traits to mental health outcomes were determined by the use of multiple linear regression analysis. A p-value below 0.05 was used to accept statistical significance.

RESULTS

In this section, the researcher will provide the statistical observations of the study that will look into the correlations between stress, coping strategies, personality variables, and mental health of Pakistani adults. The results are organized in a systematic way whereby the demographics are presented followed by the descriptive statistics, analyses of reliability and correlation, regression and comparisons between the groups. A detailed description is also made to every table so that there is no confusion.

Demographic Characteristics of the Sample

Table 1 shows the demographic profile of the participants. Sample is mainly young and educated and this is indicative of the availability of online data collection procedure and the segment of the population most susceptible to modern psychosocial stressors. This population structure applies in the context of academic, work and family-related stress to explain the mental health outcomes.

Table 1: Demographic Characteristics of the Sample (n = 398)

Variable	Frequency (F)	Percentage (%)
Gender		
Male	104	26.1
Female	294	73.9
Age (years)		
18–25	255	64.1
26–35	131	32.9
36–40	6	1.5
Above 40	6	1.5
Education		
Matric	42	10.6

FSC	67	16.8
BS	246	61.8
MS	43	10.8
Family System		
Joint	218	54.8
Nuclear	180	45.2
Marital Status		
Single	172	43.2
Married	226	56.8

The population sample was 398 Pakistani adults. The sample of females was the greatest (73.9%), with males taking up 26.1. The majority of the participants were aged 18-25 years (64.1%), and then 26-35 years (32.9%). On the issue of education, the majority of the respondents hold a bachelor degree (61.8%). A larger proportion of the respondents (54.8% and 56.8% respectively) were in a joint family system and married respectively.

Descriptive Statistics and Normality of Study Variables

Table 2 shows that the participants were subject to moderate degrees of psychological distress especially stress and depressive symptoms. The normality indices are in favor of parametric statistical analysis.

Table 2: Descriptive Statistics and Normality Indices of Study Variables (n = 398)

Variable	Mean	SD	Skewness	Kurtosis
PHQ-9	8.30	6.52	0.675	−0.270
Depression	6.33	4.89	0.658	−0.258
Anxiety	5.07	4.36	0.936	0.614
Stress	7.76	4.84	0.349	−0.515
CSS	40.48	13.74	−0.443	0.869
Problem-Focused Coping	2.18	0.83	−0.412	−0.188
Emotion-Focused Coping	1.65	0.64	−0.053	0.435
Extraversion	3.17	1.55	−0.663	−0.729
Agreeableness	2.83	1.44	−0.390	−0.854
Conscientiousness	3.38	1.55	−0.765	−0.603
Emotional Stability	2.52	1.67	−0.188	−1.244
Openness	2.57	1.44	−0.223	−0.827

The descriptive statistics were calculated to evaluate the central tendency and dispersion of all variables of the study. The average PHQ-9 was 8.30 (SD = 6.52) which is a mild case of depression. The mean scores of depression, stress, and anxiety were 6.33(SD = 4.89), 5.07 (SD = 4.36), and 7.76 (SD = 4.84), respectively. It is stated that the respondents more frequently used problem-focused coping (M = 2.18, SD = 0.83) compared to emotion-focused one (M = 1.65, SD = 0.64). All the dimensions had moderate scores in personality traits.

All the variables had skewness and kurtosis within reasonable ranges, which suggests the approximate normal distribution.

Reliability Analysis

Reliability analysis was conducted to assess the internal consistency of the study instruments.

Table 3: Reliability Statistics of Study Measures (n = 398)

Scale	Items	Cronbach's Alpha
PHQ-9	9	0.819
BFI-10	10	0.762
DASS-21	21	0.935
CSS	22	0.846

The alpha of Cronbach was between 0.762 and 0.935. The internal consistency of all scales was satisfactory to excellent, which suggests that the instruments were able to measure the constructs of the Pakistani adult sample reliably.

Correlation Analysis

Relationships between personality traits and coping mechanisms, stress and mental health outcomes were analyzed with the help of Pearson correlation analysis.

Table 4

Variables	1	2	3	4	5	6	7
1. PHQ-9	1						
2. Depression	.696**	1					
3. Anxiety	.584**	.767**	1				
4. Stress	.680**	.791**	.704**	1			
5. PFC	−.120*	−.120*	−.067	−.117*	1		
6. EFC	.384**	.362**	.375**	.409**	.536**	1	
7. BFI	.212**	.139**	.121*	.288**	−.117*	.265**	1

Note. PHQ = Patient Health Questionnaire; PFC = Problem-Focused Coping; EFC = Emotion-Focused Coping; BFI = Big Five Inventory.
*$p < .05$, **$p < .01$

Table 4 shows Pearson correlation coefficients of the outcomes of mental health, stress, coping mechanisms, and personal traits. There were significant positive relationships between PHQ-9 scores and depression ($r = .696$, $p < .01$), anxiety ($r = .584$, $p < .01$) and stress ($r = .680$, $p < .01$). Problem-focused coping showed weak negative relationships with PHQ-9 ($r = -.120$, $p < .05$) and stress ($r = -.117$, $p < .05$). The emotion-oriented coping had a moderate positive relationship with depression, anxiety, and stress. The personality characteristics had also positive associations with PHQ-9 and stress but not as strong as the stress variables.

Hypothesis 1

Higher levels of stress will be significantly associated with poorer mental health outcomes.

Table 5: Regression Analysis Predicting PHQ-9 from Stress (n = 398)

Predictor	β	SE	t	R²	F	p
Stress (DASS)	0.362	0.02	20.46	0.514	418.60	< .001

The regression analysis revealed that stress was an important predictor of the mental health outcomes with a proportion of variance of 51.4% in PHQ-9 scores. The positive value of beta shows that the greater the stress scores, the greater the depressive symptoms. Hypothesis 1 was supported

Hypothesis 2

Problem-focused coping will be negatively associated with poor mental health outcomes.

Table 6: Regression Analysis Predicting PHQ-9 from Coping Strategies (n = 398)

Predictor	β	SE	t	R^2	F	p
CSS	0.06	0.02	2.34	0.014	5.46	.020 (p < .05)

The PHQ-9 scores were largely dependent on the coping strategies which explained 1.4% of the variance. The small effect size notwithstanding, the outcome suggests coping mechanisms are statistically significant predictors of mental health. Hypothesis 2 was partially supported, and problem-oriented coping exhibited protective relationships mostly on the correlational level.

Hypothesis 3

Personality traits will be associated with mental health outcomes, but with reduced predictive strength compared to stress.

Table 7: Regression Analysis Predicting PHQ-9 from Personality Traits (n = 398)

Predictor	β	SE	t	R^2	F	p
BFI	0.13	0.03	4.33	0.05	18.71	< .01

Personality factors were powerful predictors of mental health outcomes with the ability to explain 5% of the variance of PHQ-9 scores. The strength of prediction was lower in comparison to the strength of stress, which confirms Hypothesis 3.

DISCUSSION

The current research considered the connection between stress, coping mechanisms, personality traits, and mental health outcomes among Pakistani adults. In general, the results of the research are in line with the suggested conceptual framework and provide the consistency with well-known psychological theories and empirical sources.

Stress and Mental Health

Stress appeared to be the best predictor of mental health issues, with it alone accounting over fifty percent of variation in PHQ-9 scores. This observation is in line with transactional model of stress and coping that place stress appraisal as the key predictor of psychological well-being (Lazarus and Folkman, 1984). It has already been demonstrated in the previous research that the depressive and anxiety symptoms are closely linked with chronic stress (Cohen et al., 2007; McEwen, 2004). The explanatory power of stress is very high in the current study which underlines its overwhelming role in the mental health outcomes of Pakistani adults (Oshio et al., 2018).

Coping Mechanisms and Mental Health

It was discovered that coping mechanisms were substantive yet insignificant predictors of mental health outcomes. Problem-oriented coping was negatively correlated with psychological distress, and, on the contrary, emotion-oriented coping correlated positively with depression, anxiety, and stress (Compas et al., 2017). These results are in line with the coping theory, according to which active, problem-oriented coping are associated with psychological adjustment, whereas emotion-oriented strategies are associated with more distress in case the stressors are not addressed (Carver et al., 1989; Endler and Parker, 1990). The relatively low effect size of the regression analysis can be the evidence of the indirect influences of coping, which works alongside the more significant stressors.

Personality Traits and Mental Health

Personality factors were found to be significantly correlated with mental health outcomes and had less predictive validity than stress (Folkman, 2013). This result is already in line with earlier studies that showed that personality traits do not directly define mental health, but indirectly by determining the perception of stress and responding to stress (Connor-Smith and Flachsbart, 2007; Kotov et al., 2010). These findings justify the fact that personality traits are included in the conceptual framework as dispositional background factors.

Integration with Conceptual Framework

The findings judged together favor the integrative framework that is presented in the study. Stress acts as one of the main psychological risk factors, coping strategies have an impact on stress and mental health, and personality traits provide differences in the experience of stress and choices of coping styles. The lack of heavy demographic influences just underlines the role of psychological factors in the mental health outcome explanation compared to sociodemographic factors.

Implications

The results of the current research have significant practical and theoretical consequences. Stress came out as the most predictive factor of mental health issues and so stress-related screening and intervention programmes should be implemented on adults in Pakistan. Counselors and mental health practitioners can use stress management methods in therapeutic practices. Protective relationship of problem-focused coping implies that it is possible that coping-skills training programs may be helpful in the reduction of psychological distress. Problem-solving and adaptive coping interventions that promote psychological well-being can be effective. Also, the results demonstrate the importance of taking personal differences in personality into account when developing mental health interventions because personality features impact stress perception and coping mechanisms.

Limitations

Although the study has made its contributions, it has a number of limitations. The cross-sectional design reduces the possibility of making causal inferences on the relationships between stress and coping mechanisms, personality traits, and mental health outcomes. Response bias might have come about as a result of using self-report measures. The generalizability of the findings to the other population groups could be limited due to convenience sampling and overrepresentation of the young, educated adults. Besides, the paper used general scale scores and this could have obscured the effect of individual sub-dimensions of coping and personality characteristics.

Future Research

Longitudinal designs should be used to study how stress and coping change and how the mental health of the participants with stress in the future. Generalizability would be improved by using more broad and representative samples. More studies can also be done on the detailing of certain coping strategies and various personality dimensions. With more sophisticated analytical methods (e.g. using mediation or moderation models), it might be possible to explain the indirect mechanisms by which personality and coping determine mental health outcomes among Pakistani adults.

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