The Impact of Religiosity on Mental Health Help-Seeking Behavior

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The Impact of Religiosity on Mental Health Help-Seeking Behavior among College Students

The prevalence of mental health symptoms among college students is a matter of considerable concern in academic circles. According to the American College Health Association's (2022) national spring survey of 54, 204 undergraduate students, 76.6 % of college students had moderate to serious levels of psychological distress and 29.5% had a positive suicidal screen. Results from another national survey of 103,748 college students in 2021 found that depression and anxiety were the most common mental health disorders with 41% having a positive screen for depression and 34% for anxiety (Healthy Minds Network 2021). The same survey found that among college students experiencing anxiety and depression in 2021, 55.1% and 63% reported that it was an impediment to their academic performance. Other research found that depressive symptoms are associated with an increased likelihood of dropping out of college (Boyraz et al. 2016). It is also associated with increased risk for suicide attempts and ideation (Chang et al; 2019; Morrison & Hopkins, 2019).

Despite the notable prevalence of mental health problems among college students, help seeking for such issues is lower than expected. The Healthy Minds Network Study (2021) of college students revealed that although 62% of college students had perceived a need for help with emotional or mental health problems within the past 12 months, only 30% of participants had received counseling from a health professional within that time period. Further, among the same group, 41% sought mental health support from a friend, 37% from a family member, and 30% from a significant other (Healthy Minds Network, 2021). A 2022 survey of college students found that among those who rated their mental health as poor or fair, 39% had not sought or were currently involved in mental health programs and only 20% sought help through their school

(Venable & Pietrucha, 2022). Compared to students experiencing stressful life events that started during college, students with anxiety and depression symptoms are less likely to take advantage of university counseling services as a source for mental health aid (Bourdon, et. al., 2020).

Given the significant consequences of mental health problems, understanding the factors especially non-logistical that contribute to help-seeking behaviors among college students is of paramount importance. College students have reported non-logistical barriers (i.e., barriers other than expense, time constraints, and access) to help-seeking such as perceived stigma to mental health assistance, discomfort with taking initiative to seek help, and beliefs that it is ineffective (Venable & Pietrucha, 2022).

Another factor associated with mental health help-seeking is religiosity (Friedrich-Killinger, 2020). Religiosity is defined as an individual's conviction, devotion, and veneration towards a divinity (Gallagher, 2013). Persons who have religious ties, compared to those who do not associate with a spiritual ideology, are less likely to seek out aid in mental health due to stigma and negative attitudes towards it (Nakash et al., 2019).

Few studies have explored the potential impact of religiosity on the likelihood of mental health help-seeking. Furthermore, no known studies have examined these relationships among college students enrolled in Seventh-Day Adventist campuses. The purpose of this exploratory study is to answer the following research question: How does religiosity impact mental health help-seeking among undergraduate students at Southern Adventist University? This study seeks to explore these relationships using a sample of students at Southern Adventist University.

Literature Review

This review summarizes research findings on the relationship between religiosity and help-seeking. Other factors related to religiosity and mental health help-seeking will also be considered. The following resources are cross-sectional and mostly quantitative.

Religiosity and Mental Health Help-Seeking

Research shows that there is a difference between the ways that secular and religious participants approach mental health help-seeking. Among religious participants, a significant percentage (47.4%) reported not trusting mental healthcare systems and providers, primarily because of their skepticism about their competence to provide help. In contrast, only 20% of secular clients reported the same distrust, which was associated with their doubts about their own ability to change (Nakash et al., 2019). The relationship between religiousness and mental healthcare seeking behavior is complex. Higher levels of religiousness have been associated with higher intentions to seek mental healthcare treatment, but also with negative attitudes towards mental health services. A study of 298 individuals from 30 congregations of Islam, Christianity, and Judaism found no relationship between attitudes towards seeking psychotherapy and subjective norms and individuals' scripture reading or service attendance. However, congregant religiousness and the frequency at which clergy spoke about mental health were related to help-seeking intentions and attitudes (Lefevor, 2020). This highlights the importance of religious leaders in shaping the attitudes of their congregations towards mental health services.

Religious individuals are less likely to seek psychotherapy when experiencing psychopathology and experience fewer positive gains than non-religious individuals. Factors such as adverse experiences with secular providers, misattribution of psychiatric symptoms to

punishment from God, and fear of stigma may contribute to this hesitancy to seek therapy and reduced gains (Lefevor et al., 2018; Lukachko et al., 2015; Moreno et al., 2017). However, another study also found that theological conservatism is associated with a more favorable view of religious support for mental health compared to secular sources of assistance (Nakash et al., 2018; Peteet, 2019). This suggests that religious individuals may benefit from culturally sensitive mental healthcare providers who can understand their unique concerns and incorporate their religious beliefs and practices into treatment.

Other Factors influencing Mental Health Help Seeking

Moreover, other factors influence college students' intentions for mental health help-seeking. Bird and colleagues (2020) found that online public stigma, gender, self-stigma, and previous counseling experiences all impacted help-seeking in both positive and negative ways. For instance, male participants had higher self-stigma towards both face-to-face and online counseling in comparison to female participants (Bird et al., 2020). However, young adults who had already attended counseling were more likely to consider engaging in both face-to-face and online professional help (Bird et al., 2020). Face-to-face counseling was overall a more comfortable experience to college students in comparison to online counseling (Bird et al., 2020).

Conclusion

The collective strength of the previous studies is the use of valid and reliable measurements. Despite the validity and reliability of the measures, self-reporting led to some limitations in research. Self-reporting may have resulted in reporting bias. Another limitation was the use of cross-sectional surveys that do not allow for causal inferences. Additionally, the

previous studies included mostly female and white participants and none of the students enrolled in an SDA college.

This study will aim to contribute to the gap in research by examining religiosity predictors of mental-help seeking at an SDA University using a racially and gender diverse sample. The study will seek to answer the following question: How does religiosity impact mental health help-seeking among undergraduate students at Southern Adventist University? Additionally, the study will test the hypothesis as follows:

1. There will be an inverse relationship between religiosity and willingness to seek mental health help.

Methodology

This study will utilize both cross-sectional and mixed-methods designs. We will study a sample of undergraduate students from Southern Adventist University who are 18 years of age or older. Qualitative data will be collected via an online Google Forms survey. The link participants will be using for the online survey is included in Appendix B.

Quantitative Methods

Sampling and Recruitment

The study participants will be collected from a non-random convenience sample of at least 150 undergraduate students from Southern Adventist University. They must be 18 years of age or older. Participants will be recruited using fliers (see Appendix A) around campus and advertising the survey on social media, as approved by the Southern Adventist Institutional Review Board.

Measurement

Research Constructs. We will measure religiosity using the Centrality of Religiosity Scale (CRS-15; (Huber & Huber, 2012). This version of the scale has 15 items and five subscales: intellect, ideology, public practice, private practice, and experience. The construct validity of the scale has been established and has a reliability of the entire scale of 0.92 to 0.96, meaning the reliability is very good. The reliability for the subscales range from 0.8 to 0.93. An example from the CRS is "How often do you take part in religious services?" (1=never; 2=rarely=; 3=occasionally; 4=often; 5=very often). The items are meant to determine the level of religiosity in the participants of our study.

Mental health help seeking will be measured using four variables. First, we will measure help seeking attitudes using the Mental Help Seeking Attitudes Scale. The purpose of this scale is to measure the participants' willingness to seek help from a mental health professional. Reliability for this scale is 0.92, which is considered very good (Drury et al., 2022). Additionally, this scale has been proven valid as it has gotten unique variance in help seeking intentions (Hammer, et al., 2018). This scale contains eight items with content such as, "If I had a mental health concern, seeking help from a mental health professional would be (extremely ineffective; ineffective; slightly ineffective; undecided; slightly effective; effective; extremely effective)". An example from the scale for how the questions ends is useful versus useless (3=very useful; 2=useful; 1=somewhat useful; 0=neutral or n/a; 1=somewhat useless; 2=useless; 3=very useless). Second, we will measure help seeking by asking, "Have you sought out resources for mental health help? (yes/no)". Third, we will ask the type of help seeking resource, which will be measured by asking five questions including, "Did you seek out help from a counselor, psychologist, psychiatrist, clinical social worker, or other? (yes/no)". Finally, reasons

for not seeking help will be measured by asking five questions adapted from Shea et al. (2019): "Are any of the following reasons as to why you have not sought out help? (yes/no)". Participants will answer this question in relation to five reasons (lack of time; unaware of resources; no interest; stigma; negative stereotypes associated with mental health; and other).

Demographic Variables. The survey will include study created questions to measure ethnicity, race, gender, and history of mental health diagnosis, and religious history. We will measure mental health diagnosis, "Have you ever been diagnosed with a mental health disorder? (yes/no)". We will measure religious history with three questions. For family religion, we will ask, "Were you raised in a home with religious practices? (yes/no)". For personal religion, "Do you have a religion in which you practice regularly? (yes/no)". For religious change, we will ask, "Do you practice the same religion or beliefs from which you were raised? (yes/ no)".

Data Collection

Data will be collected through an online Google Forms survey (see Appendix B). The survey is estimated to take approximately 5 to 8 minutes to complete. The three primary researchers will be collecting the data. Data will be collected up until the desired sample size of 150 is reached. All participants will be entered into a drawing for one of three $10 gift cards. The drawing will be held after all data has been collected.

Qualitative Methods

Recruitment and Sampling

A sample size of between 5 to 10 participants will be a non-random convenience sample selected from the quantitative group to participate in either an in-person or telephone interview. Participants will be rewarded with two additional entries into the drawing for one of the three $10 gift cards.

Data Collection

Data will be collected through an in-depth, cross-sectional, semi-structured interview (see Appendix C). The interview will ask questions about religiosity and spirituality, and mental health help-seeking. The interview will be about 20-30 minutes long. Each principal investigator will have at least three people to interview. Interviews will be audio-recorded using a handheld audio recording device and their data regarding participants' experiences with religiosity and mental health will be later transcribed. Principal investigators may also write notes during the interviews.

Trustworthiness

To achieve trustworthiness in our qualitative findings, we will strive to minimize researcher bias and participants' reactivity. We will use four strategies to minimize researcher bias and two strategies to minimize participant reactivity.

Minimizing Researcher Bias. Strategies in this section include researcher disclosures of biases and backgrounds as it relates to the study, reflexivity, and analyst triangulation.

Disclosures. Kaitlyn Deaux is a four-year senior studying social work through Southern Adventist University. She has taken many courses in social work and psychology on subjects including faith and mental health. She has also observed the impact of these variables on clients in her internship experiences working with mothers and survivors of domestic abuse. Her expectation is that students with traditional Christian values will be less likely to seek out formal help for mental health help and more likely to seek support from family, friends, or a religious leader. Additionally, she expects that individuals who are no longer adhere to Adventism or Christianity as a whole may be more reluctant to seek mental health support from an Adventist University.

Emily Raimundo is a senior social work student at Southern Adventist University. She attended a Seventh-Day Adventist Academy all through middle and high school. She was raised as a Seventh-Day Adventist by her family. Even though she still considers herself to be Adventist, she has formulated her own beliefs and ideologies, while incorporating many practices from her youth. In this study, Raimundo hypothesizes that participants with a high religiosity score are less likely to seek help in their mental health altogether, while those with a lower religiosity score will be the most likely to seek out mental health aid.

Alyssa Wolf is familiar with this topic and population through her experiences as a bachelors of social work student. She has read and studied literature about the effects of religiosity and help-seeking behavior. Personally, she has experienced the Seventh-day adventist community and went to an Adventist high school. Alyssa expects that the higher an individual's religiosity, the less likely they are to seek professional help. This is from personal experiences from the church and the attitudes towards professional help-seeking.

Other strategies to minimize researcher bias. To minimize researcher bias, we will use reflexivity through weekly meetings and discussions as a strategy for maintaining open communication. We will also use reflection in designated journaling time. Both of these will allow us to be aware of any potential conscious or unconscious biases and avoid having them direct our study. Other strategies we will use to minimize research bias include peer debriefing. In peer debriefing, we will have our professor and each other challenge us in finding gaps in our data and dive deeper into our thinking and ideas.

Minimizing participant reactivity. In efforts to minimize reactivity from the participants, we will regularly reassure participants that they are protected by confidentiality,

meaning their identities will not be revealed through the study. The second strategy will be prolonged engagement by having lengthy interviews.

Protection of Human Subjects

In order to protect our human subjects, we will receive approval from the Southern Adventist Institutional Review Board. We will also receive informed consent from all participants via the consent form (see Appendix D). Participants will acknowledge their consent digitally through a check box list prior to proceeding with the survey. Additionally, we will provide a digital consent form for participants of the interviews to agree to before the interview takes place. We will protect participant data and information by keeping data on a password protected computer. We will also refer to clients using pseudonyms so that if data were to be compromised, the names of the participants will be kept confidential. When working on data, we will remove any identifying information to protect participant's confidentiality. Any paper materials used will be shredded after data collection.

Data Analysis

Quantitative Data Analysis

The statistical software we will be using to analyze quantitative data is IBM SPSS Statistics (Version 28). We will use mean and standard deviation (median instead of mean if data is skewed), and range to summarize each interval/ratio variable. To summarize each nominal and ordinal variable, we will use frequencies.

We will conduct five logistic regressions to test the relationship between religiosity, and each resource type (counselor, psychologist, psychiatrist, clinical social worker, and other). For the reasons for not seeking mental health help, we will conduct six logistic regressions to test the relationship between religiosity and each reason for not seeking help, which are negative

perceived value, discomfort with emotions, stigma, lack of knowledge, lack of access, and cultural barriers. The significance level for the regression analyses will be p=.05. The effect size will be the odds ratio. In order to see if the data meets assumptions for the logistic regression analyses, we will conduct preliminary tests. If the data happens to not meet the assumptions, we will use alternative statistical analyses.

Qualitative Data Analysis

Researchers will use Taguette v. 1.4.1 (Rampin et al., 2021) to manage and store interview transcripts for analysis. The analysis will be informed by a grounded theory approach, namely, simultaneous data collection and analysis, first and second level coding, memos, and constant comparisons (Tie et al, 2019). Data analysis will begin after the first interview data is collected; data collection and analysis will occur simultaneously. The strategies that we will use to analyze the data include previewing, memos, first and second-level coding, memoing and constant comparisons.

Each will begin analysis with a preview of the interview data by listening to the audio recordings from the interviews. Previewing will also include looking over the notes taken during the interview. Next, researchers will write a one -page summary of the interview noting the date of the interview and answers or not that interviewees provided to the main interview questions and other salient things that came from the interview. This will be followed by coding which involves attaching a conceptual label to segments of interview text to capture what is going on in the data. There will be two phases of coding, namely first and second coding. In first level coding or open coding, codes are used to label ideas relevant to the research question and to the overall characteristics and context of the interviewee. In the second phase, categories are created from the codes and connections between categories. An emergent rather than apriori approach to

coding will be used to keep researchers grounded in what the data reveals. A key part of the analytical process that is central to coding and developing the analysis will be the use of constant comparisons. This involves comparing data and their accompanying codes for each interviewee and across interviewees to identify themes, patterns and exceptions to patterns. Finally, we also write memos to document definition of codes and categories, theoretical ideas, preliminary and ongoing conclusions, study operational notes, and emotional reactions.

All three researchers will be analysts of the interview data. We will begin with our first interviews and develop our own codebook based on the coding of our individual transcripts. We will then come together to synthesize our codes and create a collective codebook which we use to code the rest of the interviews and share updates to codes. We will resolve any differences in our coding and overall analysis through discussion.

Discussion and Conclusion

Summary of Study

The purpose of this study is to determine what, if any, the relationship between religiosity among individuals and their willingness to seek mental health support. All the participants will be of eighteen years of age or above and be current undergraduate students at Southern Adventist University. The researchers will be using a mixed methods research design for the study. The quantitative section of the study will be a survey of a non-random convenience sample of approximately 150 individuals. The survey will be dispersed through Google Forms. The qualitative part of the study will include 15 personal interviews with individuals that will be conducted by the principal investigators. Participants will be recruited for the qualitative study by using a non-random convenience sample.

Limitations

In our mixed methods study, there are several limitations that we would like to explore. First, our use of a non-random convenience sample for both our qualitative and quantitative methods is a limitation as it could lead to underrepresentation of certain populations in the study. Secondly, the use of self-reporting in questionnaires and interviews may lead to recall bias or dishonesty. Participants may feel pressure to answer a certain way based on the environment that they are surrounded by. The principal investigators will do all that they can to help ensure honesty and comfortability when taking a survey or conducting an interview. However, we cannot control the participant's emotions or past experiences.

Strengths

Our mixed methods study has many factors that strengthen our research. First, the principal investigators will seek to enhance the trustworthiness of the qualitative findings through strategies that minimize researcher bias and participant reactivity. These include peer debriefing, analyst triangulation, and prolonged engagement. For the survey, the Centrality of Religiosity Scale and the Mental health help-seeking scale are reliable and valid measures.

Practical Implications

There are three ways in specific that our findings could be used to promote quality changes in the institution. The first one is student services. With this, the department can connect students with resources that are more easily accessible and considerate of scheduling conflict, which is often a barrier to mental health help-seeking, and time sensitivity. These resources may include, but are not limited to, weekend and nightly open hours of the university's health center for students who need assistance outside of working hours. A second program would be the counseling department. Together, they can combat stigma and preconceived notions that are tied to seeking out help for mental health. We hope that our research can be used as an

encouragement for Southern's counseling services to be culturally competent in all religions and spiritual beliefs, not just Christianity. A third would be adding a required general education course regarding mental health that encourages seeking aid, developing healthy coping mechanisms, and discusses human behavior related to mental health. This course would also discuss receiving mental health support from a Christian worldview to help integrate more positive views of mental health help-seeking. By fostering these changes, barriers in seeking aid in mental health have the abilities of being broken, a revelation in university age students can begin, and past traumas may be overcome.

Future Studies

In future studies, there are opportunities to grow. Another university should use our same research question but in an area where there is a larger, more diverse population in terms of gender, race, and ethnicity. The use of a random sampling would also be beneficial to ensure best representation of various student populations. Future research should also analyze whether the difference of religion types makes a difference in results. Since our study has a population of mostly Christian backgrounds, it would be beneficial to see if Christian backgrounds compared to other religious backgrounds makes a difference in the results of the study. Finally, the same study should be conducted around the United States to provide more generalizability through a larger geographical sample.

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Appendix A

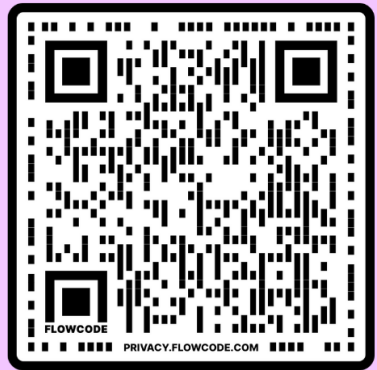**Recruitment Materials**

Religion and Mental Health

:a research project

Each participant will be entered into a drawing for one of three $10 gift cards!

Eligibility Requirements:

- Be 18 years of age or older
- Be a current undergraduate student at SAU

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Appendix B

Survey Questionnaire

https://docs.google.com/forms/d/e/1FAIpQLSdv5BOUCHgnd-B2Oth-9DEgF7k3oxJIywUnrFbB
LgRKR46VoA/viewform?usp=pp_url

Appendix C
Interview Guide

Opening/Introductions: Good morning/afternoon/evening], This is____[name]. Thank you for taking time for this in-person/phone interview. The purpose of this study is to explore how factors such as religious and/or spiritual beliefs may influence college students' willingness to seek help for mental health issues.
The interview should take about 20-30 minutes.
[If not already completed] Before I begin, I will need to obtain your consent before we can proceed by having you give consent via the google form I emailed you. Here is a copy of the consent form. Briefly, to consent you must be an undergraduate student and 18 years of age or older. I want to remind you that your participation is voluntary. It is your right to refuse to answer if you so choose. Do you have any questions about it? Whatever you share will be kept confidential except if you tell me that someone in a vulnerable population is in danger or that you or someone may be at risk to be harmed. With your permission, this interview will be audio-recorded. If you feel you need to talk to someone about emotions or issues that we discuss in this interview, the number for the Counseling services is on the consent form and their services are free to every enrolled student. With your permission, may this interview be audio-recorded? Do you have any questions for me before we begin?

I would you like to tell about what you do when you have an emotional problem or mental-health related problem and how you try to handle it

1. Can you tell me of a recent time when you had a problem emotionally or mentally that seemed more than you could personally handle? What was your experience in deciding how to deal with it?
   Probes
   a. Did you talk to anyone about your experience (friends, family, religious leader, counselor?)
   b. After having this experience, how would you deal with a similar event in the future?
   c. Would you feel comfortable seeking support from a counselor during times of emotional or mental distress?
2. When you feel (or if you should feel) the need to receive help from someone else for a psychological, emotional or mental health problem, to what extent do you seek or would you usually seek help? If so, describe to me what that help has looked like for you [or would look for you?].
   Probes
   a. Who or from where do you seek help?
   b. Under what circumstances, if any, would you seek help?
   c. What factors motivated you to seek help from those sources (persons/places/professionals)?
   d. What do you feel has shaped your feelings toward seeking help for your mental health?
3. Has there been times recently and since you have been in college that you felt the need to receive help from someone else for a psychological, emotional, or mental health problem but did not seek help? [Or if you had such a problem, felt like you would be unlikely to

seek help?]. If so, what prevented you from seeking help [or what factors would prevent you?].

Probes
   a. What beliefs do you have about seeking help for your mental health?
   b. Are there other situations in which you would be more likely to seek help?

4. How would you describe your current relationship with religion and or spirituality?

   Probes:
   a. Do you currently believe in any higher power or spiritual being?
   b. What does spirituality mean to you?
   c. What does religion mean to you and look like in your life?
   d. To what extent if any does religion/spirituality influence your likelihood of seeking mental help?
   e. To what extent, if any does it matter if you receive mental health support from an institution/ agency/person that aligns with your current beliefs?
   f. How do you feel about receiving mental health support from Southern?

5. Is there anything else you'd like to share or ask?

 Closing: Thank you for participating in this interview. When we have written up the results of this interview would you like us to send you the summary of the findings?

 Gift cards: For participating in this interview, you have been entered two additional times into a drawing to win one of three $10 Amazon, Walmart, or Taco Bell gift cards. If you are selected for a gift card, you will receive an email from me with further information.

Appendix D
Informed Consent Form
Study on Mental Health Help-Seeking Interview Consent Form

Introduction and Purpose

You are invited to participate in a research study to help us better understand what factors, including religion and childhood experiences, may influence college students' willingness to seek help for mental health issues. We are Alyssa Wolf, Kaitlyn Deaux, and Emily Raimundo, Bachelor of Social Work candidates in the School of Social Work at Southern Adventist University and we are conducting this study as part of the requirements for our bachelor's degree. This form explains what you will be asked to do if you agree to participate in this study. Please read it carefully and feel free to ask us or our supervisor, Dr. Nina Nelson any questions before you make a decision about participating. Our contact information is at the bottom of this form.

Study Procedures

One of the researchers will conduct an in-depth interview with you for about 20-30 minutes by telephone or in person, depending upon your preference. Each interview will be audio-recorded and transcribed (typed up) so that we can accurately reflect on what you share with us.

Voluntary Participation

It is up to you to decide whether or not to take part in this study. You can decline any question that you do not wish to answer. If you decide to take part in this study, you will be asked to sign this consent form. You have the right to withdraw your approval at any moment and without providing a reason even after signing this consent form. There will be no negative consequences if you decide to end your involvement in this study

Incentives

In appreciation for participation in the additional interview, you will be entered two more times into our drawing of the three $10 choice of Amazon, Walmart, or Taco Bell gift cards.

Possible Risks of Participation

Any risk to participating in this study is very low. If you find answering questions brings up sadness or any intense emotions, you can contact Counseling Services at (423) 236-2782.

Confidentiality of Records

All personal identifying information will be kept entirely confidential. Answers you give will not be linked to any identifying information for you or anyone else you may mention. All data will be kept in password protected files. Audio transcripts of the interview will be de-identified and only be reviewed by the researchers and our professor, Dr. Nelson. All names will be replaced by fake/code names. We will also keep all data and study information stored in password protected files. The research results will be presented to our class, campus research day, and other scholarly audiences. However, no names and information that can identify you and others will be released in write-ups or when presented.

One exception to confidentiality is if you tell us that you or others are at risk of harm, or if we hear of elderly or child abuse/neglect. In that case, we are required by law to make a report of these actual/potential harms.

Contact Persons
If you have questions or concerns you may contact Alyssa Wolf at alyssawolf@southern.edu and (989) 721-5688. You may also contact our supervisor, Dr. Nina Nelson at nnelson@southern.edu or at (423) 236-2365.
This study has been approved by Southern Adventist University's Institutional Review Board (IRB). If you have concerns about the study, please contact Dr. Robert Overstreet, the IRB committee chair, by calling (423) 236-2085 or by emailing robertoverstreet@southern.edu.

* Required
Please check each box if you understand and agree.*
I am an undergraduate student at Southern Adventist University.
I am 18 years of age or older.
I consent to participate in this survey.