Religious/Spiritual Self-Identity and its relationship with Depressive Symptoms and Mental Help Seeking

Karolyn Le

School of Public Health, SUNY Downstate Health Sciences University, Brooklyn, NY

BACKGROUND

- Depression affects 17 million adults in the United States, and, in 2019, 18.5% of adults had symptoms of depression[1,2].
- In 2019, only 9.5% of adults were counseled by mental health care professionals[3].
- High prevalence of spirituality and religiosity is found among adults with mental illness and, in 2018, 60% of adults in the United States ages 40 and over considered religion to be very important compared to 43% of those under 40[4-6].

OBJECTIVES

To observe if mid-life adults who self-identify as religious or spiritual are less likely to have depressive symptoms and less likely to seek professional mental health guidance

METHODS

Dataset:

- The Midlife in the United States Wave 2 – 2004-2009 (n=4,963).

Predictors:

- Spiritual: Very/somewhat spiritual vs. not very/not at all.
- Religious: Very/somewhat religious vs. not very/not at all.

Outcomes

- Depressive symptoms: Having at least one depressive symptom vs none in past 12 months.
- Mental help-seeking: Having seen a psychiatrist, general doctor, or counselor about mental health in last 12 months at least once vs. seeing a religious leader or never sought help in past 12 months.

Covariates

- Age, gender, race, pre-tax household income, some college education, marital status), self-rated physical health, having at least one chronic condition, and being a current smoker.
  - Depressive symptoms: service attendance
  - Mental help-seeking: mental health insurance, depressive symptoms

Statistical analysis

- Bivariate analysis: Chi-squared test and Wilcoxon test
- Phi correlation coefficient
- Multivariate logistic regression

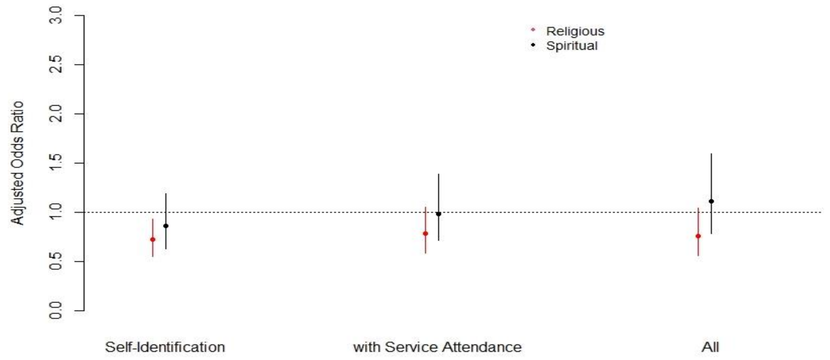
RESULTS

TABLE 1: BIVARIATE ANALYSIS OF PREDICTORS AND COVARIATES

	Spiritual n = 3291	Not Spiritual n=635	p-value	Religious n=2835	Not Religious n=1155	p-value
AGE (MEDIAN, IQR)†	55 (47-65)	55 (45-65)	0.047	57 (47-67)	53 (45-61)	<0.001
FEMALE	59.1	37.6	<0.001	59.6	45.1	<0.001
BLACK/AFRICAN AMERICAN	4.04	1.72	<0.01	4.48	1.65	<0.001
WHITE	91.2	93.4	0.07	90.8	93.6	<0.01
MARRIED	71.2	70.3	<0.001	73.0	66.1	<0.001
SOME COLLEGE EDUCATION	66.8	68.4	<0.001	64.3	73.7	<0.001
INCOME			0.001			<0.001
<$20,000	44.8	37.6		42.8	35.8	
$20,000-$39,999	21.5	18.5		15.8	19.4	
$40,000-$59,999	14.5	18.0		17.1	18.3	
$60,000-$79,999	8.26	11.3		15.1	10.0	
$80,000 OR MORE	11.0	14.6		9.21	16.4	
SERVICE ATTENDANCE			<0.001			<0.001
DAILY	3.15	0.14		3.51	0.52	
WEEKLY	48.0	9.94		54.3	9.64	
MONTHLY/OCCASIONALLY	31.5	35.4		30.7	35.8	
NEVER	17.3	54.5		11.5	54.1	
SELF-RATED PHYSICAL HEALTH			0.17			0.09
POOR	3.55	2.87		3.81	2.51	
FAIR	10.8	10.5		10.9	10.1	
GOOD	29.2	31.3		29.8	28.9	
VERY GOOD	39.7	35.78		38.9	39.3	
EXCELLENT	16.8	19.5		16.5	19.1	
ANY CHRONIC CONDITIONS	77.9	75.5	0.18	78.4	75.2	0.03
CURRENT SMOKER	14.2	16.4	0.16	13.8	16.5	0.03
MENTAL HEALTH INSURANCE	79.0	79.0	1	78.1	80.8	1

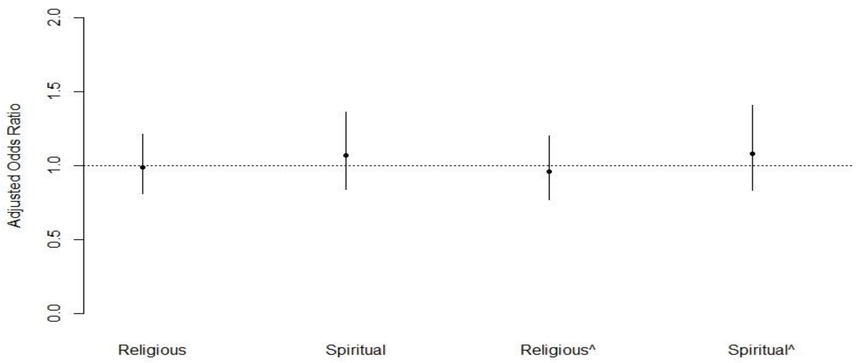
† Wilcoxon test performed, reported as median because of skewed distribution.

Figure 1: Logistic regressions predicting depressive symptoms outcome from religious or spiritual self-identification



*OR significant at alpha=0.05 level
*Controlled for basic covariates: age, gender, race/ethnicity, marital status, education, pre-tax income, self-rated physical health, having chronic conditions, smoking status (current)
*Controlled for basic covariates and service attendance
*Controlled for basic covariates, service attendance, and self-identification of religious or spiritual

Figure 2: Logistic regressions predicting professional mental help-seeking outcome from religious or spiritual self-identification



*Controlled for basic covariates: age, gender, race/ethnicity, marital status, education, income, self-rated physical health, having chronic conditions, smoking status (current), mental health insurance, and having any depressive symptoms
^Controlled for basic covariates and religious or spiritual self-identification

RESULTS

- Those who self-identify as spiritual or religious were predominantly white, female, married, to have a chronic condition, and not a current smoker. There was a medium positive association between being religious and being spiritual.
- Religious self-identification was associated with 28% lower odds of having depressive symptoms, however, this was weakened after controlling for service attendance.
- Weekly service attendance was associated with 33% lower odds of having depressive symptoms in spiritual identification model.
- No association was found between religious and spiritual self-identification and professional mental help-seeking.

CONCLUSION

Religious and spiritual self-identification may indirectly impact depressive symptoms through participation and other methods of expression. Further studies should explore the temporality between self-identification and depressive symptoms. Additionally, the degree to which self-identification may indirectly affect mental health and mental help-seeking through other religious/spiritual variables should be observed.

REFERENCES

1. NIMH » Major Depression. Accessed February 6, 2021. https://www.nimh.nih.gov/health/statistics/major-depression.shtml

2. Chand SP, Arif H. Depression. In: *StatPearls*. StatPearls Publishing; 2020. Accessed February 18, 2021. http://www.ncbi.nlm.nih.gov/books/NBK430847/

3. Clarke TC. National Health Interview Survey Early Release Program. :2.

4. Russinova Z, Cash DJ. Personal perspectives about the meaning of religion and spirituality among persons with serious mental illnesses. *Psychiatr Rehabil J*. Published online 2007. doi:10.2975/30.4.2007.271.284

5. Bussema EF, Bussema KE. Gilead revisited: Faith and recovery. *Psychiatr Rehabil J*. Published online 2007:301-305.

6. NW 1615 L. St, Suite 800Washington, Inquiries D 20036USA202-419-4300 | M-857-8562 | F-419-4372 | M. Younger people are less religious than older ones in many countries. Pew Research Center. Accessed April 3, 2021. https://www.pewresearch.org/fact-tank/2018/06/13/younger-people-are-less-religious-than-older-ones-in-many-countries-especially-in-the-u-s-and-europe/

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