

**Relationship Between Religiosity, Suicidality, and Mental Health on Faith-Based Campuses  
in the US**

A Proposal for a Research Study Tentatively Titled:

by

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Introduction and Literature Review Draft

September 30, 2021

Submitted for SOCW 498 Research Methods I

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## **Introduction**

The population of college students has been increasing each year. From the year 2005 to 2010 there was a 3,118,463 increase of students enrolled in college. In 2017 alone there were 1,885,812 students enrolled in religious-affiliated colleges (NCES, 2019). As you can see there is a strong number of individuals actively enrolled in college. But what factors contribute to their overall well-being?

There have been many studies conducted that shed light on the social dilemma among this population. The general idea of college seems to include joyful life experiences that would carry on throughout adulthood. Throughout college life, students typically find themselves encountering stressful situations and can define their skills to become successful. But college can also take a toll on an individual's mental health. Between the years 2010 and 2020 there has been a 12.9% increase of students seriously leaning towards suicide (Elflein, 2021).

Many college students have been known to struggle with mental health and we as a society must address the struggles this growing population encounters. Due to the high rates of suicidality, it is apparent that this issue must be addressed with evidence-based research.

In this research study, we hope to discover the relationship between mental health, religiosity, and suicidality among college students. The term suicidality in this research study is defined by the American Psychology Association. "Suicidality is the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan" (American Psychological Association, 2020). In other words, suicidality includes any suicidal behavior such as suicidal thoughts, attempts, or plans to attempt.

There is a large population of active college students that struggle with mental health and suicidality. Suicidality amongst college students has been a social dilemma.

## **Literature Review**

There are no sufficient studies done directly on suicidality within religious colleges and universities, so this review looks at studies done within all colleges instead of just religious colleges and universities. It summarizes the areas of mental health and suicide within college and university campuses. Studies concerning religiosity and suicidality have been looked at and examined for further information. Some studies concerning suicide were included, however, their information was not as valuable. There is limited research on the relationship between religion, suicidality, and mental health within faith-based universities. This review takes key components from studies that investigated each of the variables such as religion and suicidality, mental health on college campuses, and how religion affects mental health. Studies on the previously stated topics, in general, have been reviewed. We have quantitative, qualitative, and systematic review/meta-analysis studies that were looked into making this study a mixed-method study.

## **Religiosity and Suicidality**

These articles found that being spiritual or religious can help an individual with their mental health and suicidality, however, those who are a part of the LBGT+ community who are spiritual or religious have a higher chance of struggling with mental health or suicidality. According to Hirsch, 2012 and Burlaka 2020 having a spiritual component in an individual's spiritual life will help those who struggle with self-forgiveness about anger and suicidal ideation and can lead to a more positive outcome in self-esteem. Having a religious or spiritual component in one's life can also reduce suicidal behavior by lowering anxiety and depression. Religious and spiritual activities may also help with negative coping behaviors such as drug use, risky sex, and prostitution. Spiritual coping may promote better mental health and increase

self-esteem. It may support healthy living and help motivate people to make positive changes in their lives (McCann, 2020) It was also found that higher rates of religiosity appear to be associated with lower bouts of suicide ideation in the last 12 months. In addition, religious/spirituality-oriented tools may be important to incorporate in mental health interventions for those young adults that report having greater religiosity (Gwin, S 2020) However it is also important to pair the spiritual and religious component with psychological frameworks as well. According to Stull 2020, Both spiritual and psychological frameworks are needed to attend/address mental health among students. Incorporating religion into a psychological framework can help individuals towards eliminating anxiety and depression. (Forouhari, 2019).

The only negatives found with having a spiritual or religious component in one's life to help with mental health and suicidality are if they have experienced a negative experience within religious institutions or the individual is a part of the LBGT+ community or may be questioning their sexuality. According to McCann, 2020 negative experiences in religious institutions may affect self-perceptions and a willingness to engage in healthy behaviors. It was also found that increased importance of religion was associated with higher odds of recent suicide ideation for both gay/lesbian and questioning students. The association between sexual orientation and self-directed violence was mixed and varied by strata. Lesbian/gay students who viewed religion as very important had greater odds for recent suicidal ideation and lifetime suicide attempt compared with heterosexual individuals. Bisexual and questioning sexual orientations were significantly associated with recent suicide ideation, recent attempt, and lifetime attempt across all strata of religious importance, but the strongest effects were among those who reported that religion was very important (Lytle 2018)

## **Mental Health**

According to the articles found it seems one of the biggest correlations between mental health and young adults or college students is stress and stigma against mental health worsen the issue. According to (Healthy Minds Network. (September 1, 2020). The ages of college students i.e 18-25, there are percentages of students that have suicide ideation, anxiety, depression, and mental health problems. The study examined the stress–suicide linkage in college students, finding that depression partially mediated this association and that mental health stigma moderated this effect. In other words, stress was related to more depression and, in turn, to suicidal behavior, and these effects were exacerbated by the presence of mental health stigma. (Hirsch 2019). It was also found that those who are close with others who got help with their mental health were more likely to get help because it reduced the stigma. Disabato 2018, found that students who were aware of close others' (eg, family, friends) help-seeking were two times more likely to have sought formal (eg, psychologist) and informal (eg, clergy) help themselves. It is also found that results indicated that existential distress is positively associated with suicidal ideation research supports positive associations between relational distress and suicidal ideation psychological distress and suicidal ideation and physical distress and suicidal ideation in college students (Lockman 2018). Also, a study done by Chang 2018 showed that those with hope partially appeared to mediate the association between positive mood and life satisfaction, whereas it appeared to fully mediate the association between positive mood and reasons for living. Findings seem to suggest that when it comes to predicting suicide protection, the potential effects of positive mood might be largely due to the building of agency, or resilience, rather than due to the broadening of pathways, or resources.

## **Limitations**

Limitations of previous research would first include that the majority was quantitative. Giving out more general looks of the information. Some research had small sample sizes and not all participants that could have been interviewed were. There were situations of self-reporting which then in turn may have resulted in expressing bias from the participants. Some research found it was coming from samples that were majority one gender. The research was coming from assessing feelings concerning self-forgiveness which can be difficult to measure. Some research had limitations coming from not having other relevant variables such as bipolar disorder symptoms, military status, mental health treatment, alcohol/substance use, or the number of suicide attempts or other self-harm behaviors. Some information from the reports could have been fabricated by students or have been counted more than once. Some sample sizes had a lack of diversity and some just had significantly small sample sizes.

### **Strengths**

To counter the limitations there were many strengths within the research gathered. Some research used the best methods to collect data such as ACEs, which are valid and reliable. The research consisted of diverse and large sample sizes with various methods of study. There was a consideration of specific suicidal behaviors and psychopathologies, including examining SCT with adult suicidal behaviors for the first time. There was a lot of effort put into filtering studies to analyze. Some started with up to 7,244 articles. Some of the programs used in the research, it was aimed at the research and the focus was not moved. There was also increased interest in the spirituality and religious experiences of youth coming from LGBT+ areas and their importance concerning mental health and psychosocial well-being. This systematic review has revealed valuable sources of information that may guide practitioners, service providers, educators, and researchers. Basing research on a major public health concern such as suicide. Understanding

that it is the 10th leading cause of death in the United States, with over 41,149 deaths by suicide occurring annually. Some studies are cross-sectional by design. This means that no causal inferences can be made. Also having more research is aimed at college and university areas.

## **Conclusion**

## **Methodology**

Surveys and in-depth interviews will be used in this research, which will take a mixed-methods approach. We'll conduct cross-sectional research and only meet with participants in the study once for an in-depth interview, which will be used for qualitative research. We will not do a follow-up interview because it is unlikely to improve the quality of our research. We will employ questionnaires for our quantitative study on the topic, which will be sent through email with the option of a mail copy if necessary. This strategy will allow us to have a large sample size for our quantitative research.

## **Quantitative Method**

For this research topic, we will be conducting surveys for each participant. This will be sent via email or mail if that is preferred. We hope to obtain 700-800 college students to complete the survey. We will reach out to multiple faith-based universities to obtain lists and contact students from there by using a random sample size.

## **Recruitment**

Our target audience for this study will be college students between the ages of 18 and 25. A sample size of 700-800 persons will be used to collect data. We intend to contact local faith-based schools to gather a list of enrolled students. We will then take a random sample from the list. We also aim to distribute posters and send an email to students with the help of the

marketing department to inform them of the opportunity to participate, as well as the fact that if they do, they will be entered into a raffle to win one of two \$50 Amazon gift cards

### **Sampling**

A basic random sampling of the participants will be used. We hope to be able to receive a list of all students at each of the universities we choose from the IT department at each institution. We will construct a random sample from this list and hope that individuals will be willing to participate. To participate in the study, students must be in college or between the ages of 18 and 25, have a religious background of some kind (family, high school, college, etc.), and be attending a religious university.

### **Measurement**

We have three main measures for the stated research question. They will include suicidality, mental health, and religiosity. We will be looking into religious colleges and universities. Looking at all students that attend those institutions from the ages of 18-25. Students from all cultures and backgrounds will be added and included in this study. The measures that are being used in the research will be shown in the graph below. The variables have been put into subcategories of the three main measures. These subcategories would include things like gender, age, and class standing. Looking at things that all are a part and affect a student's life. Most of these subcategories are going to be demographic variables and ones that cannot be manipulated. We are going to use these to describe the nature and background of our study.

Things such as finding a student's religiosity will be based on a scale. This scale will include questions that help us better understand what faith means to them and how they practice



it personally. We find it hard to put personal and family experiences onto a scale from 1-to 10 or something like that. We will have a questionnaire for our scale.

### **Data Collection**

We will be gathering data from any religious university (Southern Adventist University, Loma Linda, Walla Walla, Lee University, etc). We will have people we know spread the word to their friends and friends of their friends and so on. We will also post flyers and send out emails to potential participants. We will get in contact with the tech department of the school to obtain students' emails. At Southern Adventist University we could contact Omar Mendez in Records for example. We will also have flyers across campus to advertise with a QR to sign up.

### **Qualitative Method**

We have plans of recruiting around 50-100 people for in-depth interviews. We have written up an interview guide for this which can be found below under Appendix C. We hope this data will give us enough information to generalize the population and make conclusions based on our findings. To gain participants we will be reaching out to faith-based universities and taking a random sample.

### **Sampling and Recruitment**

Recruitment: will be requested from the survey participants. There will be a note in the survey asking if they would like to participate in the interview. We hope for the sample size to be from 50-100 people. This can be more or less depending on if we need to refine more or if the data is becoming saturated.

Eligibility: Must be a college student at a faith-based university between the ages of 18-25.

Permissions Sought: We would need permission to do this study and permission from campuses to use their space and students' time. We would also need permission to give out enrichment credits as an incentive.

### **Data Collection**

We will be conducting an in-depth interview using a semi-structured interview (appendix C) guide asking questions about suicidality, mental health, and religiosity. We will be recording the data by audio and personal notes. We will be transcribing every word except for repeated words and ums. We will also transcribe emotions. This interview will take 35-45 minutes and will be a one-time interview.

### **Trustworthiness**

There are many strategies we used to minimize researcher bias. First, we will engage with reflexivity by taking notes throughout our study. These notes will consist of any comments or thoughts made by the researchers and participants. Secondly, we will have our data collection available for participants to look over. This will avoid misinterpretation and help to clarify responses. Thirdly, we will have more than one person collecting data. This is so we are not solely relying on one person's interpretation of what the participants said throughout our study.

To minimize participants' reactivity, we can give them the topic of what is being discussed beforehand but not express the specific questions we will ask. This is to get an authentic answer and note the participant's initial thoughts or body language they express. Another way we can minimize reactivity is to keep the data collection out of sight. Participants may feel nervous and change their responses if they see someone writing down everything said or see a camera recording their every move. Keeping it out of sight does not necessarily mean

that they do not agree with data collection as this is all stated in the consent form they have signed.

## **Bias**

To control research bias, we will attempt to discuss our biases with each other in each stage of the research study. As we get closer to the end, we may develop predetermined conclusions based on our findings. So, we will make it our duty to identify our biases and why. We will also divide our tasks throughout our study. This is so we do not overexert ourselves with information and can continue to be engaged with the material.

In addition, we have all expressed our own biases before conducting this research as well as our prediction of what the outcome of this research could be due to our past experiences. Ilia Bonilla has disclosed that she has prior experience working with college-aged students who have struggled with mental health. Bonilla also attends a faith-based university and is familiar with the mental health resources available on her campus. Bonilla identifies with being a Christian but is not fully invested in the faith. As a result of this, she believes that religiosity has a positive impact on students on faith-based campuses who struggle with mental health and suicidality.

Sarah Evans has disclosed that she is currently attending a faith-based university as an undergraduate student. She also works with college-aged students at a faith-based university concerning their mental health, spirituality, physical health, and academic success. She grew up in a Seventh-day Adventist church (SDA) and attended an SDA summer camp for 8 years. She has struggled with suicidal thoughts and depression in the past. She believes religion harms the majority of the people who engage in it. Although it can have positive effects the majority of the time it does not and causes unhealthy practices for one's mental health and mental well-being. It can also at times drive people to the edge of suicide.

Katherine Lanagan had disclosed that she has experience in Seventh Day Adventist (SDA) religious communities. She was raised by a family that was a part of the SDA religion and grew up in the church. She is also a college student at an SDA religious school. She has experienced spiritual abuse and knows people who have committed suicide because of spiritual abuse. She has experience with people who struggle with depression and suicidal thoughts and she has struggled with this herself. So, while she believes having a relationship with God can help your mood and well-being, she thinks being a part of a strict religion can cause depression and may leave individuals feeling less self-worth.

Seth Bermudez has attended a religious university for four years. He has read and studied many research articles and papers concerning suicidality within religious institutions. He has had friends who also attended religious institutions and have had suicidal thoughts. He has worked within religious universities coming in straight one-on-one contact with residents. Working as a RA in the dorm and village apartments on the university campus. He also believes that attending religious universities does affect the students when it comes to suicidality and mental health. He believes that it does not bring a positive look to the subject. He expects that a student attending a religious university or institution that correlates with suicidality is going to be impacted negatively. Also added that he thinks that the resources offered on religious campuses are helpful, but these will not fix the main problem.

### **Human Subject Protection**

We have received approval from the Institutional Board of Southern Adventist University. We will obtain informed consent by sending out a physical and virtual copy of the consent form to all participants to read over and sign via email or mail. We can guarantee

participant privacy by collecting data anonymously and keeping the information on a hard drive locked in a file cabinet with limited access.

### **Quantitative Data Analysis**

For this project, we will be using STATA version 28 to analyze our survey data. To summarize interval/Ratio Data variables we will use mean and standard deviation (Median instead of mean if data is skewed): range. We will also use frequency and percentages to summarize ordinal data and nominal data variables. To test the relationships between religiosity variables (spirituality, commitment, fundamentalism, depression, and suicide attempts). We will be looking at nominal data that is coming from either a gender group or not. The data will look like Male=1 or Female=2 and strongly agree=5 or strongly disagree=1. Simple data that should not be confusing to the client or the reader. The effect sizes associated with the inferential analysis would be  $p=.05$  as stated in the Inferential Analyses table (see appendix b).

### **Inferential Tests**

For the majority of the data, we will be using the dependent samples t-test. We wanted this to be able to compare data from groups or colleges over time. We could not use the Independent samples t-test because the different groups are related to the topic. We could also not use One-sample because we wanted more than just the mean. During this, we will be conducting preliminary tests to see if the data meet the assumptions, and then we will be using alternatives if it does not. Along with the first tests that are being done. If changes need to be made such as changing the inferential tests, then changes will be made.

### **Qualitative Data Analysis**

We will be using NVivo version 12 to manage and store our data for analysis. Because the best research data and analysis is ongoing and runs simultaneously with data collection we

will continue after data collection ends. We will be using these strategies to analyze the data we collect; we will read and listen to the transcript and audio recording of the interview. We will then write a one-page, summary of the data collection we have found for the individual interviews including where it occurred and major points that arose out of a data collection session. This summary will answer how did the person describe their religiosity, how did the person describe their mental health, and describe their experience with suicidality.

### **Analytic Strategies**

We will do 1st and 2nd level coding do emergent coding. We will compare data within and between participants and across different types of participants. We will then write our thoughts about the meanings, themes, and patterns that we find within the data. We will write memos about whether we need to collect more data and who will help refine, test, or clarify tentative ideas that we have from our analysis. We will also write the emotional reactions that we may have during the analytical process. We would then do a concept map and give a visual diagram that depicts how different codes, themes, and categories are related to each other. We will then ask members who were interviewed to look over our interpretation and give us feedback on it. We will describe the demographic and background characteristics of our sample. All of the researchers will analyze the data and will resolve anything with discussion.

### **Summary of Study**

We are researching the relationship between religiosity, suicidality, and mental health on religious campuses in the US. We hope to find some type of positive or negative correlation between religiousness and students' mental health and the likelihood of suicidality. We will be taking a mixed-methods approach to this research and it will be a cross-sectional study. Participants will participate by completing a survey and some will be selected for an in-depth

interview as well. To decide on who will participate and who will not we will use a random sample size of each University that can participate.

### **Limitations**

Like most things, our research does have some limitations. Although we hope to have 700-800 participants take the survey and at least 50-100 people be part of the in-depth interview these sample sizes may not be large enough or collect enough data to support our research question and generalize our findings across the country at faith-based schools. Our interview guide, although well written may not be able to gauge the entire scope of our intended study, participants may also not be willing to completely share their feelings as they may not feel comfortable enough, may forget, or may simply not want to share. Our research question may also be interpreted incorrectly and lead readers to believe we will be testing the relationship between mental health and suicidality and leave out the religious part which is a key aspect of our research.

### **Strengths**

Our research also has many strengths. One strength is that our interview guide was written by one of our researchers. This allows us to completely customize it to our liking. Another strength is that our in-depth interview will be semi-structured. This will allow the interviewer a guide to refer to but also be open-air to ask other questions or help rephrase for the participants to better understand the question. A third strength of this study is that each of the researchers currently attends a religious institution. This allows for easy access to participants as well as seeing the research from a perspective of understanding since they likely have experienced it themselves.

### **Implications**

Due to our potential findings, we have come up with various ways faith-based university campuses can improve their resources to better assist students who may be struggling with mental health, suicidality, and religiosity. First, we believe that there should be mental health check-ins with students every semester after midterm grades have been released. As students ourselves, we have found that this is the period where most students are either stressed out or lack the motivation to continue the semester. By doing mental health check-ins, students can express their concerns and have an outlet to release emotions of stress or uplift them into finishing the semester strong. This can be done through email, text, or phone calls. We would also suggest campuses recommend students to mental health services outside of the school's resources. We find that many students' problems are centered around the school so giving them the option to remove themselves from the environment and speak to an outside perspective may benefit the student's well-being. The last recommendation we would give to universities is to advocate for counseling services to be given a bigger budget to work with. Giving extra funding to this department will allow the professionals to receive more training on how to better assist college students. This funding will staff more counselors and open up the availability to give students more accessibility.

### **Future Studies**

To improve this study, many adjustments can be done to further study. First, we would suggest referring to other studies that specifically look at college students in faith-based universities. Before starting our research study, we had a hard time finding studies on this population. Having access to a large variety of databases will help support this research. Secondly, this study can also be improved if we went back and reported the progress of the population sample. This way we can identify what resources are useful or not available on



college campuses to improve the well-being of students. Lastly, although we have all disclosed our biases, we believe that this study should be approached by researchers who are and not have been affiliated with religious universities. We are convinced that this will allow for a better perspective and new ideas to be introduced.

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## **Appendix A**

**Flyer for Quantitative Research:** This can be found in a PDF document attached to this submission

## **Appendix B**

Flyer for Qualitative Research

WOULD YOU LIKE TO BE  
APART OF A RESEARCH  
STUDY?  
**WE NEED YOU!**



### Requirements

**INCENTIVE**

1. ARE YOU BETWEEN THE AGES OF 18- 25?
2. ARE YOU A COLLEGE STUDENT
3. DO YOU ATTEND A FAITH BASED UNIVERSITY?
4. DO YOU STRUGGLE WITH MENTAL HEALTH?

**\$25 gift  
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what's  
**your**  
job?

Let us  
interview  
you



WE WILL BE ASKING QUESTIONS  
ABOUT YOUR SPIRITUALITY, MENTAL  
HEALTH, AND THOUGHTS OF  
SUICIDALITY.  
EVERYTHING WE TALK ABOUT WILL BE  
CONFIDENTIAL!

## Appendix C

### Guided Interview

Good morning/afternoon/evening], I am Katherine Lanagan and I will be talking with you today. Thank you for taking the time for this interview. The purpose of this study is to learn about your experiences with religiosity, suicidality, and mental health. The interview should take about 30-45 minutes. I want to remind you that your participation is voluntary. Also, whatever you share with me I will keep confidential except if you tell me that a child is in danger or that you or someone may be at risk to be harmed. With your permission, may I record this interview so that I can accurately reflect on what you have shared? Do you have any questions for me before we begin?

#### 1. Tell me about yourself?

Probes:

- What school are you at?
- What year are you?
- What are you studying?

#### 1. Why did you pick a faith-based school?

Probes:

- Are you spiritual or religious?
- Is your school a safe environment to express your spirituality the way you want?
- How do you feel about your spirituality?
- What does spirituality mean to you?
- What are the ways you express your spirituality?

1. Talk to me about your emotional health.

Probes:

- What do you think affects your mental health?
- What contributes to your positive mental health?
- Some students have told me that their emotional health is affected by schoolwork, how is that for you?
- How much weight would you give to religiosity on your mental health compared to other things?

1. Do you feel like religion affects your mental health?

Probes:

- Does religiosity have a positive effect on your mental health?
- Does religiosity hurt your mental health?
- Did anyone contribute to this directly?

1. Do you feel safe sharing your mental health concerns?

Probes:

- Is there someone at your institution you feel you can talk to about your mental health?
- Is there someone within your faith you feel can talk to about your mental health?
- Do you feel safe talking to your family about your mental health concerns?

So now we are about to transition into diving deeper into more personal questions of our interview, as you know we are here to study suicidality and mental health within religiosity. For some, this may be hard to talk about so I just wanted to remind you that this is completely

voluntary, and you may stop or refuse to answer a question at any time and everything we talk about is confidential like I said before. Are you ready to move forward?

1. Have you had experience with depression or suicidal ideations?

Probes:

- Have you ever been suicidal or had suicidal thoughts?
- Have you wished you were dead or wished you could go to sleep and not wake up?
- In the past three months, have you done anything, started to do anything, or prepared to do anything to end your life?
- If so, do you know what has triggered those thoughts
- How does this affect your everyday life?

7. Has someone you know experienced depression, suicidal thoughts or has attempted or committed suicide?

- If so, how did it affect you?

8. Is there anything else you would like to share with me?

**Closing:** Thank you for participating in this interview. Your story will help us better understand how religiosity affects mental health and suicidal ideations and hopefully help those who are struggling with mental health. When we have written up the results of this study, we would like you to read it and give us feedback on whether the interpretation reflects your experiences? If so, what email or mailing address should I send it to?

**Gift cards.** Within two weeks, I will send you a \$25 gift card for completing the interview. What address would you like me to send it to?

## Appendix D

Table of Quantitative Measures

<b>Table of Quantitative Measures</b>					
<b>Descriptive Analysis</b>					
<b>Research construct / Concepts</b>	<b>Name of Variables</b>	<b>Measurement approach/question and response option</b>	<b>Measurement Level</b>	<b>How is data going to be analyzed?</b>	<b>Significance Level</b>
Suicidalit y	Suicidal Ideation	Suicidal Ideation Questionnaire-Jr (Reynolds, 1987) time reference in the past month; 7-point Likert scale (1-almost every day, 7-I never have this thought); 15 questions are summed to create a scale score	Interval/Ratio	Mean and standard deviation (median instead of mean if data is skewed); range	N/A
	Suicide Attempts	Have you ever attempted Suicide? (yes/No) If so please identify how many times (one time; two times; three or more times) questions combined into one and recoded as: 1= never attempted, 2= one time, 3= two times, 4= three or more times	Ordinal	Frequencies and percentages	N/A
Mental Health	Depression	Center for Epidemiological Studies Depression or CES-D Scale, the 20-point questionnaire that asks caregivers to give a rate on	Interval/Ratio	Mean and standard deviation	N/A



		<p>how often over the past week they had symptoms that were correlated with depression.</p> <p>Response options range from 0 to 3 for each item (0 = Rarely or None of the Time, 1 = Some or Little of the Time, 2 = Moderately or Much of the time, 3 = Most or Almost All the Time). Scores range from 0 to 60, with high scores indicating greater depressive symptoms.</p> <p>Created by Radloff in 1977</p>		(median instead of mean if data is skewed); range	
	Anxiety	<p>Likert response format- 51 items arranged on the (1=never true to 5=always true) that assessed five categories of academic stressors (frustrations, conflicts, pressures, changes, and self-imposed) and four categories describing reactions to stressors (physiological, emotional, behavioral, and cognitive). Items are summed to provide an anxiety score</p>	Interval/Ratio	Mean and standard deviation (median instead of mean if data is skewed); range	N/A
Religiosity	Spirituality	<p><b>The General Religiosity and Spirituality Measure</b></p> <p>The questions ‘God is important in my life and ‘Religion is important in my life were based on a seven-point scale ranging</p>	Interval/Ratio		N/A

		<p>from Not important at all=1 to Very important=7.</p> <p>The question ‘Do you pray’ was also scored on a seven-point scale: 1=never and 7= a lot.</p> <p>The question Spirituality is important in my life was answered on a seven-point scale 1= not important at all, 7=very important.</p>			
	Fundamentalism	<p><b>The Revised Religious Fundamentalism Scale</b></p> <p>The scale consists of 12 items where the participants respond how strongly they agree or disagree on a nine-point scale –4=very strongly disagree, 4=very strongly agree.</p>	Interval/Ratio		N/A
	Commitment Inventory	<p><b>The Religious Commitment Inventory-10</b></p> <p>This scale lists 10 statements where the participants answer based on how they feel on a 5-point scale 1=not true for me and 5 true for me.</p>	Interval/Ratio		N/A
	Daily Spirituality	Daily Spiritual Experience Scale (DSES)	Interval/Ratio		N/A

	Attendance/Membership	How active are you in religious action? (Very) (Somewhat) (Not at all)  (Actions include prayer, practices...etc.)			N/A
	Satisfaction	How satisfied are you with your religious responsibilities? (Very) (Somewhat) (Not at all)			N/A
<b>Table of Quantitative Measures</b>					
<b>Demographic/Control Constructs</b>	<b>Name of Variables</b>	<b>Measurement approach</b>	<b>Measurement Level</b>		
Race/Ethnicity	Ethnicity	Are you Hispanic or Latino/a/x (yes/No)	Nominal	Frequencies and percentages	N/A
	Race	American Indian, Alaska Native, or First Nations; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (please state) _____	Nominal	Frequencies and percentages	N/A
Age	Age	18-25	Interval/Ratio	Mean and standard deviation (median instead of mean if data is	N/A

				skewed); range	
Gender	Gender:	Male/Female/Transwomen/ Transmen/ Non-Binary/ Other	Nominal	Frequencies in percentages	N/A
Sexual Orientation		Lesbian, Gay, Bi-sexual, Pansexual, Transsexual, Heterosexual, Asexual, Questioning, Other	Nominal	Frequencies in percentages	N/A
Class Standing	Class Standing	Freshman/Sophomore/Juni or/Senior/ Graduate/Doctorate	Nominal	Frequencies in percentages	N/A
Major	Major	Please state your major and degree _____	Nominal	Frequencies in percentages	N/A
Mental Health Services		Have you ever received mental health services? Yes/No	Nominal	Frequencies in percentages	N/A
Economic Status		Lower/Middle/Upper Class	Nominal	Frequencies in percentages	N/A
Time in the US	Time	How long have you been in college?	Ordinal	Mean and standard deviation (median instead of mean if data is	N/A

				skewed) ; range	
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### Appendix E

Inferential Analyses				
Name of Variables & Relationship	Name of Measuring Instrument/Question	Measurement Level	How data are going to be analyzed	Sign in. Level
Relationship between religiosity variables and depression (depression, and suicide attempts)	Spirituality:  Commitment:  Fundamentalism:  Depression:  Suicide Attempts:	Spirituality: Interval racial  Commitment: Interval racial  Fundamentalism: Interval racial  Depression: Interval racial  Suicide Attempts: Interval racial/Ordinal	Multiple Ordinal Regression	p = .05
Relationship between ideation and attempts (suicide attempts)	Spirituality:  Commitment:  Fundamentalism:  Depression:  Suicide Attempts:	Spirituality: Interval racial  Commitment: Interval racial  Fundamentalism: Interval racial  Depression: Interval racial  Suicide Attempts: Interval racial/Ordinal  Ideation: Interval racial	Multiple Ordinal Regression	p = .05

## **Appendix F**

Rq: Relationship between Religiosity, Suicidality, and Mental Health among College Students in Faith-based Universities.

### **Appendix C- Informed Consent**

Student Interview

#### **Dealing with Mental Health in Faith-based Universities**

Principal Investigators: Ilesia Bonilla, Sarah Evans, Seth Bermudez, KC Lanagan, Southern Adventist University

#### **Introduction and Purpose**

You are invited to participate in a research study to help us better understand the relationship between mental health, religiosity, and suicidality among college students in faith-based universities. We are a group of students who are conducting this study as a part of a requirement in the Bachelor of Social Work program at Southern Adventist University. This consent form explains what you will be asked to do if you decide to participate in this study. Please go over all sections on this form to familiarize yourself with what is needed. If you have any questions, comments, or concerns feel free to contact any of us as our information will be at the bottom of this form.

#### **Who can participate in this Study**

You are eligible to participate in this study if:

- a) You are a currently enrolled student at a faith-based university.
- b) You are between the ages of 18-25 years.
- c) Do you have any history with religiosity, mental health, and suicidality?

#### **Study Procedures**

**Interviews-** This study will involve you being individually interviewed for about 30-40 minutes. The interview can be conducted either by phone, video chat, or in-person, depending on your availability. I will contact you by phone or e-mail to schedule the interviews. These interviews will be video/audio recorded. The video and audio recordings will be available to observe body language and develop a transcript that our group can further analyze to obtain the best results.

**Surveys-** This study will involve you to fill out a questionnaire that will indicate your familiarity with religion/faith, suicide/suicide behavior, and mental health. These can be filled out at the comfort of your home and will be automatically submitted to us once you complete the entire survey.

**Voluntary Participation**

Participating in this study is completely voluntary. You may wish to excuse yourself at any time throughout the study. If you choose to do this, please contact Ilesia Bonilla and express your concerns and/or statement. Contact information can be found below.

**Benefits of Participation**

This study will allow you to voice your concerns and experiences and share any other information that may be useful in modifying the resources available to college students who struggle with mental health, religion/faith, suicide/suicidal behavior.

**Possible Risks of Participation**

As we administer the interview/survey we will keep every answer anonymous. You may find that answering questions about religion/faith, suicide/suicidal behavior, and mental health may be triggering. That is not our intention but if needed, referral information to a counseling resource will be provided.

**Costs**

There will be no costs to you for participating in this study other than any transportation costs if we meet face-to-face.

**Payment**

In appreciation for your participation in this study, you will receive a \$10 Visa gift card for each interview/survey you complete.

**Confidentiality of Records**

The information that you share within this study will be kept confidential. The video recordings will only be reviewed by our group and transcriptionists who will sign a Transcribers Confidentiality Agreement. The results of this research will be published in my dissertation, subsequent journals, or books, or maybe presented to a professional audience and used for scholarly purposes. However, no names and information that can identify you and others will be in the typed interviews or released in write-ups or when presented. All study materials and communications will be kept in password-protected computer files and a locked file cabinet. The only exception to confidentiality is that if we have reason to believe you may be at risk of immediate harm to yourself or others, we are required by law to make a report or involve law enforcement.

**Contact Persons**

If you have questions or concerns, you may contact us at 631 774-0556 or [ilsiab@southern.edu](mailto:ilsiab@southern.edu). You may also contact our research supervisor, Dr. Nina Nelson-Barfield, Ph.D., MSW at [nnelson@southern.edu](mailto:nnelson@southern.edu) or 423 236-2635. This study has been approved by the Institutional Board of Southern Adventist University (Study No: PR0000).

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**Consent: Please fill this part out and send it back to us via e-mail, or text 631 774-0556 or [ilsiab@southern.edu](mailto:ilsiab@southern.edu).**

\_\_\_ **YES**, I have read the entire form thoroughly and agree to participate in this study.

\_\_\_ **NO**, I do not agree to participate in this study.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Appendix G

Table of measures and quantitative data analysis

Relationship between school resources variables, depression, and suicide attempts	Access, use, frequency, variables Social Isolation:
Relationship between ICT variables (access, use, frequency) and loneliness	Lubben's SNS6 Scale Loneliness: