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Correlation of spiritual health and depression among young adults in a state university in Southern Philippines

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ABSTRACT

Introduction: Depression is a leading cause of disability in the Philippines. According to data from the World Health Organization, the overall prevalence of depression in the Philippines is 3.3 percent, implying that over 3.3 million Filipinos are suffering from symptoms of depression. Depression thus affects a majority of Filipinos. Meanwhile, previous studies have shown a link between spirituality and mental health.

Methods: The overall objective of this study is to assess the respondents' demographic characteristics, their spiritual health, their level of depression and to find a significant relationship, if any, among the variables.

Results: The data indicated that respondents' average religious well-being score was 55.28, indicating a favorable sense of one's relationship with God. The existential well-being score had a mean of 44.56, indicating a moderate level of life fulfillment and meaning. Furthermore, the total score for all depressed symptoms was 23.32, indicating that people who took part in the survey during the pandemic suffered moderate to severe depression. Correlation analysis found a negative correlation between spiritual health and the level of depression (r=-0.458, p=0.001) which means that as respondents' spiritual health grows, their level of depression lowers.

Conclusion: The study concluded that spiritual health, as expressed through existential well-being and religious well-being, is a separate component that lends explanatory power to mental well-being prediction. The study advises heads of health sectors in various institutions to intensify their fight against depression. Additional research is also strongly encouraged.

Keywords: depression; existential well-being; mental health; quantitative research; religious well-being; spiritual health

Introduction

Although the Philippines consistently ranks in the top five of a global optimism index, the National Center for Mental Health (NCMH) has discovered a significant increase in monthly depression hotline calls, with numbers rising from 80 prior to the lockdown to around 400 (WHO, 2020). According to the World Health Organization (2020), young adults aged 15 to 29 are the most vulnerable to depression. Mental health-related deaths are the second leading cause of death in this age group.

Depression is the most widely recognized mental health disorder affecting over 264 million people of all ages worldwide (Reddy, 2010). Furthermore, depression is the leading cause of disability worldwide and a significant contributor to the overall global disease burden (WHO, 2020). These figures demonstrate the need for more action in this area. Depression is also a significant contributor to disability in low-income countries such as the Philippines (Flores et al., 2018).

Because depression is most prevalent in people between the ages of 15 and 25, it is likely that the difficulties associated with depression and its

consequences are significantly severe in the young adult Filipino population (Hedden et al., 2015; Statistics Canada, Health Statistics Division, 2014). Most Filipino young adults may not feel comfortable revealing their psychological condition for fear of isolation or discrimination since there are many who dismiss depression. Some people might label a person suffering from depression as unreligious or having a sporadic amount of spirituality, which may be seen negatively since Filipinos are known to be religiously minded (Bonelli et al., 2012). Many psychologists are fascinated by the connection between mental health and spirituality and numerous studies have shown that spiritual health has a substantial influence on mental health (Akbari & Hossaini, 2018). According to their findings, spiritual intelligence fosters the development of emotional intelligence and helps individuals achieve better emotional intelligence and, as a consequence, live a happier life with excellent physical, mental, and spiritual health and no stress (Sahebalzamani et al., 2013).

Given the relevance of spiritual health as a connected structure associated with mental health and the necessity of emotion regulation, there has been a paucity of research undertaken in the Philippines related to determining the relationship between spiritual health and depression. There has been no research completed in the study's target area and especially among young people aged 18 to 25. Thus, the purpose of this research was to examine the relationship between spiritual well-being and depression among undergraduate students enrolled for the Academic Year 2020 - 2021 to promote awareness among them about their spiritual and mental well-being. This may also be used as a reference for future and further study on the subject.

Materials and Methods

Design of the Study

This study assessed the respondents' demographic characteristics, their spiritual health as measured by the Spiritual Well-being Scale (SWBS), and their level of depression as measured by the Beck Depression Inventory (BDI).

A quantitative approach using cross-sectional descriptive-correlation design was used to carry out a study on a sample of 200 undergraduate students aged 18-25 years old. The cross-sectional methodology was selected because it allowed for the simultaneous gathering of quantitative data on many variables (Bushnik, 2020), in this instance, young adults' spiritual health and depressive symptoms.

Additionally, a descriptive-correlational study approach was employed to ascertain the magnitude of the association between young adults' spiritual health and depressive symptoms. This type of research design seeks and interprets relationships between and among a collection of information. This form of study identifies trends and patterns in data, but does not go so far as to establish the reasons of observed patterns. This form of observational study is devoid of causal relationships. Only the data, relationships, and distributions of variables were examined. Rather than manipulating variables, they are recognized and investigated in their natural state (Creswell, 2008).

Sample and Setting

In this research, the eligibility of the participants were based on the following criteria: (1) they must be young adults between the ages of 18 and 25; (2) they must be officially enrolled at Mindanao State University, Main Campus during the second semester of Academic Year 2020-2021; and (3) they must have agreed to participate in the study. Convenience sampling was used to narrow down the sample.

A total of two hundred and forty-eight (248) students responded to the survey questionnaires that were sent to their intuitional email addresses. After using purposive sampling, forty-eight (48) questionnaires were excluded from the sample because of insufficient information on age, gender, or any of the responses to survey questionnaire items, resulting in a final sample of 200 respondents..

Instrument

Data were gathered from the students using self-reported questionnaires. The questionnaires were divided into three sections: The first section was author-developed and focused on the respondents' demographic profile and which included items such as age, sex, college/department, year level, religion, and ethnicity. The second section consisted of scales to measure spiritual health and, lastly, the third section consisted of scales to measure self-reported depressive symptoms experienced by the students.

To measure the spiritual health of the respondents, the Spiritual Well-Being Scale (SWBS) developed by Poulotizan and Ellison in 1982 was utilized. The SWBS provides an overall measure of the perceived spiritual quality of life, as understood in two senses - religious well-being and existential well-being. Religious well-being items include the term "God" and assess how one sees and reports the well-being of one's spiritual life in connection to God. Items measuring existential well-

Table 1 Socio-demographic characteristic of the respondents

Character	Number	Percentage
Gender		
Male	39	19.5
Female	161	81
Age		
19	12	6
20	22	19
21	81	40.50
22	44	22
23	16	8
24	3	1.50
25	6	3
Religion		
Catholic	19	9
Islam	170	85
Others	11	6

being include basic remarks about life direction and happiness, as well as measures of how well an individual sees and assesses his or her adjustment to self, community, and environment (Paloutzian et al., 2021).

To measure the level of depression, the long form of the Beck Depression Inventory (BDI) developed by Aaron T. Beck (1961) was used. The BDI is a 21-item self-report rating inventory that assesses depression-related attitudes and symptoms (Cotton et al., 2006). Items 1 to 13 assess symptoms that are psychological in nature, while items 14 to 21 assess more physical symptoms. Each item in the BDI has four possible responses. Each response is assigned a score ranging from 0 to 3, indicating the severity of the symptom. The total score may vary from 0 to 63. The highest possible score that can be obtained by the respondent is 63 and the lowest possible score is 0. No depression is indicated by a score of 5 to 9, mild to moderate depression by a score of 10 to 18, moderate to severe depression by a score of 19 to 29, and severe depression by a score of 30 to 63. Because it is lower than average scores for normal people, a score of less than 5 may suggest denial of depression (Cotton et al., 2006).

Validity and Reliability of the Instrument

In terms of reliability, The RWBS, EWBS, and SWBS are all very reliable. Test-retest reliability coefficients for the RWBS are 0.96, 0.99, 0.96, and 0.88 across four investigations with testing intervals of 1-10 weeks. The coefficients for the EWBS are 0.86, 0.98, 0.98, and 0.73 while the coefficients for total SWBS are 0.93, 0.99, 0.99, and 0.82. Internal consistency, as measured by the coefficient alpha, also demonstrates a high degree of dependability. Internal consistency coefficients varied from 0.82 to 0.94 (RWB), 0.78 to 0.86 (EWB), and 0.89 to 0.94 (SWB) among seven samples (Malinakova et al., 2017).

The BDI test is well-known and has been validated in terms of content, concurrent, and construct validity. The BDI has a high concurrent validity rating; a 0.77 correlation rating was calculated when compared with inventory and psychiatric ratings. The BDI has also shown high construct validity with the medical symptoms it measures. Beck's study reported a coefficient alpha rating of 0.92 for outpatients and 0.93 for college student samples. The BDI-II had a positive correlation with the Hamilton Depression with Rating Scale, r = 0.71, had a one-week test-retest reliability of r = 0.93 and an internal consistency α = 0.91 (Wang & Gorenstein, 2013).

Data Collection

The survey questionnaire was administered by the researcher using Google Forms, created and hosted by Google. An informed consent form, which had all the pertinent information about the study, was included in the questionnaire. The respondents were provided assurances that their responses and their identities would remain confidential.

When the total number of responses was attained, the Google Form link was closed two weeks after the surveys were sent out through email. The responses to the surveys were collected over the course of two weeks. Two hundred and forty-eight students replied to the survey; however, only 200 completed questionnaires were found to be suitable for analysis.

Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) software package version 28.0. A descriptive analysis of the data and the assessment of the response rates were carried out on the basis of the frequencies of the replies. First, the respondents' profiles, spiritual health, and depression symptoms were computed using frequencies and percentages to characterize the respondents. Secondly, the Pearson's r correlation coefficient was utilized to assess whether there is a link between respondents' spiritual health and the depression symptoms they have experienced. To undertake an in-depth statistical analysis of the data, the following statistical approaches were used: Frequency Count and Percent. Frequency distributions can show either the number of observations falling into each range or the percentage of observations falling into each range. This was used to determine the profile variable as well as the number of respondents who share the same level of spirituality and depression symptoms.

Table 2 Respondents' extent of spiritual health

Dimensions	Mean Score	SD	Interpretation
Religious Well-Being (RWB)	55.28	6.72	Positive view of one's relationship with God
Existential Well-Being	44.56	7.24	Moderate level of life satisfaction and purpose
Total Score Spiritual Well-Being	99.84	12.07	Moderate spiritual well-being

Ethical Consideration

To adhere to ethical standards while conducting research, all respondents were required to sign an informed permission form that was linked to the questionnaire. While it is customary to get written agreement, Silverman (2009) asserts that excessively structured methods of obtaining consent should be avoided in favor of developing relationships characterized by a continuous ethical care for participants. Consent was regarded adequate in this research when the completed questionnaire was returned via email.

Throughout the course of this research study, research ethics were primarily observed and upheld. The research ethics committee of Mindanao State University's College of Health Sciences checked, verified, and approved the questionnaire tools used in this study before data collection began.

Results

Respondents Characteristics

The findings of the respondents' socio-demographic characteristics are shown in the following figures. It contains information such as age, gender, and religion. The tables were sorted according to their frequency, and the totals were calculated according to the percentage on which the conclusion and interpretation were based.

As shown in Table 1, the students' ages varied from 19 to 25, with a median age of 22, which means that half of the student population was younger than 22 years old. Nearly half of the students who replied to the survey (40.5%) were 21 years old, followed by students aged 22 years old (22%), 20 years old (19%), 23 years old (8%), 19 years old (6%), 25 years old (3%), and 24 years old (1.5%). The data suggest that females made up an overwhelming majority of the respondents (80.5%), with just 19.5 percent of male respondents.

In terms of religion, Table 1 reveals that Islam represents an overwhelming majority of respondents' religion, accounting for 85 percent of all respondents' religions. Catholicism accounts for 9.5 percent of all respondents' religions and the remaining 5.5 percent are classified as belonging to other types of religion, with eleven respondents falling into this category

Respondents' Spiritual Health

Spiritual health is used in this research to refer to young adults' overall spiritual well-being, which covers both their religious and existential well-being.

The Spiritual Well-Being Scale (SWBS) assesses spiritual health by separating it into two related but independent dimensions: religious and existential well-being. Religious Well-Being (RWB) is a vertical dimension that emphasizes one's connection with God, while Existential Well-Being (EWB) is a horizontal dimension that emphasizes a feeling of life purpose and fulfillment (Paloutzian et al., 2021).

In the context of the vertical component of spiritual health, which focuses on one's connection with a higher being or God, the data demonstrate that, for the negatively phased statements, the majority of respondents not only disagree, but strongly disagree with item 1, "*I do not find much satisfaction in private prayer with God*" at 79 percent. This is also true for item 5, "*I believe God is impersonal and not interested in my daily situations*," with 78 percent strongly disagreeing, and item 9, "*I do not get much personal strength and support from my God*" at 71 percent. Item 13, "*I do not have a personally satisfying relationship with God*," yields a similar result, with 71 percent strongly disagreeing.

This is congruent with the responses to positively framed statements such as item 3, "*I believe that God loves and cares about me*," with the majority of respondents with 90.5 percent of the respondents strongly agreeing. Sixty percent of respondents strongly agree with the statement "*I have a personal meaningful relationship with God*" in item number seven. A total of 82 percent strongly agree with the statement in item 11, "*I believe that God is concerned about my problems*," and a total of 69.5 percent strongly agree with the statement in item 15, "*my relationship with God helps me not to feel lonely*." Finally, the majority of respondents strongly agreed with the statements "*I feel most fulfilled when I am in close communication with God* " (76%) and "*my relation with God contributes to my sense of well-being*" (72.5%) on items seventeen and nineteen, respectively.

When viewed in the context of the horizontal dimension of spiritual health, which focuses on one's relationship with oneself and others, the results show that, for the negatively-worded statements - item 2, "*I do not know who I am, where I came from, or where I'm going*;" item 6, "*I feel unsettled about my future*;" and

item 12, "*I do not enjoy about life*;" as well as item 16, "*I feel that life is full of conflict and unhappiness,*"- the respondents' responses were almost evenly distributed in the agreement-disagreement continuum, which means that they had different opinions about the statements.

On the other hand, the respondents' responses to the positively-worded statements, such as in item 4, "*I feel that life is a positive experience;*" item 8, "*I feel very fulfilled and satisfied with life;*" item 10, "*I have sense of well-being about the direction of my life;*" and item 14, "*I feel good about my future,*" revealed that they had differing opinions about them, though their responses were pulled toward the agreement end of a continuum ranging from agreement to disagreement. According to the findings, young individuals who were college students had a more optimistic attitude on life, despite the hardships and adversities that they were experiencing at the time. In line with this, the majority of respondents strongly agreed on item 20, *"I believe there is some real purpose for my life,*" with 78 percent of the total number of respondents strongly agreeing.

Spiritual health refers to the component of an individual's well-being that organizes his or her values, relationships, and hence the meaning and purpose of their existence (Seidl, 1993). The Spiritual Well-Being Scale (SWBS) was used to assess the respondents' spiritual health. The SWBS is a composite index of perceived spiritual quality of life in two dimensions: religious well-being and existential well-being and has three basic scores: Religious Well-Being, Existential Well-Being, and overall Spiritual Well-Being.

Religious well-being items include the term "God" and assess how one sees and reports the well-being of one's spiritual life in connection to God. The Religious Well-Being Score is a reflection of an individual's perspective on their connection with God. A score between 10 and 20 indicates an inadequate connection with God. A score between 21 to 49 indicates a moderate level of religious well-being. A score between 50 and 60 indicates a favorable assessment of one's connection with God (Paloutzian et al., 2021).

The Existential Well-Being scale includes basic remarks about life direction and happiness, as well as measures of how well an individual sees and assesses his or her adjustment to self, community, and environment. A score between 10 and 20 indicates a low level of contentment with one's life and a likely lack of clarity about one's life purpose, a score between 21 to 49 indicates a moderate degree of life fulfillment and meaning and a score of 50–60 indicates a high degree of life satisfaction and a strong feeling of purpose (Paloutzian et al., 2021).

In terms of overall spiritual well-being, a score between 20 and 40 indicates a poor feeling of total spiritual well-being, a score between 41 to 99 indicates a modest feeling of spiritual well-being and a score between 100 and 120 indicates a high level of spiritual well-being (Paloutzian et al., 2021).

The Religious Well-Being Scale (RWBS) and the Existential Well-Being Scale (EWBS) both have a maximum score of 60. As a result, the maximum possible score on the full scale Spiritual Well-Being (SWBS) is 120. The findings in Table 2 indicate that the mean score on the RWBS for the participants was 55.28 with a standard deviation of 6.72, corresponding to a positive view of one's relationship with God. The mean score on the EWBS was 44.56, with a standard deviation of 7.24, suggesting a moderate level of life satisfaction and purpose. The mean score for the full scale SWBS was 99.84, with a standard deviation of 12.07, suggesting an overall moderate spiritual well-being.

The overall score obtained by the respondents in the Spiritual Well-Being Scale (SWBS) indicate that Muslim college students in their early adulthood had an overall moderate or average level of spiritual well-being, with a mean of 99.84 in the current study.

Respondents' Symptoms of Depression

Depression appears in a variety of forms and to varying degrees and includes feelings of sadness, pessimism, past failure, guilt, punishment, self-dislike, self-criticism, suicidal thoughts or wishes, crying, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping pattern, irritability, changes in appetite, concentration difficulty, and tiredness or fatigue. This study examined the most commonly reported symptoms of depression among young people studying at one institution in the Philippines.

Most of the respondents "feel sad much of the time" at 66.5 percent, 10 percent were "sad all the time" while another 8.5 percent felt "so sad or unhappy that I cannot stand it." On the other hand, only 15 percent reported not feeling sad. Based on the aggregated data, the respondents felt "a little" sadness with mean of 1.12 (SD=.76) in the past two weeks prior to the collection of data.

Nearly half of the respondents did not exhibit pessimism when they said they were not discouraged about their future (49%), but more than a quarter said they were more discouraged than they used to be (33.5%), and a significant number said they did not

expect things to work out for them (11%), and some even said they were hopeless about their future (6.5%). According to aggregated data, the respondents reported feeling “a little” pessimistic in the two weeks before data collection, with a mean of .75 (SD=.89).

With a mean of 1.17 (SD=.97), the respondents reported feeling "a little" bit like a failure in the past; 32.5 percent of the respondents confirmed this by saying they perceive a lot of failures when they look back on their lives, 27 percent said they failed more than they should have, and a very significant 8.5 percent reported that they felt like a complete failure as a person.

The respondents reported experiencing "a little" decrease of enjoyment (pleasure) on a mean of 1.02 (SD=.92). This is confirmed by 33.5 percent of respondents who claimed that they no longer enjoy things as much as they used to and 24.5 percent who reported receiving very little pleasure from the things they used to like, while others reported receiving no pleasure at all (6.5%). Only 35.5 percent of those who answered the survey said they were experiencing as much enjoyment from their favorite activity as they had in the past.

With a mean of 1.21 (SD=.70), the respondents reported feeling a little level of guilt on average among all respondents. The majority of those who answered the survey felt guilty about a variety of things they had done or should have done (64.5%). In addition, another 19.5 percent of people feel somewhat guilty most of the time, and six percent feel very guilty all of the time. In fact, just 10 percent of the respondents do not feel particularly guilty or remorse for the things they might have done.

Regarding punishment sentiments, respondents reported experiencing a little punishment, with a mean of 1.22 (SD=1.0) per respondent. Similar to the results of guilty feelings, the vast majority of respondents felt sentiments of being punished in varying degrees, which was consistent with the findings regarding guilty feelings: 39.5 percent believe they will be punished for actual or imagined wrongs they have committed, 19 percent believe they will be punished in the future, and 15 percent believe they are now suffering the consequences of their actions by being punished.

Collectively, the respondents reported disliking themselves a little with a mean of 1.00 (SD=.81): 45 percent of the respondents answered "I have lost confidence in myself,” 22.5 percent stated that they were disappointed in themselves and 3.5 percent stated that they disliked themselves Only 29 percent felt the same about themselves as ever.

Table 3 Respondents’ level of depression scale

	Dimension	Mean Score	SD	Interpretation
1.	Sadness	1.12	0.76	
2.	Pessimism	0.75	0.89	
3.	Past Failure	1.17	0.97	
4.	Loss of Pleasure	1.02	0.92	
5.	Guilty Feelings	1.21	0.70	
6.	Punishment Feelings	1.22	1.00	
7.	Self-Dislike	1.00	0.81	
8.	Self-Criticalness	1.30	1.02	
9.	Suicidal Thoughts or Wishes	0.42	0.65	
10.	Crying	1.50	1.15	
11.	Agitation	1.21	1.03	
12.	Loss of Interest	1.19	0.92	
13.	Indecisiveness	1.20	0.99	
14.	Worthlessness	0.83	0.94	
15.	Loss of Energy	1.28	0.86	
16.	Changes in Sleeping Pattern	1.42	0.86	
17.	Irritability	1.01	0.94	
18.	Changes in Appetite	1.32	0.98	
19.	Concentration Difficulty	1.42	0.96	
20.	Tiredness or Fatigue	1.40	0.96	
21.	Changes of Interest in Sex	0.28	0.67	
	Total Score	**23.32**	**.90**	**Moderate to severe depression**

Scoring:
05-09 No depression
10-18 Mild to moderate depression
19-29 Moderate ro severe depression
30-63 Severe depression

The percentage of respondents who showed a little self-criticism was measured with a mean of 1.20 (SD=1.02). Those who answered "I criticize myself for all of my faults" was 29.5 percent, closely followed by the percentage of respondents who said "I am more critical of myself than I used to be," which was 29.0 percent. "I don't criticize or blame myself more than usual," said 27.5 percent of those polled, while the remaining 14.0 percent stated that "I blame myself for everything bad that happens."

On average, the respondents have only a passing thought (a little) about suicide, with a mean of .42 (SD=.65). Although the majority of respondents (64.5%) do not have suicidal thoughts, a significant number do have suicidal ideation to varying degrees; 31.5 percent of people have considered suicide but have no plans to do so, 1.5 percent said they wanted to kill themselves, and 2.5 percent said they would kill themselves if they had the chance.

The prevalence of crying among respondents was about evenly divided among the four response options, with a mean of 1.50 (SD=1.15) equating to ‘a little.’ with 27.5 percent indicating that they no longer cry as much as they once did. Twenty-five percent of respondents

stated that they cry more than they used to, 26.0 percent stated that they cry at insignificant things, while another 26.0 percent stated that they are incapable of crying even when they feel like it.

In terms of agitation, 36.5 percent said "I feel more restless or wound up than usual," 29 percent said "I don't feel any more restless or wound up than usual," 18.5 percent said "I am so restless or agitated, it's hard to stay still," and 16 percent said "I am so restless or agitated, I have to keep moving or doing something."

For loss of interest, 45 percent of respondents stated that they were less interested in other people or things than they were previously, 23.5 percent stated that they had not lost interest in other people or activities, 20 percent stated that they had lost their interest in other people or things, and 11.5 percent stated that it was difficult to become interested in anything.

In the category of indecisiveness, 42 percent responded "I find it more difficult to make decisions than usual," 26.5 percent responded "I make decisions about as well as I have in the past," 16.5 percent responded "I have much greater difficulty in making decisions than I used to," and 15 percent responded "I have difficulty making any decisions."

In the category of worthlessness, 50 percent responded "I do not feel I am worthless," 24 percent responded "I feel more worthless when compared to others," 21.5 percent responded "I don't consider myself as worthwhile and useful as I used to" and 4.5 percent responded "I feel utterly worthless."

When asked about energy loss, 53.5 percent said they had "less energy than I used to have," 19.5 percent said they "do not have enough energy to do too much," 15 percent said they had "as much energy as I always had," and 12 percent said they "do not have enough energy to complete any work." This loss of energy, which can leave a student feeling exhausted most of the time, if not all of the time, can hamper their ability to carry out their daily activities.

With regard to sleep pattern changes, 48 percent said they slept slightly more/less than usual, 27 percent said they slept a lot more/less than usual, 13.5 percent said they slept most of the day/wake up 1-2 hours early and can't get back to sleep, and 11.5 percent said they had not noticed any change in their sleep pattern. Sleep disturbances are experienced by up to 90 percent of those who suffer from clinical depression.

In irritability, 42 percent responded "I am more irritable than usual," 33 percent responded "I am more irritable than usual," 14.5 percent responded "I am considerably more irritable than usual," 10 percent responded "I am constantly irritable," and 0.5 percent did not respond.

In terms of appetite changes, 40.5 percent responded that their appetite was slightly greater or less than usual, 22% responded that their appetite was significantly greater or less than before, 21.5 percent responded they had not noticed any change in their appetite, and 16 percent responded that they had no appetite at all or craved food constantly.

In terms of concentration difficulty, 35 percent responded "I can't concentrate as well as usual," 34 percent responded "it's difficult to keep my mind on anything for an extended period of time," 18 percent responded "I can concentrate as well as ever," and 13 percent responded "I find I can't concentrate on anything." Depression is characterized by difficulty with concentration and decision-making. Individuals suffering from depression may understand this in themselves, or others may notice their inability to think properly.

When it came to tiredness or fatigue, 50.5 percent said they get more tired or fatigued more easily than usual, 23 percent said they were too tired or fatigued to do a lot of the things they used to do, 14.5 percent said they were too tired or fatigued to do most of the things they used to do, and 12 percent said they were no more tired or fatigued than usual.

As indicated in Table 3, the total score for all depressive symptoms was 23.32, indicating that the level of depression experienced by those who participated in the survey during the pandemic was between "moderate to severe depression," with a standard deviation of 0.90.

In this study, crying (M=1.50, SD=1.15) was shown to be the most common symptom of depression, followed by changes in sleeping patterns and concentration difficulty, both of which had mean scores of 1.42 and standard deviations of 0.86 and 0.96, respectively. Another symptom that many experience is tiredness or fatigue (M=140, SD =0.96). For the remaining depressive symptoms, mean scores ranged from 1.30 to 0.28, with standard deviations ranging from 1.15 to.67. It is worth mentioning that the mean score for suicidal thoughts or wishes is 0.42 (SD=0.65). Although relatively small, this result is quite concerning because suicidal ideation can develop into successful suicide if not immediately addressed. Additionally, young adults who are depressed and having moderate to severe symptoms are more prone to ponder suicide.

Respondents' Spiritual Health

Table 4 shows the data required to test the null hypothesis which states that spiritual health is significantly correlated with the level of depression experienced by young adults aged 18-25 years old who were also college students. With a Pearson's correlation coefficient of -0.458 and a p-value of 0.001, both of which are less than the 0.01 alpha threshold of significance, it can be concluded that spiritual health is moderately correlated with the respondents' level of depression. Correlation is statistically significant at the 0.01 level (2-tailed). The negative correlation between these two variables implies an inverse link, which means that as respondents' spiritual health grows, their level of depression lowers. Inversely, it could also suggest that as respondents' spiritual health falls, their level of depression increases. The findings suggest that a lack of spiritual health has a detrimental effect on respondents' levels of depression.

Discussion

OSS The results in this study were analogous to the findings of Menodza et al. (2020), who discovered that 53 percent of university students suffer from depression. Crying was shown to be the most prevalent depressive symptom, followed by changes in sleeping habits and attention difficulties. Tiredness or weariness is another symptom that many respondents encounter. Furthermore, the total score for all depressed symptoms was 23.32, indicating that people who took part in the survey during the pandemic suffered moderate to severe depression. Finally, the data show that spiritual health is inversely connected to the level of depression experienced by young adults between the ages of 18 and 25, who are also college students. At the 0.01 level, the association is statistically significant. The inverse relationship between these two variables is implied by the negative correlation between these two variables, which signifies that as respondents' spiritual health improves, their level of depression decreases. On the other hand, it is possible that, when respondents' spiritual health declines, their depression level rises. According to the findings, a lack of spiritual well-being has a negative impact on respondents' degrees of depression.

In the current study, young adults who were predominantly Muslim college students and had a higher level of spiritual participation, beliefs, and religiosity were more likely to have a higher level of spiritual, existential, and religious well-being. Previous research has found a significant positive correlation between spiritual well-being and spiritual involvement and beliefs (Musa, 2015; Rubin et al., 2009) and religiosity (Musa, 2015; Musa & Pevalin, 2012; Williamson & Sandage, 2009) in various Arab Muslim and Western samples. According to the findings in this study, Meranao Muslim college students use religious and spiritual beliefs and practices as coping techniques to create a feeling of calm, comfort, and spiritual well-being. Other research has suggested that religious and spiritual beliefs and practices influence an individual's well-being by promoting meaning, purpose, connectedness, and hope (Koenig, 2008), encouraging transcendental experiences (Nelson, 2009), and promoting religious meaning and forgiveness (Koenig, 2008).

The findings in Table 4 are consistent with findings in the study conducted by Doolittle and Farrell (2004) which discovered that high spirituality scores on items in the domain of intrinsic beliefs, such as belief in a higher power (p<. 01), the importance of prayer (religious well-being) (p<. 0001), and finding meaning in times of adversity (existential well-being) (p<. 05), were associated inversely with depression. The study concluded that appropriate encouragement of a patient's spirituality may be a helpful adjunct to treating depression.

The findings are also consistent with those of another study which showed that a high level of spiritual well-being (SWB) is associated with a low level of stress and depression. The current study's findings are also consistent with Neuman's theory, which holds that the independent variable, spiritual well-being, can influence or explain the dependent variable, psychological well-being (depression), because, according to Neuman's theory, the spirituality variable pervades all other system variables and can increase the effectiveness of the flexible line of defense by protecting against stressors. The spirit guides the mind, and the mind guides the body, whether consciously or unconsciously. Using spirituality as a source of energy may generate optimism and help a person heal from a psychological disease (Neuman, 1989).

The implication that can be drawn from the findings is that young adults should engage in activities that promote spiritual health, such as religious seminars and self-reflective programs that assist them in discovering their purpose of existence, faith, and self-love. These activities can contribute to a young adult's spiritual health and hence serve as a preventative measure against depression. In general, the findings suggest that an approach for lowering distress and suicide ideation among college students may entail exploring processes

that build a sense of meaning in life for those who do not identify with organized religion.

Conclusion

Spirituality is a notion that defies easy categorization, classification, or measurement, yet it has an impact on our social, emotional, psychological, and intellectual life. The evidence linking spirituality and religious expression to many elements of mental health, and in particular, various symptoms of depression, has been evaluated in this study. The evidence is mixed; some forms of spirituality can be beneficial in certain situations. These are usually spiritual expressions that promote personal empowerment, affirm and welcome diversity, and emphasize the value of emotions like hope, forgiveness, and purpose. Other components of spirituality appear to have little influence on mental health or, in certain situations, can lead to emotions of guilt, humiliation, or powerlessness, all of which can be detrimental to one's mental health. In general, however, the data appear to support a cautious optimism about the role spirituality can play in establishing and maintaining excellent mental health. In conclusion, the high mean levels of spiritual involvement and beliefs, religiosity, spiritual well-being, religious well-being, and existential well-being demonstrate the importance of religion and spirituality in the lives of young adults, with implications for practice, education, and research.

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