RELATIONSHIP BETWEEN DEPRESSION, MENTAL HEALTH AND RELIGIOSITY AMONGST MENTALLY ILL PATIENTS

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ABSTRACT
The objective of this study was to determine the relationship between the level of depression, mental health and religiosity amongst mentally ill patients in hospital Tanjung Rambutan Ulu Kinta Perak with demographic aspects. The subjects selected were 40 women amongst mentally ill patients in hospital Tanjung Rambutan Ulu Kinta Perak. The assessment method administered consisted of Beck Depression Inventory, General Health Questionnaire-28, Provision and demographic questions. The questionnaires were distributed among the sample followed by a brief introduction about the assessment. Data analysis indicated that there was a significant difference between the age of the sample and their mental health \( p=0.005 \). Furthermore, depression experienced by the victims significantly influenced their mental health \( R^2=0.70, \ [F (1, 25) = 41.517, \ p<0.002] \). The study also indicated that there was a positive correlation between mental health and depression \( r=0.68 \). This showed that the higher the level of depression experienced by the samples, the higher the effect of their mental health and religiosity.

Key words: Depression, mental health, religiosity

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1. INTRODUCTION

Studies by Briere (1992) and Zaizul et al (2018) prove an existing relationship between mental ill patients and depression. Symptoms of depression that can be identified in mental patients include a continual feeling of sadness, constantly feeling lethargic, failing to focus and over-sleeping (Kilpatrick et al. 2003). According to the result of the National Health and Morbidity Survey and reports from local newspaper based on the 3rd National Health and Morbidity Survey Report, the number of Malaysians experiencing mental disorders has increased over the previous years. Depression is reported as one of the main causes for mental disorders. About 16 percent (%) or 3 million out of 26 million people in the country are diagnosed with mental illness and this is an alarming figure (Mohd Azman 2006). According to other sources, depression is a potential health problem that could lead to mental illness. This illness is more prevalent in women with the rate of 12.0% as compared to the 10.4% in men. With the increased rate in cases of violence towards women, it is no surprise that women are more prone to becoming victims of this mental illness. Concerns about the rise of homicidal and suicidal symptoms in the country are largely attributed to each individual’s mental problems (Harian Metro Jan 10, 2011). Apart from that, according to Dr. Toh Chin Lee, the number of mental patients amongst Malaysian teenagers is alarming. It is estimated that 1.5 million out of 7.7 million teenagers under the age of 16 are facing this problem. Furthermore, a study by the Child Psychiatrist of Kuala Lumpur Hospital also found that one in five teenagers under the age of 16 in Malaysia is suffering from a variety of mental illnesses, such as depression, anxiety and antisocial. The Statistics report of 2008 states that about 89.99 percent (%) of Malaysians suffer from mental illness. Malaysia reports that 1: 5 Malaysians can become insane if they suffer from mental illness and do not seek early treatment (Berita Harian April 2011). According to National University of Malaysia’s mental health expert, Dr. Teoh Hsein Jin, amongst those with high risk of suffering from mental illness are children and teenagers living in urban areas. This is because modern life demands that these young people compete with their peers in education thus making them susceptible to stress that will lead to the causing of mental illness (Berita Harian April 2011). The purpose of this study is to identify the level of depression amongst mentally ill patients from the aspect of age, to evaluate the influence of social support, depression and mental health of the patients and to determine the relationship of depression, mental health and religiosity amongst mentally ill patients.

2. METHODOLOGY

The subjects consist of 40 mental patients at Tanjung Rambutan Ulu Kinta Perak hospital. Samples consist of women between the ages of 18 and 60. There are several psychological testing tools used to observe the levels of depression, psychological wellbeing and religiosity amongst subjects. The tools are:

Beck Depression Inventory – II is a tool used to measure the level of depression experienced by subjects. It contains 21 items of answers in multiple choice form that aims to identify and test the individual’s depression level. Each item aims to specifically measure symptoms of depression in line with the criteria specified in psychiatric research. This tool also aims to measure the presence and level of depression from the affective, cognitive, motivational, vegetative and psychomotor aspects.

General Health Questionnaire-28 (GHQ-28) is a survey tool used to view the psychological well-being of subjects. It covers 28 items and is divided into four subscales based on analytical factors which are symptom somatic (item 1-7), anxiety / insomnia (item 8-14), social dysfunction (item 15-21) and severe depression (item 22-28). Among the major criteria of GHQ-28 is that it shows symptomatology and is not necessarily used in a psychiatric
diagnosis. The sub-scale in GHQ-28 can also affect each other. Religiosity is a study tool used to observe the effects of social support received by victims towards the level of trauma experienced by the samples. This tool consists of 15 items. If the obtained value of peer support analysis factor is higher then this proves that peers are more likely to give impact in terms of social support. This tool is best used in this study because of its ability to evaluate the effects of social support amongst adults and is not limited to certain age groups.

3. RESULT AND DISCUSSION

Table 1 shows the demographic data of subjects in terms of age, status, education level, occupation, problems faced as well as those who suggested that they seek treatment in the hospital. Table 2 shows that there is a difference in mentally ill patients in Tanjung Rambutan Ulu Kinta Perak hospital significantly between mental health by age group (p = 0.005). The multiple regression analysis as shown in Table 3 found that depression significantly affected 60% of mental health ($R^2=0.60$, \(F (1, 27) = 40.312, p<0.001\)). This means the depression experienced by the victims affect their mental health. Table 4 describes the multiple regression analysis. The results showed that depression significantly affected 1.4% of religiosity ($R^2=0.60$, \(F (1, 27) = 40.312, p<0.001\)).

Table 5 shows that mental health significantly affect 2.5% of social support ($R^2=0.60$, \(F (1, 27) = 40.312, p<0.001\)). Table 6 shows that there is a significant relationship between depression and mental health as much as 0.77. Meanwhile, no significant relationship is observed between mental health and religiosity, as well as the relationship of depression with religiosity.

### Table 1 Background of study subjects

<table>
<thead>
<tr>
<th>Data</th>
<th>Scale</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20-25</td>
<td>30</td>
<td>64.8</td>
</tr>
<tr>
<td></td>
<td>Above 25</td>
<td>10</td>
<td>35.2</td>
</tr>
<tr>
<td>Status</td>
<td>Single</td>
<td>35</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>5</td>
<td>35</td>
</tr>
<tr>
<td>Problems faced that resulted in being</td>
<td>Depression</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>mentally ill patients at Tanjung Rambutan</td>
<td>Self harm</td>
<td>9</td>
<td>26.7</td>
</tr>
<tr>
<td>Ulu Kinta Perak hospital</td>
<td>Hallucination</td>
<td>11</td>
<td>13.3</td>
</tr>
<tr>
<td>Who suggested to seek treatment and be</td>
<td>Parents</td>
<td>17</td>
<td>43.7</td>
</tr>
<tr>
<td>in this hospital</td>
<td>Welfare Centre</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Authorities</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>2</td>
<td>4.3</td>
</tr>
</tbody>
</table>

### Table 2 Differences in religiosity, mental health and depression over age

<table>
<thead>
<tr>
<th>Scale</th>
<th>Age 20-25 years old (N=30)</th>
<th>Age 26 and above (N=10)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiosity</td>
<td>47.40±10.92</td>
<td>48.40±11.52</td>
<td>0.45</td>
</tr>
<tr>
<td>Mental health</td>
<td>13.38±7.68</td>
<td>22.00±4.27</td>
<td>0.004**</td>
</tr>
<tr>
<td>Depression</td>
<td>18.49±7.91</td>
<td>25.10±8.37</td>
<td>0.18</td>
</tr>
</tbody>
</table>

**p<0.01
Table 3 The influence of depression on mental health

<table>
<thead>
<tr>
<th>Unstandardized coefficient B</th>
<th>Standard Error</th>
<th>Beta Standard Coefficient</th>
<th>t</th>
<th>R2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>0.78</td>
<td>0.12</td>
<td>0.75</td>
<td>6.92</td>
<td>0.61</td>
</tr>
</tbody>
</table>

(R² = 0.60, [F (1, 27) = 40.312, p < 0.001])

Table 4 The influence of depression towards religiosity

<table>
<thead>
<tr>
<th>Unstandardized coefficient B</th>
<th>Standard Error</th>
<th>Beta Standard Coefficient</th>
<th>t</th>
<th>R2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiosity</td>
<td>8.17</td>
<td>0.16</td>
<td>0.15</td>
<td>0.74</td>
<td>0.016</td>
</tr>
</tbody>
</table>

(R² = 0.014, [F (1, 27) = 0.4, p < 0.001])

Table 5 The influence of mental health on religiosity

<table>
<thead>
<tr>
<th>Unstandardized coefficient B</th>
<th>Standard Error</th>
<th>Beta Standard Coefficient</th>
<th>T</th>
<th>R2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiosity</td>
<td>0.11</td>
<td>0.13</td>
<td>0.18</td>
<td>0.81</td>
<td>0.033</td>
</tr>
</tbody>
</table>

(R² = 0.033, [F (1, 28) = 0.68, p < 0.001])

Table 6 Relationship between religiosity and mental health.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Religiosity</td>
</tr>
<tr>
<td>Religiosity</td>
<td>0.18</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
</tbody>
</table>

** Significant relationship at 0.01 (2-tailed).

This study has proven several hypotheses about the relationship between mental health, depression and religiosity amongst mental patients in Tanjung Rambutan Ulu Kinta Perak hospital. The results of the analysis have successfully proven several hypotheses about the study. Amongst the received hypothesis is that there is significant difference between health at age (p = 0.004). This means the lower the age, the lower the level of mental health of the subjects. This asserts that age is an important factor in determining the level of mental health amongst the samples. This finding is in line with the study conducted by Burnam et al. (1988) that finds depression levels in samples of younger people are higher than those who are older. The level of depression experienced proves the impairment of mental health especially amongst samples who are young. In addition, the factor of age is important in determining the maturity of an individual in responding to problems. Generally in younger ages, individuals are less mature and less skillful in the process of adapting to the problems they face. This is followed by weak coping skills amongst younger samples thus contributing to the deterioration of mental health (Resick 1998).
In addition to the factors mentioned above, the factor of depression also affects religiosity and mental health. This is evident with the results of the regression test that proves the effect of mental health on depression is very high which is 60%. Meanwhile the effect of social support on mental health is 2.5% and the effect of social support on depression is 1.4%. This finding shows that the higher the depression level, the more the mental health is affected. Even studies by Atkeson et al. (1982) proved that mental health symptoms that were affected were higher in mental patients suffering from chronic depression compared to those who suffered from acute depression.

In general, religiosity impacts mental health greatly. The study of Shriner and Michele (1999) and Zaizul Ab Rahman (2018) showed that groups that embraced religiosity were able to recover within a short period of time compared to those who did not receive social support. This finding is contrary to the influence of religiosity on mental health and depression that were obtained in this study. This study shows that the effect of religiosity on mental health is only 2.5% while the relationship on depression is only 1.4%. This means social support does not affect the psychological symptoms amongst subjects. The difference in this findings could be because the religiosity received by mental patients is high. Thus, the victims can prevent the symptoms of depression. The results of study by Zaizul Ab Rahman (2017) and Salina Nen (2012) have shown that religiosity obtained by rape victims determine the level of depression. Victims who received social support from close friends were found to have lower levels of depression.

In addition, this study found a positive relationship between mental health and depression ($r = 0.76$). This means the higher the depression experienced by the patient, the more affected the mental health becomes. The previous study that was conducted also reinforced the results of this study. This is proven by the study of Atkeson et al. (1982) and Zaizul Ab Rahman et al (2018) that found affected mental health symptoms were significantly higher in mental patients suffering from chronic depression compared to those who suffered from acute depression.

4. CONCLUSIONS

The study on mentally ill patients proves that there are various effects and relationships on mental health, religiosity and depression with religiosity experience. In general, this study has proven the impact that mentally ill patients have received. It is hoped that the findings in this study will serve as an emotional and physical predictors for mentally ill patients. This is due to the lack of such research being conducted by researchers in Malaysia. It is also hoped that this study will be able to educate the community to be more empathetic towards mentally ill patients and that one should not be prejudicial and isolate them from society. Additionally, this researcher hopes that an intervention that takes into account the age factor as an important approach can be established to ensure appropriate treatment and therapy plans are performed unto mental patients.

REFERENCES


Relationship Between Depression, Mental Health And Religiosity Amongst Mentally Ill Patients


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