

A SUTHERLAND INSTITUTE  
POLICY PUBLICATION

# Religious Contributions to Mental Health

## Social Benefits of Religion, Volume 4

Written by William C. Duncan,  
Ford Copple, and Jason Mata

May 2025





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# Publication Introduction

**T**his is the next report of a series of publications about contributions of people of faith and religious organizations to society. Previous reports have focused on these contributions to social services, constitutional rights, and education.

This publication will build on some of these reports by focusing on the contributions of faith to addressing the significant and growing concerns about mental health.



## Mental Health Crisis

**A**n intriguing article published by Pew Research in December 2023 reported that “90% of Americans feel we are in a mental health crisis.” The author, a former director of the National Institute of Mental Health, said this perception reflected reality. Describing data from the Youth Mental Health Survey of high school students conducted by the Centers for Disease Control (CDC), the author explained that “42% ‘experienced persistent feelings of sadness or hopelessness,’ up from 28% in 2011. And 22% ‘seriously considered attempting suicide,’ up from 16% in 2011.”<sup>1</sup>

The COVID-19 pandemic accelerated existing trends to make the existence of a crisis unmistakable.

This is particularly true for young people.

Prior to the pandemic, the Surgeon General found “mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the US with a reported mental, emotional, developmental, or behavioral disorder.”

From 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or

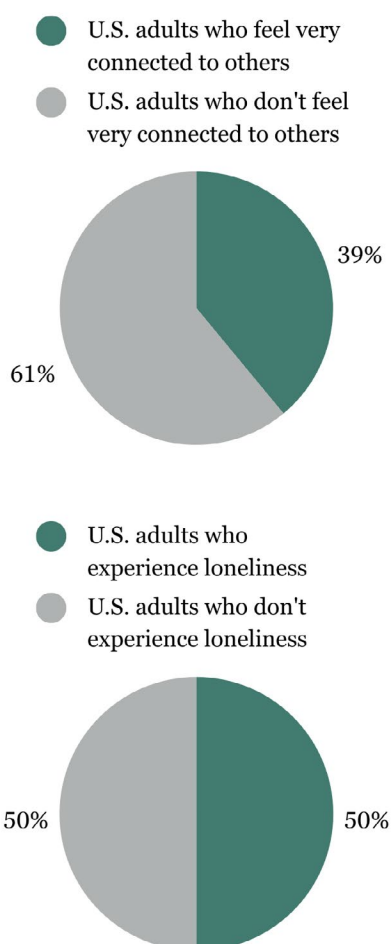
hopelessness increased by 40%; the share seriously considering attempting suicide increased by 36%; and the share creating a suicide plan increased by 44%. Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased by 28%. Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%. Early estimates from the National Center for Health Statistics suggest there were tragically more than 6,600 deaths by suicide among the 10-24 age group in 2020.

The crisis is not confined to youth, though. The CDC points out that “One in five American adults experienced symptoms of anxiety and depression in 2023. . . . From 2020 through 2023, nearly 1 in 10 Americans reported experiencing depression. . . . 5.8 million emergency department visits occurred in 2021 with mental, behavioral, and neurodevelopmental disorders as the primary diagnosis.”<sup>2</sup>

This report highlights research illustrating how religious beliefs and religious organizations improve mental health.

## Loneliness and Isolation

The U.S. Surgeon General issued a report in 2023 called, “Our Epidemic of Loneliness.”<sup>3</sup> It notes “only 39% of adults in the U.S. said that they felt very connected to others” and “that approximately half of U.S. adults report experiencing loneliness, with some of the highest rates among young adults.”<sup>4</sup> This has serious implications for society:



*Loneliness and social isolation increase the risk for premature death by 26% and 29% respectively. More broadly, lacking social connection can increase the risk for premature death as much as smoking up to 15 cigarettes a day. In addition, poor or insufficient social connection is associated with increased risk of disease, including a 29% increased risk of heart disease and a 32% increased risk of stroke. Furthermore, it is associated with increased risk for anxiety, depression, and dementia. Additionally, the lack of social connection may increase susceptibility to viruses and respiratory illness. . . .*

*Social isolation among older adults alone accounts for an estimated \$6.7 billion in excess Medicare spending annually, largely due to increased hospital and nursing facility spending. Moreover, beyond direct health care spending, loneliness and isolation are associated with lower academic achievement and worse performance at work. In the U.S., stress-related absenteeism attributed to loneliness costs employers an estimated \$154 billion annually.<sup>5</sup>*

The report suggests a national strategy to respond. It includes “community connection programs,” training for health care workers, digital safety initiatives, research funding, and promoting



increased discussion and education on the topic.<sup>6</sup> The report includes brief recommendations to stakeholders including “community-based organizations,” which include “faith-based organizations.”<sup>7</sup>

Though they are mentioned only in passing, emerging research suggests that religious organizations could make a difference in responding to the epidemic of loneliness.

A study of older adults in the United States found “that religious attendance is associated with higher levels of social integration and social support and that social integration and social support are associated with lower levels of loneliness.”<sup>8</sup>

Even when older adults do experience loneliness, a study in India “revealed that religiosity, spirituality and religious participation moderate the association between loneliness and lower life satisfaction.”<sup>9</sup> In other words, religion can take some of the sting from loneliness.

The Harvard Youth Poll of 2,096 Americans ages 18-29 “found that Evangelical Christians, Protestants, and members of a non-Abrahamic faith are most likely to feel belonging in a community, while those with no religious preference or are not religious are much less likely to feel a sense of community belonging.” Those “who place greater importance on religion in their own lives are the most likely to feel a strong sense of community: 62% of those who described religion as ‘very important’ to their life felt a sense of community belonging, compared to only 36% of those who are not religious.”<sup>10</sup>

The Springtide Research Institute has noted, however that the benefit of religion for addressing loneliness did not necessarily extend to merely being a member of a “religious or spiritual group.”<sup>11</sup> Participation seems to be more important than identification.

# Happiness and Well-Being

The phrase “mental health” often invokes emotional challenges, but it is a neutral term. A person experiencing positive mental health could describe themselves as happy or as experiencing a sense of well-being.

Survey data from Pew on individuals in the United States found that “36% of the actively religious describe themselves as ‘very happy,’ compared with 25% of the inactively religious and 25% of the unaffiliated.”<sup>12</sup> Similarly, a study of women “showed that not only were high[ly] religious subjects statistically less distressed and better adjusted psychologically than medium and low religious subjects, [but] the results were clinically meaningful as well.”<sup>13</sup>

A Springtide Research Institute report also found that “the more religious or spiritual a person is, the more likely they are to say they’re flourishing.” When asked about their agreement with the statement “I am flourishing in my emotional or mental well-being” 19% respondents who considered themselves “not spiritual” agreed compared to 36% who were “very spiritual.” The numbers were even more striking when the comparison was religiosity. 17% of those considering themselves “not religious” agreed while 40% of those who saw themselves as “very religious” agreed.<sup>14</sup>

Springtide explained that those who felt “connected to a higher power” reported better “flourishing when it comes to mental and emotional health.” For

those “not at all connected,” 47% reported they were “not flourishing,” 37% that they were “somewhat flourishing” and 16% that they were “flourishing a lot.” The percentages of those reporting “not flourishing” decreased with increased connection and the numbers saying they were “flourishing a lot” increased with increasing connection. For those “highly connected” to a higher power, only 20% said they were not flourishing, 38% that they were somewhat flourishing and 42% that they were flourishing a lot.<sup>15</sup>

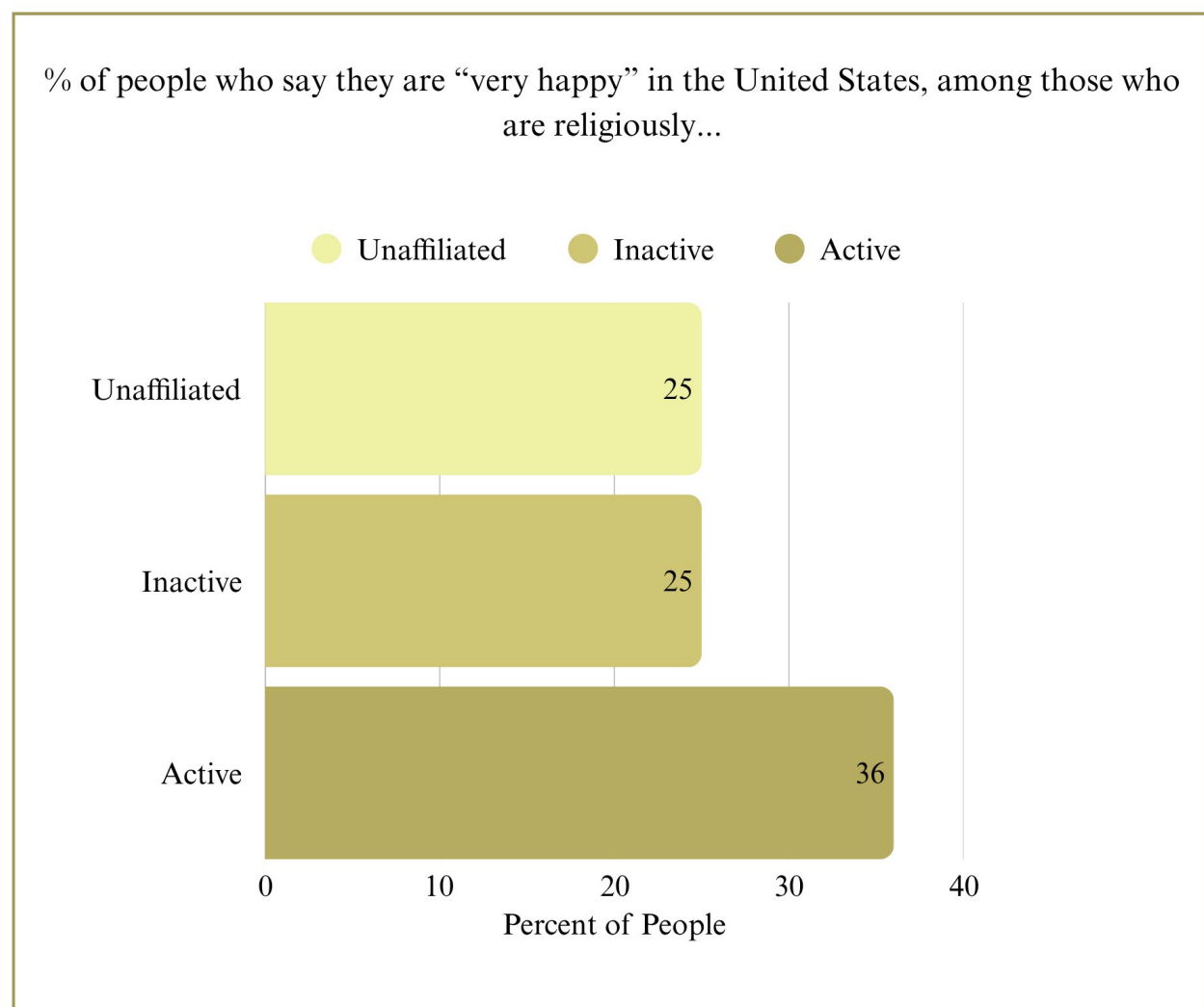
*Young adults who employed “positive religious coping” were able to better regulate their emotions “for improved mental well-being.”*

Young people seem to experience emotional benefits from faith. A study looking at how young people experienced the COVID-19 pandemic found that young adults (particularly young men) who employed “positive religious coping,” defined as “a use of religion in seeking strength and counseling in difficult times to reduce distress and avoid unpleasant thinking associated with distress,” were able to better regulate their emotions “for improved mental well-being.”<sup>16</sup>

As with loneliness, the social aspect of religious practice, as opposed to mere affiliation, is essential. For instance, two researchers found that

“religiousness is positively related to happiness” and that “the religious effect is primarily ‘social.’” This meant the effect of religiousness on happiness “is stronger for religious participation than for religious beliefs.”<sup>17</sup> Another researcher similarly concluded that “individualistic...forms of religious expression” are not as important as “collectivist

religious practices like church attendance and participation in church related activities” for positive mental health outcomes.<sup>18</sup> Yet another study concluded that “private or subjective aspects of religiosity” did not “affect life satisfaction independent of attendance and congregational friendship.”<sup>19</sup>



## Perfectionism

**T**hese findings might come as a surprise to some readers since there is a long historical critique of religion as oppressive and constraining. That can, of course, be true. Like any human endeavor, religious organizations will include both positive and negative elements and the experience of individuals participating in them will often be mixed. All of us struggle at times to live up to our highest aspirations.

Characterizing all religious experience as harsh and hurtful is too simplistic, however. A recent volume of *BYU Studies* illustrates this. It addresses the question of “perfectionism,” the characteristic of striving for flawlessness. This can have positive and negative manifestations—striving for improvement or merciless self-criticism. The latter approach, called “toxic perfectionism,” is associated with other negative mental health outcomes.<sup>20</sup>



As the volume's editor explains, many assume that religion creates or at least exacerbates negative perfectionism since many faiths promote demanding moral standards.<sup>21</sup> Given this, a link between religion and toxic perfectionism may seem intuitive but empirical research casts doubt on simplistic assumptions. One of the articles explains:

*Contrary to what some may assume, religion overall is associated with lower levels of toxic perfectionism. When it comes to the association between religious denominations and toxic perfectionism, having a religious association or a belief in God (though not affiliated) tended towards lower levels of toxic perfectionism compared to those of no religion. Regarding statistically*

*significant differences, Latter-day Saints and those of "Other Religions" had lower toxic perfectionism than atheists and agnostics and former Latter-day Saints.<sup>22</sup>*

***Striving for flawlessness can have positive and negative manifestations—striving for improvement or merciless self-criticism.***

This example is instructive. While some religious beliefs or actions of people who affiliate with churches certainly can be harmful, that reality can blind us to the very real contributions that religious teachings, associations and practices can provide.

# Depression

**A**mong the most common and destructive mood disorders is depression which “causes a persistent feeling of sadness and loss of interest” and affects feelings, thinking and life experiences. It “can lead to a variety of emotional and physical problems” and disrupt life, even leading in some cases to a temptation to self-harm.<sup>23</sup>

There is important evidence that religion and religious participation are protective when it comes to depression.

In fact, “religious Americans are significantly less likely to say they have been diagnosed with depression in their lifetimes than people who are less religious.”<sup>24</sup>

A paper using the National Longitudinal Study of Adolescent Health data found “that religious involvement works to prevent the occurrence of school and health stressors, which reduces depression.”<sup>25</sup> Another study focused on adolescents found that religiosity has unique protective features. It found that “religiosity buffers against stressors in ways that school activities and friendships do not.” The researchers noted a remarkable feature, that “more depressed individuals benefit significantly more from religiosity than the least

depressed.” They explain the significance of this finding by noting that “cognitive-based therapy, one of the most recommended forms of treatment . . . is generally less effective for the most depressed individuals.”<sup>26</sup>

This is not only true for adolescents. For older African Americans, “social support from church members was significantly and inversely associated with depressive symptoms and psychological distress.”<sup>27</sup> Another study found that “religious service attendance . . . is strongly associated with mental health among blacks across the life course” and is protective against depression, depressive symptoms, and manifestations of the symptoms. For Latino Americans, “more frequent service attendance is inversely associated with . . . depressive symptoms.”<sup>28</sup>

The protective function of religion against depression has been observed across the world. An international meta-analysis found that “higher levels of [spirituality/religion] are generally associated with lower depressive symptoms.”<sup>29</sup> Another reported that spirituality and religiosity “predicted a significant but modest decrease in depression over time.”<sup>30</sup>

## Other Mental Illness

**T**here is less information on possible effects of religion on other types of mental disorders. Some studies suggest there are “no significant relations between anxiety and religiosity” and that “stress and religious involvement appeared to be unrelated.”<sup>31</sup> A more recent review found “positive [spiritual/religious] thoughts and emotions predict less anxiety” while negative spiritual/religious thoughts are “associated with greater anxiety symptoms.”<sup>32</sup> Following the pattern in studies discussed to this point, participation appears to be more protective than affiliation or personal spirituality. As one review explains: “Studies on service attendance find that it can protect against . . . anxiety disorders.”<sup>33</sup>

That same review mentions that “service attendance” can be protective against “a wide range of mental health problems” and “other psychiatric disorders.”<sup>34</sup> A review of studies from multiple countries noted that there are few studies that examine other types of mental illness but that high levels of spirituality or religiosity are associated with “better outcomes” for bipolar disorder and post-traumatic stress disorder.<sup>35</sup>

For those who experience severe mental illnesses, “religious support and enduring with faith were positively associated with recovery.”<sup>36</sup>

# Suicide

**T**he most severe and tragic manifestation of mental illness is suicide. In past decades, the United States has experienced “unprecedented increases” in suicide and self-harm.<sup>37</sup>

There is significant evidence that religion can be protective against suicide.

## The Role of Religious Association

A nationally representative sample of 20,014 individuals in the United States concluded: “Frequent religious service attendance is a long-term protective factor against suicide. . . . Specifically, we found that those who attended religious services 24 times per year or more were less than half as likely to die by suicide than those who attended less frequently.”<sup>38</sup> Another study with a large sample (89,708 women) found “attendance at religious services once per week or more was associated with an approximately 5-fold lower rate of suicide compared with never attending religious services.”<sup>39</sup>

For Latino Americans “more frequent service attendance is inversely associated with suicidal ideation and attempts.” For Black Americans, “frequency of contact with and emotional closeness to church members are both related to decreased suicidality.”<sup>40</sup> One reason for this association is that

“religious involvement works to mobilize social resources” to address suicidal ideation.<sup>41</sup>

Unfortunately, Utah, along with other western states, has suicide rates higher than the national average.<sup>42</sup> A report published by the Centers for Disease Control on suicidal thoughts and attempts found that they were more likely among the “less religious [and] nonmembers of the Church of [Jesus Christ of] Latter[-d]ay Saints.”<sup>43</sup>

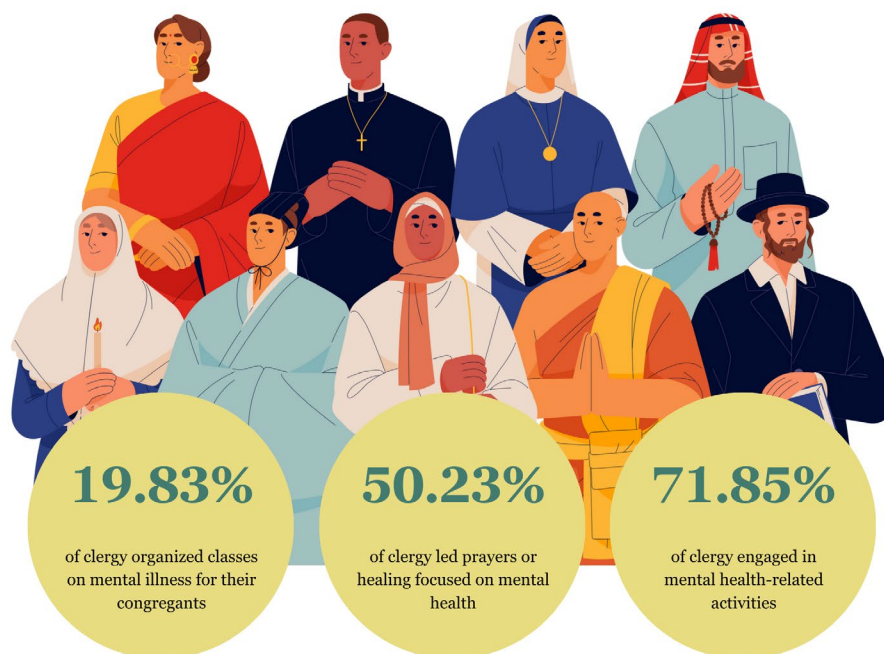
Another study of “differences in suicidality and depression across religion and sexual orientation in a representative sample of Utah youth in grades 6, 8, 10, and 12.” The authors found that “Latter-day Saints were lower in their suicidality and/or depression than those of any other religious group or those of no religion.” Also, that this “same pattern held for LGBQ individuals. LGBQ Latter-day Saints were lower in their suicidality and/or depression than LGBQ individuals of any other religion or no religion.” Taking other factors into account, the “differences became statistically nonsignificant when taking into account controls, family connections, and substance use. Thus, results suggest that, on average, Latter-day Saints (whether LGBQ or not) are lower in suicidality and depression because they have (again, on average) stronger family connections and less drug use.”<sup>44</sup>



## Religious Counseling

A final religious contribution to improved mental health is the involvement of clergy in providing counseling and connecting members of congregations to mental health resources.

*related activities, such as reading books, attending classes, or seeking resources on mental illness. Additionally, 46.06% preached a sermon on mental illness,*



In one study, researchers noted that “clergy are pivotal actors and gatekeepers in recognizing and responding to personal distress and the help-seeking process.”<sup>45</sup> A study of clergy reports that

*76.36% were approached by congregants for assistance with mental illness on at least one occasion. In contrast, 78.15% of clergy members encouraged someone at least once to seek help from a mental health professional in the past year. In the same time period, 71.85% of clergy members engaged in mental health-*

*50.23% led prayers or healing focused on mental health, and 19.83% organized classes on mental illness for their congregants.<sup>46</sup>*

A survey conducted by the American Psychiatric Association found that for those who belonged to a religious community, “nearly three in five (57%) say that they would be likely to reach out to a faith leader if they were struggling with their mental health” and a “larger share (68%) say they would be likely to seek mental health care if a leader in their religious community recommended it.”<sup>47</sup>

A study of African American churchgoers noted that Black churches “have a long history of addressing a variety of adverse life circumstances,” with ministers acting as “key players in providing mental health care for African Americans who encounter life problems and challenges, including serious mental illness.” Among the sample, “21% of respondents with a serious personal problem reported seeking help from a minister . . . the most frequent response to the question of what professionals individuals talked to about their problems.” Participants sought help from

ministers more often than family doctors (16.1%), psychiatrists (9.4%) and “other mental health professional (8.7%).”<sup>48</sup>

More directly, “[n]early 1 in 4 religious congregations (23%) now offer some type of mental health programming.”<sup>49</sup> Of course, not all ecclesiastical leaders have or need professional training, but they can still encourage members to access mental health resources and even connect them to professional help.<sup>50</sup>

## Social Benefits

**T**he benefits of religion related to improved mental health do not accrue only to people of faith who directly experience them. People who experience improved mental health serve as models for others seeking help. As they share their experiences, they can help others seek needed help and provide encouragement to receive that help. For some people of faith, a sense of mission can lead them to provide help to others in their communities either as trained professionals or in more informal ways.

There are also important society wide benefits to any reduction in mental health challenges. This is made clear by the exorbitant costs associated with mental health problems that are not treated or addressed.

### Mental Health and the Economy

An international survey suggests that “[l]ost productivity as a result of two of the most common mental disorders, anxiety and depression, costs the global economy US\$ 1 trillion each year.” It also concluded that “poor mental health was estimated to cost the world economy approximately \$2.5 trillion per year in poor health and reduced productivity in 2010, a cost projected to rise to \$6 trillion by 2030.”<sup>51</sup> Another study found that experiencing a year of “serious mental illness (SMI) significantly predicted reduced earnings.”<sup>52</sup>

Mental health difficulties are associated with deficits in educational attainment.<sup>53</sup> Parental experience with mental illness impacts their children, including children’s success in school.<sup>54</sup>

Unaddressed mental illness is associated with higher health care costs. A study of “adults with chronic physical conditions” found that their “overall health care costs” were reduced when they received mental health services.<sup>55</sup>

Mental health challenges seem to contribute to increased crime and associated costs. One study explained that individuals “with mental health histories tend to have higher recidivism rates, serve longer sentences, and have more expensive medical needs than those without mental illness. The criminal justice system therefore spends a significant share of its resources housing and treating people with mental illness.”<sup>56</sup>

A careful study published by the National Bureau of Economic Research attempted to “quantify the total societal burden of mental illness.” This includes the type of costs described above and impacts on labor supply as well as investment and savings. The authors’ estimate was \$282 billion.<sup>57</sup>

Thus, the religious contribution to improved mental health contributes to economic strength, lower health care costs, decreased crime and better educational outcomes.

## Policy Recommendations

Since so many Americans will seek help from religious counselors for mental health needs, professional training that is sensitive to religious concerns should be a priority. This can be impeded when accreditors or professional organizations do not understand, or may even object to, religious teachings. There have been instances where people of faith have been excluded from professional training because of their beliefs.<sup>58</sup> States should direct public universities to ensure that religious beliefs of students are accommodated. Appropriate accommodations could include working around religious holidays or other commitments,<sup>59</sup> allowing religious student organizations autonomy to pursue their missions and choose their leadership,<sup>60</sup> and flexibility in assignments that may violate a student's conscience.<sup>61</sup>

Related to this, some have argued that religiously affiliated universities and colleges should lose their accreditation when they act consistent with their religious mission on controversial topics.<sup>62</sup> The

Trump Administration recently issued an executive order to federal agencies to provide oversight of accreditation agencies including encouraging alternative accreditors.<sup>63</sup> This type of oversight can be helpful. In some instances, agencies threatened to withdraw accreditation over disagreements with a university's religious mission.<sup>64</sup> Under current law, accreditation is performed by private accreditors but accreditation is a condition for federal student aid and the federal government establishes standards for accrediting agencies.<sup>65</sup> States, however, can designate particular agencies with authority to accredit schools and adopt additional standards for agencies, as Texas is considering doing.<sup>66</sup> States also provide some educational funding and can condition that funding on accreditation by their approved agencies.<sup>67</sup> States should ensure that accreditors accommodate decisions based on the religious missions of colleges and universities, as some currently do.<sup>68</sup>

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The benefits of religion related to improved mental health do not accrue only to people of faith who directly experience them. People who experience improved mental health serve as models for others seeking help. As they share their experiences, they can help others seek needed help and provide encouragement to receive that help. For some people of faith, a sense of mission can lead them to provide help to others in their communities either as trained professionals or in more informal ways.



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