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Psychological and Spiritual Protective Resources Against Adolescent Suicidal Ideation: The Mediating Role of Mental Health

***Siti Mufarochah*[1], *Naning Yuliani*[2], *I'in Khalimatus Sa'diyah*[3] and *Eli Maria*[4]**

[1,2,3,4]Islamic Psychology Study Program, Al Azhar Islamic University Gresik, Indonesia
Jl Raya Menganti Krajan No. 474 Menganti Gresik

Abstract. Suicidal ideation among adolescents is a complex mental health issue influenced by various psychological and spiritual determinants. To examine how self-management and religiosity influence suicidal ideation and to clarify the mediating role of mental health in this relationship this study employed a quantitative design using Structural Equation Modeling-Partial Least Squares (SEM-PLS) with a sample of 337 adolescent respondents. The results indicate that both self-management and religiosity enhance mental health, while mental health, self-management, and religiosity all contribute to reducing suicidal ideation. Furthermore, mental health plays a significant mediating role in the relationship between self-management, religiosity, and suicidal ideation. These findings suggest that self-management and religiosity can serve as protective factors acting both directly and indirectly through improved mental health to reduce the likelihood of adolescents developing suicidal thoughts. This study highlights the importance of preventive strategies that integrate individual capabilities such as self-management and mental health with constructive religious resources, thereby effectively preventing suicidal ideation among adolescents.

Keywords: self-management; religiosity; mental health; suicidal ideation; adolescents

[3] I'in Khalimatus Sa'diyah : iinkhalimatussadiyah@gmail.com

1 Introduction

Adolescence is a developmental stage in human life characterized by considerable changes spanning physical development, mental processes, interpersonal engagement, and emotional experience. Throughout this timeframe, young individuals commence forging their sense of self, foster greater self-governance, form social ties that grow increasingly intricate, and grapple with rising educational and societal demands (Roeser dkk., 2000). Simultaneously, adolescents' abilities to control emotions, make choices, and cope with pressure remain incompletely developed. Such developmental circumstances leave teenagers especially prone to a range of mental health challenges (Modecki dkk., 2017). Approximately one in seven individuals aged 10–19 experience mental health conditions such as depression, anxiety, and other behavioral disorders; within this demographic, these conditions substantially elevate the risk of disability (WHO, 2025a). In addition, suicide constitutes one of the gravest mental health challenges faced by adolescents and young adults, being the third most common cause of death among those aged 15–29. In 2021, an estimated 727,000 suicide deaths occurred worldwide, and low- and middle-income countries accounted for roughly 73% of those fatalities (WHO, 2025b).

The emergence of thoughts or wishes to terminate one's own life prior to the development of suicidal conduct is referred to as suicidal ideation. This phenomenon is multifactorial and arises from the influence of psychological, social, biological, and environmental factors, as well as stressful life experiences (Klonsky dkk., 2016). Accordingly, prevention must not be confined to the management of severe symptoms; it should also be directed toward reinforcing protective factors that allow adolescents to handle stress adaptively. This pressing need is especially apparent in Indonesia, where approximately 46 million adolescents constitute 17% of the total population, while the percentage of students aged 13–17 years who seriously contemplated suicide rose from 5.4% in 2015 to 8.5% in 2023 (WHO, 2025a). The issue described above makes clear that suicidal thinking is a major public health problem. Its prevention therefore demands interventions designed with awareness of adolescents' psychological resources, mental well-being, and the social and cultural circumstances that might enable them to cope with the varied developmental pressures they encounter.

An important psychological element in this context may be self-management. By this term is meant the ability of a person to identify, guide, and control personal thoughts, feelings, actions, and resources while working toward goals and adjusting to environmental expectations. Viewed through self-regulation theory, Bandura describes people as active agents, able to monitor themselves, judge their own behavior, and steer their conduct according to their objectives and personal standards. (Bandura, 2005). Additional reinforcement for this outlook was provided by the self-regulation approach devised by (Kanfer, 1970), which places emphasis on self-monitoring, evaluation, and response regulation as means of coping with demands. During adolescence, the capacity to manage emotions, restrain impulses, resolve problems, and sustain goal-directed conduct may act as a psychological resource when young people face stressful conditions.

Nevertheless, the psychological strengths associated with self-management represent only one category of resources that may safeguard adolescents against the detrimental consequences of life stress. In communities where social and religious values are firmly embedded—Indonesia furnishing an example—religiosity could operate as a significant psychological and social resource for interpreting adolescents' responses to stressful encounters (Saripah & Utami, 2025). Glock and Stark advance a conceptualization of religiosity as a multidimensional construct. Within this framework, religious beliefs are accompanied by dimensions such as religious practice, experience, knowledge, and consequences (Stark & Glock, 1970). A more comprehensive comprehension of religiosity

becomes possible through this lens, rather than limiting it to one's religious affiliation or the regularity of ritual observance. From a psychological standpoint, religiosity can supply meaning frameworks, hope, moral direction, social ties, and coping resources when individuals confront stressful events (Dubey dkk., 2025). Thus, religiosity may serve as an internal as well as external asset, aiding adolescents in sustaining psychological equilibrium.

The association between religiosity and suicidal ideation should also be interpreted with caution, because religious participation does not invariably lead to the same psychological results. When religious values are internalized adaptively, they can become Religious engagement may function as a foundation for hope and meaning; nevertheless, when it entails conflict, guilt, stigma, or social pressure, the resulting psychological effects can differ markedly (Poorolajal dkk., 2021). In this context, mental health serves as a crucial intermediary through which psychological and spiritual assets may influence suicidal ideation. Rather than simply denoting the absence of mental disorders, mental health reflects a person's ability to manage life's pressures, cultivate personal potential, form constructive relationships, and adapt effectively to everyday demands. According to the WHO, adaptive coping, problem-solving capacity, emotion regulation, and supportive social surroundings are key contributors to adolescent mental well-being. Consequently, self-management may be understood as a psychological asset that helps individuals respond to stress in more constructive ways, while religiosity can offer meaning, hope, and a value-based orientation that facilitates coping. If both assets function constructively, improved mental health would be anticipated to lower susceptibility to suicidal thoughts.

Although prior research has shown that psychological and spiritual variables correlate with suicidal ideation and suicidal actions in adolescents, current evidence is still insufficient for clarifying the protective processes at work. By conducting a systematic review of 61 studies encompassing 340,170 participants in total (West dkk., 2025) Relatively robust evidence has emerged regarding the linkage among adolescent religiosity, spirituality, and risk of suicidality. Evidence from the analysis indicates that, among the investigations assessed, a protective relationship between religiosity or spirituality and suicidal ideation or suicidal behavior was documented in 67.2% of instances. This pattern suggests that religiosity and spirituality may serve as protective resources, enabling adolescents to cope with psychological circumstances connected to an elevated risk of suicidality. However, the review additionally determined that studies directly investigating mediating mechanisms remain scarce. Thus, despite the empirical support that the association between religiosity and suicidality has acquired, the process through which religiosity protects against suicidal ideation has yet to be adequately elucidated.

Additional support for these findings is offered by (Mirza dkk., 2024), The researchers An investigation involving 7,068 early adolescents in the United States was undertaken to assess the relationship between suicide risk and the religiosity of both parents and adolescents. The findings indicated that numerous dimensions of religiosity were linked to suicidal thoughts and suicide attempts; however, the magnitude and direction of these associations differed depending on the specific religiosity dimension and individual characteristics. A particularly noteworthy result was that a reduced likelihood of suicide attempt was associated with parents' reports of how important their adolescent perceived religion to be (OR = 0.75; 95% CI = 0.61-0.92). The present finding further substantiates the contention that existing evidence points to religiosity as a possible protective element against suicide risk in adolescence. Nonetheless, as the research predominantly treated religiosity as a predictor directly related to suicide risk, it failed to explain the psychological pathways by which religiosity could produce protective outcomes. Put differently, investigation needs to advance past the issue of whether religiosity is connected to suicidal ideation and instead explore how that association may function via specific psychological states.

Within the Indonesian context, (Sarfika dkk., 2025) a qualitative investigation into Indonesian adolescents' experiences of suicidal ideation offers a perspective that is more firmly rooted in context. Thirty-four adolescents between 15 and 19 years of age took part in this study, which uncovered multiple dynamics that contribute to the development of suicidal ideation. These dynamics include trauma, detachment from social and emotional connections, academic pressure, emotional seclusion, challenges in articulating emotions and applying coping strategies, stigma, and conflicts related to spirituality and religion. Such results indicate that suicidal ideation among Indonesian adolescents should not be interpreted merely as an outcome of personal difficulties; rather, it is a phenomenon produced by the interplay among psychological, spiritual, cultural, and social dimensions. Nevertheless, owing to its qualitative design, the study cannot empirically determine the degree to which variables are associated, or illuminate the pathways by which psychological and spiritual factors could operate as protective resources against suicidal ideation.

Collectively, the three investigations establish a significant basis for extending scholarship concerning suicidal ideation in adolescent populations. West et al. (2025) found that religiosity and spirituality tend, in general, to offer protective advantages in relation to suicidality, even though the processes accounting for such associations have not been adequately investigated. Mirza et al. (2024) reported that religiosity corresponds with suicide risk during early adolescence; nevertheless, their work did not formulate an encompassing psychological mechanism to account for this connection. In addition, Sarfika et al. (2025) indicated that, in Indonesia, suicidal ideation is linked to the combined influence of psychological distress, social experiences, coping capacities, and spiritual dimensions; nonetheless, such linkages have not been assessed using a quantitative framework that incorporates all of these elements at once.

Given the trajectory of prior scholarship, a broader investigative lens is required one that moves beyond direct associations to illuminate the protective processes by which psychological and spiritual assets might relate to suicidal ideation. Self-management represents one pertinent psychological asset; it denotes a person's capacity to observe, modulate, and govern cognitions, emotions, and actions amid life demands and stressors. Through self-management, adolescents can cultivate an enhanced ability to adjust their stress responses, remain oriented toward goals, and refrain from rash reactions when encountering stressful circumstances. Concurrently, religiosity may be understood as a spiritual asset offering systems of meaning, hope, values, and social ties that can help people navigate challenging experiences. Despite their differing qualities, these two assets may work together to reinforce adolescents' adaptive strengths.

From this perspective, mental health can be framed as the connecting mechanism among self-management, religiosity, and suicidal ideation. Adolescents who possess stronger self-management skills may be more capable of coping with stress constructively, whereas religiosity may supply a structure of meaning and coping resources for confronting adversity. When both assets improve psychological adaptation, improved mental health could, in the end, correspond with diminished suicidal ideation. Hence, the connection may not simply entail self-management or religiosity exerting direct effects on suicidal ideation; instead, it may function via mental health as a psychological mechanism.

This line of reasoning aligns with the stress-buffering hypothesis advanced by (Cohen & Wills, 1985), which holds that particular assets may lessen the harmful influence of stress on an individual's psychological state. In the context of the present investigation, self-management may be regarded as a psychological resource offering protection (Zou dkk., 2026), while religiosity may be understood as a spiritually protective resource (Faigin & Pargament, 2011). It is anticipated that these two resources will assist individuals in coping with stress in a more adaptive manner, thereby reducing the psychological impact of stressful experiences. In addition, the Integrated Motivational-Volitional (IMV) Model introduced by

(O'Connor, 2011) a theoretical foundation is provided for understanding suicidal ideation as a process that may emerge through psychological experiences involving stressful circumstances, defeat, entrapment, and constraints on an individual's capacity to reconnect with meaningful life goals. From this perspective, self-management capability and the preservation of psychological resources may function as essential components in interrupting progression toward suicidal ideation.

Consequently, the gap addressed by this investigation is not defined by a lack of scholarship on religiosity and suicidal ideation, since prior empirical work has already established a link between these constructs. Rather, the more meaningful gap concerns the scarcity of studies that place self-management as a psychological asset alongside religiosity as a spiritual asset within one integrated framework to account for suicidal ideation among adolescents, especially through mental health as an explanatory pathway. Earlier scholarship has generally assessed the direct connection Earlier research has generally either examined the earlier scholarship has either explored the link between religious commitment and the likelihood of suicide, examined psychosocial and spiritual processes using qualitative designs, or evaluated protective elements in isolation. To overcome this shortcoming, the current research seeks to construct a framework wherein self-management and religiosity function as protective assets, mental health is conceptualised as a possible mediating pathway, and suicidal ideation is viewed as an outcome that must be prevented in adolescent populations.

Building on this identified gap, the present inquiry examines the wider issue of how adolescents' capacity for self-management and their religious resources might be connected to lower levels of suicidal ideation. In particular, it asks whether self-management and religiosity relate to suicidal ideation it should likewise determine whether mental health functions as a mechanism that accounts for these links. Such an examination is anticipated to broaden theoretical insight into protective factors against suicidal ideation while also supplying empirical support for developing prevention approaches that merge psychological strengths, mental health, and spiritual resources to promote adolescent well-being.

2 Methods

The present investigation adopted a quantitative methodology, integrating a correlational-explanatory framework with a cross-sectional orientation. Data gathering took place within one time frame through questionnaires, with the aim of assessing interrelations Covering self-regulation, religiousness, psychological health, and suicidal thoughts among pupils in upper secondary education or its equivalent in Gresik Regency, the intended population comprised learners enrolled in public and private senior high schools, vocational high schools (SMK), and Islamic senior high schools (MA). Spread across multiple subdistricts within Gresik Regency. The population's varied attributes—namely school category, institutional standing, and socio-cultural and religious backgrounds—were taken into account when selecting the sampling method.

Determining the sample size involved due consideration of the requirements associated with SEM analysis. In line with the guideline put forward by (Hair dkk., 2019), , a minimum sample size may be approximated as five to ten times the quantity of indicators employed. Because the preliminary instrument contained 25 indicators, the required minimum number of respondents fell between 125 and 250. In order to strengthen the stability of parameter estimation, allow for incomplete responses, and achieve greater statistical power, the investigation set a target of 250 to 400 respondents. A multistage random sampling procedure was applied, In conjunction with proportionate stratified random sampling, selection at the school level was the sampling approach aimed to guarantee representation across SMA, MA,

and SMK, including both public and private schools. In the next phase, respondents were selected proportionally in accordance with the number of students in each stratum.

Four core variables formed the research instrument: self-management, religiosity, mental health, and suicidal ideation. The self-management variable was grounded in the (IFSMT) (Ryan & Sawin, 2009), the dimensions encompassed knowledge and belief related aspects, including an individual's awareness of their own circumstances and their self-efficacy. They also covered self-regulatory capacities, such as setting goals, making decisions, which encompasses self-monitoring and emotion regulation, along with social facilitation—defined as drawing on social support and engaging in open communication. The religiosity variable was based on the framework proposed by (Stark & Glock, 1970) and subsequently adapted from it (NOVAK dkk., 2024), The construct under consideration was composed of five dimensions. The ideological dimension pertains to convictions about religious doctrines and divine predestination. The ritualistic dimension concerns devotional acts that are either required or freely undertaken. The experiential dimension encompasses a sense of spiritual intimacy and internal serenity. The intellectual dimension involves familiarity with and comprehension of religious material. The construct under consideration comprised three domains. Likewise, the suicidal ideation variable was grounded in the framework put forward by (Van Orden) and was adapted from previously established measures of suicidal ideation. The instrument comprised suicidal thoughts, denoting cognitions regarding death and the wish to die; suicidal desire, denoting the longing to terminate one's own life; and suicidal preoccupation, denoting the frequency and intensity of death-related cognitions.

SEM-PLS was applied for data analysis because latent constructs were involved and the analytic procedure was intended to assess mediation pathways among variable and predictive relationships. Evaluation of the measurement model (outer model) involved examining factor loadings, preferably above 0, 70, and the Average Variance Extracted (AVE), which should exceed 0, 50. Reliability was likewise evaluated by means of Cronbach's Alpha and Composite Reliability, each of which was expected to satisfy a threshold above 0.70. Discriminant validity was examined with the Fornell-Larcker criterion and the Heterotrait-Monotrait Ratio (HTMT); an HTMT value under 0.90 signified that the constructs were adequately distinct. Afterward, the structural model (inner model) was assessed: R^2 was used to evaluate the predictive capacity of exogenous constructs over endogenous constructs, f^2 to measure effect sizes, and Q^2 to determine predictive relevance. o determine significance, direct and indirect relationships were subjected to bootstrapping with 5,000 resamples. A relationship was considered statistically significant if $p < 0.05$ or the t-statistic exceeded 1.96. The indirect effect was employed to assess the mediating role of mental health, thereby clarifying whether mental health mediated the link between self-management and suicidal ideation as well as between religiosity and suicidal ideation. Model fit was evaluated by means of the Standardized Root Mean Square Residual (SRMR), and a value below 0.08 signified acceptable fit.

3 Results and Discussion

When assessing regarding the measurement model (outer model), this study established that, after data screening and completeness verification, 337 respondents formed the final sample. Subsequently, the full set of 337 respondent records was used as the basis for assessing outer loadings, construct reliability, convergent validity, and discriminant validity within the research model examined.

Table 1. Outer Loading Test

	Mental-Health	*Religiosity*	*Self-Management*	*Suicide-Ideation*

MH 1	0,711			
MH2	0,718			
MH 3	0,812			
MH 4	0,819			
MH 5	0,820			
MH6	0,751			
MH7	0,695			
MH8	0,782			
MH 9	0,810			
REL 1		0,792		
REL10		0,746		
REL 2		0,699		
REL3		0,743		
REL4		0,804		
REL 5		0,731		
REL 6		0.729		
REL7		0.843		
REL8		0,659		
REL9		0,784		
SI1				0,845
SI2				0,784
SI 3				0,808
SI 4				0.766
SI5				0,803
SI 6				0,846
SI7				0.827
SM 1			0,732	
SM 2			0,844	
SM3			0,776	
SM4			0.780	
SM5			0.772	
SM6			0,747	
SM7			0,805	
SM8			0,791	

Outer loadings were found to span from 0,659 to 0,846. Although the majority of indicators produced loading values of at least 0,70, MH7 (0,695), REL2 (0,699), and REL8 (0,659) were located within the 0,40–0,70 interval; in accordance with (Hair dkk,, 2011), these may still be maintained. Because the AVE and construct reliability values satisfied the

stipulated criteria, no indicator was excluded, and all were carried forward for the subsequent analysis.

Table 2, Test-*Cronbach's alpha*

	Cronbach's alpha	*Composite reliability (rho_a)*	*Composite reliability (rho_c)*	*Average variance extracted (AVE)*
Mental Health	0.913	0.916	0,929	0,593
Religiosity	0,916	0,923	0,929	0,569
SelfManagement	0.909	0,911	0,926	0,611
Suicide Ideation	0,913	0.916	0,931	0.659

Outer loadings were found to range between 0,659 and 0,846, While the majority of indicators had loading values of at least 0,70, MH7, REL2, and REL8 showed values of 0,695, 0,699, and 0,659, respectively, thereby falling within the 0,40–0,70 interval; according to (Hair dkk,, 2019), such indicators may still be retained, because the AVE and construct reliability values fulfilled the specified criteria, no indicators were removed, and all were carried forward for the subsequent stage of analysis.

Table 3, Test-Heterotrait-Monotrait Ratio

	Mental-Health	Religiosity	Self-Management	Suicide-Ideation
Mental Health				
Religiosity	0.397			
SelfManagement	0.562	0,350		
Suicide-Ideation	0.591	0,287	0,439	

By means of the Heterotrait–Monotrait Ratio (HTMT) assessment, the HTMT values for the constructs were found to range from 0,287 to 0,591. Since all these values remained below the 0.90 threshold recommended by (Hair et al., 2019), the four constructs—Mental Health, Religiosity, Self-Management, and Suicide Ideation—met the requirements for discriminant validity. Consequently, the measurement model exhibited no discriminant validity issues.

For Mental Health, the analysis yielded an R-squared coefficient of 0,311 and an adjusted R-squared coefficient of 0,307, Accordingly, the variables related to Mental Health accounted for 31,1% of its variance, whereas 68,9% of the variance remained unexplained by the model and was therefore associated with external determinants, Regarding Suicide Ideation, the R-squared coefficient was 0,318, accompanied by an adjusted R-squared coefficient of 0,312, This suggests that 31,8% of the variance in Suicide Ideation was captured by the specified model, while the remaining 68,2% could be attributed to variables excluded from the analysis,

Table 4 Test- F-square

Relationship	**f^2**	**Category**
Self Management → Mental Health	0,253	Moderate
Mental Health → Suicide Ideation	0.197	Moderate
Religiosity → Mental Health	0.068	Small
Self Management → Suicide Ideation	0.027	Small
Religiosity → Suicide Ideation	0,003	Very small/negligible

According to the f-square analysis, Self-Management demonstrated a moderate influence on Mental Health, with a coefficient of 0,253, Its influence on Suicide Ideation was small, recorded at 0,027, Religiosity, in turn, produced small effects on both Mental Health and Suicide Ideation, with values of 0,068 and 0,003, respectively, Mental Health's influence on Suicide Ideation was moderate, with a value of 0,197, Consequently, within the model, the strongest path was Self-Management → Mental Health (0,253), followed by Mental Health → Suicide Ideation (0,197),

Table 5, Uji Q^2

	SSO	SSE	Q^2 (=1-SSE/SSO)
MentalHealth	3.033.000	2.485.315	0,181
Religiosity	3,370,000	3,370,000	0,000
Self-Management	2,696,000	2,696,000	0,000
Suicide-Ideation	2,359,000	1,879,416	0,203

Evaluation via the Q^2 test placed Mental Health at 0,181 and Suicide Ideation at 0,203, Predictive relevance is confirmed for both constructs, given that each value is above zero, When these two results are compared, Suicide Ideation demonstrates a stronger level of With respect to predictive relevance, the value of 0,203 exceeded the 0,181 recorded for Mental Health. This indicates that the model's capacity to account for variation in Suicide Ideation is comparatively stronger. By contrast, Religiosity and Self-Management each yielded a Q^2 value of 0,000; this outcome occurs because they are exogenous constructs, which means that no other construct in the model predicts them.

Table 6, Test-VIF

	VIF
MH1	1,769
MH 2	1,706
MH3	2,392
MH 4	2,412
MH 5	2,460
MH6	1,931
MH 7	1,628
MH8	2,086
MH 9	2,419
REL1	2,195
REL10	1,880
REL2	1,706
REL 3	1,897
REL4	2,322
REL5	1,755
REL 6	1,898
REL7	2,769
REL 8	1.578
REL9	2,158
SI1	2.587
SI2	1.980
SI 3	2,238

SI4	1,906
SI5	2,116
SI 6	2,578
SI 7	2,425
SM1	1,734
SM2	2,577
SM 3	2,024
SM4	2,016
SM 5	1,930
SM 6	1,885
SM7	2,178
SM8	2,084

The Variance Inflation Factor (VIF) examination showed that every indicator obtained a VIF score between 1,578 and 2,769, As these figures remained under the suggested cut-off point of 5,00 (Hair dkk,, 2019), the measurement model was considered to be free from multicollinearity concerns, Accordingly, all indicators were regarded as appropriate for retention, and the analysis was able to move forward to the structural model assessment phase,

Table 7, Test-Patch Koefisien

Relationship	B	t	p	Decision
Mental Health → Suicide Ideation	−0,441	9,000	0,000	**Significant**
Religiosity → Mental Health	0,228	5,225	0,000	**Significant**
Religiosity → Suicide Ideation	−0,052	1,018	0,309	**Not Significant**
Self-Management → Mental Health	0,441	10,401	0,000	**Significant**
Self-Management → Suicide Ideation	−0,161	3,314	0,001	**Significant**

The findings reveal that Suicide Ideation is negatively and significantly influenced by Mental Health ($\beta = -0{,}441$; $t = 9{,}000$; $p < 0{,}001$), In relation to Mental Health, Religiosity exerts a positive and significant influence ($\beta = 0{,}228$; $t = 5{,}225$; $p < 0{,}001$), Conversely, Religiosity is not found to exert a significant influence on Suicide Ideation ($\beta = -0{,}052$; $t = 1{,}018$; $p = 0{,}309$), Moreover, Self-Management demonstrates a positive and significant influence on Mental Health ($\beta = 0{,}441$; $t = 10{,}401$; $p < 0{,}001$), while its influence on Suicide Ideation is negative and significant ($\beta = -0{,}161$; $t = 3{,}314$; $p = 0{,}001$),

Table 8, Test- Indirect Effects

Mediating Effect	β	t	p	Decision
Religiosity → Mental Health → Suicide Ideation	−0,101	4,438	<0,001	**Significant**
Self-Management → Mental Health → Suicide Ideation	−0,194	6,398	<0,001	**Significant**

The indirect effect analysis indicates that Mental Health mediates a negative and statistically significant effect of the path from religiosity to Suicide Ideation, with $\beta = -0{,}101$; $t = 4{,}438$; $p < 0{,}001$. Similarly, through Mental Health, Self-Management has a negative and statistically significant influence on Suicide Ideation ($\beta = -0{,}194$; $t = 6{,}398$; $p < 0{,}001$). Therefore, Mental Health functions as a mediator in the relationships linking Religiosity and Self-Management with Suicide Ideation.

Table 9, Total Effect

Relationship	β	t	p	Decision
Mental Health → Suicide Ideation	−0,441	9,000	<0,001	**Significant negative**
Religiosity → Mental Health	0,228	5,225	<0,001	**Significant positive**
Religiosity → Suicide Ideation	−0,152	3,021	0,003	**Significant negative**
Self-Management → Mental Health	0,441	10,401	<0,001	**Significant positive**
Self-Management → Suicide Ideation	−0,355	7,976	<0,001	**Significant negative**

The bootstrap estimation outcomes show that Mental Health exerts a significant negative influence with regard to Suicide Ideation (β = −0,441; t = 9,000; p < 0,001), Religiosity, in contrast, shows a statistically significant favorable effect on Mental Health (β = 0,228; t = 5,225; p < 0,001) and a statistically significant adverse effect on Suicide Ideation (β = −0,152; t = 3,021; p = 0,003). Furthermore, Self-Management demonstrates a statistically significant positive effect on Mental Health (β = 0,441; t = 10,401; p < 0,001) and a statistically significant negative effect on Suicide Ideation (β = −0.355; t = 7,976; p < 0.001)

The results Evidence demonstrates that self-management exerts a substantial positive influence on mental health (β = 0,441; t = 10,401; p < 0,001). This implies that adolescents with stronger capacities to govern their thoughts, feelings, actions, and reactions to stress are likely to enjoy superior mental health. By enabling self-control, adaptive responses to difficulties, and persistent goal-oriented conduct, self-management can function as a psychological safeguard when adversities emerge. Such a result lends further support to the self-regulation viewpoint, which views people as proactive agents who can observe, assess, and steer their conduct toward desired objectives. During adolescence, these abilities are particularly important, as this stage brings a wide range of emotional, social, and educational pressures that call for competent self-management.

An additional finding concerns mental health, which was significantly and positively predicted by religiosity (β = 0,228; t = 5,225; p < 0,001). One interpretation is that religiosity functions as an internal strength that helps preserve adolescents' psychological welfare. Principles, purpose, optimism, ethical guidance, and social bonds derived from religious participation may assist people in making sense of hardships and managing stress in more constructive ways. This result Such evidence lends support to the position that religiosity is not only linked with religious observance; it may further serve as a spiritual safeguard promoting psychological well-being. Therefore, the current study proposes that mental health is influenced by psychological and spiritual resources, even though their effect sizes differ.

The next result reveals that mental health exerts a negative and statistically significant influence on suicide ideation (β = −0,441; t = 9,000; p < 0,001), Such a pattern implies that adolescents who enjoy stronger mental health report a diminished inclination toward suicide ideation, Youths with greater capacity to manage stress, modulate emotions, employ constructive coping strategies, and sustain effective psychological functioning are presumably less prone to contemplating the termination of their lives, This outcome accords with the Integrated Motivational-Volitional (IMV) Model, according to which suicide ideation can arise via psychological mechanisms involving defeat, entrapment, and constrained ability to handle stressful situations, Viewed through this lens, enhanced mental health may serve as a crucial element that halts movement toward suicide ideation.

With respect to suicide ideation, religiosity showed a direct, negative, and statistically meaningful influence was observed (β = −0,152; t = 3,021; p = 0,003). Such evidence indicates that adolescents who report stronger religiosity tend to report weaker suicide ideation. The systems of meaning, hope, values, and social ties afforded by religiosity may

assist adolescents in coping with stressful life events. West et al. (2025) presented results consistent with this outcome; their systematic review found that most of the examined literature recorded a protective relationship between religiosity or spirituality and adolescent suicidality. In addition, the present result reinforces the conclusions of Mirza et al. (2024), which indicated that particular religiosity indicators were linked to a reduced risk of suicide among early adolescents. Hence, the present study offers additional empirical evidence that supports religiosity as a protective element against suicide ideation.

By contrast, the effect of self-management on suicide ideation was negative and statistically significant ($\beta = -0{,}355$; $t = 7{,}976$; $p < 0{,}001$). This implies that adolescents with more developed self-management capacities are inclined to report lower suicide ideation. Adolescents' ability to regulate emotions, restrain impulses, interpret circumstances, resolve difficulties, and sustain goal-directed action allows them to respond more adaptively when confronting stress. This finding is particularly noteworthy, as it suggests that protection against suicide ideation derives from both external resources and adolescents' own internal self-regulatory capacity. In addition, the coefficient magnitude indicates that self-management's direct effect on suicide ideation ($\beta = -0{,}355$) is greater than religiosity's direct effect ($\beta = -0{,}152$), which implies that self-management may act as a more dominant psychological resource for directly lowering suicide ideation.

The principal finding of this study concerns the mediating role of mental health. Indirect effect analysis reveals that religiosity has a negative and statistically significant effect on suicide ideation through mental health ($\beta = -0{,}101$; $t = 4{,}438$; $p < 0{,}001$). In a similar manner, self-management has a negative and statistically significant effect on suicide ideation through mental health ($\beta = -0{,}194$; $t = 6{,}398$; $p < 0{,}001$). Since the direct effects of both religiosity and self-management on suicide ideation remained significant after mental health was incorporated into the model, these associations suggest partial mediation. This demonstrates that religiosity and self-management influence suicide ideation through two routes: a direct route and an indirect route that operates via mental health.

The mediation results presented here respond squarely to the scholarly lacuna identified by earlier literature. Although West et al. (2025) uncovered the safeguarding capacity of religiosity and spirituality in relation to suicidality, investigations that account for the mediating pathways underlying this connection remain scarce. In a comparable vein, Mirza et al. (2024) focused chiefly on the direct association between religiosity and suicide risk, whereas Sarfika et al. (2025) it was shown that suicidal ideation among Indonesian adolescents emerges from the interaction of psychological, social, and spiritual determinants; nevertheless, that work did not quantify such connections within an integrated model. By demonstrating that mental health serves as a psychological conduit linking protective resources to suicide ideation, the present study addresses this gap. Consequently, this inquiry not only examines whether self-management and religiosity are related to suicide ideation but also clarifies how those relationships function through mental health. Furthermore, this study enriches academic discussion by placing two types of protective capital—self-management, conceptualized as a psychological resource, and religiosity, conceptualized as a spiritual resource within one analytical structure. According to the findings, each resource yields favorable effects on mental health, although the influence of self-management is more pronounced ($\beta = 0{,}441$) than that of religiosity ($\beta = 0{,}228$). Mental health, in turn, demonstrates a substantial inverse influence on suicide ideation ($\beta = -0{,}441$). Such a configuration implies that self-management serves as the principal psychological route through which mental health is strengthened, religiosity, at the same time, Spiritual resources are made available that further bolster adolescents' psychological well-being. Such results are in agreement with the stress-buffering hypothesis advanced by Cohen and Wills (1985), which posits that certain resources are able to mitigate the adverse effects of stress on a person's psychological functioning. Accordingly, within the current study, self-management

and religiosity can be regarded as resources that assist adolescents in coping with stress in a more adaptive way, thereby diminishing their proneness to suicide ideation.

The support for this model configuration is evidenced by the observed effect sizes. Self-management exerts a moderate influence on mental health ($f^2 = 0.253$), while mental health, in turn, moderately influences the emergence of suicidal ideation ($f^2 = 0.197$). Conversely, spirituality shows only a small influence on mental health ($f^2 = 0.068$) and on suicidal ideation ($f^2 = 0.003$); similarly, self-management has a direct—albeit minor—influence on suicidal ideation ($f^2 = 0.027$). These results indicate that the most significant contribution of self-management lies in enhancing mental health, while mental health serves as a crucial pathway for reducing suicidal ideation. Regarding the endogenous constructs, the model's explanatory capacity is indicated by R^2 values of 0.311 for mental health and 0.318 for suicidal ideation. Although both values fall into the category of weak explanatory power, the model demonstrates predictive relevance, as evidenced by Q^2 values of 0.181 for mental health and 0.203 for suicidal ideation. Given the slightly higher Q^2 value for suicidal ideation, the model appears to possess a marginally stronger predictive capacity for explaining suicidal ideation than for mental health.

Overall, these findings underscore that suicidal ideation among adolescents should be understood not merely through risk factors, but also through the strengthening of psychological and spiritual resources that serve as protective factors for the individual. Self-management and religiosity assist individuals in achieving better mental health, and, in turn, mental health plays a vital role in mitigating suicidal ideation. Thus, the primary contribution of this study lies in deepening the understanding that efforts to prevent suicidal ideation can be undertaken simultaneously by strengthening adolescents' self-management skills, developing adaptive religious resources for self-protection, and enhancing overall mental health. Accordingly, such prevention strategies should not focus solely on interventions after suicidal ideation has emerged; they must also prioritize developing adolescents' protective capacities before the risk escalates into a more serious situation.

4 Conslusion/ Implication

The present investigation indicates that, among adolescents, both self-management and religiosity serve as protective assets capable of enhancing mental health and lowering suicidal ideation, Moreover, mental health emerged as a key mediating process through which these two resources influence suicidal ideation, This suggests that diminished risk of suicidal ideation arises not solely via direct routes, but also as a result of fostering improved psychological states, Such results affirm that efforts to prevent suicidal ideation must adopt a comprehensive view of adolescents, positioning self-management abilities and religious resources within mental health promotion strategies,

It is advised that subsequent inquiries construct broader frameworks by including additional variables potentially affecting suicidal ideation, including social support, academic pressure, emotional regulation, family environment, and sociocultural conditions, Later investigations could additionally adopt longitudinal designs and multidimensional methods to yield richer insight into causal linkages and temporal shifts in adolescent mental health and suicidal ideation, With respect to educators and practitioners who engage with adolescents, the current results can provide a foundation for designing prevention initiatives that combine self-management instruction, mental health enhancement, and constructive use of religious resources,

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