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# Spirituality, Mindfulness and Media Consumption as Factor of Mental Health among Educated Youth

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## ABSTRACT

This study examines the impact of media consumption, mindfulness, and spirituality and mental health in young people. There has been a noticeable rise in psychological distress among educated youth in recent years, which has prompted a more thorough investigation of the various environmental and personal factors that influence people's mental health. (Sweeting et al., 2010) This study looks at the effects of media consumption, mindfulness, and spirituality on the mental health of young people going to college. A structured questionnaire developed using an existing measurement scale is used in this study's quantitative research design to collect data. However, some scales are adopted, while others are modified. The results contributed to the body of knowledge and assist educators, policymakers, and mental health practitioners in developing culturally relevant interventions and awareness campaigns that promote youth resilience, balance, and positive mental health outcomes. The findings shows that individuals who demonstrate higher levels of spirituality and mindfulness are significantly likely to demonstrate better mental health outcomes, while individuals who involves in excessive and uncontrolled media consumption are likely to demonstrate a correlation with increased levels of stress and anxiety. Result of the study shows that there is need of awareness regarding better mental health among youngsters and it shows that there is need of policies for better usage of media, which connect individuals towards spirituality and healthy mindfulness activities.

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**1.0 Introduction**

Mental health is now a burning issue of worldwide concern, especially in the cases of educated young individuals who are exposed to the growing academic, social, and technological demands (Organization, 2022) Academic load, competitiveness, and not knowing where to work after graduation often make young graduates and university students under stress, anxious, and emotionally unstable (Auerbach et al., 2011)Mental health is no longer understood as being the lack of psychological disorders, but instead it is the conceptualization of a state of being in emotional, psychological and social well-being that allow people to operate at their best in real life (Keyes, 2013). The increasing incidence of mental health issues in educated youth also shows that the problem requires immediate attention as there is a necessity to find the factors that help people be more resilient and more balanced (Louis et al., 2021)

During recent years, the role of internal psychological resources in defending mental health has gained more and more attention of the scholars (Taylor et al., 2000)Spirituality is one of these resources that have been seen to be a major determinant of positive mental health outcomes (Garssen et al., 2021)Spirituality is the meaning of an individual, their mission and their attachment to something bigger than themselves that is or is not tied to organized religious activities (Hatcher, 1982). According to empirical research, spirituality contributes to hope and optimism, as well as adaptive coping reactions and minimizes depression and anxiety symptoms (VanderWeerd, 2024) In the case of young people, spirituality can be a stabilizing factor that can help a young person to cope with academic stress and feelings of sadness (Huang & Chen, 2015)

Another aspect that has attracted significant interest in mental health studies is mindfulness as a method of improving emotional control and psychological health (Coffey et al., 2010) Mindfulness is a non-judgmental attentiveness to the experiences of the present moment, thoughts as well as feelings (Dreyfus, 2010) Studies show that the practices of mindfulness are related to a reduced level of stress, anxiety, and depressive symptoms in students (Breedvelt et al., 2019) Mindfulness can assist people in deactivating maladaptive cognitive habits like rumination and worrying excessively (Flett et al., 2016) Consequently, mindfulness has been regarded as a mental health protective factor in educated young people (Weare, 2013)

Combined with these internal resources, external environmental forces have been gaining more and more power in defining youth mental health, and in this case, media consumption is significant (Organization, 2001) Young people who are educated are one of the most active users of digital media platforms, i.e., social networking sites, online entertainment, and informational media (Beavis, 2013) Although digital media may lead to learning opportunities, communication, and even social support, the uncontrollable or overuse of this media has been associated with adverse psychological outcomes (Brailovskaia et al., 2021)Research has found relationships between the high rates of media usage and more symptoms of depression, anxiety, loneliness, and sleep disturbances in young adults The implications of these findings are that media consumption can be used as a risk factor to the mental health when it is not used in a balanced manner.(Ni et al., 2020)

Media consumptions and mental health, however, do not have a uniformly negative

relationship There is some evidence that media consumption with a purpose and moderate consumption, especially self-improvement, spirituality, or mindfulness, can have a positive effect on psychological well-being (Fowowe & Ebunlomo, 2024) Such complexity supports the significance of a more comprehensive investigation of media consumption as the concept comprising protective and risk factors (Heffernan & Ward, 2017)The interaction of media use with internal psychological resources including spirituality and mindfulness is thus vital to create a subtle insight into youth mental health (Carmody et al., 2008)

In the developing world where a country like Pakistan is to be considered, the mental health of the educated youth should be considered in particular because of sociocultural demands, academic rivalry, and the high rate of digitalization (Khalid et al., 2019)Although the issue of mental health has become increasingly common among Pakistani university students, only a limited amount of empirical studies has aimed at analyzing various predictors of mental health (Vatne & Bjørkly, 2008) The majority of the available research concentrates on the effects of individual aspects and does not take into consideration the interaction of spirituality, mindfulness, and media consumption when adjusting them through demographic traits (Anggraini et al., 2023) This gap has become an important issue that requires addressing so as to produce culturally relevant evidence to inform mental health interventions and policymaking. Thus, the current research will assess how religiousness, mindfulness, and media use affect the mental well-being of young educated individuals through a hierarchical linear regression. It is hoped that by combining the internal psychological factors and external factors associated with the media through one analytical framework, this research will add to the body of literature and offer empirically based results about the predictors of mental health among educated young individuals.(Högberg, 2019)

## 1.1 Objectives

- To examine the role of spirituality and mindfulness as psychosocial factors influencing mental health among youth in Pakistan.
- To analyze the impact of media consumption patterns on mental health outcomes among Pakistani youth.
- To assess the individual and combined effects of spirituality, mindfulness, and media use on mental health, and to derive evidence-based policy implications for promoting youth mental well-being in Pakistan

## 1.2 Hypothesis

**H1:** A correlation exists between the respondents' spirituality and their mental health.

**H2:** There is an association between mindfulness of the respondents and mental health of respondents.

**H3:** There is an association between media consumption of the respondents and mental health of respondents.

**H4:** Income level is associated with the relationship between spirituality and mental health.

**2.0 Literature Review**

Mental health issues among university students are now even more widespread across the world with young adults complaining of high amounts of stress, anxiety, depression, and emotional burnout (Castaneda, 2010). The change to higher education presents students with various academic, social, and developmental pressures, such as performance pressure, identity formation, financial insecurity, and uncertainty regarding future careers (Chemagosi, 2024) In the developing world, including Pakistan, the lack of mental health facilities, stigmatization, and quick access to digital tools contribute to these problems, and educated youth is even more susceptible to mental health problems (Saleem et al., 2025). This has prompted scholars to pay more attention to the discovery of protective and risk factors that determine the mental health outcomes of university students. Spirituality has been known to be a major protective attribute when it comes to mental health. In theory, spirituality goes beyond the formal religious membership and covers the person sense of meaning, purpose, inner peace, and connection with something more significant than the self (Murtaza et al., 2024)). The empirical studies always indicate that the increased level of spirituality is linked to the lower levels of depression and anxiety symptoms, the better emotional control, and the elevated level of psychological well-being. Spirituality equips individuals with adaptive coping strategies, hope and meaning in life which increase their resilience when faced with stress and misfortunes (Manning et al., 2019)

Spirituality takes an even greater center stage in mental health in collectivistic and religiously oriented societies. Research done in Pakistan points to the association between spiritual activities, including prayer, reflection, altruistic behavior and lesser stress levels and emotional stability among students in universities (Schwartz et al., 2003) spiritual intelligence is a reliable predictor of psychological well-being in Pakistani youths, and thus, spirituality is an effective and culturally applicable tool of coping. Such results highlight the need to consider spiritual aspects in mental health studies in non-Western societies.(Cucchi & Qoronfleh, 2025)

Mindfulness has also received significant empirical evidence as an important psychological tool that can be used to foster mental health. Mindfulness is defined as current awareness that is non-judgment and acceptance based and improves self-regulation and emotional stability (Chems-Maarif et al., 2025)). Mindfulness-based interventions were found to be effective in lowering stress, anxiety, and depressive symptoms in a wide range of populations, including university students Mindfulness helps to decrease maladaptive thinking and acting like rumination and impulsivity by raising awareness of thoughts and feelings, thus enhancing the psychological flexibility and resilience (Wilson et al., 2021)

Studies conducted in the South Asian cultures indicate that mindfulness is compatible with the traditional methods of contemplation and, thus, it can be culturally-adapted and effective (King, 2019) According to empirical research done in Pakistan, it has been observed that perceived stress and emotional distress decrease significantly in students who perform mindfulness practices (Rosenzweig et al., 2003) In addition, mindfulness has also been associated with a better academic performance, emotional regulation, and less burnout, which positions it among the beneficial protective variables of student mental health (Bluth et al., 2016)

Unlike spirituality and mindfulness, there is a more complicated and ambivalent connection between media consumption and mental health. Although a moderate and purposeful use of digital media can promote social connection, access to information, and emotional outlet, unregulated and excessive media use has been invariably related to poor mental health (Oriaso & Joshua, 2025) According to empirical research, the excessive use of social media is associated with loneliness, anxiety, depressive symptoms, sleeping problems, and low life satisfaction among the young generation Social comparison, cyber bullying and exposure to idealized online identities are other processes that contribute to psychological vulnerability.(Aslan & Polat, 2024)

Findings in Pakistan are similar to those all over the world, and research indicates that excessive use of social media among university learners has a negative impact on emotional well-being, academic results, and the quality of sleep (Khalid, 2017). Students admitted to the presence of certain positive sides of the digital media, such as access to information and perceived social support, high use was linked to stress and emotional discomfort. This shows the need to consider the amount as well as the context of media consumption when it comes to determining its psychological influence.(Abbas et al., 2019)

Recent sources indicate that spirituality and mindfulness can be used as buffering mechanisms that help to reduce the negative impact of excessive media consumption on mental health (Zewude et al., 2025)Mindfulness was also identified to help decrease the problematic internet and social media consumption by increasing self-awareness and self-control. On the same note, digitally oriented people usually show increased emotional stability and more meaningful use of digital technologies, which makes them less susceptible to digital addiction . Nevertheless, there has been little empirical data on these variables that looks at them at the same time in a single analytical context.(Hadlington & Scase, 2018)

Although the constructs have been gaining increasing attention, the majority of the existing research focuses on spirituality and mindfulness and media consumption separately and are largely limited to Western samples (Hyland, 2017)Integrative studies which define their collective and alternative impacts on mental health in culturally specific settings like Pakistan are very deficient. Moreover, few studies use advanced statistical methods, including hierarchical linear regression, to determine the incremental value of these factors through demographic factors.(Farooq et al., 2021)

To fill these gaps, this paper will focus on the personal, and interpersonal impact of spirituality, mindfulness, and media use on the mental wellbeing of Pakistan's university students. The comprehensive analysis used in the research provides culturally-based empirical data and it provides information applicable in the mental health promotion, educational policy and student well-being programs. (Tomé et al., 2021).

## 3.0 Methodology

The current research used a quantitative, cross-sectional, correlational research design on a positivist paradigm of research to investigate the correlations between the variables of spirituality, mindfulness, media consumption, and mental health among young people who have received education. The study population was made up of the students studying at the University

of Sargodha, Pakistan and the sample of 370 university students was taken through simple random sampling method where all the students got an equal opportunity of participating in the study. An adapted questionnaire with standardized and already tested scales of 1 measuring spirituality, 2 mindfulness, 3 media consumption, and 4 mental health as opposed to a self-developed measure was used to collect the data. The statistical analysis was performed on SPSS with initial descriptive statistics being computed in order to describe the demographic features of the respondents. Correlation analysis was done to ensure the strength and direction of relationships amongst the variables were applied to inferential analyses and a multiple regression and hierarchical linear regression analysis was done to determine the predictive value of the spirituality, mindfulness, and media consumption on mental health after adjusting the background demographic variables.

## 3.2 Research Instrument

The current study relied on an adapted and structured questionnaire consisting of standardized and previously validated measurement scales to available data on spirituality, mindfulness, media consumption, and mental health among students at a university in the present study. The mental health variable was measured using a composite scale assessing emotional well-being, psychological stability, and stress-related symptoms, where higher scores indicated better mental health. Spirituality was measured through items capturing personal beliefs, sense of purpose, inner peace, and spiritual practices. Mindfulness was assessed using statements reflecting present-moment awareness, attention regulation, and non-judgmental acceptance of experiences. Media consumption was measured by items related to frequency, duration, and patterns of digital and social media use. All items were rated on a Likert-type scale ranging from to great extent to not at all. The questionnaire was administered in English, as it is the medium of instruction at the University of Sargodha, and prior to data analysis, the reliability of the scales was assessed using Cronbach's alpha to ensure internal consistency.

## 4.0 Findings and Results

**Table 4.1 Model Summary**

Table 4.1

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | R Square Change | F Change | df1 | df2 | Sig. F Change |
| 1 | .299[a] | .089 | .082 | 6.99123 | .089 | 11.954 | 3 | 366 | .000 |
| 2 | .555[b] | .308 | .300 | 6.10418 | .218 | 115.102 | 1 | 365 | .000 |
| 3 | .568[c] | .323 | .313 | 6.04519 | .015 | 8.157 | 1 | 364 | .005 |
| 4 | .572[d] | .327 | .316 | 6.03364 | .004 | 2.395 | 1 | 363 | .123 |

a. Predictors: (Constant), what is your level of education, what is your gender, what is your age
b. Predictors: (Constant), what is your level of education, what is your gender , what is your age, SP
c. Predictors: (Constant), what is your level of education, what is your gender , what is your age, SP, MF
d. Predictors: (Constant), what is your level of education, what is your gender , what is your age, SP, MF, MC
e. Dependent Variable: MHealth

The present study aimed to explore how spirituality mindfulness and media consumption

affect mental health of young educated youth of students The data were analyzed using the Statistical Package for Social Sciences (SPSS) version 26, and the results are presented in descriptive, Hierarchal Linear Regression

## 4.1 Hierarchal Linear Regression

Hierarchical linear regression analysis was conducted to examine the impact of spirituality, mindfulness, and media consumption on mental health among educated youth. In Step 1, demographic variables (age, gender, and education level) explained 8.9% of the variance in mental health. In Step 2, spirituality was added and accounted for an additional 21.8% of the variance, representing a significant improvement in the model ($p < .001$). In Step 3, mindfulness explained a further 1.5% of the variance ($p = .005$). In Step 4, media consumption contributed only 0.4% additional variance, which was not statistically significant ($p = .123$). The final model explained 32.7% of the variance in mental health.

### Table 4.2 ANOVA

| Model | | Sum of Squares | Df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 1752.870 | 3 | 584.290 | 11.954 | .000[b] |
| | Residual | 17889.087 | 366 | 48.877 | | |
| | Total | 19641.957 | 369 | | | |
| 2 | Regression | 6041.700 | 4 | 1510.425 | 40.536 | .000[c] |
| | Residual | 13600.256 | 365 | 37.261 | | |
| | Total | 19641.957 | 369 | | | |
| 3 | Regression | 6339.808 | 5 | 1267.962 | 34.697 | .000[d] |
| | Residual | 13302.148 | 364 | 36.544 | | |
| | Total | 19641.957 | 369 | | | |
| 4 | Regression | 6426.988 | 6 | 1071.165 | 29.424 | .000[e] |
| | Residual | 13214.968 | 363 | 36.405 | | |
| | Total | 19641.957 | 369 | | | |

a. Dependent Variable: MHealth

b. Predictors: (Constant), what is your level of education, what is your gender , what is your age

c. Predictors: (Constant), what is your level of education, what is your gender , what is your age, SP

d. Predictors: (Constant), what is your level of education, what is your gender , what is your age, SP, MF

e. Predictors: (Constant), what is your level of education, what is your gender , what is your age, SP, MF, MC

The ANOVA results indicate that all hierarchical regression models significantly predict mental health among educated youth. In Model 1, which included age, gender, and level of education, the overall model was statistically significant, $F(3, 366) = 11.95, p < .001$, showing that demographic variables together significantly explain variations in mental health. In Model 2, after adding spirituality, the model remained significant, $F(4, 365) = 40.54, p < .001$, indicating a substantial improvement in prediction. Model 3, which included mindfulness in addition to demographics and spirituality, was also statistically significant, $F(5, 364) = 34.70, p < .001$. Finally, Model 4, which added media consumption, continued to significantly predict mental health, $F(6, 363) = 29.42, p < .001$. Overall, the ANOVA results confirm that each step of the hierarchical regression produced a valid model and that the set of predictors significantly explains

mental health outcomes.

## Table 4.3

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Correlations | | | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | | Zero-order | Partial | Part | Tolerance | VIF |
| 1 | (Constant) | 12.931 | 1.363 | | 9.488 | .000 | | | | | |
| | what is your age | .353 | .389 | .055 | .908 | .364 | .135 | .047 | .045 | .686 | 1.458 |
| | what is your gender | 3.898 | .759 | .271 | 5.136 | .000 | .291 | .259 | .256 | .895 | 1.117 |
| | what is your level of education | .226 | .642 | .022 | .352 | .725 | .135 | .018 | .018 | .663 | 1.508 |
| 2 | (Constant) | 5.547 | 1.375 | | 4.035 | .000 | | | | | |
| | what is your age | .290 | .340 | .045 | .855 | .393 | .135 | .045 | .037 | .686 | 1.458 |
| | what is your gender | 1.415 | .702 | .098 | 2.015 | .045 | .291 | .105 | .088 | .798 | 1.254 |
| | what is your level of education | .596 | .561 | .057 | 1.062 | .289 | .135 | .056 | .046 | .661 | 1.513 |
| | SP | .766 | .071 | .496 | 10.729 | .000 | .534 | .490 | .467 | .887 | 1.127 |
| 3 | (Constant) | 4.588 | 1.402 | | 3.272 | .001 | | | | | |
| | what is your age | .284 | .336 | .044 | .845 | .399 | .135 | .044 | .036 | .686 | 1.458 |
| | what is your gender | 1.002 | .710 | .070 | 1.411 | .159 | .291 | .074 | .061 | .765 | 1.308 |
| | what is your level of education | .517 | .557 | .049 | .930 | .353 | .135 | .049 | .040 | .659 | 1.517 |
| | SP | .680 | .077 | .440 | 8.839 | .000 | .534 | .420 | .381 | .750 | 1.333 |
| | MF | .349 | .122 | .143 | 2.856 | .005 | .382 | .148 | .123 | .742 | 1.347 |
| 4 | (Constant) | 4.061 | 1.440 | | 2.820 | .005 | | | | | |
| | what is your age | .346 | .338 | .054 | 1.024 | .307 | .135 | .054 | .044 | .676 | 1.479 |
| | what is your gender | .895 | .712 | .062 | 1.257 | .210 | .291 | .066 | .054 | .757 | 1.320 |
| | what is your level of education | .377 | .563 | .036 | .670 | .504 | .135 | .035 | .029 | .642 | 1.558 |
| | SP | .643 | .080 | .416 | 7.985 | .000 | .534 | .387 | .344 | .683 | 1.465 |
| | MF | .317 | .124 | .130 | 2.560 | .011 | .382 | .133 | .110 | .721 | 1.386 |
| | MC | .133 | .086 | .077 | 1.547 | .123 | .326 | .081 | .067 | .751 | 1.331 |

a. Dependent Variable: MHealth

The results of the hierarchical linear regression show that spirituality and mindfulness are significant predictors of mental health among educated youth, while age, gender, level of education, and media consumption do not have a significant independent effect in the final model. Specifically, spirituality has a strong and positive effect on mental health ($\beta = .416$, $p < .001$), indicating that higher levels of spirituality are associated with better mental health. Mindfulness also shows a positive and significant relationship with mental health ($\beta = .130$, $p = .011$), suggesting that individuals with higher mindfulness tend to report better mental health. In contrast, media consumption does not significantly predict mental health ($\beta = .077$, $p = .123$), meaning that its effect is not strong after controlling for other variables. Similarly, age ($p = .307$), gender ($p = .210$), and level of education ($p = .504$) are not significant predictors in the final model. Overall, the findings indicate that spirituality is the strongest predictor of mental health, followed by mindfulness. The excluded variables analysis further supported the hierarchical regression findings. At the initial stage, spirituality, mindfulness, and media consumption showed significant associations with mental health when examined individually after controlling for demographic variables. After spirituality was entered into the model, mindfulness and media consumption remained significant predictors. However, once mindfulness was included, media consumption was no longer a significant predictor of mental health. This indicates that the effect of media consumption diminishes when key psychological factors such as spirituality and mindfulness are taken into account.

**Table 4.4: Collinearity Diagnostics**

| Model | Dimension | Eigenvalue | Condition Index | Variance Proportions | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | (Constant) | what is your age | what is your gender | what is your level of education | SP | MF | MC |
| 1 | 1 | 3.761 | 1.000 | .00 | .01 | .01 | .01 | | | |
| | 2 | .128 | 5.416 | .09 | .57 | .16 | .02 | | | |
| | 3 | .065 | 7.622 | .01 | .42 | .12 | .93 | | | |
| | 4 | .046 | 9.079 | .90 | .00 | .71 | .05 | | | |
| 2 | 1 | 4.664 | 1.000 | .00 | .01 | .00 | .00 | .00 | | |
| | 2 | .167 | 5.279 | .02 | .37 | .03 | .06 | .15 | | |
| | 3 | .073 | 7.986 | .01 | .58 | .05 | .52 | .23 | | |
| | 4 | .056 | 9.158 | .01 | .05 | .82 | .26 | .28 | | |
| | 5 | .040 | 10.817 | .96 | .00 | .10 | .15 | .34 | | |
| 3 | 1 | 5.582 | 1.000 | .00 | .00 | .00 | .00 | .00 | .00 | |
| | 2 | .190 | 5.422 | .00 | .33 | .01 | .07 | .07 | .06 | |

| Model | Dimension | Eigenvalue | Condition Index | (Constant) | | | | | |
|---|---|---|---|---|---|---|---|---|---|
|  | 3 | .074 | 8.667 | .02 | .60 | .10 | .45 | .10 | .05 |
|  | 4 | .059 | 9.696 | .01 | .03 | .37 | .17 | .08 | .65 |
|  | 5 | .054 | 10.126 | .03 | .03 | .43 | .16 | .50 | .23 |
|  | 6 | .040 | 11.845 | .94 | .00 | .09 | .15 | .25 | .01 |
| 4 | 1 | 6.499 | 1.000 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
|  | 2 | .207 | 5.607 | .00 | .32 | .00 | .07 | .04 | .03 | .04 |
|  | 3 | .078 | 9.108 | .00 | .31 | .00 | .35 | .09 | .16 | .23 |
|  | 4 | .067 | 9.844 | .01 | .23 | .39 | .06 | .05 | .06 | .42 |
|  | 5 | .059 | 10.463 | .01 | .03 | .33 | .16 | .09 | .67 | .00 |
|  | 6 | .050 | 11.450 | .02 | .11 | .18 | .26 | .59 | .07 | .29 |
|  | 7 | .039 | 12.830 | .96 | .00 | .10 | .10 | .15 | .01 | .02 |

a. Dependent Variable: MHealth

Collinearity diagnostics were analyzed in order to determine the occurrence of the multicollinearity between predictor variables. The values of condition indexes in all the models were less than the recommended amount of 15 which means that there was no severe multicollinearity. Besides, there were no problematic overlaps of predictors on the same dimensions in terms of variance proportions. These findings indicate that the issue of multicollinearity did not present itself, and the regression coefficients can be assumed with certainty.

**Table 4.5** Residuals Statistics

|  | Minimum | Maximum | Mean | Std. Deviation | N |
|---|---|---|---|---|---|
| Predicted Value | 13.2037 | 39.7047 | 20.3892 | 4.17341 | 370 |
| Residual | -19.22563 | 22.47343 | .00000 | 5.98439 | 370 |
| Std. Predicted Value | -1.722 | 4.628 | .000 | 1.000 | 370 |
| Std. Residual | -3.186 | 3.725 | .000 | .992 | 370 |

a. Dependent Variable: MHealth

**Table 4.6:** Excluded Variables

| Model | Beta In | t | Sig. | Partial | Collinearity Statistics |
|---|---|---|---|---|---|

| | | | | | Correlation | Tolerance | VIF | Minimum Tolerance |
|---|---|---|---|---|---|---|---|---|
| 1 | SP | .496[b] | 10.729 | .000 | .490 | .887 | 1.127 | .661 |
| | MF | .317[b] | 6.254 | .000 | .311 | .878 | 1.139 | .663 |
| | MC | .270[b] | 5.339 | .000 | .269 | .903 | 1.108 | .652 |
| 2 | MF | .143[c] | 2.856 | .005 | .148 | .742 | 1.347 | .659 |
| | MC | .098[c] | 1.992 | .047 | .104 | .773 | 1.293 | .642 |
| 3 | MC | .077[d] | 1.547 | .123 | .081 | .751 | 1.331 | .642 |

a. Dependent Variable: MHealth

b. Predictors in the Model: (Constant), what is your level of education, what is your gender , what is your age

c. Predictors in the Model: (Constant), what is your level of education, what is your gender , what is your age, SP

d. Predictors in the Model: (Constant), what is your level of education, what is your gender , what is your age, SP, MF

The assumptions of the regression model were assessed using residual statistics to evaluate the assumptions. The mean value of the residuals was zero, which means that the model did not underestimate and overestimate mental health systematically. The standardized residuals were characterized by a normal distribution with the value of the standardized residuals mostly within the acceptable range. These results indicate that the normality and errors independence assumptions were passed, and no severe outliers occurred in the data.

## 4.2 Hierarchical Linear Regression

The hierarchical linear regression was performed to investigate the incremental value of spirituality, mindfulness and media consumption to mental health after adjusting with demographic factors (age, gender, and level of education). Demographic variables accounted a minor yet significant amount of variance in mental health in the first model with gender being a significant predictor. The second model also introduced the element of spirituality that led to a significant add to the explained variance, which is evidence that it has a significant contribution to mental health over demographic variables. Inclusion of mindfulness in the third model also enhanced the model fit together with a significant increase in the explained variance signifying its extra value in prediction. Media consumption was inputted in the last model but it failed to bring about a significant change in explained variance. In general, the hierarchical analysis established that spirituality and mindfulness are strongly predictive of mental health, and media use has a relatively minor role in consideration of internal psychological resources.

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## 5.0 Discussion and Conclusion

The results of the current research offer empirical evidence to the protective effect of spirituality and mindfulness to boost mental health in educated young people in Pakistan. As clinical literature suggests, spirituality was found to be the most significant predictor of mental health, which is why it is an important internal resource of coping that offers meaning, resilience, and emotional stability ((Fullerton et al., 2021)This observation is consistent with other studies on the topic in Pakistan, which highlight the theme of spirituality as a culturally rooted resource helping to promote the psychological well-being of university students (Pong, 2018)

Mindfulness was also found to make a positive contribution to mental health, as earlier

studies have found that the awareness of the present moment improves the control of emotions and decreases stress and anxiety (Gu et al., 2015) The hierarchical regression model of the incremental effect of mindfulness indicates that mindfulness provides distinct advantages over spirituality, which justifies its applicability as an effective and flexible mental health intervention to students. This is supported by the studies that showed that mindfulness is associated with fewer ruminations, burnout, and emotional suffering at school (Guidetti et al., 2019)

Conversely, media consumption failed to predict mental health in the ultimate regression model significantly. This finding confirms the rising opinion that the use of media is not good or bad in itself, but context-dependent (Rinott et al., 2015)Although earlier research found that heavy media consumption is associated with poor mental health  the current results indicate that internal psychological factors, including spirituality and mindfulness, can counteract the negative impact of digital consumption. This meaning aligns with the research that showed that mindful people have better media consumption habits and less susceptible to digital addiction (Neill et al., 2023)

In general, the results highlight the significance of considering the holistic approach to young people and mental health that incorporates the protective aspects within the individual instead of concentrating on any type of risk behaviors. Its findings provide the supplementary literature based on cultural grounds and deepen the insights regarding the ways spirituality and mindfulness work together to improve mental well-being in Pakistani university learners. (Layous et al., 2014)

**5.1 Conclusion**

The current research involved the investigation of the personal and integrated impacts of spirituality, mindfulness, and media use on the psychological well-being of Pakistani university students. The results indicate that spirituality, mindfulness are meaningful and strong predictors of mental well-being, and media intake is a relatively weak predictor of the same when a comparison is drawn with these internal factors (Fox et al., 2017). The findings portray the significance of meaning, self-awareness, and emotional control in promoting psychological well-being in educated (Organization, 2022) young people.

**5.2 Implications**

The implications of the findings with regard to the educational institutions, mental health practitioners, and policymakers are significant. Introducing spirituality-informed counseling and mindfulness-based interventions as a component of student support could be an advantage to universities (Goss, 2012). These interventions are culturally acceptable, affordable and can be adapted to the academic setting. Another important aspect that policymakers need to acknowledge is the need to consider the use of mental health promotion strategies that should focus on internal resilience and the use of digital literacy programs that would focus on responsible media consumption. (Setyadi et al., 2025)

**5.3 Limitations and Future Research**

The study has limitations even though it has contributed to it. Only students of one of the public universities were included in the sample, which can limit the extrapolation of the results. Causal inference is also restricted by the cross-sectional design. Future studies can utilize

longitudinal designs, multiple universities, and mediating or moderating variables, e.g. social support or self-compassion, to better understand the mechanisms by which spirituality, mindfulness, and media consumption are related to mental health.

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**Nimra Aslam:** Data Analysis, Supervision and Drafting
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