Proposed Islamic Religious Guidance for Mental Health Patients in Indonesian Social Rehabilitation: Government and Private Sector Practices

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Abstract. The research intends to present Islamic religious mental principles for addressing mental health illnesses in government and private social rehabilitation. The research study employs a qualitative methodology with a phenomenological approach, utilising content analysis for data analysis with Computer-Assisted Qualitative Data Analysis Software (CAQDAS), specifically N-Vivo. Twelve research participants included managers, social workers, Islamic clerics/Kiai, and individuals with mild mental health illnesses from government and private social rehabilitation in Banten province, Indonesia. The research findings indicate that the religious mental advice in government social rehabilitation offers education, socialization, and effect, while also imparting Islamic teachings on the significance of remembering Allah, self-awareness, and interpersonal relationships. Simultaneously, private social rehabilitation encompasses the practices of purity and adoration of Allah, self-reflection, habituation to Friday prayers, life motivation, and self-purification. The research on limitations in social rehabilitation pertains to both government-owned and commercial entities, focusing on individuals with moderate mental problems.

Keywords: Islamic Mental Guidance, Social Rehabilitation, Mental Health Disorders, Holistic Approach, Religious Interventions.

1. INTRODUCTION

Mental health problems can no longer be considered a fringe issue because they are included in diseases that cause a burden on the lives of sufferers (Rosita *et al.*, 2021). Although mental illnesses do not cause death, the disease contributes greatly to the loss of productivity and daily functioning of individuals who suffer from them.

One of the causes of people suffering from mental illness is their unwillingness to accept or confront the facts about their true condition. Research results in Sari and Sirna (2015) revealed that there are predisposing factors in people with schizophrenia, namely socio-cultural factors caused by difficulty in getting a job or poverty as much as 23.5%, than patients who live in urban areas are 3.22 times more at risk of developing schizophrenia compared to those living in rural areas. Then Prihananto *et al.*, (2018) stated that low economic status is a risk factor for schizophrenia. Research by Kandar and Iswanti (2019) found that sociocultural factors such as employment and poverty levels are the causes of patients experiencing the risk of violent behaviour (socio-economic).

Social rehabilitation centres have a system that helps the process of functionalisation and development of a person so that they can carry out their social functions reasonably in their daily lives in the community (Rosdi *et al.*, 2018). Matters that need to be considered include the equitable distribution of social rehabilitation institutions in all regions, the provision of information and socialisation to the community, client spaces, facilities and infrastructure, evaluation and supervision instruments, educational curriculum for Muslim clients, human resource competence, standard operating procedures, as well as coordination and cooperation between government and private social rehabilitation institutions (Syabana, 2022; Dewabhrata *et al.*, 2023).

There are many challenges in managing social rehabilitation homes, especially for clients with mental health disorders. This includes a shortage of manpower, funds, human resources, facilities, and accompanying personnel. All these problems cause social rehabilitation to be ineffective (Naibaho *et al.*, 2015; Ningrum *et al.*, 2018). A social agency is an institution or service institution that performs social rehabilitation to help people with social dysfunction recover and improve their abilities so that they can perform social functions properly (Nugroho *et al.*, 2020).

In Indonesia, social rehabilitation initiatives are organized by the government and the private sector, each with its advantages and disadvantages. Governments typically have adequate budgets, adequate facilities and infrastructure, and well-trained human resources compared to private rehabilitation centres. Another perception by Effendi *et al.*, (2019); Setiawan *et al.*, (2021); Angela (2018); and Indraningrum and Pupitasari, (2021) refute this view problems and obstacles faced by social rehabilitation organisers can be analogised to budget limitations, lack of infrastructure, activity management, limited human resources, and operational procedures.

Religious mental guidance is very beneficial for clients in social rehabilitation homes because it can help them build the faith that will be planted and instilled in them to control bad urges and desires (Heffernan *et al.*, 2014). Guidance on religious values and spiritual mentality is socialised; This is very important because religious coaching aims to encourage individuals to change their attitudes towards community life and become part of the

development of the country (Rahmawati *et al.*, 2016). These two components hint at the importance of guidelines or guidelines for religious mental guidance in rehabilitation centres.

Mental health clients need social rehabilitation through government, nongovernment, and community-based rehabilitation. Fahrudin *et al.*, (2024) propose a multi-faceted approach that includes policy reform, community engagement, and integrating mental health services into primary health care. Clients with mental health disorders in social rehabilitation centres and community-based services need efforts to improve themselves, so religious mental guidance is needed that is designed related to stamps or Islamic lessons with processes, methods, approaches, and evaluations so that they can recognize, understand, live and practice the teachings of Islam (Mufid, 2020). The goal is to build faith in the heart and mind to restore morals and nurture the soul and spirit. The preparation of religious mental guidance must be based on the basic needs and complexity of the citizens of the community or the institution that established it (Wasito *et al.*, 2022). The basic needs provided in the orphanage community include physical needs related to biology, namely eating, drinking, clothing, and sleeping, then mentally with the ability to think and socially get a social life, appreciation and recognition from others (Gonçalves *et al.*, 2015).

Preventive religious attitudes and Islamic education can be utilised to promote mental health and avert mental health illnesses (Ma'ruf *et al.*, 2021). The principles of Islam, in diverse manifestations, can assist individuals and communities in executing mental health strategies. These spiritually motivated, human-centric doctrines may significantly benefit people, communities, and families (Weibel & Swanson, 2021). The role of Islam may assist individuals in nurturing their souls, mitigating mental diseases, and promoting mental wellness (Khodijah *et al.*, 2024).

Essentially, the advancement of the religious aspect of Islam may be achieved through religious instruction and rituals that foster faith and monotheism (Noviyana *et al.*, 2022). Effective execution of this stage will result in the formation of a robust personality. Ultimately, it will lead individuals to happiness and mental well-being, as well as the capacity to achieve their full potential (Masrur & Salsabila, 2021).

Previous research by Subu *et al.*, (2022) examines qualitatively traditional, religious, and cultural perspectives on mental illness and the use of traditional therapies for mental illness in Indonesia with analytical content. Then Saputra *et al.*, (2023) examine a qualitative approach with a literature study on Islamic religious mental guidance in private rehabilitation centres. Next Syihabudin *et al.*, (2023) examine the need for intervention in the approach of religious mental guidance with Islamic education management in private social rehabilitation centres. Meanwhile, this study focuses on the goals and improvement of government and private social rehabilitation in the practice of Islamic religious guidance on mild mental health disorders.

Although previous studies emphasise the importance of religious values in mental rehabilitation (e.g., Lubis, 2017; Saniri, 2021), there is currently no structured and standardised guideline for Islamic mental guidance in social rehabilitation institutions. This lack of standardisation leads to inconsistent practices, as the approaches often depend on individual religious leaders or caregivers, making it challenging to measure their effectiveness uniformly. Other issues are limited empirical studies in the Indonesian context. Much of the research on religious or spiritual interventions in mental health is global or focused on non-Muslim-majority countries (e.g., Heffernan *et al.*, 2014; Gonçalves *et al.*, 2015). Empirical studies specifically addressing Islamic-based mental guidance in Indonesia's rehabilitation context remain sparse, despite the country being home to the largest Muslim population worldwide. This represents a significant gap that warrants exploration. Another reason is the lack of integration between religious and psychological approaches. Earlier studies have primarily examined psychological and social interventions in mental health rehabilitation (e.g., Effendi *et al.*, 2019; Ningrum *et al.*, 2018) or explored religious approaches in isolation (Mufid, 2020; Azizah *et al.*, 2021). However, there has been limited focus on combining religious, psychological, and social dimensions into a holistic approach to mental health recovery. Also, limited focus on mild mental illnesses. Previous research has largely centred on severe mental illnesses like schizophrenia (Prihananto *et al.*, 2018; Kandar & Iswanti, 2019). There is insufficient discussion on mild mental health conditions, which often represent the early stages of mental illness and, if untreated, may progress into more severe issues. Addressing this gap is crucial to early intervention and prevention. Finally, insufficient collaboration between the government and the private sector. Studies have highlighted the differences in quality between government-run and private rehabilitation services (Syabana, 2022; Indraningrum & Pupitasari, 2021). However, few studies explore the potential for collaboration between these sectors to develop and implement effective, integrated Islamic mental guidance systems that can leverage the strengths of both sectors.

Based on the above background, this study research is significant because it aims to address these gaps by developing a standardised and structured Islamic mental guidance model specifically tailored for social rehabilitation institutions, proposing a holistic approach that integrates religious, psychological, and social dimensions to support mental health recovery and providing actionable recommendations that can be applied in both government and private rehabilitation facilities, fostering greater inclusivity and collaboration. Therefore, "This study aims to explore, develop, and propose a standardized framework for Islamic religious guidance tailored for addressing mild mental health disorders in government and private social rehabilitation institutions in Indonesia. Specifically, the research seeks to (1) Identify the existing practices and challenges of Islamic

religious guidance implemented in both sectors, (2) Evaluate the effectiveness of current interventions in enhancing the spiritual, psychological, and social well-being of clients with mild mental health disorders, (3) Develop a holistic and integrative guideline that incorporates Islamic principles, psychological approaches, and community engagement to improve the quality of rehabilitation services.

2. METHODS

The research study uses a qualitative method with a phenomenological approach. Qualitative study is an approach to understanding and interpreting human experience in a particular social or cultural context (Creswell & Creswell, 2018). Meanwhile, the phenomenological approach aims to understand the meaning of the experience that individuals or groups have towards a phenomenon by examining the subjective experiences of people whose lives are affected by certain phenomena (Helaluddin, 2018).

The research locations in Banten Province are the government social rehabilitation of the Tangerang district and the private social rehabilitation of the Nururrohman Foundation in Serang City. The informants are 12 people consisting of managers, social workers, Islamic clergy and clients with mild mental health disorders between the ages of 18-54 years. The data source uses in-depth interviews, while the data analysis uses content analysis with *Computer-Assisted Qualitative Data Analysis* (CAQDAS), and the technique uses N-Vivo

3. RESEARCH RESULT

3.1. Result

Answering the purpose of the research and illustrating in the *cloud* that mental guidance guidelines in social rehabilitation homes are not yet available, agree that there is, it is very necessary, by previous activities and by the guidance of religious mental guidance leaders as follows:

Figure 1: Word Cloud Guide to Religious Mental Guidance with NVivo.

In social rehabilitation owned by the government and the Nururrohman Foundation, there is currently no standard operating procedure for mental guidance for mental health disorders. The government-owned rehabilitation, there are operational standards for social service procedures for social workers prepared by the Tangerang Regency social service.
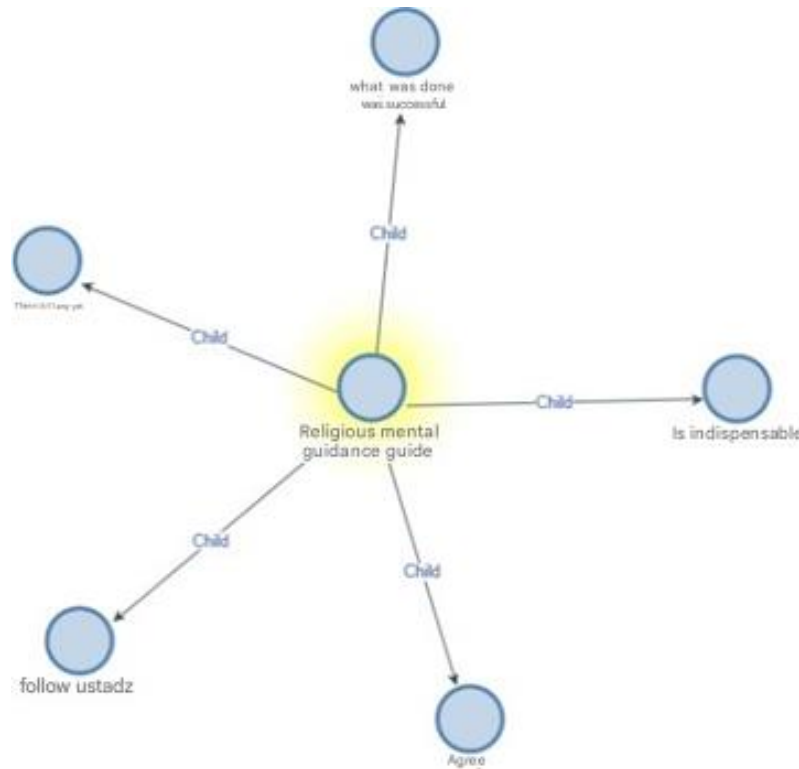
Figure 2: Map Project of Religious Mental Guidance with Guide with NVivo.
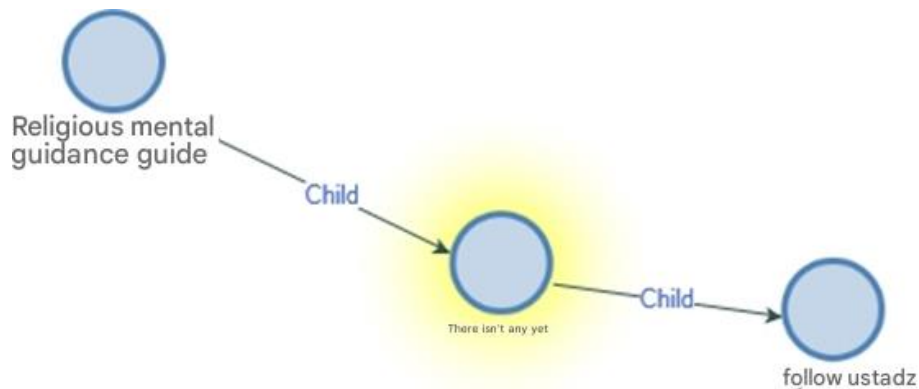

Figure 3: Map Project of Religious Mental Guidance Through Kiai or Ustaz with NVivo.

There is no specific religious mental guidance guide. Currently, the activities carried out follow the ustadz. For now, what has been done is successful.

"If the guide is to follow the ustad, who usually therapy the client because thankfully everyone wants to participate in religious guidance activities", (MAJ).

"If that's the client, just follow the orders of the ustad, yes, I think the method is good and effective for clients with mental health disorders so that they want to recover quickly", (MAJ).

For the time being, the treatment or rehabilitation model that I have done has cured many patients so that they can return to their families. The existence of a special religious mental guidance guide, if it can be pursued, is very necessary and agrees if it is held. However, what is requested is that the guidelines made are by the activities that have been running.

"If the standard operating procedures for Islamic or religious education have not existed until now, because this place is just a stopover. But we still serve by providing ustad to guide our clients. If there are standard operating procedures or guidelines, I support them very much", (RID).

"Yes, if there is a mah, it is okay as long as it can be applied according to what is usually done in this orphanage", (SUG).

Table 1: Islamic Religious Mental Conditions for Clients with Mental Health Disorders in Social Rehabilitation.

No.	Type of Islamic Religious Mental	Description
1	Islamic religious mental state Related with Allah SWT	The Islamic religious mental condition related to Allah owned by beneficiaries in government-owned social rehabilitation and the Nururrohman Foundation is categorized as low to medium. With the following explanation, beneficiaries in general already have religious needs or awareness of belief in Allah SWT. However, it has not been balanced with good religious knowledge and understanding, so it has an impact on the low commitment to carry out worship, the need to continue to feel faith to be close to Allah until they do not realize the long-term goal of life, namely the hereafter
2	Islamic religious mental state Related with oneself	The mental state of the Islamic religion related to oneself has a diversity of the level of needs of the beneficiaries for self-acceptance and self-esteem. The level starts from a high level as the beneficiaries are indicated for mental health disorders, the low-level category is ex-psychotic beneficiaries, homeless and beggars, and those who are at a level that does not need self-acceptance and self-esteem such as psychotic beneficiaries.
3	Islamic religious mental state Related to his fellow man	The mental state of the Islamic religion of beneficiaries who are related to fellow human beings looks very varied. The variation occurred at the Nururrohman Foundation. First, the mental state of the Islamic religion related to others in the beneficiaries of the Nururrohman Foundation is included in the "Good" category, especially interacting with others (PGOT), while interaction outside the community is still very lacking or limited with various social barriers that it has. Second, the spiritual mental condition related to others in the beneficiaries of government-owned social rehabilitation is included in the category of "Good" with fellow beneficiaries, as well as the surrounding community.

Table 2: Islamic Religious Mental Guidance Guide for Clients with Mental Health Disorders in Government-Owned Social Rehabilitation.

No	Time	Purpose	Activities	Officer
1	Tentative Duration: 60 Minutes	Providing education and socialization of MSMEs and their impacts	1. Registration/Interview/Data Collection 2. Socialization and Risks of MSMEs 3. Education back to the family 4. Life Motivation	1. Head of Government Social Rehabilitation 2. Medical Personnel 3. Social Workers 4. Assessment 5. Counselor 6. Security
2	Tentative Duration: 60 Minutes	Providing Islamic religious guidance on the importance of remembering Allah and himself	1. Perform ablution/tayammum 2. Dress to cover the *aurah* 3. Maghrib prayer in congregation 4. Wirid and Pray 5. *Tausiyah* and Questions and Answers 6. Reading the Qur'an and Praying 7. Congregational Isha Prayer	1. Ustad/Religious Leader/Kiai 2. Social Workers 3. Companions are counsellors and social volunteers 4. Security

Table 3: Islamic religious mental guidance guide for clients with mental health disorders at Nururrohman foundation social rehabilitation.

No.	Time	Purpose	Activities	Officer
1	Daily	Discipline the routine of purification and worship remembering Allah and self-reflection	1. Self-Purify, Bath and *Tayammum* 2. *Sunnah* and Obligatory Prayers 3. Dhikr and Wirid 4. Read Latin Arabic 5. Read the Qur'an 6. Sport 7. Personal Activities	1. Ustaz/Kiai/Religious Leader 2. Companion 3. Management 4. Social Workers
2	Weekly (Friday)	Getting Used to Friday Prayers and Life Motivation	1. Reading *Surah Yasin* 2. *Tausiyah* and questions and answers 3. Prayer 4. Meet Family 5. Medical Examination 6. Consultation	1. Ustaz/Kiai/Religious Leader 2. Companion 3. Management 4. Social Workers 5. Health Center/Hospital 6. Family
3	Monthly (Third Week)	Cleaning Own-self	1. Prayer 2. Remembrance 3. *Ruqiyah* 4. Meet Family 5. Medical Examination	1. Ustaz/Kiai/Religious Leader 2. Companion 3. Health Center/Hospital 4. Family
4	Annual (Month of *Rabiul Tsani* in Islamic Calendar)	Self-cleaning	1. Prayer 2. Special Prayer 3. *Zikir Manakib* (Haul Syekh Abdul Qadir Jaelani)	1. Ustaz/Kiai/Religious Leader 2. Companion 3. Religious Leaders

3.2. Discussion of Finding

The Word Cloud generated from interview data highlights key elements central to Islamic mental guidance, such as 'Allah,' 'prayer,' 'motivation,' and 'worship,' emphasising the role of spirituality in fostering mental recovery. These frequent terms align with the spiritual dimensions of mental rehabilitation, as discussed in studies by Mufid,(2020); Azizah *et al.,* (2023), which underline the significance of religious practices in restoring inner peace and self-awareness. Furthermore, the Project Map illustrates the interconnectedness of three key dimensions: relationship with Allah, self, and others. This highlights the holistic nature of Islamic mental guidance, where spiritual practices (e.g., prayer and dhikr) foster personal growth (e.g., self-motivation and reflection) and improve social interactions (e.g., family engagement and community involvement). These findings substantiate the need for an integrative and structured guideline for implementing Islamic-based mental rehabilitation in social institutions.

The Word Cloud also analysis reveals that terms like 'Allah,' 'prayer,' and 'worship' are most frequently mentioned, highlighting the centrality of spirituality in the rehabilitation process. These terms align with the spiritual dimension of mental guidance, which provides inner peace and a sense of hope. Furthermore, the Project Map illustrates how these spiritual practices (e.g., prayer) interact with personal growth (e.g., self-reflection) and social connections (e.g., family support). This interconnectedness emphasises the holistic nature of the proposed Islamic mental guidance framework, which integrates spiritual, psychological, and social dimensions to address the needs of clients in rehabilitation centres."

To effectively treat mental health illnesses, Islamic religious mental advice guidelines emphasise the importance of using a holistic approach, which involves incorporating psychological, spiritual, and social factors. This method is predicated on the idea that a person's mental health may be repaired by improving their relationship with God and the social milieu in which they find themselves. In the government-owned social rehabilitation and the Nururrohman Foundation, the author has not found a written guide as a document related to religious mental guidance, but it is just that there is an implementation or habituation that has been implemented. The phenomenon in the field is that the habituation of religious mental guidance is entrusted to an ustad or Kiai as a leader of a foundation or pesantren who has religious competence towards clients with mental health disorders and other clients in rehabilitation homes. This is the opinion of Saniri, (2021), Lubis, (2017), Zukhrufatunnisa' (2022) and Zaki (2022) explained that the role of kiai/ustad/religious leaders in assisting religious mental therapy and guidance for clients with mental health disorders is still needed and makes a positive contribution. However, the study by Gustiani (2023) and Adama *et al.,* (2023) added that there is a need for collaborative involvement with technology, education experts, mental health, psychiatrists, psychologists and families in providing mental guidance for clients with mental health disorders.

Guidelines for rehabilitation homes are very important because they provide clear directions in carrying out rehabilitation services that are effective, professional, and by recognised standards, this is a concern so that social rehabilitation owned by the government and the Nururrohman Foundation can compile guidelines so that the community and families can understand the purpose, purpose and benefits of religious mental guidance carried out by clients with mental health disorders, of course, by values, culture and habits that apply.

Where the guidelines are compiled from an institution/organisation/individual who masters a certain field. The goal is to guide the reader in following procedures, managing, and carrying out certain activities or activities. According to Wulandari (2016) claims that a good guidebook is a book whose content is short, concise, clear, informative, communicative, applicative, and easy to understand by the reader. Then it can provide information in the form of clues that will lead the reader to know something completely (Farisakta *et al.,* 2022). Next Trim (2018) guidebook or (*manual book*) contains a set of information that becomes a reference or in the form of instructions to do something in a field or work that requires further and detailed explanations.

The Islamic religious mental guidance guide for clients with mental health disorders in social rehabilitation homes aims to help restore their mental and spiritual balance. The approach used should consider the client's psychological and physical condition, as well as strengthen their relationship with Islamic religious values. For this reason, it is necessary to pay attention to several important aspects, both in terms of religion and psychology that can be applied by including the following elements (Alang, 2021):

a. Initial introduction and assessment with needs identification: conduct an assessment of the client's mental and spiritual state to understand their needs holistically; and personal approach: tailor the approach based on the client's religious background, beliefs, and personal values.

b. Spiritual approach with strengthening faith: inviting clients to get to know more deeply the teachings of Islam through learning the Quran and hadith. this can help boost confidence and hope; prayer and dhikr: train clients in prayer and dhikr, as a form of spiritual reinforcement that can calm the mind and soul.

c. Religious activities with prayer together: facilitate congregational prayer activities, which can strengthen social bonds and provide a sense of comfort for clients; and religious studies: conduct regular reviews of Islamic values, which can help clients understand the meaning of life and their purpose.

d. Community engagement with collaboration with religious leaders: engage religious leaders to give lectures or spiritual support, helping clients feel connected to the community; and social activities: invite clients to participate in social activities, such as social services, to increase empathy and connectedness with others.

e. Psychological approach with spiritual counselling: conduct counselling that combines spiritual and psychological aspects, listening to complaints and providing solutions based on Islamic teachings; and stress management: teach stress management techniques that can be combined with religious practices, such as meditation or relaxation while dhikr.

f. Evaluation and follow-up with periodic monitoring: conduct periodic evaluations of the client's development in mental and spiritual aspects; and follow-up plan: create a follow-up plan based on the results of the evaluation, to continue to support the client in the rehabilitation process.

g. Training for staff with spiritual guidance training: provide training to the staff of the rehabilitation home regarding spiritual guidance and techniques to support clients effectively; and cultural awareness: train staff to respect diversity in religious practices and values held by clients.

From the explanation above, other opinion, Azizah *et al.*, (2021) explained that the guidelines for religious mental guidance in rehabilitation homes must be explained that there needs to be a section that guides and directs to spiritual mental guidance, Islamic counselling guidance, spiritual mental guidance practices and the implementation of spiritual mental guidance practices. Then compiling a guide for spiritual mental guidance in rehabilitation homes must include elements of goals, officers, time, targets, materials, methods or media as well as evaluations of guidance, counselling and counselling service activities. (Hidayanti, 2014).

Based on several studies, what needs to be compiled in a guide to religious mental guidance and Islamic education for clients with mental health disorders in social rehabilitation homes, according to Azizah et al., (2021), Alang, (2021), Hidayanti, (2014), Saputra and Suryadi (2022), Azizah *et al.*, (2023), Rahmawati *et al.*, (2016), Supriadi (2017), Saputra *et al.*, (2023) Zakariya (2021), Nurhalim *et al.*, (2024) and Syihabudin *et al.*, (2023) requires the role of Islamic education, Islamic-based psychotherapy, Islamic counselling, mental health exercises and activities and family approaches in Islam as well as the type of expertise of each role.

According to the aforementioned, the researcher suggests that the religious mental health guidance guide for clients with mental health disorders in social rehabilitation institutions should include a simple model of religious mental guidance that includes detailed aspects of goals, objectives, methods, and definitions that accompany them.

Therefore, the Islamic religious mental guidance guide for mental health disorders is a guide or direction that is prepared to provide understanding or instruction related to a holistic approach, which involves the integration of psychological, spiritual, and social aspects. This approach is designed to restore a person's mental health by strengthening the relationship with Allah and their social environment through Islamic education, Islamic-based psychotherapy, Islamic counselling, mental health exercises and activities, and family approaches in Islam.

4. CONCLUSION

This study highlights the significance of Islamic religious guidance as a holistic approach to addressing mental health disorders within social rehabilitation settings in Indonesia. By integrating spiritual, psychological, and social dimensions, the proposed framework offers a comprehensive model for mental health recovery. In government-operated institutions, the focus lies on providing education, socialisation, and fostering relationships with Allah, oneself, and others through structured activities. Meanwhile, private institutions emphasise spiritual purification, self-reflection, and motivation through consistent religious practices. The absence of standardized guidelines in both sectors underscores the need for a formalised and integrative approach that can bridge gaps in practice. The findings emphasise the role of religious leaders (Ustaz/kiai), social workers, and families in fostering mental and spiritual resilience, while also highlighting the potential for collaboration between government and private sectors to enhance service delivery. Practically, the development of a standardised Islamic religious guidance model has the potential to serve as a blueprint for improving the quality of mental health rehabilitation services across Indonesia. Future research should focus on testing and refining this model in broader contexts, including its scalability, effectiveness, and adaptability to different cultural and institutional settings. By doing so, this framework can contribute to more inclusive and effective mental health strategies that are deeply rooted in Indonesia's cultural and religious values.

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