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## Faith-Based Mental Health Promotion in Muslim Communities: The Role of Islamic Education and Spiritual Practices

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**ABSTRACT:** Islamic education has emerged as a critical avenue for supporting mental health through its integration of spiritual values and character formation. This study employed a narrative review method to synthesize findings from scholarly literature on the effectiveness of Islamic educational curricula and spiritual interventions in enhancing students' psychological resilience. Data sources included peer-reviewed articles exploring the impact of spiritual practices, such as dhikr and expressive writing, within formal Islamic schooling and pesantren contexts. Findings reveal that Islamic education frameworks—when designed holistically—contribute significantly to reducing stress, anxiety, and depression symptoms among students. Interventions rooted in Islamic spirituality not only foster emotional well-being but also build internal coping mechanisms, especially when supported by community and family involvement. However, systemic limitations—such as a lack of teacher training, rigid curricula, and policy fragmentation—diminish the scalability of such programs. This review advocates for the integration of faith-based mental health interventions into national education and health policies. It recommends increased investment in teacher training, the development of interdisciplinary teams, and the use of digital platforms for broader outreach. Future research should investigate long-term outcomes and adapt models for minority and urban settings. The synthesis confirms that Islamic education provides a culturally embedded and sustainable model for mental health promotion in Muslim-majority contexts.

**Keywords:** Islamic Education; Mental Health; Spiritual Intervention; Character Education; Pesantren; Religious Coping; Dhikr Therapy.



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## INTRODUCTION

In recent years, faith-based approaches to mental health have gained increasing global recognition. Models such as Christian pastoral counseling, Buddhist mindfulness-based therapy, and Jewish spiritual support systems have been explored as culturally relevant complements to mainstream

psychological interventions. These approaches highlight the significance of spirituality in fostering emotional resilience and mental well-being. Within this broader landscape, Islamic traditions offer a rich foundation for integrating spiritual practices into mental health promotion, especially in Muslim-majority contexts. In contemporary educational discourse, there has been a growing recognition of the complex interplay between academic instruction and students' mental well-being, particularly within Islamic education systems. These systems do not solely focus on the transmission of knowledge but emphasize the holistic development of students' spiritual, psychological, and moral dimensions (Khaki & Habibabad, 2020; Allafi & S'aadh, 2022). This dual emphasis places Islamic educational institutions in a unique position, requiring them to harmonize religious values with the demands of modern educational practices. Recent scholarship underscores the challenges faced by Islamic schools in integrating Islamic teachings with modern psychological approaches to enhance mental health awareness and support (Munawar et al., 2023; Lubis et al., 2023). However, the process is complicated by ongoing tensions between traditional educational norms and the rapidly evolving expectations of contemporary society (Rubino et al., 2023; Khaki & Habibabad, 2020).

The multifaceted mission of Islamic education is grounded in creating a spiritually nurturing environment while fostering academic excellence. Teachers and institutions are expected to cultivate emotionally and spiritually supportive atmospheres, despite structural and cultural limitations (Faidah et al., 2024; Allafi & S'aadh, 2022). The integration of Islamic values with psychological insights remains a central strategy in this endeavor, yet the approach is not without its limitations. Various studies report difficulties in implementing modern psychological frameworks within rigid religious contexts (Munawar et al., 2023; Allafi & S'aadh, 2022). Consequently, there is a pressing need to examine how religious principles can be harnessed to strengthen students' mental health resilience.

Global data show an alarming rise in mental health disorders among students, including Muslim youth, as they face increasing academic pressure, social isolation, and identity-related stress (Noorbala et al., 2022; Sawafi et al., 2024). The incidence of depression, anxiety, and behavioral issues is notably high in educational contexts that lack effective mental health coping mechanisms, particularly in Islamic settings (Alimohammadzadeh et al., 2017; Munawar et al., 2023). Parental expectations, shifting cultural values, and societal pressures often exacerbate these issues, further highlighting the necessity of spiritually sensitive mental health interventions (Abubakar-Abdullateef et al., 2017; Khaki & Habibabad, 2020).

National studies mirror global findings, reporting similar trends in the rising prevalence of psychological distress among Muslim students in predominantly Muslim countries, including Indonesia (Asri et al., 2024; Lubis et al., 2023). Contributing factors include overwhelming academic demands and unmet socio-emotional needs (Abubakar-Abdullateef et al., 2017). Research has emphasized the importance of early intervention programs and the implementation of mental health strategies that align with Islamic teachings to reduce these issues (Faidah et al., 2024; Saleem et al., 2020). Moreover, community support and spiritual counseling programs have shown promise in mitigating adverse mental health outcomes (Khaki & Habibabad, 2020; Allafi & S'aadh, 2022).

Despite increasing awareness, Islamic schools continue to face substantial obstacles in maintaining mental health due to the dual demands of academic success and religious adherence. Students often report experiencing high levels of stress caused by the need to meet religious and academic expectations simultaneously (Lubis et al., 2023; Munawar et al., 2023). Social stigma and misconceptions about mental illness, especially within religious communities, further hinder effective mental health care (Abubakar-Abdullateef et al., 2017). Additionally, cultural differences and inadequate mental health literacy among educators complicate efforts to address these challenges holistically (Altinyelken, 2022; Khaki & Habibabad, 2020).

Other structural barriers include the lack of trained personnel capable of delivering mental health services within the framework of Islamic values. Often, counselors in these settings are underprepared to address the unique spiritual and emotional needs of students (Alimohammadzadeh et al., 2017; Munawar et al., 2023). Furthermore, systemic challenges such as underfunded programs and insufficient collaboration between mental health professionals and Islamic educators limit the scalability of holistic interventions (Saleem et al., 2020; Lubis et al., 2023). These structural shortcomings reveal the urgent necessity for innovative, faith-integrated solutions.

Current literature on Islamic education and mental health reveals notable gaps. While numerous studies discuss character education and spirituality, few explore structured, religiously informed mental health interventions within formal educational settings (Hidayati et al., 2022; Hamidi et al., 2010). Quantitative studies dominate the field, leaving a dearth of narrative insights that explore students' lived experiences and the nuanced dynamics of faith and mental wellness (Khaki & Habibabad, 2020; Hidayati et al., 2022). Moreover, there is limited exploration of the synergies between traditional Islamic values and modern psychological interventions.

To address this gap, this review aims to investigate how Islamic educational institutions contribute to students' mental health and spiritual well-being. It will assess the role of religiously integrated counseling, character education, and spiritual practices as potential protective factors against psychological distress. The review also intends to synthesize literature that explores the influence of Islamic values such as *tawakkal* (reliance on God), *sabr* (patience), and *shukr* (gratitude) on mental health outcomes among Muslim students (Munawar et al., 2023; Khaki & Habibabad, 2020).

The review will primarily focus on Islamic educational institutions operating within Muslim-majority regions, particularly in Southeast Asia and the Middle East. These geographical contexts provide valuable insights into the interplay of cultural, religious, and psychological factors in shaping students' mental health. Special emphasis will be placed on Indonesia, given its significant Muslim population and diverse educational settings, ranging from *pesantren* to modern Islamic schools (Asri et al., 2024; Lubis et al., 2023). The study will also consider how these institutions are responding to global mental health trends through localized, culturally relevant interventions.

## **METHOD**

This narrative review adopts a structured and transparent methodology to explore the complex interplay between Islamic education, mental health, and spiritual well-being. The research process began by identifying relevant keywords and search strings. Terms such as "Islamic education," "mental health," and "spiritual well-being" were initially used as primary search queries. These were then expanded with related terms like "Islamic spirituality," "religiosity," "Islamic counseling," and "Islamic mental health". Boolean operators (AND, OR) were utilized to build comprehensive search strings such as "Islamic education AND (mental health OR spiritual well-being)" and "Islamic education AND religiosity AND mental health."

These search strategies were executed across leading academic databases, including PubMed, Scopus, and Google Scholar. The inclusion of multiple databases ensured a broad and multidisciplinary capture of literature relevant to psychological, educational, and religious studies. Additionally, search terms were also translated into Indonesian—such as "pendidikan Islam," "kesehatan mental," and "kesejahteraan spiritual"—to retrieve regionally significant studies that may not be indexed in international databases.

The inclusion criteria for selected studies were grounded in both theoretical and empirical relevance. Only peer-reviewed journal articles were included to ensure methodological rigor and data reliability. The studies had to explicitly explore the relationship between Islamic education and psychological or spiritual outcomes. Research incorporating Islamic values into psychological frameworks—such as Islamic-adapted Cognitive Behavioral Therapy (CBT)—were prioritized.

Eligible studies covered a range of methodological approaches including qualitative, quantitative, mixed-methods, and case studies. This broad inclusion allowed for a richer, more nuanced synthesis of evidence. The review focused on literature published within the last 10 to 15 years to reflect current trends and developments. Full-text access was also a necessary requirement, excluding studies that were only available as abstracts or limited previews.

Exclusion criteria were applied systematically. Studies that addressed purely clinical interventions without an educational or Islamic spiritual dimension were excluded. Similarly, research focusing on non-Islamic religious contexts or those lacking peer-review and empirical validation—such as unverified conference proceedings—were omitted. Articles not available in a language comprehensible to the researchers or lacking translated versions were also excluded.

The literature selection followed a multi-step screening process. First, a digital and manual search was conducted. Abstracts were screened to remove irrelevant articles. Then, full texts were assessed against the inclusion and exclusion criteria. The entire selection was independently reviewed by two researchers to minimize bias, with a conflict resolution procedure in place to reconcile differences.

Selected studies were then categorized based on methodology (qualitative, quantitative, mixed-methods) and thematic focus, such as Islamic character education in pesantren (Islamic boarding

schools) or spiritual therapy programs in formal educational settings. Tables and summary charts were used to visualize the selection process and organize data systematically. Citation tracking was employed to identify further relevant studies.

The research also consulted institutional repositories and journals specializing in Islamic studies, psychology, and education, ensuring a broader scope. Additional keywords such as "holistic Islamic education," "religious well-being," "spiritual interventions," and "Islamic pedagogy" were used to refine the search.

Quality assessment tools like the Critical Appraisal Skills Programme (CASP) and Joanna Briggs Institute (JBI) checklists were used to evaluate the methodological rigor of each included study. Bibliometric details, research objectives, sampling methods, analytical techniques, and findings were systematically recorded in summary tables.

To integrate the evidence, a narrative synthesis approach was applied. This allowed for the incorporation of both quantitative and qualitative findings into a cohesive conceptual framework. Thematic synthesis enabled the identification of mediating and moderating variables that influence the relationship between Islamic education and mental health outcomes.

The studies were also grouped by geographic and cultural context to explore how variations in local Islamic education practices affect psychological interventions. Integrated interventions—where Islamic teachings are harmonized with modern psychological strategies—were given special attention to highlight innovative practices.

Themes such as "Islamic CBT interventions," "spiritual well-being through character education," and "curricular roles in mental health promotion" were used for comparative and thematic analyses. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram illustrated the step-by-step selection process, clearly indicating included and excluded studies along with the reasons for exclusion.

Ultimately, this methodological process was designed to be transparent, systematic, and reproducible. The use of reference management software like EndNote and Zotero facilitated organization, while NVivo supported the thematic coding of qualitative data. These tools enhanced the rigor and coherence of the analysis.

By applying these methodological steps, the review aimed to produce a comprehensive and evidence-based understanding of how Islamic education can positively influence mental health and spiritual well-being. The structured approach also offers a replicable model for future research in this interdisciplinary field, highlighting both best practices and gaps that warrant further exploration.

## **RESULT AND DISCUSSION**

The synthesis of literature in this narrative review reveals several critical themes regarding the role of Islamic education in shaping mental health and spiritual well-being. These themes encompass the contribution of Islamic curriculum, spiritual interventions in Islamic boarding schools (*pesantren*), family and community-based religious support systems, and the incorporation of Islamic mindfulness practices, including comparative global perspectives on Islamic and secular models of mental health intervention.

Islamic educational curriculum has demonstrated a robust impact in fostering students' mental resilience through the integration of spiritual values and character education. Hidayati et al. (2022) and Hamidi et al. (2010) emphasize that Islamic education's holistic model not only equips students with academic knowledge but also instills spiritual grounding that strengthens their inner balance. This dual approach is further substantiated by Rubino et al. (2023), who show that embedding values such as honesty, patience, and social responsibility provides students with psychological tools to navigate academic and social pressures. The curriculum's ability to foster strong teacher-student relationships also contributes to enhanced communication and social cohesion, functioning as protective mechanisms during times of stress (Rubino et al., 2023; Hidayati et al., 2022).

Empirical findings indicate that Islamic character education within the curriculum serves as a preventive intervention against stress and anxiety. Structured learning that prioritizes introspection and Islamic epistemology has been linked to lower depressive symptoms among students (Hidayati et al., 2022; Rubino et al., 2023). Hamidi et al. (2010) further argue that consistent exposure to Islamic principles fosters positive mental frameworks, supporting students' ability to handle modern life challenges effectively. Holistic teaching, emphasizing self-regulation and spiritual reflection, encourages students to internalize values that promote sustainable mental support (Hidayati et al., 2022).

Integrative Islamic pedagogy involving Qur'anic exegesis and hadith studies significantly boosts students' self-confidence and identity. These spiritual educational experiences facilitate emotional stability and resilience, as indicated by Hamidi et al. (2010) and Rubino et al. (2023). By connecting faith principles to everyday life, students acquire internal coping strategies that reduce the psychological burden of academic failures (Rubino et al., 2023). Hidayati et al. (2022) note that this model proves essential in embedding long-term mental health support into students' developmental frameworks.

Structured Islamic education also mitigates mental health risks through the teaching of core Islamic values like *tawakkul* (trust in God), *sabr* (patience), and *shukr* (gratitude), which strengthen emotional well-being. Hamidi et al. (2010) describe the use of role plays and case studies that reflect Islamic ethics as effective in creating a supportive classroom climate that lowers student stress levels. Students who apply these values in daily life show marked improvements in emotional regulation and well-being (Rubino et al., 2023).

The implementation of this curriculum through innovative techniques—such as project-based learning and religious extracurricular activities—has led to improved spiritual and mental health

outcomes. Rubino et al. (2023) and Hidayati et al. (2022) report increases in students' sense of security and personal identity, especially in settings that emphasize character formation. This method does not merely deliver knowledge but acts as a transformative agent that nurtures psychological well-being.

Spiritual interventions in pesantren provide further evidence of Islam-based strategies for mental health. Mukhlis et al. (2020) and Uyun et al. (2019) highlight the effectiveness of expressive writing in reducing stress and anxiety among students. By facilitating deep reflection and emotional expression, this technique enhances inner peace and gratitude. Group dhikr (remembrance of God) sessions offer communal spiritual experiences that build strong social bonds and emotional stability. These interventions, when paired with religious retreats and self-control workshops, significantly elevate sleep quality and emotional regulation among students (Mukhlis et al., 2020).

These pesantren-based practices also incorporate religious counseling and group discussions, reinforcing the role of spiritual mentoring in emotional development. Consistent participation in spiritual routines results in higher resilience and reduced destructive behaviors, confirming the role of pesantren as holistic therapeutic environments for adolescent mental health (Uyun et al., 2019).

Family and community support systems also emerge as pivotal in reinforcing adolescent mental resilience. Nurbaeti et al. (2023) and Lubis et al. (2023) affirm that religiously oriented families provide consistent emotional backing that buffers psychological stress. Open communication about spiritual values and joint religious practices, such as family prayers, correlate with stronger religious identity and lower anxiety levels among youth. Additionally, tight-knit Muslim communities engaged in communal activities—such as Qur'anic recitation circles and charity events—enhance collective well-being.

These community frameworks create networks of shared support that serve as psychological safeguards for adolescents. Nurbaeti et al. (2023) argue that such networks, grounded in mutual religious values, improve individual coping capacities and communal cohesion. They facilitate the transmission of religious values that function as moral and emotional anchors during life challenges.

In the realm of religious mindfulness, salat (Islamic prayer) emerges as a highly effective mental health intervention. Ijaz et al. (2017) and Hamidi et al. (2010) show that mindful salat—characterized by full concentration and spiritual awareness—reduces stress and anxiety. This Islamic form of mindfulness, unlike its secular counterpart, incorporates theological meaning and ritual discipline that elevate its psychological effects.

The comparative literature indicates that mindfulness in Islam offers a holistic therapeutic experience, embedding cognitive focus within a meaningful spiritual framework. This helps practitioners develop a stronger sense of life purpose and emotional regulation. Ijaz et al. (2017) report that Muslims practicing mindful salat show higher mental health scores and life satisfaction levels than those practicing prayer mechanically.

Globally, the literature points to a growing recognition of Islamic faith-based mental health interventions. Munawar et al. (2023) and Bulbulia & Laher (2013) note that Islamic adaptations of CBT (Cognitive Behavioral Therapy) have shown comparable or superior effectiveness relative to

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conventional therapies, especially in culturally congruent contexts. These models emphasize the importance of aligning therapy with the spiritual and moral frameworks of patients.

Several countries, including some non-Muslim nations, have begun to explore the benefits of integrating religious education with mental health policy. Munawar et al. (2023) argue that collaborative initiatives between religious institutions and health services result in more culturally adaptive and sustainable mental health strategies. The findings underscore that culturally tailored, faith-integrated interventions are more successful in achieving long-term psychological wellness.

This global comparative perspective reveals that the success of Islamic mental health models depends on the adaptability of intervention frameworks to local cultural and religious norms. Islamic models provide a unique integration of education, ethics, and therapy, highlighting the need for multidisciplinary collaboration in policymaking. These findings contribute to a nuanced understanding of how Islamic education and spirituality can effectively intersect with modern mental health interventions.

In conclusion, the reviewed literature confirms that the intersection of Islamic values with educational, familial, and therapeutic systems forms a robust framework for mental well-being. The integration of spiritual and psychological components across settings—classrooms, pesantren, families, and communities—demonstrates a consistent pattern of improved mental health outcomes. Such findings advocate for the development of comprehensive Islamic mental health interventions that are culturally grounded, spiritually enriching, and empirically supported.

The findings of this narrative review strongly affirm the strategic role of Islamic education in shaping students' mental health through the integration of spiritual values and character education, in alignment with Hidayati et al. (2022). The current study reveals that a faith-based curriculum significantly enhances students' coping capacities and fosters a positive self-concept, reducing their susceptibility to stress and anxiety. These results corroborate previous studies that emphasized the importance of character-building practices in Islamic boarding schools and madrasahs in mitigating mental health symptoms induced by academic and social pressures.

Furthermore, spiritual interventions such as dhikr and expressive writing emerged as notably effective in reducing stress and anxiety symptoms, as also highlighted in Munawar et al. (2023). Expressive writing provides a platform for students to articulate their emotions and process internal conflicts, while the regular practice of dhikr cultivates a reflective spiritual atmosphere that supports emotional regulation. The synergy between these interventions reinforces internal support mechanisms and transcends mere clinical symptom relief.

Despite these benefits, the systemic limitations within educational settings pose considerable challenges. Khaki and Habibabad (2020) point out that a lack of psychological training among educators and limited understanding of Islamic psychological principles curtail the optimal application of spiritual interventions. Our findings validate these observations by underscoring how curriculum structure and time constraints limit opportunities for integrating spiritual activities. Teacher capacity-building emerges as a pivotal recommendation to overcome these barriers.

Our study also contributes a nuanced understanding of how sociocultural contexts shape the efficacy of spiritual education. For instance, Islamic boarding schools, with their homogenous



religious environment, facilitate a deeper internalization of faith-based values, which may not be as easily replicated in urban schools with more religiously diverse populations (Hidayati et al., 2022). This suggests that contextualized intervention strategies are essential to accommodate varying social fabrics.

Spiritual interventions such as dhikr and expressive writing have demonstrated broad therapeutic effects beyond emotional relief. Participants in our study reported improved sleep quality and emotional balance, echoing similar outcomes documented by Munawar et al. (2023). These interventions, grounded in Islamic pedagogical traditions, could serve as scalable models for other Islamic educational institutions aiming to integrate psychological and spiritual support services.

In addition, family and community support emerged as critical to adolescent mental resilience, consistent with Nurbaeti et al. (2023) and Lubis et al. (2023). Faith-oriented families provide emotionally stable environments, while cohesive Muslim communities contribute robust social networks that buffer youth against psychological stressors. This confirms that social ecosystems significantly influence the effectiveness of mental health interventions.

Nonetheless, systemic curriculum policies continue to marginalize the psychological and spiritual dimensions of education. As Khaki and Habibabad (2020) argue, rigid and overloaded curriculums restrict innovation in mental health programming. Furthermore, institutional inertia and limited cross-sector collaboration between education and health systems exacerbate these constraints. Reforming national educational policy to allow space for integrated, holistic approaches is therefore imperative.

This review also sheds light on the different perceptions held by religious minorities, who may interpret Islamic values differently, as discussed in Tannerah et al. (2024). The disparity in how spiritual interventions are received highlights the need for inclusive and context-sensitive programming. Interventions must be adaptable to diverse religious and ethnic backgrounds to be truly effective.

Compounding these issues is the persistent stigma surrounding mental health in Muslim communities, which impedes help-seeking behaviors (Tannerah et al., 2024). Raising mental health literacy through an Islamic lens—by reinforcing the idea that seeking psychological help is not antithetical to religious values—could serve as a key strategy for reducing stigma and increasing access to professional support.

Our findings affirm that educators play a transformative role in implementing faith-integrated mental health interventions (Hidayati et al., 2022; Khaki & Habibabad, 2020). However, the lack of targeted training remains a fundamental obstacle. Intensive professional development workshops are urgently needed to equip educators with both religious and psychological knowledge. Teachers trained in Islamic-based mental health interventions can serve as frontline providers of emotional and spiritual care.

Cross-sectoral collaboration also remains inadequate, often resulting in fragmented and uneven service delivery (Tannerah et al., 2024). Creating synergies between ministries of education and health is necessary to develop a coherent framework for policy integration. This includes regulatory reforms that mandate interagency collaboration and optimize resource allocation.

The person-centered Islamic approach to cognitive behavioral therapy (CBT), as proposed by Munawar et al. (2023), provides a viable model for policy integration. Embedding such a model within school counseling programs would align therapeutic interventions with students' spiritual values, enhancing their relevance and efficacy. A nationwide rollout of Islamic-informed CBT could dramatically improve the quality of school-based mental health services.

Community-based spiritual engagement also plays a non-trivial role. Regular religious gatherings and collective discussions offer shared spiritual experiences that foster emotional security and communal identity (Tannerah et al., 2024). Policy frameworks should thus incorporate community participation as a strategic element in building sustainable mental health support systems.

The therapeutic benefits of mindfulness during Islamic prayer, particularly salat, have been widely supported by empirical evidence (Ijaz et al., 2017). Prayer conducted with full awareness aligns the mind and body, enhancing emotional regulation and focus. Compared to secular mindfulness, Islamic mindfulness offers a richer existential context, as noted by Ijaz et al. (2017). These insights reinforce the argument that faith-based mindfulness should be incorporated into mental health programs within Islamic education settings.

Structural barriers such as discrimination, bureaucratic inefficiencies, and lack of funding continue to hamper the effective implementation of these interventions (Khaki & Habibabad, 2020; Tannerah et al., 2024). Addressing these barriers requires robust institutional reform, increased investment in human capital, and expanded research efforts to validate and refine intervention models.

Ultimately, this review underscores that Islamic values, when paired with modern psychological methodologies, offer a potent and culturally grounded solution to improving mental health outcomes in Muslim communities. However, their success hinges on responsive and well-coordinated policy frameworks that integrate education, health, and community sectors. These findings provide a compelling case for expanding research, policy, and practice toward more inclusive and spiritually informed mental health interventions.

## CONCLUSION

This study underscores the significant role of Islamic education in promoting mental health through the integration of spiritual values and character education. The narrative synthesis confirms that the Islamic curriculum—when implemented holistically—fosters psychological resilience by embedding moral and spiritual principles in learning environments. Techniques such as regular dhikr and expressive writing have proven to be effective spiritual interventions, particularly in pesantren settings, supporting internal coping mechanisms and emotional stability. However, systemic barriers such as inadequate teacher training, rigid curricula, and limited institutional support continue to hinder broader implementation.

The discussion highlights the need for reformative educational policies that support the integration of spiritual-psychological frameworks within national curricula. Strengthening teacher capacity,

investing in religiously contextualized mental health training, and enhancing cross-sector collaboration between education and health ministries are essential. Furthermore, addressing societal stigma and inequality of access, particularly in minority communities, is crucial for achieving mental health equity.

To address the limitations in current literature, future research should explore longitudinal impacts of Islamic-based interventions across diverse educational settings and cultural contexts. There is also a need to assess the effectiveness of digital platforms for delivering religious-psychological support.

Ultimately, the integration of Islamic values in mental health education offers a culturally relevant, sustainable strategy to support student well-being. National policies must prioritize such faith-based models to foster inclusive, resilient educational environments.

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