Islamic Education Management and Mental Health Guidance as Treatment for Patients With a Mild Disorder: Supporting and Inhibiting Factors

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Abstract

This phenomenological study describes the supporting and inhibiting factors of Islamic educational management and mental health guidance rendered to patients with a mild disorder at two Indonesian social rehabilitation centres. Data were collected from semi-structured individual interviews with 10 participants (seven men and three women aged between 23 and 61 years) who comprised managers, social workers, assistants, *kiayis* or *ustads* (religious teachers), and patients with mild mental health disorders at the two centres. Data were analysed for recurring patterns, themes and subthemes using Computer-Assisted Qualitative Data Analysis (CAQDAS) and N-Vivo. The findings highlight two categories of support and inhibition, i.e., internal and external factors. Internal support factors include client engagement, the roles of companions and social workers, adequate funding and proper infrastructure. External support factors include stakeholders, cooperation, clients' families, and available funding. On the other hand, a major internal factor that inhibits the implementation of Islamic education and mental health guidance is the clients themselves with all their issues, while external inhibitors stem from the government, bad weather conditions, the lack of funds, and the absence of family to support ODGJs. The findings underscore the importance of improving current practices in Islamic social rehabilitation as these practices will increase the likelihood of patients' recovery from mental health disorder. Further research should consider developing a holistic Islamic approach to rehabilitation and spiritual healing that integrates *solat, dhikir,* Qur'an reading and God-centred conversations to help ODGJs return to normal life.

Keywords: Islamic education management, mental guidance, mental disorders, social rehabilitation, spiritual healing

INTRODUCTION

The term *People with Mental Disorders* or *Orang Dengan Gangguan Jiwa* (ODGJ) is still widely used in Indonesia today to refer to individuals with concerning issues of mental well-being. However, there is a growing tendency to adopt new terms, such as *People with Psychosocial Disabilities* or *Orang Dengan Disabilitas Psikososial* (ODDP), which emphasise aspects of disability and the rights of individuals with special needs. These changes are influenced by efforts to reduce the negative stigma against mental disorders and place more emphasis on inclusive approaches and human rights. The usage of the term *Psychosocial Disabilities* is also in line with the UN Convention on the Rights of Persons with Disabilities (CRPD), which includes individuals with mental or psychosocial disorders as part of the larger group of persons with (Komnäs HAM, 2018; Undang-Undang 19, 2011**;** United Nations, 2007). As written in Policy No 18 of 2014, the term People with Mental Disorder (ODGJ) was chosen to make it easier for the public to remember and understand the condition affecting this special group of persons (Undang-undang 18, 2014).

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 disorders do not cause death, the disease contributes greatly to the loss of productivity and daily functioning of individuals who suffer from them. According to data from the World Health Organisation (WHO), there are at least 300 million people with mental disorders in the world, followed by ODGJs, including 24 million with schizophrenia (WHO, 2019).

In Indonesia alone, there are 19 million people over the age of 15 with various mental disorders (Kementerian Kesehatan Republik Indonesia, 2020). Based on data from the Regional Planning and Development Agency (2017), the population in Banten Province in 2017 was 12,203,148, with 35,143 people experiencing mental disorders, representing about 0.28% of the population. In this case, Banten Province ranks fifth with the highest number of patients with mental disorders (ODGJ), totaling about 4,881 people. However, it ranks 33rd for the lowest rate of regular drug consumption among ODGJ patients. Meanwhile, Serang City has a population of 688,603 people, with 1,104 people suffering from mental disorders (Kementerian Kesehatan Republik Indonesia, 2018).

In 2019, health services for people with severe mental disorders in Banten Province showed that five regencies or cities had service coverage above 90%. They were Tangerang City (with 100% coverage), Cilegon City (99.2%), Serang Regency (99.2%), Tangerang Regency (96.4%), and Pandeglang Regency (90.8%). Meanwhile, the regencies or cities with heavy ODGJ services still falling below 90% were Serang City (77.5%), South Tangerang City (54.8%) and Lebak Regency (15.2% ; Dinas Kesehatan Provinsi Banten, 2020).

In Indonesia, social rehabilitation initiatives are organised 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. However, contemporary researchers (e.g., Angela, 2018; Effendi et al., 2019; Indraningrum & Pupitasari, 2021; Setiawan et al., 2021) offer a counterpoint to this perspective. They highlight that the problems and obstacles faced by social rehabilitation organisers can be attributed to some factors, such as budget limitations, lack of infrastructure, activity management, limited human resources, and operational procedures.

Social rehabilitation has a system that helps the process of re-socialization 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). Aspects that need to be considered in social rehabilitation institutions include the distribution of locations, provision of information facilities and infrastructure, socialisation with the community, client rooms, evaluation and supervision instruments, Islamic

education curriculum for Muslim clients, human resource competency, standard operating procedures, coordination and cooperation between government and private social rehabilitation institutions (Dewabhrata et al., 2023; Shiand, 2022).

The current social rehabilitation services have a noble aim, which is to improve clients' abilities to function adequately in society, as well as to develop their mental and social readiness to return to society and be empowered as contributing members or citizens. The purpose of such services is to help clients or patients become better psychologically and socially (Glorney et al.*,* 2019; Subardhini, 2021).

In Islam, mental health and well-being are established through faith (*iman*), works or good deeds (*amal solih*) and worship (*ibadah*). Hence, education that is based on Islamic principles of *iman*, *amal* and *ibadah* plays a crucial role in maintaining the health and well-being of the mind, body and soul, as well as in fulfilling the needs of the human mind (Syarifudin, 2021a). If implemented correctly, the Islamic approach to education and socialisation brings nothing less than positive outcomes to human societies, such as happiness and contentment, talent development and a balance of human wants and needs (Saputra & Suryadi, 2022). Hence, for this reason, the management of Islamic education is crucial. It serves as the basic foundation for planning, organising, implementing and directing resources effectively and efficiently to achieve individual and social transformation through such education (Tjabolo, 2018). By instilling Islamic teachings and principles, Islamic education helps individuals develop a sense of responsibility towards others and encourages empathy, compassion, and justice (Hidayat et al.*,* 2023). This, in turn, contributes to the well-being and prosperity of society. The premise is that Islamically inspired education can improve the cognitive, affective, and psychomotor development of ODGJs in internalising Islamic teachings through stages such as habituation, modelling, and mentoring.

For Islamic education to be effective, its implementation requires meticulous planning, execution, and evaluation (i.e., proper management), with a clear focus on developing religious character (*ilahiyah*) and moral development (*insaniyah*) among ODGJs (Lubis et al., 2021). It is argued that religious mental guidance is very beneficial for clients in social rehabilitation because it helps them in building the faith and strength to control bad urges and desires (Heffernan et al., 2014). Socialized guidance on religious values and spiritual mentality is crucial, as it encourages ODGJs to change their attitudes towards community life and become part of the country's national development (Rahmawati, 2016).

The factors contributing to the inadequate implementation of Islamic education include insufficient prevention and guidance, particularly on the belief in worship, the pursuit of closeness to Allah, and the fulfillment of His commands to mitigate unrest and disturbance in the soul (Prima, 2020). The subsequent challenge is the restricted application of Islamic education management for mental health disorders in social rehabilitation, attributed to the predominant influence of caretakers or *kiayis* (Srujin, 2014a). This results in social rehabilitation activities and programs being managed by only one or two predominant individuals.

Effendi et al. (2019) define the implementation of Islamic education management to include planning, organizing, implementing and supervising programs, activities or events. The idea is closely linked to educational institutions but has not been widely applied in social rehabilitation centres because so far, it has been limited to psychosocial and spiritual interventions involving social workers. An example is the work of Widiana et al. (2023), who examined people with social problems (e.g., beggars and the homeless) in social rehabilitation homes by looking at the obstacles encountered in the retirement benefit program in Central Java.

Theoretically, Islamic education management can be applied in all forms of institutions including social rehabilitation, but can it be practised with people suffering from a mental health disorder? Can mental health guidance be practised in social rehabilitation? What factors support and inhibit the implementation of Islamic education management and mental health guidance in social rehabilitation centres for people with mild mental health disorders? These are pressing questions that have not been adequately addressed in recent research (Nurhalim et al., 2024; Syarifudin, 2021b)

Linking Islamic education management with mental health guidance for people with mental health disorders in social rehabilitation is crucial, especially considering the potential increase of cases and issues of mental health disorders to increase in the future. Integrating both issues in treating disorders is expected to help prevent or reduce the severity of mental disorders in Muslim society, thereby offering a comprehensive support system for addressing people's spiritual and physiological well-being. Thus far, this potential solution for treating mental health disorders and rarely been researched (Saputra et al., 2023; Syihabudin et al., 2023).

OBJECTIVES OF THE STUDY

Through thematic analysis, the study aimed to identify and describe the factors supporting and inhibiting the practice of Islamic education management and provision of mental health guidance to persons with mental disorders at two social rehabilitation institutions owned by the government and the private sector in the Banten Province of Jakarta, Indonesia.

LITERATURE REVIEW

Mental Health Disorders

Mental health is a person's state of emotional, psychological, and social well-being characterised by positive interpersonal interactions, behaviour, and effective coping (Azizah et al., 2016). An example of an emotional disorder is anxiety, which often occurs with depression and can cause prolonged mental distress. For instance, someone with an anxiety disorder may feel excessive worry before an exam, even though they have done enough preparation. This can be debilitating, as the emotional distress of depression and anxiety can significantly impair a person's cognitive functioning and mental well-being. Depression is often characterised by feelings of deep sadness, loss of interest in activities that are usually enjoyed, and feelings of hopelessness. To illustrate, the presence of auditory hallucinations is a symptom of a mental problem among patients suffering from a psychological disorder, such as schizophrenia. Patients hear voices or hallucinations, remark on their behaviour, and even like to talk to themselves. It often manifests as hallucinations that lead the patient to a strange and fictitious personality (Dogra et al., 2017).

Duckworth et al. (2013) explain mental disorder as a medical condition that interferes with a person's feelings, thoughts, and moods, as well as with their daily relationships and activities. Mental disorders are associated with changes in the main behavioural characteristics, especially in the psychological function of behaviour that generally contradicts or violates existing norms. This condition is often associated with the presence of a state of illness and distress, as well as the appearance of symptoms that support the state (Vogel, 2014).

To explain mental disorder, Goh and Agius (2010) developed a theory of mental illness associated with stress vulnerability. This theory explains that if a person has a high level of vulnerability but the surrounding situation does not trigger stress, then the individual is less likely to experience a mental disorder. However, if a person has a high level of vulnerability and faces a situation that causes even the slightest stress, this individual will be very susceptible to mental

disorder. Understanding the nature and origins of mental illness is critical to explaining why persons with such illness require proper treatments and social rehabilitation, particularly that which is Islamic in nature.

Social Rehabilitation Centers and Services

Social rehabilitation aims to restore and develop the abilities of individuals in need of social welfare services or *Pemerlu Pelayanan Kesejahteraan Sosial* (PPKS). This includes individual persons, families, groups, or communities who are unable to fulfil their social functions due to obstacles, difficulties, or disturbances, thus requiring social services to meet their needs reasonably and adequately. An important goal of rehabilitation services is also to restore and develop the abilities of families and communities as a whole (Murni & Astuti, 2015).

Social rehabilitation focuses on enabling and enhancing individual functioning, rather than merely addressing clinical symptoms, and includes an essential need for services to maintain therapeutic optimism as an expectation of recovery (Killaspy, 2019). In cases of social dysfunction involving children, social rehabilitation plays a crucial role by providing special protection and support to those in need. This includes children requiring the development of social functions, neglected toddlers and abandoned children, individuals with disabilities (both abandoned and non-abandoned), and socially isolated individuals, as well as victims of human trafficking, violence, and drug abuse (Dotrimensi et al., 2021).

A social rehabilitation home is an institution that provides social reconstruction, restoration, healing, and treatment services for individuals experiencing various social problems, which include drug abuse, alcohol addiction, and mental health issues. It also extends support and help to street children and the abandoned elderly (Zahroh & Mulyani, 2022). Social rehabilitation aims to help individuals who need recovery, both physical, mental, and social, so that they can return to living independently and functioning properly in the community.

Social rehabilitation can be divided into three main categories: physical, mental, and social rehabilitation. Physical rehabilitation focuses on restoring an individual's physical condition, such as in cases of accidents or natural disasters, while mental rehabilitation is aimed at overcoming psychological problems, such as trauma or mental disorders. Social rehabilitation is mostly managed by the private sector and the community based on Islamic teachings and principles, but some are managed by the government and non-Muslim organisations (Syihabudin et al., 2023; Wismayanti et al., 2021).

Islamic Education Management and Its Implementation

Management refers to the art of systematically coordinating and overseeing work from others across various functions such as planning, organising, directing, and controlling events, programs, and activities. It is believed that systematic decision-making, coordination and collaboration pave the way to organizational success (Pandya, 2020). In this context, management plays the role of a system that informs and directs its components in carrying out their tasks effectively and efficiently. Proper decision-making, good coordination, and systematic work are very important to facilitate the achievement of organisational goals.

Islamic management theory focuses on the relationship between individual behaviour and social factors, as well as factors that influence management activities both inside and outside the organisation (i.e., company, state, etc. ; Khalaq & Masifa, 2020). The function of education broadly is to maintain and improve the quality of life of the community, with a special emphasis on efforts to

enable the younger generation to fulfil their obligations and responsibilities (Hidayat & Abdillah, 2019). Education and Islam contribute to and influence the development of the country with the characteristics of openness to a broader and global view (Awang & Nuriz, 2020). Islamic education management plays an important role in developing high-quality education in Indonesia, both historically and in terms of its ongoing contributions (Muchtarom, 2013).

Islamic education management is a method that applies the principles of Islamic teachings to the administration of educational establishments. For instance, curriculum management is based on the Qur'an and *hadith,* and human resource management is based on Islamic ethics and character formation through the habituation of worship and morals. The process encompasses planning, organizing, directing, and overseeing activities, programs or events, executed in alignment with Islamic religious beliefs. Islamic education management may be utilized in social rehabilitation to offer a comprehensive strategy addressing the physical, mental, and spiritual dimensions of persons requiring enhancement or recovery.

Several studies explain the factors that affect the implementation of education management, including the availability of science and technology, community development, human resources, infrastructure, educational curriculum guidelines, and the students themselves (Machali & Hamid, 2017). The obstacles faced in the implementation of Islamic education management are often felt by most educational institutions. They include a lack of deep understanding of the concept of Islamic education management itself, with many managers and educators still not fully grasping its principles and concepts from a proper Islamic perspective. Additionally, limitations in human resources further hinder effective implementation (Murdianto, 2024).

On the other hand, factors that support the implementation of effective Islamic education management include leadership, curriculum content, facilities and infrastructure, government policies and regulatory support, as well as community and parent involvement (Shalahuddin et al., 2024). In practice, Islamic education management requires adequate curriculum and infrastructure to support its effective implementation. These two aspects are interrelated and essential in realising a quality Islamic education system (Zaini, 2020). The main role of government and community policies is to be a pillar in monitoring and building comprehensive Islamic education management (Ulvi et al., 2023).

Mental Health Guidance

Mental health guidance has the main goal of helping individuals overcome various psychological or emotional problems, develop effective coping skills, and improve their overall quality of life. According to Iswati and Noormawanti (2019), some of the main benefits of mental health counselling include improving self-understanding, reducing stress and anxiety, improving interpersonal relationships, and improving emotional and psychological well-being. Mental health guidance is an approach that aims to help individuals overcome psychological and emotional problems that can affect their well-being. In this guidance, individuals are given support in the form of counselling, education, and coping strategies that can help them manage stress, anxiety, depression, and other mental health problems (Moreno et al., 2022).

Mental health guidance also emphasises the importance of developing emotional intelligence and social skills to improve overall quality of life. In addition, mental health guidance also plays an important role in preventing the development of more serious mental disorders. By providing an understanding of the signs and symptoms of psychological problems and providing access to appropriate support services, this guidance can increase individuals' awareness and courage to seek help early. Through a structured and professional approach, mental health guidance contributes to the creation of a healthier society psychologically and emotionally. Thus, guidance that requires religion

with good interpersonal relationships and morals is a necessity for mental health (Hasan & Tamam, 2018).

Mental health counselling utilizes various models and approaches to address the diverse needs of individuals seeking support, with each approach offering unique perspectives on psychological issues. One prominent model is the Cognitive-Behavioral Therapy (CBT), which focuses on the interrelationship between thoughts, feelings, and behaviours, aiming to alter maladaptive thought patterns to improve mental well-being. Another approach is the psychoanalytic approach, which delves into subconscious feelings and internal conflicts, exploring how unconscious processes may impact an individual's mental health. The humanistic approach emphasizes personal growth, development, and self-actualization, focusing on the individual's inherent potential for change. Lastly, solution-focused therapy concentrates on identifying and developing solutions to present problems rather than dwelling on the issues themselves, helping individuals achieve practical and effective outcomes (Novianty & Fauziah, 2019). These models provide counsellors with a range of tools to tailor their interventions to the specific needs of their clients.

Islam underscores the significance of maintaining a balanced life and incorporating spiritual, and biopsychosocial viewpoints. Islam instructs individuals to uphold worship and not to separate temporal matters from those of the hereafter. Islam encompasses these elements, as stated in the translation of the Qur'an "And whoever is blind in this [life] will be blind in the Hereafter and more astray in the way" (Qur'an, 17:72, Sahih International).

Consequently, Islam emphasises the importance of achieving a tranquil and harmonious existence through *iman, amal solih* and *ibadah,* particularly in relation to the prevention of mental health illnesses. Huda and Slamet (2024) identify three categories of Islamic perceptions of mental illness to explain the origins of mental health issues within the Islamic framework. Firstly, hardships and life's trials and tribulations are regarded as tests. These are direct teachings of the Qur'an and *sunnah.* Secondly, there are supernatural influences encompassing jinn, devils, desires, and black magic that disturb the human pysche, emotions and physical health. Thirdly, diminished faith may impair mental health, all underscoring the necessity of maintaining a balanced life and integrating spiritual, biopsychosocial perspectives. Understanding these perspectives is critical to treating mental disorder and providing guidance to such conditions in Islam.

Social Change Theory

Social change is a change in the structure and pattern of the social life of a society that occurs over time. Various factors can drive social change, both gradually and profoundly. Many theories have been put forward by sociologists to explain the process and dynamics of this social change.

One prominent proponent of this view is Talcott Parsons, whose Theory of Functionalism argues that social change occurs as a result of changes in other parts of a larger social system. The theory posits that each element in society has a specific function to play, and changes in one element will affect other elements. Thus, social change is seen as an effort to maintain social balance and a process of adaptation to maintain social stability.

Parsons' theory of social change is rooted in his broader structural-functionalist approach to sociology. He viewed society as a complex system of interrelated parts, each performing a specific function to maintain social equilibrium. However, Parsons recognised that society is not static but is dynamic and in constant change. Social rehabilitation is part of social change that forms a change from non-profit institutions and develops its benefits in weak communities, including clients with mental health disorders (Hidayah et al., 2023).

Talcott Parsons' theory of social change, which focuses on the social system and the balance between the parts of society, can be linked to the practice of Islamic educational management in the context of adaptation to social change. According to Parsons, every social change occurs to maintain integration and stability in the social system, which can be applied in Islamic education which continues to transform to create a balance between religious values and the demands of current times. In Islamic educational management, social change is faced with efforts to maintain harmony between the teaching of religious values and the influence of modernisation, such as the use of technology in learning, as well as improving students' social and academic skills according to the needs of society.

Parsons' theory of social change is also relevant to the context of mental health guidance in social rehabilitation practices. To reiterate, social rehabilitation aims to return individuals with mental disorders to society by helping them to adjust to existing social norms. Parsons emphasised the importance of change in individuals to adapt to the social structure, which can also be applied to mental health rehabilitation. Through this approach, individuals who are in the process of rehabilitation are given guidance to change their mindset and behaviour to be more in line with social expectations so that they can function optimally in society.

METHODOLOGY

Research Design

The study adopted the phenomenological approach in examining and exploring the meaning contained in the daily experiences of participants who were directly involved in Islamic-based rehabilitation practices, especially in the context of mental health education and guidance. Phenomenology is a qualitative inquiry method used to understand and describe the lived experiences of individuals from their own perspectives, focusing on how they feel, interpret, and give meaning to the phenomena they experienced (Raco & Tanod, 2012). In this case, it concerns the activities and experiences of clients with mild mental health disorders in following Islamic education management, which included the activities of planning and organizing, as well as leadership and supervision in social rehabilitation. The research explores the clients' feelings and experiences during the mental health guidance process, which was implemented in an educational environment grounded in Islamic values.

Participants

The research participants were purposively selected from two rehabilitation centres in Banten and consisted of two main groups, namely (1) managers (i.e., leaders and staff who played specific roles in managing the Islamic-based education and mental guidance programs at their respective rehabilitation centres); and (2) ODGJ clients, i.e., individuals with mild mental health issues who were undergoing the process of mental and spiritual healing at their respective rehabilitation institutions that implemented Islamic education management. In total, they comprised 10 participants (i.e., 7 men and 3 women) between the ages of 23 and 61 years. Table 1 summarizes their characteristics and positions or roles at the two rehabilitation centres.

Table 1
Research Participants

	Centre		Participant's Position/Role	Gender	Age
1)	The Tangerang Regency Social Rehabilitation Centre	a)	Chairman	F	52
		b)	Head	M	54
		c)	Social Worker	F	38
		d)	*Ustad/Kiayi*	M	42
		e)	Mild ODGJ Client	F	23
2)	The Nururrohman Foundation, Serang City	*a)*	Chairman	M	61
		b)	Manager	M	57
		c)	*Ustad/Kiayi*	M	61
		d)	Client Companion	M	43
		e)	Mild ODGJ Client	M	31

Selecting the chairmen, heads, social workers and *kiayis* as primary data sources for the research was important both in terms of their roles as policymakers at the two social rehabilitation institutions and as managers, social workers and leaders of religious activities and client management in the rehabilitation process.

Research Setting

The study was conducted at two social rehabilitation centres in the Banten Province of Jakarta. The first centre was a public shelter owned by the Tangerang Regency government meant for individuals with social welfare problems (a.k.a. *Rumah Singgah Untuk Penyandang Masalah Kesejahteraan Sosial* in the Indonesian language). The shelter offers a rehabilitation period of between 3 to 10 days, after which the client would be returned to their family or picked up by a family member. Most clients were taken in as a result of raids by the government in public areas with an uncertain number of arrests. An estimated 20 to 50 people would be apprehended in one raid, including mentally unstable individuals. All programs, services and facilities provided at this shelter, which included health screening, counseling, psychosocial support, bedrooms, public kitchens, religious activities and repatriation, are funded by the government.

The second centre, privately owned by the Nururrohman Foundation in Serang City, operates through community self-management. Most clients came with their families to receive therapy for mild to moderate mental health disorders, with rehabilitation lasting between one to three months. The centre normally treats between 10 to 25 clients at one time. The services provided included health screening conducted in collaboration with medical centers, counseling, bedrooms, public kitchens and spiritual therapy.

DATA COLLECTION AND ANALYSIS

Data Collection

Data were collected using face-to-face semi-structured interviews with the 10 participants. They were in-depth and individually conducted on different days, each lasting between 10 and 20 minutes. For the two participants with mental health disorders (ODGJs), direct and open interviews were conducted with them, facilitated by their assigned counselors, companions or social workers. The purpose of including these "companions" was to help the ODGJs to understand the interview questions and the

researchers to comprehend and decode their responses. Each interview with the ODGJs took about 10 to 15 minutes and was captured in photos, video and audio.

All participants were invited to share their perspectives, thoughts, and emotions regarding the factors that supported and hindered their activities and experiences related to Islamic education management and mental health guidance during a social rehabilitation process. For the two ODGJs, the interviews focused on their positions as beneficiaries in receiving the rehabilitation services.

Interview Protocol

Twelve open-ended questions related to the understanding of Islamic education management in rehabilitation were posed to the participants. The questions by category are listed in Table 2.

Table 2
Interview Questions by Category

Category		Interview Questions
Support Factors	1)	What factors support the implementation of Islamic education management and mental health guidance for clients with mental health disorders at your center?
	2)	What role do social workers or companions play in supporting these implementations?
Facilities & Infrastructure	3)	What facilities and infrastructure at your center support the implementation of Islamic education management and mental health guidance?
	4)	How does the available budget support or hinder the implementation of these programs?
Funding & Resources	5)	Is the funding at your center adequate to support the implementation of Islamic education management and mental health guidance?
	6)	How does budget hinder the implementation of rehabilitation programs?
Client Experience	7)	How do clients feel about the Islamic education management and mental health guidance they receive?
	8)	How does the client's sense of pleasure or dissatisfaction impact the implementation of these programs?
Role of Key Figures	9)	What role do *kiayis* or *ustads* play in supporting Islamic education management for clients with mental health disorders?
	10)	How do social workers and companions support the implementation of these programs?
Challenges & Barriers	11)	What are the barriers to implementing Islamic education management and mental health guidance for clients with mental health disorders?
	12)	How do family involvement or stakeholders' roles hinder the implementation of these programs?

For the ODGJ clients, their questions encompassed the benefits they received from the rehabilitation process, as well as what they felt about the Islamic rehabilitation process and what they did during the activities.

Data Analysis and Triangulation

Data collected from the interviews were analysed using thematic analysis techniques that extracted recurring patterns and key themes from the participants' lived experiences. The interviews were transcribed verbatim to ensure data accuracy with coding and theme identification. The steps involved in the data analysis were as follows:

1. **Transcription and Note-Taking**
   All interviews were transcribed verbatim. The audio and video recordings were replayed several times to ensure that no information was missed.

2. **Coding**
   The transcribed data were processed by means of open, axial and selective coding. In open coding, emergent patterns were labeled freely without focusing too much on the categories. Next was axial coding in which related codes were grouped together to find relationships and patterns between the existing themes. Finally in selective coding, the most relevant themes to the study were chosen for further analysis.

3. **Identification of Themes**
   After the data were coded, thematic analysis was performed by identifying the main themes that emerged from the interview data. Group codes that bore similarities or relevance formed major themes.

4. **Narrating or Describing**
   The themes (which constituted the study's results) were then given an in-depth description each in terms of how they emerged from the interview data.

5. **Triangulation and Verification**
   The data were acquired from multiple sources and multiple participant perspectives. This strategy allowed the researchers to obtain a more holistic picture of the factors that supported and hindered the Islamic rehabilitation process, both from the perspectives of managers involved in planning and implementing the program at the centres, and from the perspectives of clients who directly experienced the impact of the rehabilitation.

The researchers used *Computer-Assisted Qualitative Data Analysis* (CAQDAS), a software for analysing qualitative data (Chandra & Shang, 2019), that enables a thorough analysis of images, videos, texts, social media posts, emails, web pages, and datasets (Endah et al., 2020). The software used thematic analysis to identify, analyse, and report patterns or themes in the study's qualitative data.

RESEARCH ETHICS

Permission to conduct this research was obtained from the Tangerang Regency Social Service and the Nururrohman Foundation of Serang City, both located in the Banten Province. Each informant interviewed voluntarily agreed to participate in this research. They were assured that the data collected from this research would be kept confidential and that their participation would remain anonymous.

The names of the participants in this research are reported using pseudonyms to protect their anonymity.

Research involving mental health patients and social rehabilitation managers require strict adherence to the principle of protecting the rights and welfare of the participants. With that in mind, this research ensured that the data collection process was carried out in a manner that respected the dignity of each participant, especially those with clear vulnerabilities, such as patients with a mental disorder or rehabilitation managers who had to interact with vulnerable groups. In this study, the researchers were required to obtain clear and voluntary informed consent from the participants, ensure the confidentiality of the information shared and respecting their right to withdraw from the study at any point in time.

The researchers also needed to be mindful of potential negative impacts, such as increased stress or trauma, that could arise in participants as they discussed their personal experiences regarding their mental health disorders. Therefore, a sensitive, empathetic approach in line with ethical standards, such as the principle of "do no harm", was maintained at every stage of the research.

FINDINGS

The findings revealed both supporting and inhibiting factors in the provision of Islamic education management and mental health guidance as treatment for individuals with mental health disorders in social rehabilitation. These factors were explored from both internal and external perspectives, highlighting the challenges faced by managers and clients in the rehabilitation process, and the resources needed for a successful implementation.

Supporting Factors

The results showed that the success of Islamic education management and mental health guidance provided at the two rehabilitation centres depended on seven key factors. For managers, it was crucial that they understood the managerial aspects and guidance models appropriate for implementing a social rehabilitation program, especially for clients with mental disorders. "Iwan," a 57-year-old male manager of one of the centres, explained as follows:

> The managerial aspects in planning and implementing Islamic education and mental health guidance programs help us to provide the best service for clients and the community; [therefore] it is necessary to know the[se] aspects that support managerial [tasks] in social rehabilitation. (Iwan, male manager)

For social workers or companions, the program's success largely depended on clients' willingness to participate in the Islamic rehabilitation and mental health program. Their active participation and willingness played a critical role in expediting therapy efforts and ensuring its effectiveness. One participant, who served as a social worker, "Andah" (a 38-year-old female), pointed out the crucial roles and responsibilities of companions. She explained:

> [In] assist[ing] and support[ing] the practice of Islamic education management and mental health guidance, considering that in social rehabilitation, it is very much needed as an effort   to provide client stimulation in mental health disorder therapy. (Andah, female social worker)

For the mental health clients, who were the primary beneficiaries of the Islamic treatment and rehabilitation program, it was essential for program managers to foster enjoyment and prevent

boredom as a means of keeping them engaged and interested in the program. Client willingness emerged as a critical factor, as pointed out by one of the *kiyai*s (a 42-year-old male religious teacher):

> [The client must show] a sense of pleasure and willingness [as he/she] participate in religious programs. These feelings were brought about by their being assisted and taught by [a] *kiayi* and *ustad* during social rehabilitation. (Awar, male *ustad/kiyai*)

The seven key factors identified as supporting the practices of Islamic education management and mental health guidance in social rehabilitation include the involvement of stakeholders, cooperation among those involved, client engagement, adequate funding, assistance, companions and the support of ODGJ clients' families. In facilitating the treatment and healing of ODGJ clients in social rehabilitation, the roles played by the following individuals were critical.

(a) Social Workers

Social workers in social rehabilitation formally carry out their duties to clients with mental health disorders, some of whom are also responsible for providing social services. According to one participant, Andah, Islamic education management and mental health guidance requires adequate funding and resource provision. She explained that,

> [We need]…resource support in the form of better facilities and infrastructure, especially in the bedroom, [and] stakeholder support in this program with universities, Islamic boarding schools and non-governmental organizations. (Andah, female social worker)

(b) Facilitators

Facilitators who are trained in Islamic education and mental health play an important role. They must have the ability to guide clients with methods that suit their conditions. In addition, knowledge about mental health and Islamic values needs to be applied with a humanist and holistic approach. The task of the facilitator is to assist people with mental disorders in social rehabilitation, according to the participants. This critical function of facilitators was explained by one of the *kiyais* interviewed in the study:

> [To] support…Islamic education management and mental health guidance, [we need more] personal facilitators or administrators…[to handle]…the clients with mental disorders who [willingly came here] or [were] apprehended through raids. (Awar, male ustad/*kiyai*)

The presence of facilitators is also crucial in increasing client motivation and involvement in the therapy, as explained in the next theme.

(c) Client Involvement and Engagement

Each client has different mental conditions and needs. Therefore, it is important to understand and adjust the educational and therapy methods according to the level of understanding, development, and individual needs of the client. Most clients with a mild disorder tend to feel calm and happy to be included in Islamic education activities and mental health guidance, especially with the presence of the centre's administrative staff and facilitators. According to one of the interviewees:

> [Client] involvement [is crucial] and [with the] presence of administrators [and] facilitators, [the] clients are motivate[d] to participate in all activities organized by the centre for social rehabilitation [by means of] Islamic education and mental health guidance. (Awar, male *Ustad/Kiyai*)

(d) Institutional Collaboration

Collaboration between rehabilitation homes, health institutions, educational institutions, and the Muslim community is urgently needed. This collaboration can provide technical, professional, and other resources needed for the sustainability of educational programs for the clients or patients.

The participants mentioned that social rehabilitation managers, both government and private, must have an understanding of Islamic education management and mental health guidance for helping clients with a disorder. A social worker highlighted:

> Islamic education management and mental health guidance cannot be separated from higher education institutions, Islamic boarding schools and the government. (Andah, female social worker)

The idea was corroborated by "Naryah," a 52-year-old chairman, who explained, "The government opens up and invites components in government and private institutions, including companies, to participate in supporting Islamic education management practices and health guidance, especially funding and resources." Hence, social rehabilitation for clients with mental disorders is not an effort of just one entity. It requires the collective work of multiple parties and organizations. In line with this, "Hari," a client companion at one of the centres, emphasized that,

> [To support] Islamic education activities, [the centre] must have a budget, [good] programs, human resources, cooperation, and [also] clients. (Hari, male client companion)

Their testimonies highlight the intricate link between various resources, both internal and external, that must be in place to ensure the success of a holistic, Islamic rehabilitation process for clients.

(e) Family Presence and Involvement

Family involvement in the rehabilitation process is very important. The family is one of the main factors in the success of rehabilitation and education of ODGJ clients. They can provide emotional support and ensure the application of the values taught in the rehabilitation home continues at home. A participant serving as a client companion in the social services department mentioned that apart from sufficient funds, "[an] important thing is….the family [being] there for visits…..What supports the [centre's] activities is….family support [among others]" (Wari, male companion).

f) Funds

A stable source of funds is needed to run rehabilitation and education programs. Funding can come from the government, private institutions, or individual donations. The use of funds must be well managed to ensure that all rehabilitation needs, including the client's education and well-being, are met. This was highlighted by two participants:

> [Ensuring] the success of Islamic education initiatives requires financial resources, plans, personnel, partnerships, and beneficiaries. (Naryah, female chairman).

> The important thing is funds…What supports the [centre's] activities is funds, along with government attention and cooperation from [everyone]…. (Wari, male companion).

g) *Facilities and Infrastructure*

Supporting facilities and infrastructure, such as classrooms, Islamic textbooks, learning media, and safe and comfortable facilities, are very important to support the implementation of Islamic education in rehabilitation homes. According to Yanto, a 61-year-old *kiyai* and chairman of one of the centres involved in the study,

> For this foundation, assistance with facilities and funds is needed. The rehabilitation program must be adapted to the conditions of ODGJ clients so that they can learn more effectively. (Yanto, *kiyai* and chairman).

Inhibiting Factors

The findings identified several key inhibitors. Ensuring appropriate management and guidance in social rehabilitation for clients with mental disorders is not without challenges. As mentioned by Naryah (female chairman of one of the centres), "good management in Islamic education programs and mental health guidance [requires] that managers know the obstacles to providing the best service for clients in social rehabilitation."

Social workers or companions also made the same assertion; it is necessary to know the inhibiting factors in implementing Islamic rehabilitation. In fact, it is the responsibility of social workers and companions to know and overcome such factors as they are the obstacles to success:

> Social workers and companions have the responsibility to overcome obstacles in the practice of Islamic education…[for the] social rehabilitation [of ODGJs]. (Amin, male social worker and companion).

In Islamic social rehabilitation, ODGJs must be properly directed and motivated so that they are willing to participate in the programs being run. Most clients were willing to participate in the program due to the effective role played by managers and companions:

> [The clients] are willing [to participate in rehabilitation] because the manager and companion helped and guided [them] to be happy; so this reduces the obstacles in social rehabilitation. (Iyah, ODGJ)

The extracted themes showed that poor implementation of Islamic education management practices and mental health guidance in social rehabilitation led to several negative outcomes. For instance, clients experienced boredom and anger. Some ODGJs even ran away from the centres. Apart from these inhibitors, clients' families were left unsupported and no government assistance was available. Additionally, funds were scarce and unfavorable weather conditions further hindered the rehabilitation process. There were also numerous client issues that disrupted social rehabilitation at the centres.

a) Unhappy and Bored Clients

Unmet needs and expectations can lead to a variety of client issues and dissatisfaction.

Angry and Agitated Clients. Most clients are new to the environment in social rehabilitation so they need a different introduction and approach. Hari, a 49-year-old ODGJ at the private social rehabilitation, explained this occurrence as an obstacle:

> One problem in our [Islamic] rehabilitation is that most of us [clients] tend to be agitated by loud noises [coming from the environment] which make us feel dizzy [in the head]. (Hari, ODGJ)

Not Performing Congregational Prayer. In the process of adaptation, not all clients in social rehabilitation could consistently follow the prescribed program, especially when it comes to prayer and performing it within the prescribed duration. A female patient admitted to this:

> Problems in the Islamic rehabilitation program are that some [patients] do not perform congregational prayers according to the specified time. (Lela, ODGJ)

Food Issues. Clients are served three meals a day, which is the standard practice in social rehabilitation. However, challenges arise concerning discipline and punctuality as not all clients with mental health issues are willing to eat on time. Each client has a different eating capacity and prefers to eat at different times. As the clients explained:

> Some are used to eating a lot, so it inhibits the Islamic education management and mental health guidance at the centres. If [they do] not have enough food, they will be angry and feel hungry often. If there is no food, there will be an unrest, especially if they are not given cigarettes to smoke. (Ibal, ODGJ)

> Some clients felt that there was insufficient food for them and for male clients, if they were denied cigarettes, they would not attend any Islamic rehabilitation activities. (Hari, ODGJ)

Sometimes, clients feel bored or uncomfortable, so they consider leaving social rehabilitation, which becomes an obstacle to the Islamic education management program and mental health guidance. This was expressed by the manager, "Clients with mental health disorders in social rehabilitation sometimes rebel to get out or run away because of factors such as thoughts, feelings and the environment" (Iwan, male manager).

b) Clients Needing Incentives

A great challenge in dealing with mental health clients is that managers and social workers need to find creative ways to persuade them to follow the specified program. Without a form of incentive, such as food or drink, most clients refuse to participate in the activities prepared by the centres, although the activities were meant for their healing:

> It is necessary to motivate clients in the form of goods, food or drink that would attract them so that they are willing to follow the Islamic education program and mental health guidance. Motivating them through incentives is a strategy that is considered appropriate. (Andah, female social worker).

c)   Relapses in Mental Health

Most clients exhibit mild symptoms of mental disorder, but some cases involve relapses that require medical help. The management considers this situation an obstacle to Islamic education management and mental health guidance. One of the social workers stated, "If there is a client who experiences a relapse or goes berserk, they are placed in an isolation room so as not to disturb other clients" (Andah, female social worker).

d)   Bad Weather Conditions

Bad weather conditions, especially heavy rain and lightning, can cause some clients to feel restless and agitated, often leading them to scream and shout. When this occurs, it disrupts the running of Islamic rehabilitation programs. One participant explained that,

> If [there is] heavy rain followed by thunder, especially at the same time as Islamic education activities and mental health guidance are running, it will affect some clients who are disturbed by loud noises. (Adi, client companion)

e)   Government's Role

The government's participation in the context of concern for Islamic education management and mental health guidance remains limited, although one of their crucial roles is to organize programs for public welfare, including social rehabilitation. As explained by the *kiayi* of the private social rehabilitation:

> In my opinion, the role of the government still needs to be improved and [strengthened]. The government must play its role and must care for [their subjects], especially those who are experiencing mental health disorders. (Yanto, *kiyai* and chairman)

f)   Family's Absence

The presence of the family and their show of love and support are important to ODGJs. For some clients, their mental and physical conditions worsened as they were not visited by their loved ones during their social rehabilitation. The family's lack of care and support for the clients slows down the rehabilitation efforts and healing process. In this regard, the family cannot be indifferent as it will not help the ODGJs. This was emphasized by one of the *kiyais:*

> The family's indifference to clients with mental disorders will [only] worsen their condition in social rehabilitation. [They need to show some care] even if it's just visiting or picking [them] up. (Yanto, *kiyai* and chairman)

g)   Funding

Social rehabilitation in Indonesia still faces significant obstacles in getting adequate funding, and Islamic education management programs and mental health guidance are no exception to this challenge. One participant, the chairman of the private rehabilitation centre, stated the following:

> Managers [must be] creative in obtaining and managing the [budget, funding and finances] so as not to hamper the implementation of Islamic [rehabilitation] at the centre. (Yanto, *kiyai* and chairman).

DISCUSSION AND CONCLUSION

In recent years, there has been a growing awareness among the Indonesian public regarding special education treatment and management for ODGJs within the Muslim community. This awareness stems from the unique challenges and obstacles that ODGJs face in accessing and benefiting from Islamic rehabilitation within their immediate environments. It is crucial to explore the various forms of support that can facilitate the effective implementation of Islamic education management for ODGJs in Indonesia and also uncover the factors that inhibit the efforts to help them. In addressing this objective, the study has uncovered two categories of critical factors that support and inhibit the Islamic rehabilitation process for ODGJs, which are summarized in Figure 1:

Figure 1
Supporting and Inhibiting Factors in Islamic Social Rehabilitation for Indonesian ODGJs
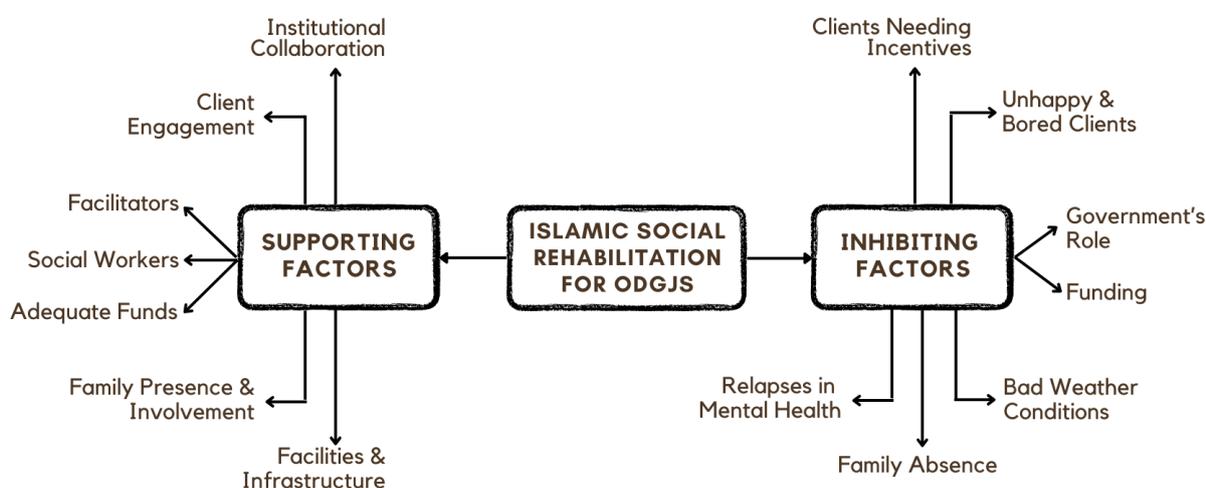
Facilitators, social workers and client companions all play a highly critical role in ensuring the success of Islamic social rehabilitation for ODGJs. Their roles are categorised into four social functions: resource weavers, motivators, educators, and facilitators. The functions of social companions encompass preventive, curative, and developmental aspects (Susantyo et al., 2018). Fadilla and Nusantara (2020) assert that a key role of companions is that of social workers, which involves accompanying, directing, guiding, and assisting ODGJ clients in their recovery to achieve a state of normalcy. The absence of a companion possessing the requisite knowledge, competence, and skills regarding ODGJ clients poses a risk to the successful implementation of the established program (Andari, 2020).

The effectiveness of Islamic rehabilitation can be significantly hampered by the lack of client engagement; hence ODGJs themselves must be active in influencing the success of their treatment. Azizah et al. (2023) discuss how addressing the needs of ODGJ clients in social rehabilitation can enhance their religious understanding, thereby strengthening self-awareness and facilitating positive change. Dinarti et al. (2022) maintained that the treatment phase, especially if it Islamic in nature, is crucial for ODGJs as it significantly enhances their spiritual strength and hence, their likelihood of recovery.

Institutional collaboration is also crucial to the success of rehabilitation efforts. Effective institutional collaboration that involves multiple institutions and stakeholders create mutual support that helps to foster an environment conducive to social rehabilitation, thereby promoting the optimal

development of ODGJ clients (Pramesti et al., 2024). This collaboration assists in addressing various challenges encountered in the rehabilitation process, including discipline issues and resource shortages. Effective collaboration facilitates a smooth and efficient learning process for the ODGJs. Furthermore, collaboration among all parties facilitates the sharing of knowledge and experience, thereby enhancing the quality of Islamic education given to clients. The role of cooperation in implementing Islamic education management is crucial, as it is essential for achieving the desired educational objectives for greater mental well-being for persons with disorders.

Huda and Slamet (2024) emphasised that increased collaboration among Islamic education experts, psychologists, and Islamic religious leaders is vital for developing a holistic approach to maintaining clients' mental health. The role of a *kiayi*, *ustad*, or Islamic cleric involves conducting spiritual therapy through prayer therapy, *dhikr, ruqyah shariah*, and the consumption of *karomah* water (Wahyuningsih & Riyadi, 2024). The long-term implementation and sustainability of Islamic education management necessitate holistic cooperation. According to Karimullah (2023), a holistic approach in Islamic education serves as a comprehensive and sustainable strategy aimed at developing the whole individual through the integration of physical, emotional, social, intellectual, and spiritual dimensions. The holistic concept in Islamic education includes all complex and interrelated aspects of life.

Family support in Islamic education management refers to the involvement and collaboration of parents and other family members in the educational process of ODGJ clients within the Islamic framework. This support can take many forms, including providing a social environment that supports learning, participating in social rehabilitation activities, and reinforcing Islamic values and teachings at home. By being actively involved in the education of ODGJ clients in social rehabilitation, families play an important role in shaping their therapeutic success and spiritual development of ODGJs.

Overall, the factors supporting Islamic rehabilitation for ODGJs can be understood in terms of their origin, whether from within (internal) and from outside (external). The internal support factors are those that occur within the client or the social rehabilitation program itself, including client motivation and engagement, companions and social workers, funding and infrastructure. Meanwhile, the external support factors refer to outside elements that affect the rehabilitation process and the welfare of clients, such as stakeholders, institutional collaboration, families of ODGJs, and funding.

The factors that hinder the implementation of Islamic rehabilitation for ODGJs fall into several categories, both internal and external. The clients themselves are considered an internal factor. They are the key players in their recovery process. This means that clients have an active and central role in each stage of rehabilitation, focusing on their own needs, goals, and preferences. This agrees with the assertion of Hasni (2021) that client activeness in the rehabilitation home will lead to a faster recovery rate. However, the study revealed there were many client issues that threatened the effectiveness of the Islamic rehabilitation program meant to help ODGJs heal.

The condition of ODGJ clients itself is an obstacle to the implementation of Islamic education in social rehabilitation. Clients are easily agitated and nervous, even by such things as bad weather and loud noise, leading to undue stress and emotional chaos. As a result, they have to be isolated from others so as not to disrupt the rehabilitation program. When this happens, they miss out on crucial aspects of the therapy (Kusuma & Rayhaniah, 2022). There were other client issues as well that undermine the program, such as mood swings, lack of motivation and a growing reliance on incentives (in the form of food, drinks and cigarettes) which were unhealthy for them. Engelsbel et al. (2024) asserted that in achieving the objectives of rehabilitation for ODGJ clients, centres must must pay attention to their emotional conditions and exercise extra care to avoid pressuring or intimidating them into various states of psychological instability. Óladóttir et al. (2024) stressed that managers

must find ways to maintain the mental stability of ODGJ clients during the rehabilitation period to achieve a favourable recovery rate.

As pointed out in previous research, the study also found the two rehabilitation centres to fall below the expected standards in regard to infrastructure and facilities, as most other centres in Indonesia (Wahyuni, 2024). This has the potential to disrupt or hinder the activities or programs that have been prepared. If all the basic physical requirements for social rehabilitation are met, it is unlikely that Islamic education activities will be disrupted by factors like lightning and heavy rain. This issue is often tethered to another inhibiting factor, which is funding, or rather, the lack of it. To address the issue of funding shortages that prevent critical treatment programs from being implemented, rehabilitation homes must employ a variety of financing mechanisms involving user fees and other innovative payment schemes (Bachani et al., 2024).

The family factor plays an important role in the application of Islamic education for individuals in social rehabilitation. By providing a supportive and nurturing environment, families can help reinforce the teachings and values learned during the rehabilitation of their loved one. Additionally, family involvement can also help bridge the gap between an ODGJ's time in a rehabilitation centre and their reintegration into society, ensuring a smoother transition and greater chances of long-term success (Hidayah et al., 2023).

Families need to remain involved in the rehabilitation process even after their loved one has completed therapy in social rehabilitation. By continuing to provide support, encouragement, and guidance, families can help their loved ones stay on the right path and avoid relapse. Ultimately, strong bonds and support systems within the family can be a key factor in the success of an individual's mental rehabilitation journey. Mahmudin (2022) stressed that the family is the dominant factor in the healing process, including the encouragement for ODGJ clients to participate in the rehabilitation programs. According to Bisri and Bakar (2024), family support for ODGJs should be made part of a tertiary strategy that emphasizes family education about the recovery process and prevention of relapse or recurrence.

RECOMMENDATIONS

In light of the findings, the study makes two recommendations. First, considering the importance of Islam in building spiritual strength in ODGJs, rehabilitation centres and counselors should consider developing a holistic Islamic approach to maintaining clients' mental health. There must be a comprehensive institutional collaboration that leverages the knowledge and competencies of *kiayis*, *ustads*, Muslim counselors, therapists, and Muslim clerics in devising an Islamic therapy that heals the human mind and soul and shape them toward emotional, psychological and spiritual resilience. Such therapy may involve *solat* (both obligatory and optional), *dhikr*, Qur'an reading, and God-centred conversations (Wahyuningsih & Riyadi, 2024).

Second, as regards the lack of funding, the study recommends that managers of rehabilitation centres work closely with private agencies and non-profit organizations to secure additional resources and support for their programs. Managers need to be creative in developing programs to generate income for their centres, such as organizing charity or fundraising events. Occasionally, they can consider crowdfunding using online crowdfunding platforms (e.g., GoFundMe, Kickstarter) to raise funds from the public. Centres may share some success stories of ODGJs to encourage the public to donate as a form of social responsibility. Forging partnerships with academic institutions may work too as universities and research institutions may be interested in conducting research on mental health involving ODGJs and as such, can use their research grants to fund programs run by rehabilitation centres.

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