

# Islamic Religious Based Mental Health Education:

## Developing framework for Indonesia mental health policy analysis

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**Abstract—** Stigma of mental illness hampers society's ability to respond effectively mental disorder problems. History provides abundance examples of prejudice, discounting, discrediting, and discrimination to people with mental disorders. In order to provide solutions, Indonesia government enacted Law No. 18 of 2014 on mental health. Thus, an integrated or holistic approach is needed to deal with mental health problems. This study aims to provide critical reviews based on religious values in performing mental health education in Indonesia. As a primary data source, a theoretical framework is derived from Islamic scholars' thought, such as Al-Ghazali, as 85% of Indonesians now are muslims. The discussion analyzes health education programs in promotive, preventive, rehabilitative and curative perspective. This study looks at the importance of religious leaders roles in strengthening health efforts in Indonesia.

**Keywords—** Islamic psychology; Islamic education; health education; health policy analysis

### I. INTRODUCTION

Indonesia Ministry of Health is committed to improving sustainability within health system infrastructure and performance [1]. A sustainable health and care system goes within the relations between economic, social and environmental resources. It is achieved by delivering high quality care and public health services without causing severe ecological damage and exhausting natural resources. The challenge is this approach cannot deliver without participation of all communities [2]. Thus, the implementation of mental health programs requires cooperation between ministry of health, religious leaders, educators, and others [3] [4].

Natural disasters, political violence, and bombings during the past years had brought trauma and mental health issues into Indonesia's national consciousness [5]. Psychosocial interventions and mental health services have been key elements in responses to those disasters. However, efforts to provide sustainable services for persons with mental health problems have restricted by the country's mental health system. As a result, many persons with severe depression, anxiety disorders, children and youth with mental health problems, are still largely untreated. Only a small percentage of all health care funds were spent on mental health services.

Most persons with severe mental disorders do not receive even basic medications, and they were locked in back rooms. Mental health was not listed as important priority for Indonesia primary health care centers. Therefore, the burden of caring for people with serious mental health problems relied on families, especially in lower middle economic class,

Thankfully, there is now a growing space for optimism and hope. The awareness about the importance of better mental health system and care among national policymakers had been growing by the issuance of Law No. 18 of 2014 on mental health. Indonesia ministry of health started to develop a more comprehensive model for mental health care. This model respects the human rights of people with mental disorders, and provides competent and humane services. The Law No. 18 of 2014 on mental health initiated in 2009 at the House of Representatives Commission IX, which later received strong support, was to build a system of mental health services in Indonesia with specific mission, stopping human rights violations over the chains of 57,000 people with severe mental disorders. Which, most of the chains is the last and toughest decision for families who in fact love their relatives but forced because of the unavailability of integrated, tiered, comprehensive, and complete mental health facilities. The law adheres to the principle of equality - equity.

Implementing Law No. 18 of 2014 on mental health, it is essentials for Indonesia Ministry of Health to working with religious leaders. Religious leaders are individuals who have unique position to promote community change, but frequently have been forgotten in health programs [6]. They possess extraordinary influence in promoting healthy behaviors by credibility, and virtue of their religious traditions. Their status affords them with powers of persuasion and communication skills to regular audiences. Their mastery over religious texts helps them to espouse the virtues of healthy living, and to anchor mental health-related actions and rituals in a person's values and spirituality. By addressing mental health matters in their programs, religious leaders can deliver an important message regarding the need for healthy living. Through their activities, religious leaders are effective agents in promoting critical change on mental health areas. Religious leaders might promote mental health related behavior among their community, both in rural and urban areas.

## II. SPIRITUAL HEALTH

The 34<sup>th</sup> World Health Assembly (WHA) in 1984 passed resolution to redefine health as a state of physical, mental, spiritual and social wellbeing. Thus, spiritual health is very essential. Spiritual dimension plays great role in motivating people's achievements in all aspects of life. It is important to recognizing spiritual dimension in accordance with social and cultural patterns [7].

Indonesia Law No. 18 of 2014 on mental health mentions the important of spiritual health as stated on general provisions article number 1. Persons with mental health are able to develop physically, mentally, spiritually and socially. They have realistic awareness of their abilities. They are able to overcome stress, work productively, and contribute to the community. Thus, Law No. 18 inherits WHA concepts of mental health.

Spiritual health is not easy to define. It has more broad concepts than mental health. Spiritual health include unity with a greater force, belief in a supreme being, an organized religion, a guiding sense value, balance, introspection, and meaning [7]. It consists of moral and virtues, including hope, purpose, forgiveness, sincerity and peace. Addressing the main concepts of spiritual health can provide a fundamental understanding of approaching mental and physical health. High level of spiritual health can be positively influences overall health. For example, people with life-changing event may experience their situation in more positive manner with high levels of spiritual health. By properly addressing their spiritual health, people will become more resilient [8].

## III. ISLAMIC CONCEPT ON SPIRITUAL HEALTH

The study of human spirituality has become a great concern of Muslim scholars in the text of philosophy as well as Sufism. Human spirituality is the essence of human being. Abu Hamid Al-Ghazali, as one of the most influential and prominent scholars, thinker and renovator in Islamic history of the fifth century of Hijriyah, had explained extensively human spirituality both philosophical and Sufism. He inherited many valuable works as his legacy on this subject, that help today's Muslims getting a comprehensive understanding in this field.

### A. *Spiritual Health Indicators*

Al-Ghazali emphasized on several factors that influence spiritual health. It is includes:

#### 1) Strong belief in God

Belief in oneness of God (*aqidah*) is the foundation of human life [9]. Persons who have strong *aqidah* know the purpose of life [10]. They know the roots of their life. Therefore, they do not experience alienation in their life [11] [12]. The hearts of believer always remember and surrender to Allah. Only in remembrance of Allah the heart becomes calm and serene. For those who believe in Allah and do good deeds, they will experience happiness and have good returns. Remembrance of Allah for believers is a reassurance when experiencing psychological problems, stressful events, or calamities. Thus, *aqidah* plays a great role in spiritual health.

#### 2) Free from inner heart disease

Those who have spiritual health are free from inner heart disease. Inner heart disease is a source of tension in life [13]. With the release of man from inner heart disease, they can live more realistically and peacefully. As well as bodily diseases, the treatment of inner disease is to bring something to the opposite [14]. Inner heart disease differs in each individual depend on their characters.

#### 3) Noble character

Those who live by practicing noble character have better spiritual health [14]. Morals come from the spirit of a person, produces real actions in his life [15]. The action then can also affect a person's spirit. According to Al-Ghazali morality refers to the inner state of man (*ash-shuratal-bathina*), and is a sedentary and pervasive behavior in the soul that cultivates the deeds that arise naturally and easily without requiring much thought and consideration [14]. Al-Ghazali explains moral as manners, temperament, behavior or character that settles firmly in one's spirit, and is the source of emergence certain actions spontaneously, without any thought or planned. If the nature and existence of spirit causes positive actions according to conscience and religious law then the character is called good moral, while if the character is causing a negative act then called bad moral.

Bad moral (*akhlak al-mazmumah*) are source of spiritual and mental health disorders [14]. Bad morality is temptations that can lead people into spiritual traps. The mentally disturbed person has negative moral properties such as anger, lust, jealousy, envy, arrogance, etc. It is a kind of spiritual disorder because morality can damage the peace and tranquility of the soul.

#### 4) Good interactions

Good interaction with others (*adab*) is an important thing in a productive relationship. Persons who have spiritual health are they who have capacities to face the challenges of life. They can accept others as they are, and can empathize without a priori negatively to themselves and others [16]. They feel comfortable with other people, able to love others, can appreciate the different opinions of others, and feel as a part of their groups. They are able to meet demands of life in their social environments. They set realistic goals, able to do decision-making, have capacities in accept responsibility, able to design their own future, able to accept new ideas and experiences, and satisfied with their works. Al-Ghazali saw the importance of a good *adab* in relationships with parents, family, teachers, friends, and others

#### 5) Happiness in this world and hereafter

A spiritual healthy person is a person who generally feels happy [11]. He is happy with himself, able to cope with situations, be able to overcome disappointments in life, be content with his daily life, have reasonable self-esteem, judge realistically neither exaggerate nor disrespectful. According to Al-Ghazali, the psychological condition of a person is very decisive in human life. Only people with spiritual and mental

health can be happy, capable, useful, and able to cope with difficulties and obstacles in life. The disturbance of spiritual health appears as symptoms in various aspects of life, including cognitive, affective, behavior, and physical health

### B. Education and Treatment Method

Al-Ghazali combined various teaching methods in his education and treatment system. He developed his system based on the balance between competencies and the power of God, and between reasoning ability and mystical experience, that provide space to the work of intellectuals. He measured the balance between logical deductive thinking and human empirical experience. In essence, the method is based on the principle of *mujahadah* and *riyadlah*. For spiritual health treatment, Al-Ghazali used a purification of the soul (*tazkiyatun nafs*) method [8].

#### 1) *Mujahadah an nafs*

*Mujâhadah*, comes from the word *jahada*, one root with the word *jihad*, which means to do best effort straightly to the goal seriously. *Mujahadah* declares an endless process. *Mujâhadah an-nafs* is an act of resistance to lust, as it attempts to combat all the bad attitudes and behaviors inflicted by his anger. More broadly, *mujâhadah* is a genuine effort in combating lust, desires, and all kinds of personal ambitions to purify the soul or spirit.

Referring to the glass that captures anything immediately from sacred nature, one who performs *mujahadah an-nafs* deserves the essential knowledge of God and His greatness [17]. Summarized Al Qur'an [12] surah Al-Ankabut 69, Al Ghazali said that God will provide inspiration and guidance for those who in *mujahadah a nafs* state. The perfect guidance for human are obtains they who work seriously. The most important effort in *mujahadah an-nafs* is struggle against lust, satan, and worldly seduction. God will show him the way of His pleasure to whom serious in the *mujahadah* against these four things. It will lead them to the door of His heaven. On the contrary, whoever abandons *jihad* will be far from the His guidance.

#### 2) *Riyâdhah*

*Riyâdhah* means exercise. *Riyâdhah* is a spiritual practice to purify the soul by fighting the desires of the body. The process conducted by cleansing or emptying the spirit from everything other than Allah, and then decorate his spirit with *dhikr*, worship, charity pious and morals [18]. *Riyâdhah* acts include practice to eat less, to reduce sleep for night prayer, to avoid useless utterance, to keep away from crowds in order to avoid sinful acts and filled life with worship.

The purpose of *riyâdhah* is to control oneself, contending spirit, mind, and body. *Riyadhah* must be done in earnest and full of willingness. Practicing *riyâdhah* in sincerity can keep someone from making mistakes, either against humans or against other creatures, especially against Allah. *Riyadha* is a means to bring someone to self-perfecting. According to Al-Ghazali, *riyadhah* can be done by always advising ourselves, which can be a dialogue to self to enlightenment and appreciation about the existence of Allah.

#### 3) *Tazkiyah An-Nafs*

*Tazkiyah an-nafs* etymologically has two meanings, purification and growth. *Tazkiyatun-nafs* means cleansing the soul from idolatry and its branches, realizing its holiness with monotheism and its branches, and making good names of God as morals [18]. From the aspect of Sufism, there are scholars who interpret *tazkiyatun-nafs* with *takhliyat al-nafs* (emptying bad morality) and *tahliyat al-nafs* (filling with good morals), therefore people can closer to God. *Tazkiyatun nafs* is a perfect servitude to Allah (*ubudiyah*) by freeing himself from the confession of law and path of Allah (*rububiyah*). All of that was perform through the example of Rasulullah SAW.

Escape from various diseases (*takhliyah*) through the purification effort (*tathahhur*), adorn themselves from good character (*tahliyah*) as the realization of worship to Allah (*tahaqquq*) and morals models with the names of Allah (*takhaluq*), with Prophet Muhammad SAW example [19]. The fruit of self-purification can be seen from the controlled speech and preservation of various social relationships. The purification effort (*tathahhur*) is mainly done against negative behavior. This behavior includes all denial (*kufir, nifaq, fasiq* and *bid'ah*); God shirk (*polytheists*, including *riya'*); love of position and leadership; malice (*hasad*); admiration (*ujub*); arrogance (*takabbur* and *kibr*); stinginess (hunks); feel as the greatest (*ghurur* and *waham*); anger and unjust; love the world; and follow lust. A good character is grown through the realization of worship to Allah (*tahaqquq*).

### IV. MENTAL HEALTH STRATEGIES IN INDONESIA

The role of religious leaders, religious institutions and religious facilities are not mention directly in all mental health strategies in Law No 18 of 2014. The law defines mental health strategies through promotional, preventive, curative, and rehabilitative approaches. All mental health care should be provided in a comprehensive, integrative and continual manner to bring optimum mental health for every individual, family, and the community by government and community [20] [21]. However, the law only states religious institutions and facilities in health promotion strategy in article 8, as well as family, educational institution, workplace, community, healthcare facility, mass media, correctional and detention facilities.

Religious leaders, facilities and institutions does not mention at all in preventive, curative, and rehabilitative approaches. According to article 12, preventive delivered in family, institutions, and community. Thus, religious leaders have potential and capacity to bring messages of health preventive approach to family and community, both in urban and rural areas in their activities. Article 19 arranges diagnosis to determine general medical practitioners, psychologists, and psychiatrists carry out persons' mental condition and follow up treatment of people with mental disorder. Article 17 previously states curative measures cover diagnosis and proper medical management to enable people with mental disorder to regain his proper function within the family, institution, and the community. However, it does not mean that religious leaders could not be helper for this process. They can deliver several meditation techniques and religious counseling,

including *tazkiyatun nafs*, under direction of competent mental health professionals stated on article 19. Rehabilitative approaches in Law No. 18 of 2014, as mentioned in Article 29 is provided through social rehabilitation facilities owned by government, regional government or private entities. There are several religious based private social rehabilitations in Indonesia, including *Pesantren Inabah* for drug addict, and others.

Probably, reason behind the law for not mentioning religious leaders as mental health workers is degree of skill and competence. According to article 32 stated that mental healthcare sector human resources consists of medical personnel having competence in this sector, other professionals, and other trained personnel in this field. Meanwhile, other professionals and trained personnel play a role as mental healthcare partners in providing mental healthcare treatments. Thus, competent religious leaders in mental healthcare can play role as mental health partners. Several religious leaders had mental health training course and even formal education for guidance and counseling.

Law No. 18 of 2014 divides two targets of people who have to be under mental health observations, people with mental problem and people with mental disorder. People with mental problem (PWMP) defined as person who having physical, mental, social, growth and development disorders. They have problems in living quality, that carrying the risk of suffering mental disorder. Meanwhile, people with mental disorder (PWMD) are person suffering from psychological, behavioral, and emotional disorder. It is manifested in a series of symptoms and significant changes in behavior. This disorder can potentially cause suffering and detriments of his performance and function as a human being. Thus, competent religious leaders can help to reduce the risk of suffering mental disorders in society, especially at remote areas that far from mental health facilities. They also can play role as psychiatrist partner, both in facilities or outreach. The religious leader can help mental health care in guaranteeing every one to receive adequate quality of life, maintenance good mental health, comforting people to be free from fear, pressure, and other disorders that may negatively impact mental health, helping every one to actualize their potentials, and ensuring protection of mental health care service, for both PWMP and PWMD, based on the principles of human rights and dignity. As article 5 said, in ensuring the delivery of an integrated, comprehensive, and sustainable mental health care and services, it shall be performed in coordinated manner.

Al Ghazali thought on spiritual health shall be useful for religious leaders framework as partner of medical mental health care professionals. In Indonesia, Al Ghazali concepts on spiritual health applied in rehabilitation for drug addiction, with numbers of recovery witnessed. It can be apply in other mental health activity, including promotional, preventive, curative, and rehabilitative approach. This mental health program development shall be researched further in accordance with other progress in the field of science and

technology, both for PWMP and PWMD. However, many religious leaders had extensive study on Al Ghazali thought.

According to Law 18 No.24, mental health care is any activity to bring optimum mental health for every person, family, and community through promotional, preventive, curative, and rehabilitative programs. In this case, Al Ghazali concept on good moral education (*akhlaqul karimah*) and civilization (*adab*) may be the part of health promotion program. His spiritual health concept in guarding inner heart disease may be linked to preventive mental health program. Her therapy to purify the soul (*tazkiyatun nafs*) with all branch, may be integrated for curative mental health programs. Meanwhile, all his spiritual health education may apply to rehabilitation mental health program. All these programs need strong intention and exercise from the clients. As spiritual health concept, Al Ghazali concept on happiness interacts with higher power dimension.

## V. CONCLUSION

Indonesian governments, both in policy and practice, need to involve religious leaders in mental health programs. Religious leaders have potentials and positions to strengthening human spiritual health. Law No.18 of 2014, except for health promotion efforts, does not explicitly state the role of religious leaders. However, religious leaders can be expected as partners of mental health medical professionals. It takes cooperation with various parties to get a good mental health program in accordance with the ideals of Law No.18.

Several theories can be apply in developing spiritual health, among them is through the thought of Al Ghazali. Al Ghazali spiritual health theory can be developed in various mental health programs, including promotive, preventive, curative, and rehabilitative. Techniques can be explored, including *mujahadah*, *riyadhah* and *tazkiyatun nafs*. These techniques need to be integrated with other techniques in various mental health programs. Overall, the behavior of Muslim individuals should reflect their Islamic worldview [22].

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