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Development of Children with Mental Disorders through Islamic Religious Education and Medical Approaches

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ARTICLE INFO	ABSTRACT
<p>Article History: Received: March 13, 2023 Revised: April 22, 2023 Accepted: May 19, 2023</p> <p>Keywords: child with mental disorders; Islamic education; medical approaches</p>	<p>This study aims to investigate the medical approach to children with mental disorders by the Paringan Mental Health Assistance Health Center and the approach of Islamic Religious Education for children with mental disorders in Paringan. The research method used is qualitative, with a case study approach in Paringan Mental Health Support Health Center. Based on an analysis of various findings in the field, the researchers found that the Islamic Religious Education approach model for children with mental disorders was carried out by looking at the causes of children's mental disorders and the treatment and rehabilitation processes children received. It would become a reference for the next step, then determine and develop various forms of religious development activities under the conditions and characteristics of the child. Medical treatments in the coaching process would accompany them because this coaching was not a preventive but a corrective and preservative effort against mental disorders.</p>

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INTRODUCTION

A unique growth or development process occurs in childhood. Efforts to direct children to become valuable people start as early as possible.¹ The right foundations for their development can be done through creativity, thinking, social-emotional, communication balance, and physical development.² Education for children also does not stop at the physical level. Still, the mental development of children must be considered because it will be related to the experience of their life journey.³ Mental education for children is one of the aspects of education that has not been given proper attention. So far, education has only emphasized cognitive and psychomotor aspects, so aspects or affective domains (including those regarding children's mental health) have not been implemented proportionally.⁴

For child mental disorders or psychiatry, the population of Indonesia is recorded at 120 million people. Children under 15 years of age are interpreted as 40% (according to the Demographic Institute of the Faculty of Economics, University of Indonesia), so their number is 48,000,000 children. Meanwhile, data from the Household Health Survey (SKRT) conducted by the Research and Development Agency of the Ministry of Health in 1995, among other things, showed that mental disorders in adolescents and adults were 140 per 1,000 household members and mental disorders in school-aged children were 104 per 1000 household members.⁵ WHO estimates that 5-15% of children between 3-15 year experience persistent mental disorders that interfere with social relationships. With this, we can see the magnitude of the problem of mental disorders in children, not only because of the large number but also because children are the future generation of a nation.⁶

Problems with mental disorders also occur in Ponorogo, precisely in Paringan village, Jenangan. Based on an initial survey conducted by the authors, it was known that the number of sufferers of mental disorders was 60 people, from children to adults. It is relatively high considering the number of comparisons between residents with mental disorders and healthy residents, 1:100.⁷ In Paringan village, a Mental Health Assistance Health Center was established in 2011. The existence of this health center is inseparable from the cooperation and support of the Paringan residents assisted by several parties, such as the Ponorogo Regional Government, Surabaya Mental Hospital (RSJ), Lawang Mental Hospital (RSJ), and other institutions. According to Mr. Sulin, who is in charge of the Mental Health Assistance Health Center, a medical center here makes it easier for people with mental disorders to seek treatment. Previously, people with mental disorders were only left at home, and some were shackled. The community admits that they are reluctant

¹ Pim Cuijpers, Annemieke Van Straten, and Filip Smit, "Preventing the Incidence of New Cases of Mental Disorders: A Meta-Analytic Review," *J Nerv Ment Dis* 193, no. 2 (2005): 119–25.

² Stephen M Schueller et al., "Use of Digital Mental Health for Marginalized and Underserved Populations," *Current Treatment Options in Psychiatry* 6, no. 3 (2019): 243–255.

³ Mansur, *Pendidikan Anak Usia Dini Dalam Islam*, 4th ed. (Yogyakarta: Pustaka Pelajar, 2011).

⁴ Widya Warastuti and Agus Setyo Otomo, "Deteksi Dini Kesehatan Jiwa Anak Yang Mengalami Penurunan Prestasi Belajar," *Jurnal Keperawatan* 4, no. 2 (2013): 160–65.

⁵ Suhaimi, "Gangguan Jiwa Dalam Perspektif Mental Islam," *Jurnal Risalah* 26, no. 4 (2015): 197–205.

⁶ Willy F. Maramis and Albert A. Maramis, *Ilmu Kedokteran Jiwa* (Surabaya: Airlangga University Press, 2009), 496.

⁷ Rio Yanuar, "Analysis of Factors Related to Mental Disorder Incidents at Paringan Village," *Psychiatry Nursing Journal* 1, no. 1 (2012): 2.

to take them to the hospital because of the high price of drugs.⁸

Individuals with family members who experience mental disorders have a higher tendency than those who do not have hereditary factors.⁹ This theory shows that most patients with mental disorders have family members with mental disorders. Mental disorders in Paringan Village are indeed old cases, and most sufferers have relatives affected by mental disorders. Still, this case was only seen when the government collected data.

Efforts to deal with mental disorders include promotion or prevention, curative (treatment), and rehabilitation. These are implemented in the family, institution, and community environment.¹⁰ For psychiatry, every parent wants their child to be responsible.¹¹ It needs to be done as early as possible, repeatedly and consistently, to be realized in life in the future.¹² Parents are also often blamed for their children's education failure, even though parents do not receive special attention to improve the quality of education.¹³ Abdullah Nashih Ulwan offers several effective methods for children. These exemplary, customary, advice, supervision, and punishment strategies can improve mental health in early childhood.

In addition to the medical approach, contributions to Islamic Religious Education can be realized, among others, by providing training and strong religious-spiritual support to patients and family members, especially children.¹⁴ Because in Paringan village, there are also other hamlets whose social, economic, and educational conditions are almost the same, but no residents with psychiatric disorders were found. By investigating the factors and how much family support influences the incidence of mental disorders in Paringan village, it is hoped that it can provide input to the village, Community Health Centers, Offices, religious leaders, and the community to be able to reduce the incidence of mental disorders in Paringan village. It is important to research to prevent this incident's increasing impact.

In contrast to Paringan village, Jenangan, in Ponorogo, there is a healthy village throughout East Java. It is Singkil village, Balong District, Ponorogo. Three years in a row, in the healthy village competition at the provincial level, Ponorogo always shows its achievements. The Ponorogo Regent explained that Singkil village, Balong District, which represents Ponorogo, has one million advantages. He admitted you could see that the people of Singkil village are friendly and peaceful. With millions of benefits, Singkil village deserves to be the best Healthy Village at the Provincial level.¹⁵ To reduce the existence of

⁸ Interview with Mr. Sulin, Person in Charge of the Mental Health Center, in Paringan, Jenangan, Ponorogo on Tuesday, February 07, 2017.

⁹ Cloninger dan Elliot, *Genetic Approaches to Mental Disorders* (Washington DC: American Psychiatric Press, 1994), 48.

¹⁰ Inu Wicaksana, *Mereka Bilang Aku Sakit Jima* (Yogyakarta: Kanisius, 2008), 64.

¹¹ Daniel Vigo et al., "Toward Measuring Effective Treatment Coverage: Critical Bottlenecks in Quality- and User-Adjusted Coverage for Major Depressive Disorder," *Psychological Medicine* 52, no. 10 (2020): 1948–58.

¹² Yusuf Muhammad Al-Hasan, *Pendidikan Anak dalam Islam* (Jakarta: Darul Haq, 1998), 26.

¹³ Thomas Gordon, *Menjadi Orang Tua Efektif: Mendidik Anak Agar Bertanggung Jawab* (Jakarta: PT Gramedia Pustaka Utama, 2009), 1.

¹⁴ Linda Levi et al., "Duration of Untreated Psychosis and Response to Treatment: An Analysis of Response in the OPTiMiSE Cohort," *European Neuropsychopharmacology* 32 (2020): 131–35.

¹⁵http://beritajatim.com/advetorial/298238/Desa_singkil_dengan_sejuta_kelebihan_represent_ponor

contradictions between the two villages, the researcher intends to examine efforts to improve mental health in Paringan village through a medical approach and Islamic Religious Education carried out in the Paringan Mental Health Support Health Center area.

The research questions here are, 1) what is the medical approach to children with mental disorders by the Paringan Mental Health Assistance Health Center? 2) how is the approach to Islamic Religious Education for children with mental disorders by parents in Paringan? It is hoped that the results of this research can be helpful to many parties as 1) a reference model that can be used when providing Islamic religious education to children so that they do not leave children to natural processes in their religious development; 2) a reference model for instilling the value of responsibility in the family that adapts methods and approaches and controls to prevent the emergence of mental disorders in children. For the community, being a family partner in education can make a model of instilling the value of responsibility in preventing mental disorders through Islamic religious education, considering that the family is a miniature of society.

RESEARCH METHOD

Researchers used a qualitative approach with a phenomenology paradigm in this case study to comprehensively understand the research focus. The process of approaching this research began as a preliminary and exploratory study at Paringan village to obtain initial information about mental health there. The results of this exploratory study the researchers found that several family members were indicated to have mental disorders in Paringan village. From this background, the researcher finally determines the location of the research. Since then, the researcher has started the research process carefully to collect, observe and analyze data with a moral responsibility for what the researcher gets in the field.

The direct data source for this research was collected in natural settings. It aims to discover the phenomena and symptoms that exist in-depth and describe in full and comprehensively the Islamic religious education development model to improve mental health in family members who suffer from mental disorders in five families in Paringan, Jenangan, Ponorogo. The researcher will take formal findings (thesis statement) and substantive findings according to the focus of this study. Researchers act as key instruments¹⁶ in recording words, collecting data through interviews, observing research objects, and collecting documents in the field. Likewise, the research setting is holistic and contextual. The locations where the research took place were five families with family members who experienced mental disorders.

RESULT AND DISCUSSION

Medical Approach to Children with Mental Disorders by the Paringan Mental Health Support Center

In Paringan village, people with mental disorders account for 1:100 of the total village population of 6089. Under these circumstances, a negative stigma about mental

ogo_di_lomba_Desa_provinsi.html . Accessed August 12, 2022 at 20.00 WIB.

¹⁶ Sugiyono, *Metode Penelitian Kuantitatif, Kualitatif Dan R&D* (Bandung: Alfabeta, 2004), 79.

disorders is attached to sufferers and everyone in the village. This problem occurs because people outside Paringan think that all people in Paringan can experience mental disorders without even investigating the background and circumstances that happened. There are more healthy people than people with mental disorders.

Starting the negative stigma earlier made the Paringan people feel that there was discriminatory action. The risk is that healthy people will, of course, feel disappointed and act indifferent to sufferers. It is what mostly happens in families where children have mental disorders. The burden on families who are already heavy in dealing with everyday life increases when their children are called "*wong edan*," "*ora waras*," "*gendeng*," "stress," "*loro pikiran*," and so on. Treatment like this is one of the obstacles to the recovery of sufferers because the surrounding community still considers sufferers to be a burden on the family, a burden on a society whose existence is no longer needed.

Another factor that makes Paringan famous as "Kampung Gila" is its geographical location on the outskirts of Ponorogo. For outsiders who have never been to the village and know the actual conditions, they will immediately assume that this nickname is suitable for Paringan village. The fact is that development in Paringan village is quite advanced. It is because most of the population work as Indonesian Migrant Workers (TKI) in various other countries.

The researcher asked about the data on people with mental disorders in Paringan to Mr. Suwendi as the Head of Paringan village.¹⁷ As for all the data on families of people with mental disorders who were the object of research, they were obtained from Mrs. Dewi, the midwife at the Polindes of Paringan village, who then showed initial information on both the data and the addresses of the sufferer's families. Researchers are advised to use the term mentally ill, not mental disorder, to find and visit the patient's family.

According to Mr. Suwendi, the Auxiliary Health Center was founded because of the finding of a crazy village in 2011. It was explicitly intended for patients with mental disorders. At first, people with mental health conditions appeared and were treated daily until 150-170 people from morning to night. Finally, the health workers at the *Puskesmas Pembantu* (Pustu) were overwhelmed. This number is too large considering the limited medical staff at the *Puskesmas* (public health center), with specialist doctors available every Tuesday. It only provides routine medicines for patients; their families can collect them for free. The existence of *Pustu* now is general. It is evidenced by the large number of residents who seek treatment not for mental problems but for common illnesses such as aches, fever, and so on; almost all are fit and recovering.¹⁸ Then Mr. Sulin added that, until now, there are still many outpatients in Paringan, meaning that they still routinely take medicine at the *Pustu*. For Tuesday, there is a psychiatrist, dr. Andrian, from RSUD Harjono Ponorogo, worked with *Pustu* employees to help treat people with mental health conditions.

The *Pustu* was established in November 2011. Initially, the village head and the community agreed to build an elementary school building as the Health Center for Mental Health with Mr. Sulin. Then, dr. Sulin is the initiator. Siti. Because in the past, you don't

¹⁷ Wendi, *Interview* (Paringan, January 23, 2019).

¹⁸ Wendi, *Interview* (Paringan, January 23, 2019).

want the existence of a mental illness in Paringan to bring down Ponorogo. It was considered a regional disgrace in the past because of the emergence of the term Crazy Village. Still, because of its success, the East Java Provincial Government has given extraordinary attention to crazy patients. It has been made a barometer of mental health thanks to the mass media, which made the existence of the Crazy Village in Paringan viral. Because people with mental health conditions are not a disgrace, precisely because of this case of mental disorders, Ponorogo won 1st place in the Jawa Pos award in 2016 for the community empowerment program for mental disorders in Paringan.

Based on an agreement with the village, now the *Pustu* does not only serve people with mental health conditions, but generally, patients can also seek treatment there. Initially, Mr. Sulin traveled around Ponorogo to treat people with mental health conditions. Still, now all *Puskesmas* are required to be able to treat people with mental health conditions themselves. Finally, now the focus is on *Pustu* Paringan. But it is still used as a reference for other health centers on mental problems.

Patients usually come to the *Puskesmas* for a consultation or an injection or to take medicine. Still, the *Pustu* is very flexible when the family cannot take the patient to it, making it more accessible to bring the patient at any time. Usually, families find it challenging to obtain patients to the *Pustu* due to economic factors, and they must rent a car to take them. Still, the patients themselves want to go there. For the first two times for treatment, the patient must be brought directly to it so that the medical staff knows the type of mental disorder and can record it. It is because, in principle, the patient must be obtained, but if it is required like that, many families drop out and do not want to seek treatment again. Subsequently, if they cannot come, patients who are close to the *Pustu* visit the house directly to the patient's family.

The youngest patient at the *Pustu* is an 11 years old elementary school child; now, the patient is doing well and working in a shop. Most patients are men compared to women. Sometimes there are patients who the *Puskesmas* cannot treat because of restrictions from their families. It is said that handling mental disorders is not as easy as turning the palm, meaning that even the health authorities cannot force the patient's family. Patients who burned houses were the former *pasung* patients who later recovered and could earn money by working. In the end, the police gave them a ticket and the 300,000 selling money was used up. After leaving the house, he didn't tell his family and finally burned the house down.

Ms. Sumiati, who is in charge of the *Pustu* daily administration, provided information that previously, patients had to be referred to remote places like Solo because they were far away. Now they are being transferred to *Pustu* for outpatient care and treating people with mental health conditions in Paringan. Almost 70% of patients have successfully recovered there. Now there are no shackling patients. There was a patient who set fire to his house. Siran was single and in his 40s. She is big, so when giving the injection, Mrs. Sumiati has to be assisted by another, more muscular man. *Pustu* now treats all patients other than mental disorders. However, the medicine is still limited and often runs out, such as hot medicine.¹⁹

The Paringan health center also held a mental health program called *Posyandu Jiva*. It

¹⁹ Sumiati, *Interview* (Paringan, January 24, 2019).

was done in Paringan to control the healing process for sufferers of mental disorders at that place. Mr. Suwendi stated that every three months, it is held for people with a mental health condition, and the village plans to increase the intensity to once a month. It has been raised regarding the development of treating people with mental health conditions in Paringan. It can be seen from the decreasing number of patients being recorded and treated through *Pustu* and rehabilitation institutions. Another obstacle is that the medicine from the *Pustu* once injects for more than 700 thousand rupiahs. Still, the awareness of the patient's family to take the drug when there is a relapse is so minimal that, at times, the *Puskesmas* delivers the medicine to the patient's homes.²⁰

Then Mr. Sulin added that *Posyandu Jiwa* was routinely held once every three months. Initially, it was proposed monthly, but the office verified it was three months temporarily, but this year it is targeted monthly. Apart from controlling and giving medication, the family is involved in providing counseling so they can adequately care for patients at home, such as taking medication, monitoring attitudes towards patients at home, ordering them to bathe, eat, and wash and the family is given training in activities that can empower patients. Small skills training was also held at the *Posyandu*. In the future, *Posyandu Jiwa* will be used as an institution. If the funding can be regular, ASR will partner with outsiders to provide job training to sell the results and help the economy for the patient and the patient's family.²¹

After the researchers conducted interviews and direct observations of families with children with mental disorders, the researchers analyzed the factors that caused mental disorders in Paringan village, specifically those that occurred in these families. The researcher found that the form approach by the *Puskesmas* through medical was to record the traces of treatment that had been carried out previously. The things that were of concern to the researchers when collecting data were the history of medicine and rehabilitation of each child from the family in Paringan, which is explained as follows:

1. Some had been treated at Menur Hospital in Surabaya, shackled, and treated by traditional healers, clerics, and medics. He is still taking medicine from the Paringan Mental Health Assistance Health Center.
2. Some children have been treated at Surabaya Hospital, Solo Psychiatric Hospital, Baptist Hospital, Caruban Rehabilitation, and Paringan "Ngudi Rahayu" rehabilitation institution, have been shackled, and went to a shaman, kiai, and medical practitioner. They are still taking medicine from the Mental Health Assistance Health Center Filter.
3. There was a child who had been treated at the Paringan "Ngudi Rahayu" rehabilitation institution, went to the Paringan Mental Health Assistance Health Center and is still taking the medication regularly.
4. There are children whose parents chose to seek treatment at a shaman, kiai, locked in a room with closed doors and without clothes. They are still taking medicine from the Paringan Mental Health Assistance Health Center.
5. Some children have been hospitalized at Menur Hospital in Surabaya. They still receive outpatient treatment from the Paringan Mental Health Assistance Health Center.

Mrs. Sumiati stated that handling patients after medical treatment by providing

²⁰ Wendi, *Interview* (Paringan, January 23, 2019).

²¹ Sulin, *Interview* (Paringan, January 23, 2019).

training through the Posyandu Jiwa every Tuesday is examined by specialist doctors, dr. Andrian. The *Puskemas* usually conduct home visits (homecare) chaired by Mr. Sulin. The average age of patients with mental disorders is 25 years and over. Until now, there are still young patients in several hamlets in Paringan, including in Bagus Hamlet, namely Edi Prasetyo. There has been a toddler patient since 14 months with signs of an idiot, then epilepsy, and now he has $f20$ or schizophrenia.²² Furthermore, Mr. Tajib stated that Posyandu Jiwa is to monitor people with mental health conditions who are still taking the medication regularly or not and also see whether the family supports the patient's healing process.²³

This medical approach certainly shows results, among the signs of mental health in children can be seen from several indicators as follows:

1. When assessing oneself and the environment outside oneself, a balanced, efficient, and realistic view of reality does not always look at others as good or bad for a long time.
2. Having a conscious feeling of one's motivations and feelings, even though other people do not know, he can recognize himself well.
3. Being able to control his behavior with mental awareness, an ordinary healthy soul is when he can handle all the impulsive and primitive actions he does.
4. Able to adapt to the surrounding environment and adapt and interact with social conditions with spontaneity.
5. Being able to build love towards others, an average person will be sensitive to what others feel and not be protective of protecting himself.
6. Able to know the potential and carry out productive activities in daily life.

Furthermore, Atkinson determines mental health with conditions of psychological normality.²⁴ This understanding assumes that, in principle, humans are born healthy.²⁵ Atkinson mentions six indicators of a person's psychological normality:

1. Efficient perception of reality, the individual is quite realistic in assessing his abilities and interpreting the world around him. He does not constantly think negatively or positively about other people.
2. Recognizing oneself, an adaptable individual is an individual who is aware of his motives and feelings. However, no one is aware of his behavior and emotions.
3. The ability to consciously control behavior. Normal individuals strongly believe in their abilities to handle all their impulsive and primitive actions.
4. Self-esteem and acceptance. A person's self-adjustment is primarily determined by assessing self-esteem, feeling accepted by those around him, and being able to adapt or react spontaneously in all social situations.²⁶

²² Sumiati, *Interview* (Paringan, January 24, 2019).

²³ Tajib, *Interview* (Paringan, Januari 29, 2019).

²⁴ Graham Thornicroft et al., "Undertreatment of People with Major Depressive Disorder in 21 Countries," *The British Journal of Psychiatry* 210, no. 2 (2017): 119–124.

²⁵ Meredith G Harris et al., "Findings from World Mental Health Surveys of the Perceived Helpfulness of Treatment for Patients with Major Depressive Disorder," *JAMA Psychiat* 77, no. 8 (2020): 830–41.

²⁶ Thomas E. Dorner and Ellenor Mittendorfer-Rutz2, "Socioeconomic Inequalities in Treatment of Individuals with Common Mental Disorders Regarding Subsequent Development of Mental Illness," *Social Psychiatry and Psychiatric Epidemiology* 52, no. 8 (2017): 1015–1022.

5. The ability to form bonds of love. Ordinary individuals can create a close bond of love and can satisfy others, are sensitive to the feelings of others, and do not take care of self-protection (self-centered).
6. Productivity, a good individual is an individual who is aware of his abilities and can be directed to productive activities.²⁷

Islamic Religious Education Approach to Children with Mental Disorders by Parents in Paringan

Regarding the religious approach for people with mental disorders in Paringan, Mr. Suwendi stated that, in Paringan, almost all residents are Muslim. In the past, a Christian lived in one house but died. In Paringan, every mosque and prayer room has an Al-Qur'an Education Center (TPQ). The average condition of the Paringan people is middle to lower class, and they work as farmers with insufficient human resources.²⁸

Mr. Heru added that his therapy starts by getting the patient used to taking care of himself, bathing himself, washing his clothes, cleaning the room he lives in, and sweeping the surroundings of the rehabilitation institution. The forms of therapy varied, including occupational therapy, in which they were told to wash their clothes when showered. At first, it wasn't easy, but they got used to it over time too. The most challenging thing is to convince the sufferer that he is mentally ill, to make him realize that his condition is unstable. It isn't accessible if he wanders around talking and needs to take medicine regularly.²⁹ Patients often refuse to take medication because they are bored with it and feel healthy. Tricks for treating patients include grinding the drug and putting it in coffee. It is done so the patient does not think he is taking medicine. It is still not optimal for a spiritual approach if someone wants to be intensive with the first new religion.³⁰

Mr. Sulin concluded that religious education is closely related to the rehabilitation and recovery process for people with mental disorders, whether enrolled or not, but religious factors are needed. Moreover, patients with improved spiritual factors are required and will never be separated. The level of education affects the level of mental health.³¹ The chain can usually be broken after two generations if there are mental patients. Even then, they cannot be married to their relatives.

100% of patients with mental disorders usually only be normalized by medication.³² The longer it can't be treated, the longer the patient has to take medication. When people with a mental health condition have recovered, don't let their time be empty, so with religious activities, these patients must be involved in it, meaning that spiritual cleansing is

²⁷ Rita L. Atkinson, Richard C. Atkinson, and Ernest R. Hilgard, *Pengantar Psikologi* (Batam: Interaksara, 2005), 404–6.

²⁸ Wendi, *Interview* (Paringan, January 23, 2019).

²⁹ Andrew A Nierenberg et al., "Perceived Helpfulness of Bipolar Disorder Treatment: Findings from the World Health Organization World Mental Health Surveys," *Bipolar Disorders: An International Journal of Psychiatry and Neurosciences* 23, no. 6 (2021): 565–83.

³⁰ Heru, *Interview* (Paringan, Januari 22, 2019).

³¹ Rebecca Mercieca-Bebber et al., "The Importance of Patient-Reported Outcomes in Clinical Trials and Strategies for Future Optimization," *Patient Relat Outcome Meas* 9 (2018): 353–367.

³² S Evans-Lacko et al., "Socio-Economic Variations in the Mental Health Treatment Gap for People with Anxiety, Mood, and Substance Use Disorders: Results from the WHO World Mental Health (WMH) Surveys," *Psychol Med* 48, no. 9 (2018): 1560–71.

very much needed for recovery apart from a medical element. Even recovered patients will be ashamed of themselves if they do not participate in religious activities in their environment. Mainly the family must be concerned about involving recovered patients in almost all community activities.³³

The researcher also asked about this religious approach to Mr. Wahyudi as a religious figure in Parangan village. He stated that the environment always motivates patients and their families, especially in religious routines. It is proven that those who obey religious obligations will have a healthy and good souls.³⁴

The form of fostering Islamic religious education carried out by their parents Sunawan was explained by his father that, before suffering from mental disorders, Sunawan was a child who diligently went to the mosque. He even often called to prayer at the mosque. Saemun said:³⁵

Before he was sick, he was diligent in going to the mosque. He even wanted to call to prayer because he had his mosque (family), so he had to be active. He wouldn't be blessed if he didn't go to the congregation. The congregation at the mosque was from neighbors in the RT and this neighborhood.

Sunawan's parents' coaching was to invite him to go to the congregation to pray at the mosque close to his house. Saemun said it:³⁶

If he used to go to the mosque, he didn't want to, but now he wants to, so his heart is rarely open. But if invited, he wants to go to the mosque. Usually, before I go to the mosque, I don't look for Sunawan; if he is at home, I will take him.

Regarding prayers, Mr. Sutikno added that Sunawan often goes to the mosque with his parents. Sutikno added it:³⁷

He also sometimes goes to the mosque when his condition is normal. His family also often goes to the mosque and is diligent because his house is nearby. He's not naughty, but when he rides a motorbike, he usually laughs loudly by himself, and if people don't know, they'll think he's a bad boy.

Since childhood, Sunawan was always accustomed to obeying the teachings of Islam his parents. He even joined a school of martial arts based on Islam to cultivate his body and soul. As Sariyem said:³⁸

From a young age, Wawan participated in Pencak Silat Pagar Nusa at Tambak Penyon with his coach Mr. Sumarno. In the past, when he practised, he stayed for days and often even harvested rice in the rice fields of the trainer and helped with other work. Until now, he often goes there occasionally. If you go there, you will be given pocket money.

The form of religious guidance for Sunawan is learning to read the Qur'an with Mr. Sutikno and the religious teacher at the mosque. Still, sometimes Sunawan does not go to

³³ Sulin, *Interview* (Parangan, January 23, 2019).

³⁴ Wahyudi, *Interview* (Parangan, January 29, 2019).

³⁵ Saemun, *Interview* (Parangan, January 24, 2019).

³⁶ Saemun, *Interview* (Parangan, January 24, 2019).

³⁷ Sutikno, *Interview* (Parangan, January 24, 2019).

³⁸ Sariyem, *Interview* (Parigan, January 24, 2019).

recite the Qur'an because he has not bathed, eaten, or for other reasons. Knowing this, the family usually prepares Sunawan's needs before reciting the Qur'an at the mosque.

At home, Sunawan was accustomed to his parents saying the sentence *toyyibah* every time Sunawan experienced something, such as saying *alhamdulillah* at any time and at any event that made Sunawan happy. He gets used to saying *astaghfirullah* when Sunawan faces an unpleasant situation. At first, Sunawan often forgot, but his mother always guided him by setting an example, which Sunawan imitated.³⁹

He was instructing Sunawan to read *basmallah* when he is going to take medicine or eat. With constant orders from his parents, now without being ordered, Sunawan will read *basmallah* first before he takes his medication. But he doesn't always read it when he eats and drinks because his parents are not always with Sunawan when he eats and drinks something at home. There is no activity of eating together in the family. There is only eating separately when hungry.

They also teach Sunawan to perform ablution as often as possible. He recites the Qur'an or congregational prayers whenever he goes to the mosque. He is ordered by his father to perform ablution. What was given to Sunawan was a warning for ablution only because Sunawan was able and fully understood the practice of ablution.

Inviting Sunawan to participate in environmental activities that have a religious theme, his father usually orders him to join Yasinan and Tahlilan. As for *tahlilan*, this activity is often held in Sunawan's neighborhood because most people like to keep *genduri*. Other activities, such as the RT *arisan*, which is held weekly, also sometimes invite Sunawan to participate, where he will interact with the environment, chat, be asked questions, and laugh with people in his environment. In the *arisan*, there are also prayers and sending ancestor messages. Sunawan is very enthusiastic about these kinds of activities because he is happy to be able to eat together. After all, according to his father, Sunawan eats a lot.⁴⁰

The parents also told Supri to participate in youth activities, such as being a wedding servant. They ordered him to help neighbors (*rewang*) with an urgent need. Waking up Sunawan for congregational prayers every morning before his parents pray at the mosque or work in the fields, Sunawan is always awakened to pray. Sometimes he gets angry and throws tantrums when he wakes up. Sometimes, he immediately wants to because he stays up alone and can't sleep.

Getting into the habit of praying five times daily, Sunawan's father often scolds Sunawan when he has not. This incident usually occurs during the day because Sunawan's parents are also not very active in congregational midday and afternoon prayers at the mosque. But parents do their prayers at home. At this time, Sunawan was usually invited by his father to pray in the congregation. Still, if Sunawan did not want to eat, he was ordered to pray alone. At first, he often prayed out of time, such as midday prayers being established at 15.30 WIB. So on, but under the control of his parents, over time, he became more routine to pray at his times.

Discuss religious issues with Sunawan because when Sunawan speaks like a normal person, he speaks very deeply and is very serious. He usually uses Indonesian when talking

³⁹ Saemun, *Interview* (Paringan, January 24, 2019).

⁴⁰ Saemun, *Interview* (Paringan, January 24, 2019).

to people in his environment. Sunawan would be very happy if someone else asked something, this phenomenon was used by the family so that other people would ask Sunawan religious questions, and it was inevitable that he was very enthusiastic about answering them.⁴¹

Sunawan was also used to doing *riyadah* before he got sick, such as fasting David and *mutib* fasting, as well as the practice and *wiridan* he got from his martial arts teacher. His parents asked him to continue the *riyadah* now, provided he wanted to do it himself.

Furthermore, the form of coaching for Supri in the family included, his mother would order Supri to pray. At first, he didn't want to because his mental illness was very severe, and he was even shackled. Still, after he left the hospital and was taken to the Ngudi Rahayu institution for rehabilitation, Supri was accustomed to praying in congregation with other patients. Now at home, his mother must remind Supri when it's time to pray.

Asking his uncle to teach Supri to read the Qur'an because he only went to public school before he was sick Supri had no religious education background. Currently, Supri is being taught to read Arabic letters and memorize short notes by his uncle, who lives next door to Supri's house. This activity was carried out at night after maghrib. However, if his uncle had an event, Supri was still asked to practice alone at his house or his uncle's house.⁴²

They teach Supri how to do a good ablution. For this ablution, he can already do it. However, he still can't limit water washing from the ablution members, such as when he washes his head's hair, he will wash and wipe his entire face, ears, and head. His mother always accompanied him when he prayed or studied the Qur'an with his uncle.

Then, they teach Supri the perfect prayer movements. Usually, at his mother's house, she can't teach herself because she's old. Her uncle or her uncle's son will still teach her. It was done because his prayer movements were still very stiff, and he could not tell the difference between sitting in the first and last *tasyahud*.

Instructing Supri to participate in environmental events such as *genduri*, because the environment will still invite Supri to the event, his mother will prepare clean and neat clothes and caps for Supri when going to events. Then his mother always asks his uncle to accompany Supri when leaving. Related to the location event, Supri will mingle with other communities. His mother also told Supri to attend wedding invitations or circumcision and so on.

Her mother always asks Supri to fast every Monday-Thursday, especially during Ramadan. Even though Supri cannot fast for a whole month, her mother always advises her to respect fasting people. Usually, during the day, his mother only cooks a small amount of food for Supri when he is not fasting. Then Monday-Thursday because his mother routinely runs it, the activities every Monday and Thursday are like Ramadan, namely preparing a little food for Supri. Usually, because of this, he will be interested in fasting Monday and Thursday with his mother.⁴³

Supri is also constantly asked to dhikr or remember Allah. If he needs help, he has to

⁴¹ Saemun, *Interview* (Paringan, January 24, 2019).

⁴² Sarmi, *Interview* (Paringan, February 02, 2019).

⁴³ Sarmi, *Interview* (Paringan, February 02, 2019).

pray. First, his mother always assures him his wish will come true if he is close to Allah SWT. During the holidays, Supri is consistently invited by her mother to go to the mosque to perform the 'Id prayers. She will go if she is given new clothes. Usually, her mother is assisted by other families every year, one of which is new clothes for Supri every holiday.

Then in Arif's family, the form of coaching carried out by his parents was explained by his mother that Arif is classified as a child who understands his religious obligations. Rarely do his parents tell him to pray because he will pray when the time comes. Usually, what his father and mother do at home is invite Arif to pray in congregation at the mosque. However, when parents do not go to the mosque because there is an event or activity outside the home, they will order their older brother Arif to remind the congregation to go there.

At home, his father and mother never tire of reminding Arif to repeat the memorization of the Qur'an (*nderes*) that he had memorized, at least telling Arif to read the Qur'an every evening. It was done because, at first, sometimes Arif forgot not to recite the Qur'an for days, and his parents also did not remind him. His parents always tell Arif to read the Qur'an routinely after the Maghrib congregation arrives at the mosque.⁴⁴

Whenever there is a *Sima'an* al-Qur'an event in Ponorogo, whether it's the Mantab Rabu Pahing routine or other *Sima'an* events, Mr. Arif invites him to join it. Parents hope that if Arif is brought closer to someone who loves the Qur'an, his soul will be calm and pleasing. The problem is that Arif often doesn't want to participate. After all, he is embarrassed to finish the Qur'an like the other Hafidz who recite the Qur'an in these activities. However, the parents always motivated and encouraged Arif that he was lucky to have memorized parts of the Qur'an where others could not. Usually, with this, Arif would become aware and motivated.

At home, Arif's parents teach several small children in their neighborhood to learn to read the Qur'an every evening. Their father takes advantage of this by asking Arif to help guide them. Even though he initially felt he could not teach, over time, after his parents could not lead, Arif would replace his father without being told to. His father said Arif was a person who was patient in teaching children.⁴⁵

Arif's parents asked him to call to prayer at the mosque at midday every 1 pm, although usually the muezzin takes turns with someone else. However, with this habit, Arif still goes to the mosque before 1 pm even though he is not there to call to prayer.

Arif was also asked to replace his father at an invitational event in his neighborhood. When his father had an obstacle, he could mingle with the community even though he didn't say much. Moreover, he was invited to Yasinan every Friday night at the local community's homes. His parents also told Arif to send *tablilan* prayers to the ancestors every Friday night.⁴⁶

From the description above, it can be concluded that there is a similarity regarding the data from the five families; namely, the five children were both given religious guidance by their biological parents and were in the same house. The specificity of religious coaching

⁴⁴ Tarmidzi, *Interview* (Paringan, February 15, 2019).

⁴⁵ Tarmidzi, *Interview* (Paringan, February 15, 2019).

⁴⁶ Tarmidzi, *Interview* (Paringan, February 15, 2019).

in improving mental health in these five children is:

1. Religious guidance is more about medication or therapy in the family, not beforehand.
2. Religious guidance occurs after the child has undergone treatment, care, and rehabilitation.
3. The child has a mental disorder not from childhood, meaning not from hereditary factors but other external factors experienced by the child.
4. Religious coaching is carried out with the assistance of medicines and medical consultations.
5. Religious guidance is given to children who are already married but still live with their parents.

CONCLUSION

Medical treatment for children with mental disorders by the Paringan Health Center is carried out through consultations, giving injections, and medicines. The *Puskesmas* (public health center) is very flexible when the family cannot bring the patient, making it more accessible by going directly to the patient's house. The youngest patient at the *Pustu* is 11 years old. Most patients are male compared to female. Sometimes there are patients who *Puskesmas* cannot treat because of restrictions from their families. It is said that handling mental disorders is not as easy as turning the palm, meaning that the health department must work together with the patient's own family. The Paringan health center also held a mental health program called "Posyandu Jiwa." It was done in Paringan to control the healing process for people with mental disorders in that place. This medical approach certainly shows results by looking at signs of mental health in children from several existing indicators.

The approach to Islamic religious education by parents is carried out through various forms of activities and religious materials. The existence of religious guidance in the family does not necessarily go well. As desired, this happens because the conditions and backgrounds of the mental disorders they face are very different. Therefore, in determining the form of religious development activities for children, one must first look at the factors that cause mental disorders experienced by children. It doesn't stop there. The process of treatment, as well as rehabilitation that children have received, will become an essential reference in determining the form of religious guidance for them. The goal to be achieved by looking at these factors is to continue the training children have received outside the family, then continue within the family internally through parents individually or collectively with a psychiatrist or apply an entirely new form of religious formation for children. Rehabilitation and the condition of coaching must be in harmony and synergize with each other. If this is the case, then what happens is that results will arise in the form of improving the child's mental health as a result of the process carried out by the parents in the family.

REFERENCES

- Al-Hasan, Yusuf Muhammad. *Pendidikan Anak Dalam Islam*. Jakarta: Darul Haq, 1998.
- Atkinson, Rita L., Richard C. Atkinson, and Ernest R. Hilgard. *Pengantar Psikologi*. Batam: Interaksara, 2005.
- Cloninger, and Elliot. *Genetic Approaches to Mental Disorders*. Washington DC: American Psychiatric Press, 1994.
- Cuijpers, Pim, Annemieke Van Straten, and Filip Smit. "Preventing the Incidence of New Cases of Mental Disorders: A Meta-Analytic Review." *J Nerv Ment Dis* 193, no. 2 (2005): 119–25.
- Dorner, Thomas E., and Ellenor Mittendorfer-Rutz. "Socioeconomic Inequalities in Treatment of Individuals with Common Mental Disorders Regarding Subsequent Development of Mental Illness." *Social Psychiatry and Psychiatric Epidemiology* 52, no. 8 (2017): 1015–1022.
- Evans-Lacko, S, S Aguilar-Gaxiola, A Al-Hamzawi, J Alonso, C Benjet, R Bruffaerts, W T Chiu, et al. "Socio-Economic Variations in the Mental Health Treatment Gap for People with Anxiety, Mood, and Substance Use Disorders: Results from the WHO World Mental Health (WMH) Surveys." *Psychol Med* 48, no. 9 (2018): 1560–71.
- Gordon, Thomas. *Menjadi Orang Tua Efektif: Mendidik Anak Agar Bertanggung Jawab*. Jakarta: PT Gramedia Pustaka Utama, 2009.
- Harris, Meredith G, Alan E Kazdin, Wai Tat Chiu, Nancy A Sampson, Sergio Aguilar-Gaxiola, Ali Al-Hamzawi, Jordi Alonso, et al. "Findings from World Mental Health Surveys of the Perceived Helpfulness of Treatment for Patients with Major Depressive Disorder." *JAMA Psychiat* 77, no. 8 (2020): 830–41.
- Levi, Linda, Mor Bar Haim, Shimon Burshtein, Inge Winter-Van Rossum, Stephan Heres, Michael Davidson, Geva Shenkman, René S Kahn, and Mark Weiser. "Duration of Untreated Psychosis and Response to Treatment: An Analysis of Response in the OPTiMiSE Cohort." *European Neuropsychopharmacology* 32 (2020): 131–35.
- Mansur. *Pendidikan Anak Usia Dini Dalam Islam*. 4th ed. Yogyakarta: Pustaka Pelajar, 2011.
- Maramis, Willy F., and Albert A. Maramis. *Ilmu Kedokteran Jima*. Surabaya: Airlangga University Press, 2009.
- Mercieca-Bebber, Rebecca, Madeleine T King, Melanie J Calvert, Martin R Stockler, and Michael Friedlander. "The Importance of Patient-Reported Outcomes in Clinical Trials and Strategies for Future Optimization." *Patient Relat Outcome Meas* 9 (2018): 353–367.
- Nierenberg, Andrew A, Meredith G Harris, Alan E Kazdin, Victor Puac-Polanco, Nancy Sampson, Daniel V Vigo, Wai Tat Chiu, et al. "Perceived Helpfulness of Bipolar Disorder Treatment: Findings from the World Health Organization World Mental Health Surveys." *Bipolar Disorders: An International Journal of Psychiatry and Neurosciences* 23, no. 6 (2021): 565–83.
- Schueller, Stephen M, John F Hunter, Caroline Figueroa, and Adrian Aguilera. "Use of Digital Mental Health for Marginalized and Underserved Populations." *Current Treatment Options in Psychiatry* 6, no. 3 (2019): 243–255.

- Sugiyono. *Metode Penelitian Kuantitatif, Kualitatif, Dan R&D*. 23rd ed. Bandung: Alfabeta, 2016.
- Suhaimi. "Gangguan Jiwa Dalam Perspektif Mental Islam." *Jurnal Risalah* 26, no. 4 (2015): 197–205.
- Thornicroft, Graham, Somnath Chatterji, Sara Evans-Lacko, Michael Gruber, Nancy Sampson, Sergio Aguilar-Gaxiola, Ali Al-Hamzawi, et al. "Undertreatment of People with Major Depressive Disorder in 21 Countries." *The British Journal of Psychiatry* 210, no. 2 (2017): 119–124.
- Vigo, Daniel, Josep Maria Haro, Irving Hwang, Sergio Aguilar-Gaxiola, Jordi Alonso, Guilherme Borges, Ronny Bruffaerts, et al. "Toward Measuring Effective Treatment Coverage: Critical Bottlenecks in Quality- and User-Adjusted Coverage for Major Depressive Disorder." *Psychological Medicine* 52, no. 10 (2020): 1948–58.
- Warastuti, Widya, and Agus Setyo Otomo. "Deteksi Dini Kesehatan Jiwa Anak Yang Mengalami Penurunan Prestasi Belajar." *Jurnal Keperawatan* 4, no. 2 (2013): 160–65.
- Wicaksana, Inu. *Mereka Bilang Aku Sakit Jiwa*. Yogyakarta: Kanisius, 2008.
- Yanuar, Rio. "Analysis of Factors Related to Mental Disorder Incidents at Paringan Village." *Psychiatry Nursing Journal* 1, no. 1 (2012): 66–79.