

The Effectiveness of Sharia Ruqyah for Children with Mental Disorders: A Case Study

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ABSTRACT

Introduction: Children's mental health is an important aspect of individual development that influences social, emotional, and academic life.

Objectives: This study aims to analyze the effectiveness of ruqyah syar'iyah therapy in treating mental disorders in school-age children.

Methods: The method used was qualitative research with a case study approach at the Ruqyah Syar'iyah Center Clinic in Malang (RSC-M). Data collection techniques were carried out through observation, interviews, and documentation of 10 child participants aged 12-18 years. Data analysis used qualitative analysis developed by Matthew B. Miles by extracting data to identify subthemes and main themes.

Results: The research results show that ruqyah syar'iyah therapy has a positive impact on children's psychological well-being, such as reducing anxiety, providing emotional stability, and improving self-control. The therapy stages include preparation, implementation, and post-therapy reinforcement.

Conclusions: Ruqyah syar'iyah was perceived to be beneficial effective as a complementary therapy in helping children recover from mental disorders with a spiritual and psychological approach.

Introduction

Children's mental health is a growing global issue and a serious public health concern. The World Health Organization reports that approximately 10–20% of children and adolescents worldwide experience mental disorders, yet most do not receive adequate treatment (WHO, 2022). Mental health problems in children, such as depression and anxiety, not only impact psychological well-being but also affect cognitive development, academic achievement, and social relationships. Globally, more than 50% of mental health problems begin before the age of 14, making early intervention crucial (Isdianto, Andik et al., 2025).

In Indonesia, this trend is alarming. The 2018 Basic Health Research (Riskesdas) data show that approximately 19 million people aged 15 and over experience mental and emotional disorders, while approximately 12 million experience depression. In addition, the results of the Indonesia National Adolescent Mental Health Survey (I-NAMHS) revealed that 1 in 3 adolescents aged 10–17 years experienced mental health problems, but only 2.6% accessed professional services. Other data shows that around 4.3% of male adolescents and 5.9% of female adolescents have the desire to end their lives, which reflects low coping abilities against life stressors (Gloria, 2022).



Chronologically, the increase in mental disorders in children is influenced by various factors, such as changes in parenting patterns, academic pressure, digital technology use, and family conflict. Research shows that children who experience bullying have a 2-to 3-times higher risk of developing depression and anxiety (UNICEF, 2021). Furthermore, traumatic experiences such as domestic violence increase the risk of mental disorders in children by more than 30%. This situation is exacerbated by the persistent social stigma surrounding mental disorders, resulting in many cases going undetected and undertreated.

Various interventions have been implemented to address mental health disorders in children, such as psychological therapy (cognitive behavioral therapy/CBT), counseling, and school-based interventions. However, the effectiveness of these approaches remains limited, particularly in cases involving complex emotional and spiritual aspects. Studies show that conventional therapy has a success rate of around 50–60% in reducing symptoms of anxiety and depression in children (Weisz et al., 2024). Therefore, a more holistic, alternative approach is needed. Recent research shows that spiritual-based therapy can reduce anxiety levels by 30–40% and improve an individual's psychological well-being (Lucchetti et al., 2021).

In the Islamic context, spiritual approaches such as dhikr, prayer, and reading the Qur'an have been proven to provide a relaxing effect and calm the soul (Munif et al., 2022). One form of such therapy is ruqyah syar'iyah, which uses verses from the Quran as a healing medium. Studies show that ruqyah therapy can significantly reduce stress and anxiety levels and improve patients' emotional stability (Arifuddin, Y. W., & Fahmi, A. Y., 2023) In addition, this approach also provides psychological effects in the form of positive suggestions and increased religious coping, which contribute to mental recovery.

However, research on the effectiveness of ruqyah syar'iyah remains limited, particularly in the pediatric population. Most previous studies have focused on adults or employed a conceptual approach without in-depth empirical exploration. Therefore, there is a research gap in understanding how ruqyah syar'iyah therapy actually works in a clinical context for children with mental disorders. Based on this, this study aims to analyze the effectiveness of ruqyah syar'iyah therapy on children with mental disorders through a case study approach at the Ruqyah Syar'iyah Center Clinic in Malang.

Methods

Study Design

This research uses a qualitative approach with a case study design. This approach was chosen to gain a deeper understanding of the phenomenon of Islamic ruqyah therapy in treating mental disorders in children within a natural context.



Setting

The research was conducted at the Malang Syar'iyah Center Ruqyah Clinic (RSC-M), an Islamic spirituality-based therapy institution that provides syar'iyah ruqyah treatment services for various physical and psychological disorders.

Research Subject

The subjects of this study were school-aged children (elementary to high school) experiencing mental disorders and undergoing therapy at the Ruqyah Syar'iyah Center Malang Clinic (RSC-M). The sampling method used was purposive sampling, which involves deliberately selecting participants based on specific criteria relevant to the research objectives. This technique was used to obtain in-depth information regarding the effectiveness of ruqyah syar'iyah therapy in cases of mental disorders in children.

The inclusion criteria for this study included:

1. School-aged children (\pm 12–18 years old)
2. Experiencing mental disorders (such as depression, anxiety, trauma, ADHD, or behavioral disorders)
3. Currently undergoing or having undergone ruqyah syar'iyah therapy at the RSC-M Clinic
4. Willing to participate with the consent of a parent/guardian

Exclusion criteria include:

1. Children with severe physical disabilities requiring intensive medical treatment
2. Not obtaining permission from a parent/guardian
3. Incomplete data or inability to conduct an optimal interview

The study involved 10 children selected based on case data available at the RSC-M Clinic, as well as 2–3 key informants (ruqyah therapists and clinic administrators) who provided additional information regarding the therapy process and patient conditions. This approach enabled researchers to obtain a comprehensive and in-depth picture of the effectiveness of Islamic ruqyah therapy on children with mental disorders.

Instruments

The primary instrument in this study was the researcher herself (human instrument). Supporting instruments included semi-structured interview guidelines, observation sheets, and documentation (case notes and patient data). These instruments were used to gather in-depth information regarding the therapy experience and the patient's developmental status.

Intervention

The intervention provided was Ruqyah Syar'iyah therapy using the Ruqyah Syar'iyah Tanpa Kesurupan (RSTK) method. The intervention stages included: Preparation Stage: problem identification through interviews with the patient and



parents; Implementation Stage: recitation of Al-Qur'anic verses, prayers, and dhikr by the therapist; and Strengthening Stage: providing spiritual guidance such as dhikr, congregational prayer, and regular reading of the Al-Qur'an. This intervention emphasized a simultaneous spiritual and psychological approach.

Data Collection and Analysis

The data collection and analysis in this study used a qualitative analysis model developed by Matthew B. Miles and A. Michael Huberman, which includes four main stages: data collection, data reduction, data display, and conclusion drawing/verification. The data collection process was carried out directly through observation, in-depth interviews with therapists and clinic administrators, and documentation related to patient conditions. The obtained data were then reduced by sorting, focusing, and simplifying relevant information according to the research objectives. Next, the data were presented in descriptive narrative form to facilitate understanding of the patterns, relationships, and meanings contained within the data. The final stage was conclusion drawing/verification, which is the process of formulating findings based on the analyzed data patterns and conducting continuous rechecking to ensure the validity of the research results. The entire analysis process was carried out interactively and continued until data saturation was reached.

To ensure data validity, this study employed several validation techniques, namely triangulation, credibility, and dependability. Triangulation was conducted through source triangulation by comparing data from patients, therapists, and clinic administrators, technical triangulation using observation, interviews, and documentation, and time triangulation by collecting data at different points in time to ensure consistency of information. Credibility was maintained through member checking, which involved reconfirming interview results with informants, and through prolonged engagement and persistent observation to gain a deeper understanding of the phenomena being studied. Dependability was achieved by maintaining the consistency of the research process through audit trails, systematic documentation, and evaluation of all stages of the research so that the research results could be scientifically accounted for (Miles et al., 2014).

Ethical Consideration

This research has received ethical approval from the Health Research Ethics Committee of the Banyuwangi Health Sciences College with No. 3009/02/KEPK-STIKESBWI/II/2026. The research process also took into account aspects of research ethics, including informed consent from the clinic and informants, maintaining patient confidentiality, using data only for research purposes, and avoiding negative impacts on



research subjects. The entire research process was conducted with ethical principles in mind to protect the rights and welfare of subjects, especially children as a vulnerable group.

Results

Respondent Characteristics

Based on the research results, the participants were 10 school-age children with mental disorders and 3 key informants (therapists and clinic managers). Respondent characteristics are presented in **Table 1**.

Table 1. Respondent Characteristics

No	Initials	Age	Gender	Type of disorder	Causing Factors
1.	NMR	16	Female	Bipolar disorder, hallucinations	Parental divorce
2.	ALI	18	Male	Emotional disorders	Social environment
3.	AND	13	Female	Aggression, trauma	Family violence
4.	ARI	17	Male	Trauma, social isolation	Bullying
5.	DLF	17	Male	Concentration problems	Game addiction
6.	SLW	14	Female	Self-harm, hallucinations	Social pressure
7.	NSW	15	Female	Panic attacks	Excessive anxiety
8.	ATK	12	Female	Depression, suicidal ideation	Parental violence
9.	SLS	14	Female	Stress, social isolation	Family conflict
10.	ADT	16	Male	ADHD, anxiety	Developmental disorders

Based on Table 1, it is known that the participants in this study consisted of 10 school-aged children ranging in age from 12 to 18 years, indicating that mental disorders occur during the early to late adolescence developmental phase. The majority of respondents were female, although there were also male respondents with diverse disorder characteristics. The types of mental disorders experienced included anxiety, depression, bipolar disorder, ADHD, trauma, self-harm behavior, and hallucinations. This variety of disorders demonstrates the complexity of psychological conditions in children. The identified causal factors mostly stemmed from the family environment, such as parental divorce and domestic violence, as well as social factors such as bullying. Furthermore, individual factors such as game addiction and developmental disorders also contributed. These findings indicate that mental disorders in children are multifactorial, with environmental factors and traumatic experiences being the dominant triggers.

Interview Results and Qualitative Analysis

The interview results were analyzed using a thematic approach based on the model of Matthew B. Miles and A. Michael Huberman. The analysis process yielded several categories, subthemes, and a main theme that illustrate the effectiveness of Islamic ruqyah therapy. The completely analyzed in **Table 2** below



Table 2. Qualitative Data Extraction

No	Interview Results	Category	Sub Theme	Theme
1.	<i>"The child often hears whispers and wants to harm himself."</i>	Psychological symptoms	Hallucinations	Mental disorders
2.	<i>"After ruqyah, the child is calmer and less prone to anger."</i>	Behavioral changes	Emotional stability	Therapy effectiveness
3.	<i>"The child is starting to interact with the family."</i>	Social changes	Social interaction	Psychological recovery
4.	<i>"Often feels anxious and afraid for no reason."</i>	Emotional disturbances	Anxiety	Mental disorders
5.	<i>"After therapy, the child is more diligent in his religious duties."</i>	Spiritual changes	Increased religiosity	Therapy effectiveness
6.	<i>"The child no longer engages in self-harm."</i>	Behavioral changes	Self-control	Psychological recovery
7.	<i>"The child is more focused and less easily distracted."</i>	Cognitive changes	Concentration	Therapy effectiveness
8.	<i>"The family environment greatly influences the child's condition."</i>	Causing factors	Family environment	Determinants of disorders
9.	<i>"Bullying makes the child withdrawn."</i>	Causing factors	Social trauma	Determinants of disorders
10.	<i>"The therapy is conducted with prayer and verses from the Quran."</i>	Interventions	Spiritual therapy	Shari'ah ruqyah

Based on Table 2, the results of the qualitative data analysis indicate that the children's subjective experiences obtained from interviews can be categorized into several main themes: mental disorders, causal factors, and the effectiveness of Islamic ruqyah therapy. In the mental disorders category, various symptoms such as hallucinations, anxiety, and aggressive behavior were found, reflecting serious psychological conditions. Meanwhile, the causal factors category emphasized the important role of the family environment and negative social experiences such as bullying in triggering mental disorders.

Furthermore, in the therapeutic effectiveness category, positive changes were found after Islamic ruqyah intervention, such as increased emotional stability, self-control, social interaction, and religiosity. Children who previously exhibited aggressive and self-harming behavior began to experience behavioral improvements and were able to interact better with their environment. Furthermore, increased spiritual activities such as worship and dhikr indicate that the ruqyah approach not only impacts psychological aspects but also strengthens the child's spiritual dimension. Overall, this table demonstrates that Islamic ruqyah therapy has a consistent positive impact on the recovery of children's mental health through a holistic approach.



Visual Thematic Model

The relationship between themes or thematic relationships are presented in the thematic visual model presented in Figure 1 as follows:

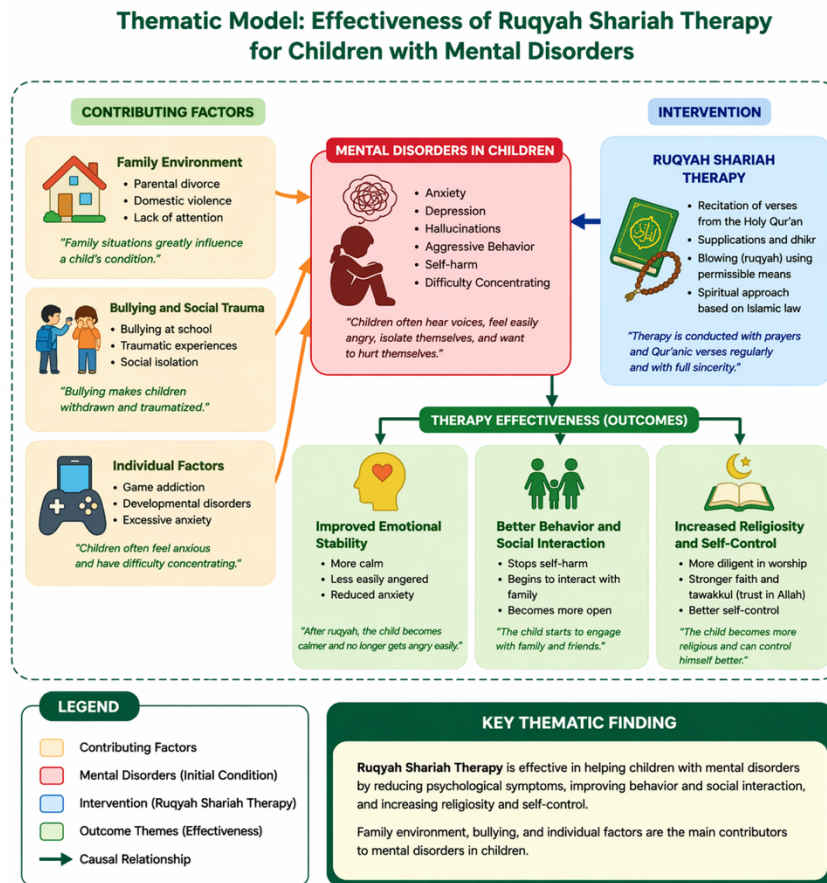


Figure 1. Visual Thematic Model

The thematic model in the figure illustrates the causal relationship between causal factors, the condition of mental disorders in children, ruqyah syar'iyah interventions, and therapy outcomes. The main causal factors identified include the family environment (such as divorce, violence, and lack of attention), bullying and social trauma (bullying, traumatic experiences, and social isolation), and individual factors (game addiction, developmental disorders, and excessive anxiety). These factors contribute to the emergence of various mental disorders in children, such as anxiety, depression, hallucinations, aggressive behavior, self-harm, and concentration disorders, which reflect complex psychological problems across emotional, behavioral, and cognitive dimensions.

In response to these conditions, the intervention provided was ruqyah syar'iyah therapy, which included reciting verses from the Quran, praying, and dhikr with a spiritual approach based on Islamic teachings. This intervention functions as a spiritual-psychological approach that provides inner peace and strengthens religious coping



mechanisms in children. The results of the therapy showed significant effectiveness, characterized by increased emotional stability (children became calmer, less easily angered, and reduced anxiety), behavioral recovery and social interactions (reduced self-harm behavior, increased interaction with family, and social openness), and increased religiosity and self-control (more diligent worship, increased faith, and better self-control). Overall, this model shows that ruqyah syar'iyah therapy can provide a positive impact holistically, encompassing emotional, social, and spiritual aspects in helping to recover from mental disorders in children.

Discussion

The results of this study confirm that mental disorders in children are a multidimensional phenomenon influenced by family, social, and individual factors, as depicted in the thematic model. These findings are consistent with global studies showing that children's mental health cannot be separated from the family and social context that shapes their psychological development (Elzamzamy, K., Naveed, S., & Dell, M. L., 2024). Recent studies in child psychiatry emphasize that family factors such as conflict and lack of emotional support are strong predictors of mental disorders during developmental years (Dwidiyanti et al., 2024). Furthermore, the results of this study strengthen evidence that experiences of bullying and social trauma contribute significantly to the emergence of anxiety and depression in children. These findings align with various international studies showing that exposure to negative social experiences significantly increases the risk of mental disorders. In fact, in longitudinal studies, social trauma has been associated with long-term emotional disorders and difficulties with social adaptation in adolescents (Claudes et al., 2025). This suggests that mental health interventions in children need to consider the social context comprehensively.

Furthermore, individual factors such as digital addiction and developmental disorders found in this study are also supported by previous research showing that excessive digital media use is correlated with increased anxiety and impaired concentration. Previous studies have shown that high screen time exposure is associated with mood and anxiety disorders in adolescents, thus reinforcing the role of internal and behavioral factors in worsening children's mental health (Ellias et al., 2025). The ruqyah syar'iyah intervention in this study demonstrated significant effectiveness in improving children's mental health. These results align with findings from various studies on spiritual psychotherapy, which show that spirituality-based interventions can significantly reduce symptoms of anxiety and depression. A systematic review showed that religious and spiritual involvement has a positive relationship with mental health and psychological well-being (Ahmad Wahyudi, Ah Yusuf, & Mundakir, 2021). Thus, ruqyah syar'iyah can be positioned as part of a scientifically based psychospiritual intervention.

he thematic model in this study indicates that ruqyah syar'iyah works through mechanisms that increase inner calm and emotional regulation. This is supported by research that states that spiritual well-being has a significant negative relationship with anxiety, meaning that the higher a person's spirituality, the lower the level of anxiety



experienced (Claudes et al., 2025). This finding reinforces the role of the spiritual dimension as a protective factor in mental health. Furthermore, the results of this study showed an improvement in children's social behavior and interactions after therapy. This finding is consistent with research on psychospiritual interventions that states that spiritually-based therapy not only impacts the individual's internal aspects but also improves social functioning and interpersonal relationships (Ellias et al., 2025). This indicates that ruqyah syar'iyah has multidimensional effects that go beyond purely psychological aspects.

the increase in religiosity and self-control found in this study is also supported by studies showing that spiritual practices such as prayer and reading scriptures can enhance psychological resilience and individual coping skills. Research on Qur'anic prayer therapy showed significant improvements in mental well-being and stress management skills in adolescents after intervention (Eugin Dara Mentari et al., 2025). This reinforces the fact that religious approaches make a significant contribution to mental recovery. However, when compared to conventional psychological therapies such as Cognitive Behavioral Therapy (CBT), the ruqyah syar'iyah approach still has limitations in terms of standardization and outcome measurement. Previous studies have shown that conventional therapies have a more structured evaluation framework, while spiritual therapies often depend on the cultural context and individual beliefs. Therefore, the integration of modern spiritual and psychological therapies is crucial to increase the effectiveness of interventions.

Furthermore, this study also revealed that a spiritual approach has advantages within the cultural context of religious communities, particularly in Indonesia. Community-based studies have shown that a mental health approach that integrates spirituality is more readily accepted by the community and increases adherence to therapy (Moordiningsih et al., 2024). This is a key advantage of ruqyah syar'iyah compared to conventional approaches, which are often considered less contextual. Overall, the results of this study reinforce the paradigm that an effective mental health approach must be holistic, encompassing biological, psychological, social, and spiritual aspects. These findings align with global trends in psychospiritual interventions that emphasize integrating the spiritual dimension into modern clinical practice (Ellias et al., 2025). Thus, ruqyah syar'iyah can be positioned as a potential complementary therapy in the pediatric mental health care system. However, further research with a more robust experimental design is needed to objectively test its effectiveness.

Implications and Limitations

Implications

This research has several important implications for the development of child mental health interventions. Practically, the results demonstrate that ruqyah syar'iyah therapy can be used as a complementary therapy in treating mental disorders in children, particularly in the context of communities with a religious background. This approach has been shown to have a positive impact not only on emotional aspects, but also on children's social and spiritual aspects. Therefore, the integration of spiritual therapy with conventional mental health services, such as counseling and psychotherapy, needs to be considered as a holistic approach in clinical practice.



Furthermore, the results of this study also contribute to healthcare professionals, educators, and families' understanding of the importance of a spirituality-based approach in supporting children's mental health recovery.

Limitations

This study has several limitations. First, the research design, which used a qualitative case study approach, makes the results difficult to generalize widely. Second, the limited number of participants and the study's location, which was conducted in a single clinic, may impact data variability. Third, the measurement of therapy effectiveness is still subjective, based on interviews and observations, without the support of standardized quantitative instruments. Therefore, further research is recommended to use a mixed methods design or experiments with a larger sample size to obtain more objective and generalizable results.

Conclusion

This study concludes that ruqyah syar'iyah therapy is effective in helping to overcome mental disorders in school-age children. This therapy can increase emotional stability, improve social behavior, and strengthen children's religiosity and self-control. The results show that a spiritual approach integrated with psychological aspects can have a positive, holistic impact on children's mental health. Thus, ruqyah syar'iyah can be considered as an alternative complementary therapy in the mental health care system, especially for communities with religious backgrounds. However, further research with more robust methods is needed to empirically test the effectiveness of this therapy.

Ethics approval and consent to participate

This research has obtained permission from the Ruqyah Syar'iyah Center Clinic in Malang as the research location. All participants and their parents/guardians provided informed consent prior to the study. The researcher also guaranteed the confidentiality of participants' identities using initials and ensured that all data obtained would be used solely for research purposes. This research was conducted in accordance with ethical research principles, namely respecting participant autonomy, maintaining confidentiality, and avoiding potential risks or negative impacts on research subjects.

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