Vol. 3 No. 4 Edisi Agustus - Oktober 2026 E. ISSN. 3032-2472
Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
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A CONCEPTUAL MODEL OF MENTAL HEALTH EDUCATION BASED ON ISLAMIEDUCATION: INTEGRATING SPIRITUAL, PSYCHOLOGICAL AND SOCIAL VALUES

MODEL KONSEPTUAL PENDIDIKAN KESEHATAN MENTAL BERBASIS PENDIDIKAN ISLAM: MENGINTEGRASIKAN NILAI-NILAI SPIRITUAL, PSIKOLOGIS, DAN SOSIAL

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DOI: https://doi.org/10.62567/micjo.v3i4.3490

Abstract

Mental health is an important concern in contemporary education. It relates not only to individuals' psychological condition, but also to spiritual, social and moral dimensions and to the educational environment. Academic pressure, changing patterns of social interaction, digital technology, bullying, social isolation, identity crises and the demands of modern life demonstrate the need for a more comprehensive paradigm of mental health education. Islamic education provides philosophical and epistemological foundations for developing such a paradigm by integrating spiritual, psychological and social dimensions into educational processes. This study aims to examine the philosophical and epistemological foundations of mental health education from the perspective of Islamic education; formulate an integration of spiritual, psychological and social values; construct a conceptual model of mental health education based on Islamic education; and assess its relevance to contemporary mental health challenges in education. The study adopts a qualitative approach using library research and content analysis. The findings indicate that mental health education based on Islamic education can be developed through a multidimensional conception of human beings encompassing the physical body, intellect, *qalb* (heart), *ruh* (spirit), moral life and social life. Integrating spiritual, psychological and social dimensions produces a biopsychosocial-spiritual model in which *tawhid* (the oneness of God) provides the foundation; *tazkiyat al-nafs* (purification and development of the self) and *akhlaq* (moral character) constitute the formative process; psychological well-being is an intended outcome; and healthy social relationships provide a supportive environment. The model offers a holistic, preventive, promotive and sustainable paradigm for education.

Keywords : Mental Health, Islamic Education, Spirituality, Psychological Dimension, Social Dimension, Conceptual Model.

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Abstrak

Kesehatan mental merupakan perhatian penting dalam dunia pendidikan kontemporer. Hal ini tidak hanya berkaitan dengan kondisi psikologis individu, tetapi juga mencakup dimensi spiritual, sosial, dan moral, serta lingkungan pendidikan itu sendiri. Tekanan akademik, perubahan pola interaksi sosial, teknologi digital, perundungan, isolasi sosial, krisis identitas, dan tuntutan kehidupan modern menunjukkan perlunya paradigma pendidikan kesehatan mental yang lebih komprehensif. Pendidikan Islam menyediakan landasan filosofis dan epistemologis untuk mengembangkan paradigma tersebut dengan mengintegrasikan dimensi spiritual, psikologis, dan sosial ke dalam proses pendidikan. Studi ini bertujuan untuk mengkaji landasan filosofis dan epistemologis pendidikan kesehatan mental dari perspektif pendidikan Islam; merumuskan integrasi nilai-nilai spiritual, psikologis, dan sosial; menyusun model konseptual pendidikan kesehatan mental berbasis pendidikan Islam; serta menilai relevansinya terhadap tantangan kesehatan mental dalam dunia pendidikan saat ini. Penelitian ini menggunakan pendekatan kualitatif melalui studi pustaka dan analisis konten. Temuan menunjukkan bahwa pendidikan kesehatan mental berbasis pendidikan Islam dapat dikembangkan melalui konsepsi manusia yang multidimensional, yang mencakup aspek fisik, intelektual, qalb (hati), ruh (jiwa), kehidupan moral, dan kehidupan sosial. Integrasi dimensi spiritual, psikologis, dan sosial menghasilkan model biopsikososial-spiritual, di mana tauhid (keesaan Tuhan) menjadi landasannya; tazkiyat al-nafs (penyucian dan pengembangan diri) serta akhlak (karakter moral) menjadi proses pembentukannya; kesejahteraan psikologis menjadi hasil yang ingin dicapai; dan hubungan sosial yang sehat menyediakan lingkungan yang mendukung. Model ini menawarkan paradigma pendidikan yang bersifat holistik, preventif, promotif, dan berkelanjutan.

Kata Kunci : Kesehatan Mental, Pendidikan Islam, Spiritualitas, Dimensi Psikologis, Dimensi Sosial, Model Konseptual.

1. INTRODUCTION

Mental health is a fundamental dimension of human development and is closely connected with the quality of education, personality development, adaptive capacity and

students' ability to function socially. In contemporary education, success can no longer be measured adequately through cognitive attainment, academic achievement or mastery of particular competencies alone. It must also be accompanied by students' ability to manage emotions, cope with pressure, build interpersonal relationships, find meaning in life and maintain psychological balance. The World Health Organization (WHO) regards mental health as an integral part of human health and emphasises the importance of promotive and preventive approaches that extend beyond treating mental disorders to creating social and institutional conditions that support mental well-being (Organization, 2022).

In education, neglecting these dimensions has increasingly serious consequences because educational institutions are developmental environments that help shape students' identities, social competencies and emotional maturity. Academic pressure is one factor requiring serious attention. A systematic review by Steare et al. (2023) identifies an association between academic pressure and various mental health difficulties among adolescents, including depression, anxiety, self-harm and suicidal ideation. These findings suggest that educational pressure should not be understood merely as a matter of motivation or study discipline; it should be considered part of the wider mental health ecosystem. Schools, madrasahs, pesantren, families and communities should therefore be understood both as pedagogical spaces and as psychosocial environments that shape students' well-being. Education focused solely on academic productivity risks losing its human dimension if it fails to address students' emotional, spiritual and social needs (Organization, 2022; Steare et al., 2023).

Changes in social life in the digital age have further complicated the mental health landscape for students. Information technology has transformed how students acquire knowledge, construct

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identities, communicate and interact with their social environments. Digital technology offers substantial opportunities for personalised learning, wider access to knowledge, creativity and social connectivity. At the same time, intensive use of digital media can introduce new pressures through social comparison, unlimited exposure to information, cyberbullying, dependence on social validation, sleep disruption and reduced quality of face-to-face interaction. A systematic review of adolescent mental health in the digital age indicates that social media use and digital psychosocial factors have a complex relationship with adolescent well-being. Their effects are not uniform, but depend on individual characteristics, patterns of use, social context and the quality of interactions in digital spaces (Daka et al., 2025). Digital challenges should therefore not be reduced to the amount of time spent using devices. More fundamentally, students need self-regulation, digital literacy, the ability to assess information, psychological resilience and a value-based orientation when using technology.

From the perspective of contemporary Islamic education, digital developments also call for a reconsideration of *ta'dib* (education through the cultivation of proper conduct) and *tazkiyat al-nafs*, so that education can develop self-control in a highly stimulating digital environment. Mutha'aliin et al. (2026) emphasise the importance of *ta'dib*, spiritual education and *tazkiyat al-nafs* as philosophical frameworks for addressing challenges in digital education. Mental health education today must therefore do more than provide information about stress and anxiety: it should help students manage attention, emotions, digital behaviour, social relationships and life orientation in an integrated way. Mental health is a multidimensional concern requiring a systemic educational response, rather than individual intervention only after problems have emerged (Daka et al., 2025; Mutha'aliin et al., 2026).

Recent studies of mental health in Islamic education suggest that integrating positive psychology with Qur'anic spirituality can provide a broader framework for understanding well-being, particularly through the relationship between intellectual, emotional and spiritual dimensions centred on *tazkiyat al-nafs* (Bahri, 2026). Syafii and Azhari (2025) similarly identify a relationship between spiritual development and psychological growth among Muslim university students. The spiritual dimension should therefore not be treated as peripheral to students' psychological development. Spirituality is not merely a set of rituals separate from psychological life; it can provide orientation, meaning, self-control and resilience when facing life's pressures. Islamic education consequently has the epistemological potential to develop a more holistic understanding of mental health by bringing revealed knowledge into dialogue with rational reflection, spiritual experience and psychological knowledge. This approach also avoids psychological reductionism: mental health is assessed not only by the ability to adapt to one's environment, but also by moral orientation, spiritual relationships and the capacity to live meaningfully (Bahri, 2026; Syafii & Azhari, 2025).

Another important foundation is the Islamic educational understanding of education as the formation of a whole and ethically cultivated person. In the thought of Syed Muhammad Naquib al-Attas, education is not limited to the transfer of knowledge; it aims to cultivate a person of *adab* through an ordered relationship between knowledge, the self, values and reality. The concept of *ta'dib* is relevant to mental health education because mental well-being requires people to position themselves appropriately in relation to God, themselves, other people, knowledge and the environment. Education that pursues cognitive achievement without moral and spiritual orientation may produce academically capable individuals who nevertheless experience a loss of meaning and purpose. Studies of al-Attas's thought identify the integration of knowledge and *adab* as important to the reconstruction of Islamic education, particularly as education responds to social change and digital technology (Yunita et al., 2025). This perspective can be extended to mental health education by treating *ta'dib* as a process of developing self-awareness, behavioural self-control, moral responsibility and healthy social relationships. Mental health is thus not a programme external to the Islamic education curriculum, but one possible consequence of education that develops the human person in a balanced way (Ahmadi et al., 2023; Yunita et al., 2025).

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2. Identification of Problems

The background above points to several interrelated problems in contemporary mental health education:

Academic pressure and demanding cognitive achievement standards are serious challenges in modern educational systems and may contribute to anxiety, depression and burnout among students.

Changes in social interaction and the rapid development of digital technology create new psychosocial risks, including cyberbullying, social comparison, dependence on social validation, sleep disruption and social isolation.

Dominant mental health approaches often focus on individual clinical treatment and psychological reductionism, without fully incorporating spiritual and moral dimensions or the wider educational ecosystem.

A systematic conceptual model of mental health education based on Islamic education has yet to be established in a way that integrates *tawhid*, *tazkiyat al-nafs* and *ta'dib* into a promotive, preventive and pedagogically practical framework.

3. Scope of the Study

This study focuses on constructing a conceptual model of mental health education based on Islamic education through the integration of spiritual, psychological and social values. It is limited to philosophical and epistemological exploration and the development of a theoretical framework through library research. It does not involve field-based empirical testing or direct medical-clinical analysis.

4. Research Questions

1. What are the philosophical and epistemological foundations of mental health education from the perspective of Islamic education?
2. How can spiritual, psychological and social values be integrated into mental health education based on Islamic education?
3. How can a conceptual model of mental health education based on Islamic education be constructed?
4. How relevant is this model to mental health challenges in modern educational systems?

5. Research Objectives

This study aims to:

1. Analyse the philosophical and epistemological foundations of mental health education from the perspective of Islamic education.
2. Formulate an integration of spiritual, psychological and social values within a mental health education framework.
3. Construct a systematic conceptual model of mental health education based on Islamic education (IPKMBSS).
4. Examine the model's relevance to mental health challenges and developments in contemporary educational systems.

6. Significance of the Study

Theoretically, this study contributes to the development of Islamic educational thought and Islamic educational psychology through an interdisciplinary synthesis of Islamic values and mental health promotion. In practical terms, the resulting conceptual model may inform education policymakers, managers of madrasahs, schools and pesantren, and teachers seeking to create healthy, supportive and mental-health-friendly learning environments.

LITERATURE REVIEW

1. Theoretical Foundations and Conceptual Review

1.1 Philosophical and Epistemological Foundations of Mental Health Education in Islamic Education

The philosophical foundations of mental health education from the perspective of Islamic education begin with an understanding of human beings as multidimensional rather than reducible to biological and psychological aspects alone. In the Islamic paradigm, the human person comprises an

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integrated physical body, intellect, *qalb*, *ruh*, moral life and social life. Each dimension contributes to personality formation and overall well-being. This multidimensional conception has significant epistemological implications for how mental health is understood and developed through education. If mental health is considered solely through individual psychology, attention tends to focus on managing stress, regulating emotions, adapting and avoiding psychological disorders. Islamic education broadens this scope by including a person's relationship with Allah, moral orientation, search for meaning, social responsibility and character formation. Mental health from an Islamic perspective can therefore be understood as a dynamic state that enables balanced intellectual, emotional, spiritual, moral and social functioning.

This view is consistent with Bahri's (2026) analysis, which presents mental health in Islamic education as a harmony between intellect, emotion and spirituality rooted in *tazkiyat al-nafs*. Mental health education should consequently do more than remove psychological distress: it should develop people who can understand themselves, manage their inner lives, build healthy social relationships and find meaningful direction in life. This perspective indicates that Islamic education has a promising philosophical basis for a holistic mental health paradigm, since its purpose extends beyond academic competence to the development of knowledgeable, well-mannered, balanced and socially responsible people.

Tawhid occupies a central position as the ontological foundation of mental health education based on Islamic education. It is not merely a theological doctrine concerning the oneness of Allah, but a paradigm that provides orientation for the whole of human life. Awareness of *tawhid* positions human beings as purposeful and responsible, and as connected to transcendent reality. This is important in mental health education because some problems in modern life concern loss of meaning, uncertainty about purpose, achievement-related pressure and the tendency to measure success through material indicators alone. *Tawhid* offers a wider framework through which success, failure, suffering and life's challenges can be understood. Students are therefore not only taught to endure difficulties, but are encouraged to reflect on their meaning and to develop proportionate patience (*sabr*), trust in God (*tawakkul*), gratitude (*shukr*) and effort (*ikhtiyar*). Research on Qur'anic spirituality suggests that practices and values such as *dhikr*, prayer and *tawakkul* can provide spiritual support, inner calm, psychological resilience and meaning in life (Rofiqoh et al., 2025).

In this model, *tawhid* is not simply cognitive content delivered in Islamic religious education; it is an orientation to be internalised within the educational culture. When *tawhid* guides life, students gain a value framework for understanding themselves, sustaining hope and facing pressure without losing their existential direction. Its integration must, however, be pedagogical and reflective rather than purely doctrinal in ways that might overlook the complexity of psychological difficulties. Spirituality should be understood as a source of meaning and inner strength, while mental health concerns requiring professional care should still receive appropriate psychological or clinical intervention.

The concept of *tazkiyat al-nafs* provides a process-oriented dimension to the cultivation of mental well-being. It refers not only to ritual purification of the soul, but also to ongoing self-development through recognising personal tendencies, regulating impulses, forming positive habits, self-evaluation and cultivating moral and spiritual qualities. In mental health education, this is relevant to self-regulation: students learn to recognise emotions, manage impulses, cope with frustration, develop patience and sincerity, and direct their behaviour towards constructive goals. This process demonstrates the relationship between spirituality and psychological mechanisms. Mental health education based on Islam is therefore not merely curative when problems arise; it can also be preventive and promotive by cultivating internal capacities that help individuals respond adaptively to life's pressures (Bahri, 2026; Imamah, 2025).

Syed Muhammad Naquib al-Attas's thought on *ta'dib*, *adab*, knowledge and the cultivated person provides an important moral foundation for this model. From the perspective of *ta'dib*, education is not merely the transmission of knowledge or the development of intellectual ability; it is

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the cultivation of *adab*, enabling people to place themselves, their knowledge and their actions appropriately within the order of life. This is closely related to mental health because psychological well-being depends partly on the quality of relationships people build with themselves and others. Education that cultivates *adab* encourages respect for human dignity, compassion, responsibility, honesty, humility, patience and dignified treatment of others (Alam, 2024; Rofiq & Afif, 2022). Conversely, educational environments characterised by humiliation, verbal abuse, bullying, discrimination and unhealthy competition may cause psychological pressure and undermine students' sense of safety.

1.2 Integrating Spiritual, Psychological and Social Values

The literature analysis indicates that mental health education based on Islamic education requires the integration of at least three main dimensions: spiritual, psychological and social. These dimensions cannot be treated as independent components, because mental health develops through complex interactions between belief systems, intrapersonal processes and social environments. The spiritual dimension provides meaning and values; the psychological dimension develops the individual's capacity to understand, manage and develop the self; and the social dimension provides relationships, support, belonging and opportunities for participation. In Islamic education, these dimensions may be expressed through *tawhid*, faith, worship, *tawakkul*, patience, gratitude and sincerity in the spiritual domain; self-awareness, emotional regulation, resilience, motivation, self-acceptance and help-seeking in the psychological domain; and *ukhuwah* (brotherhood), empathy, communication, compassion, solidarity and social support in the social domain.

In the IPKMBSS model, the spiritual dimension provides the foundation for meaning and an internal resource for mental health. Education should not only help students achieve academically, but also help them understand the purpose of learning, the meaning of life, moral responsibility and their relationship with Allah. Healthy spirituality can give students a framework for interpreting success and failure, so that negative experiences are not automatically understood as personal ruin. Worship practices such as prayer (*salat*), supplication (*du'a*), *dhikr*, reading the Qur'an, self-reflection and cultivating gratitude may support spiritual education, calmness and self-awareness. This study nevertheless stresses that spiritual practice should be situated within a substantive pedagogical framework. Ritual activities performed mechanically, without understanding or internalising their values, may not produce the intended psychological changes (Imamah, 2025; Rofiqoh et al., 2025).

The psychological dimension links spiritual values with students' practical ability to respond to life's demands. Mental health education should equip students to recognise their internal states, understand emotions, manage stress, build resilience, sustain motivation, accept personal limitations and recognise when to seek help. Islamic education need not be positioned in opposition to modern psychology. Psychological theories can instead be used as scientific tools for understanding human development and behaviour, while Islamic values provide ethical orientation for applying that knowledge. This integration matters because spirituality without psychological literacy may lead to oversimplified interpretations of mental health problems, whereas a psychological approach that entirely ignores spirituality may overlook a dimension of meaning that is important to some Muslim students (Bahri, 2026).

The social dimension completes the model by recognising human beings as relational, with well-being strongly influenced by relationships with family, teachers, peers and the wider community. Mental health cannot be understood solely as an individual capacity, because acceptance, rejection, discrimination, bullying, loneliness, social support and a sense of belonging all affect psychological well-being. In Islamic education, the social dimension can be developed through *ukhuwah*, mutual assistance (*ta'awun*), empathy, compassion, consultation (*shura*), tolerance and respect for human dignity. These values should be translated into concrete educational practices, such as a culture of mutual respect, collaborative learning, conflict-resolution mechanisms, anti-bullying programmes, peer support and family involvement (Worsley et al., 2022).

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The integration of spiritual, psychological and social values should therefore be formulated not simply as a list of values, but as a set of relationships between them:

Dimension	Core values	Function in mental health	Educational practices
Spiritual	Tawhid, faith, worship, patience, gratitude, trust in God and sincerity	Provides meaning, purpose, hope, calmness and life orientation	Prayer, supplication, dhikr, Qur'anic reading, reflection and cultivating gratitude
Psychological	Self-awareness, emotional regulation, resilience, motivation, self-acceptance and help-seeking	Develops the ability to understand oneself, regulate emotions and cope with pressure	Self-reflection, emotional-regulation exercises, mentoring and resilience-building
Social	Ukhuwah, empathy, compassion, communication, solidarity and social support	Builds safety, belonging, acceptance and healthy relationships	Collaborative learning, anti-bullying initiatives, peer support and family involvement

This substance is consistent with the five-layer IPKMBSS framework: **foundation → dimensions → process → environment → outcomes**.

Formulation of the integration

Tawhid provides orientation, meaning and values; *tazkiyat al-nafs* and *ta'dib* shape self-regulation and personal development; psychological capacities develop; social values are expressed through healthy relationships; and these processes contribute to psychological balance, resilience, *akhlaq*, healthy spirituality, healthy social relationships and meaningful living.

Spiritual values thus provide the foundation for orientation and meaning, psychological values provide the capacity for self-management, and social values provide the relational environment that supports mental health. The three are integrated through educational processes of introduction, understanding, habituation, reflection, guidance and evaluation.

1.3 Relevant Previous Research

Mental health education and its relationship with Islamic teachings have been explored by a number of recent researchers. Steare et al. (2023), in a systematic review, report a strong association between excessive academic pressure and increased depression and anxiety among adolescents. Worsley et al. (2022) emphasise the value of holistic, promotive mental health interventions based in educational institutions. Rofiqoh et al. (2025) highlight the role of Qur'anic teachings, including prayer, *dhikr* and *tawakkul*, as spiritual coping resources during mental health crises. Imamah (2025) and Bahri (2026) support the proposition that Islamic

education and positive psychology can be integrated through *tazkiyat al-nafs* to foster healthy and resilient personalities. Studies of al-Attas's thought by Alam (2024), Rofiq and Afif (2022), and Yunita et al. (2025) emphasise the importance of *ta'dib* in cultivating an ethical educational climate. Daka et al. (2025) and Mutha'aliin et al. (2026) underline the need to adapt *ta'dib* to the digital age in order to mitigate the negative effects of social media.

1.4 Conceptual Framework

Based on a philosophical, epistemological, psychological and social synthesis, this study constructs the Islamic Biopsychosocial-Spiritual Mental Health Education Model (IPKMBSS), a conceptual model integrating Islamic educational values with mental health promotion. It consists of five principal layers: foundation → dimensions → process → environment → outcomes. The foundation is the ontological and axiological basis, comprising *tawhid*, a multidimensional conception of the human person, revelation and reason, *adab* and *akhlaq*, *tazkiyat al-nafs*, and the aim of a meaningful life. Three main dimensions emerge from this foundation: spiritual, psychological and

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social. These are translated into educational processes comprising introduction, understanding, habituation, reflection, guidance and evaluation. The processes take place within an ecosystem of family, school/madrasah/pesantren, peers, community and digital environment. Expected outcomes include psychological balance, resilience in the face of pressure, healthy spirituality, *akhlaq*, relationship-building, decision-making, help-seeking, productivity and meaningful living.

1.5 Relevance of the Model to Contemporary Educational Challenges

The IPKMBSS model is relevant to academic pressure, digital overuse and digital stress, bullying, identity crises, individualism and loss of meaning—issues that contribute to the complexity of contemporary education. Academic pressure, for example, may lead students to define their self-worth solely through grades and achievement. In this situation, *tawhid* and *adab* offer an alternative framework in which human dignity is not determined solely by academic performance. The psychological dimension helps students develop emotional regulation, stress-management strategies and the ability to accept failure as part of learning. Digital environments can likewise provide opportunities while also generating pressure through information exposure, social comparison, demands for self-presentation and rapid interaction. IPKMBSS responds by integrating spirituality, self-regulation, digital literacy and social ethics (Abd Elfattah, 2025).

2. RESEARCH METHOD

1. Research Design and Approach

This study adopts a qualitative approach and library research because the issue under investigation concerns the conceptual construction of mental health education from the perspective of Islamic education. A qualitative approach enables the exploration of meaning, structures of thought, relationships between concepts, and the philosophical and epistemological contexts that underpin them. Library research is not treated merely as the collection of literature, but as a systematic scholarly process of identifying, selecting, critically reading, comparing, interpreting and synthesising sources relevant to the research subject. This method is important because mental health education in Islamic education is interdisciplinary, bringing together philosophy of education, psychology, Islamic education, spirituality, *akhlaq* and social sciences. The phenomenon cannot be adequately understood through a partial psychological or pedagogical approach alone (Bahri, 2026).

2. Data Sources

The research data are divided into primary and secondary sources, selected according to their relevance, authority, depth of argument and relationship to the research focus.

Primary sources: the Qur'an, Hadith and foundational works by Islamic educational thinkers, including Syed Muhammad Naquib al-Attas, which address human nature, the soul, *akhlaq*, knowledge, education, spirituality and the purpose of human formation. The Qur'an and Hadith are treated as the principal normative sources providing the value foundation and Islamic worldview.

Secondary sources: reputable scholarly journal articles, academic books, empirical studies and conceptual research on mental health, educational psychology, psychological well-being, character education, spirituality, resilience, emotional regulation, social relationships and educational environments. Secondary sources were purposively selected with regard to publication recency, academic quality, substantive relevance and bibliographic traceability (Zidan et al., 2025).

3. Data Collection

Data were collected through documentary and literature review, involving the collection, critical reading, comparison, note-taking and categorisation of relevant sources. This process included searching reputable national and international academic databases, followed by thematic grouping of normative texts, theoretical works and supporting empirical studies.

4. Data Analysis

The study uses content analysis, conducted systematically, interpretively and in stages across all selected sources:

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1.Identification of key concepts: identifying concepts directly relevant to mental health education and Islamic education.
2.Thematic categorisation: grouping the data into analytical themes such as spiritual, psychological, social, pedagogical, moral and environmental dimensions.
3. Relational interpretation: examining relationships between categories by identifying similarities, differences, connections and opportunities for integration between Islamic educational perspectives and contemporary mental health theories.
4. Theoretical synthesis: synthesising the findings to establish more coherent and comprehensive relationships between the model's components.
5. Conceptual model construction: constructing the IPKMBSS framework to represent the relationships between philosophical foundations, core dimensions, pedagogical processes, environmental ecosystems and intended mental health outcomes (El Hakim & Fahyuni, 2020).
5. Trustworthiness of the Data

The conceptual trustworthiness of the study is supported by source triangulation and theoretical triangulation throughout the collection, reading, interpretation and synthesis of the literature. Source triangulation compares information and ideas drawn from the Qur'an, Hadith, scholarly works, Islamic educational thinkers, academic books, journal articles and contemporary mental health research. Theoretical triangulation brings Islamic educational perspectives into dialogue with modern psychology, positive psychology and social approaches to human health and well-being. This process allows the researcher to examine whether a concept is consistent with, differs from or complements other concepts when placed within different paradigms (El Hakim & Fahyuni, 2020).

3. RESULT AND DISCCUSSION

The research schedule is organised in accordance with the methodological sequence of the literature review and conceptual model construction over a four-month period. The stages and their time allocation are set out in the matrix below.

No.	Activity	Month 1	Month 2	Month 3
1	Collection of primary and secondary literature	✓		
2	Thematic classification and content analysis	✓	✓	
3	Theoretical synthesis and construction of the IPKMBSS model		✓	✓
4	Writing, revision and finalisation of the thesis report			✓

4. CONCLUSION

Based on the analysis and synthesis of the literature concerning the conceptual model of mental health education based on Islamic education—the integration of spiritual, psychological and social values the following conclusions can be drawn.

1.1 Philosophical and epistemological foundations of mental health education from the perspective of Islamic education

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Mental health education from the perspective of Islamic education is grounded in a philosophical and epistemological understanding of human beings as multidimensional, encompassing the physical body, intellect, *qalb*, *ruh*, moral life, psychological life and social life. This conception indicates that mental health cannot be reduced to the absence of psychological disorders; rather, it concerns a balanced state in which intellectual, emotional, spiritual, moral and social functions are exercised meaningfully.

Philosophically, *tawhid* provides the ontological foundation and orientation for human life, while *tazkiyat al-nafs* and *ta'dib* constitute processes of self-formation, impulse regulation, value habituation and character development. Epistemologically, mental health education based on Islamic education brings normative sources—the Qur'an and Hadith—into dialogue with reason, rational reflection, spiritual experience, and psychological and social knowledge. Islamic education therefore provides a strong basis for a holistic mental health paradigm without excluding contributions from psychology and professional practice.

1.2 Integrating spiritual, psychological and social values in mental health education based on Islamic education

The integration of spiritual, psychological and social values shows that these three dimensions form a complementary whole. The spiritual dimension provides meaning, purpose, hope and value orientation through *tawhid*, faith, worship, patience, gratitude, trust in God and sincerity. The psychological dimension develops self-awareness, emotional regulation, resilience, motivation, self-acceptance, the ability to cope with pressure and the ability to seek help. The social dimension cultivates *ukhuwah*, empathy, compassion, healthy communication, solidarity and social support.

These dimensions are integrated through educational processes of introduction, understanding, habituation, reflection, guidance and evaluation. Spiritual values therefore extend beyond ritual practice; psychological values are not limited to individual adaptation; and social values are not confined to interpersonal relationships. Instead, all three are integrated into education to cultivate self-balance, the ability to cope with pressure, healthy social relationships and a meaningful life.

1.3 Construction of a conceptual model of mental health education based on Islamic education

Drawing on philosophical, epistemological, psychological and social synthesis, this study constructs the Islamic Biopsychosocial-Spiritual Mental Health Education Model (IPKMBSS). The model comprises five interconnected layers: foundation, dimensions, process, environment and outcomes.

Its foundation comprises *tawhid*, a multidimensional conception of the human person, revelation and reason, *adab* and *akhlaq*, *tazkiyat al-nafs*, and the pursuit of a meaningful life. This foundation is developed through three main dimensions: spiritual, psychological and social. These dimensions are implemented through introduction, understanding, habituation, reflection, guidance and evaluation. The processes take place within an ecosystem comprising the family, school/madrasah/pesantren, peers, community and digital environment.

The IPKMBSS model aims to produce psychological balance, resilience, healthy spirituality, *akhlaq*, the ability to build healthy relationships, decision-making skills, help-seeking skills, productivity and a meaningful life. The model is therefore holistic, promotive, preventive and sustainable.

1.4 Relevance of the model to mental health challenges in modern educational systems

The IPKMBSS model is relevant to a range of mental health challenges in modern education, particularly academic pressure, burnout, anxiety, bullying and cyberbullying, digital-media pressures, identity crises, individualism, social isolation, and the loss of meaning and life direction. In response to academic pressure, the model offers *tawhid* and *adab* as a framework in which students' success is not measured solely by academic achievement, while also developing emotional regulation, resilience and the ability to cope with failure. In response to digital challenges, it integrates self-control, digital literacy, value orientation and social ethics. In response to bullying and social isolation, it emphasises *ukhuwah*, empathy, compassion, healthy communication, solidarity and social support. In response to

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identity crises and loss of meaning, *tawhid*, *tazkiyat al-nafs* and education in *adab* provide a more meaningful orientation to life.

The IPKMBSS model therefore does not treat mental health solely as an individual clinical issue; it positions it as an integral part of education and the development of a healthy educational ecosystem. It may serve as a conceptual framework for Islamic educational institutions seeking to integrate mental health education into the curriculum, school culture, student guidance, social relationships, family engagement and digital environments.

2. Recommendations

For managers of Islamic educational institutions: Consider adopting the IPKMBSS framework when designing holistic curricula, developing a school climate that supports mental health, and providing supportive Islamic counselling services.

For teachers: Integrate pedagogical approaches informed by *tazkiyat al-nafs* and *ta'dib* into everyday teaching and learning, so that students feel psychologically safe and receive appropriate support in managing their emotions.

For future researchers: Conduct empirical field research to test the construct validity, implementation effectiveness and measurable impact of the IPKMBSS model across different levels of Islamic educational institutions.

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