

Mental Health Promotions in Islamic Education: A Field Study of Faith- Based Educational Practices

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ABSTRACT

Student mental health has become a critical concern in educational systems worldwide, as rising academic pressure places students at heightened risk of stress, anxiety, and emotional fatigue. In Muslim-majority contexts, Islamic education offers a holistic framework integrating moral, spiritual, and social development; however, field-based evidence on its role in mental health promotion remains limited. This study examines how Islamic educational practices function as promotive mechanisms for student mental health and identifies contextual factors shaping their implementation. A qualitative field study was conducted in Islamic schools and pesantren in Bogor, West Java, Indonesia. Data were collected through semi-structured interviews, focus group discussions, non-participant observations, and document analysis with teachers, school leaders, and students selected through purposive sampling. Thematic analysis was employed to identify recurring patterns across the data. Findings indicate that religious routines, character education (akhlaq), and supportive teacher–student relationships serve as culturally embedded mechanisms promoting emotional regulation, meaning-making, and social connectedness. However, mental health promotion remains largely informal, constrained by limited mental health literacy, absent institutional policies, and insufficient professional support. This study highlights the need for culturally responsive, institutionally supported mental health strategies in faith-based education.

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INTRODUCTION

Student mental health has emerged as a critical issue within contemporary educational systems worldwide. Increasing levels of academic stress, anxiety, emotional fatigue, and reduced motivation have been widely reported among adolescents and secondary-school students, particularly in contexts characterized by high academic demands and competitive learning environments (Auerbach et al., 2018; Pascoe et al., 2020). International reports further indicate that schools are no longer viewed merely as sites of cognitive instruction, but as psychosocial environments that significantly shape students' emotional well-being, identity formation, and coping capacities (World Health Organization, 2022; OECD, 2021; Eccles & Roeser, 2011).

In response to these challenges, educational research has increasingly emphasized preventive and promotive approaches to mental health that are embedded in everyday school practices rather

than relying solely on clinical or remedial interventions (Barry et al., 2017; Weare & Nind, 2011). Meta-analytic evidence demonstrates that school-based mental health promotion programs—such as social emotional learning, resilience education, and whole-school well-being approaches—can enhance emotional regulation, social competence, and academic engagement while reducing symptoms of anxiety and psychological distress (Durlak et al., 2011; Taylor et al., 2017; Goldberg et al., 2019). However, the majority of these models have been developed within secular and Western-centric psychological frameworks, raising concerns about their cultural relevance and transferability to religiously embedded educational contexts (Park, 2013; Ungar, 2018).

In Muslim-majority societies such as Indonesia, religion plays a central role in shaping moral values, social norms, and educational philosophies. Islamic education represents a holistic paradigm that integrates intellectual development with moral, spiritual, and social formation (Halstead, 2004; Hashim, 2017). Core components of Islamic schooling—including character education (*akhlaq*), spiritual routines, and communal responsibility—are conceptually aligned with holistic education theory and positive psychology perspectives that emphasize balanced human development and well-being (Seligman & Csikszentmihalyi, 2000; Miller, 2019). Empirical studies suggest that Islamic values and practices may function as psychological resources that support emotional regulation, resilience, and meaning-making among students (Koenig, 2018; Khaki & Habibabad, 2020; Hidayati et al., 2022).

Despite this potential, existing research on mental health in Islamic educational settings remains limited in several important respects. Much of the literature relies on cross-sectional survey designs that focus on individual religiosity or isolated spiritual practices, such as prayer or *dhikr*, rather than examining mental health promotion as an institutional and pedagogical process (Ijaz et al., 2017; Mukhlis et al., 2020). As a result, there is insufficient understanding of how curriculum design, teacher-student relationships, school culture, and everyday religious routines interact to support or constrain student mental health within Islamic schools and *pesantren* (Altinyelken, 2022; Sahin & Francis, 2019).

Field-based qualitative research is particularly needed to capture how mental health is understood, negotiated, and supported in practice by educators and students within Islamic educational institutions. Such approaches enable in-depth exploration of lived experiences, contextual meanings, and relational dynamics that cannot be fully captured through quantitative measures alone (Creswell & Poth, 2018). Bogor, West Java, provides a relevant empirical setting for this inquiry due to its dense concentration of Islamic schools and *pesantren*, as well as its sociocultural diversity, which reflects broader patterns of Islamic education in Indonesia.

Accordingly, this study addresses the identified gap by conducting a qualitative field study in selected Islamic educational institutions in Bogor. Rather than treating Islamic education solely as a doctrinal or moral system, the study examines how faith-based educational practices operate as promotive and preventive mechanisms for student mental health in everyday school contexts. (Abu-Raiya, H., & Pargament, 2020) By foregrounding field-based evidence, this research contributes contextually grounded insights to the literature on mental health promotion, Islamic education, and culturally responsive educational practice, while informing future research, policy development, and institutional strategies aimed at supporting student well-being.

The urgency of this research lies in the growing prevalence of adolescent mental health challenges and the limited culturally grounded models available to address them within Islamic educational contexts. Without context-sensitive frameworks, mental health interventions risk overlooking the moral-spiritual dimensions that meaningfully shape students' lived experiences in Muslim-majority societies. Therefore, investigating how Islamic educational institutions function as promotive environments is essential for developing culturally responsive, institution-based strategies for student well-being.

The novelty of this study resides in its institutional and practice-oriented perspective. Unlike previous research that primarily measures individual religiosity or isolated spiritual behaviors, this study conceptualizes Islamic schooling as a systemic and relational ecosystem that integrates curriculum, pedagogy, spiritual routines, and communal culture as interconnected mechanisms of

mental health promotion. By providing field-based qualitative evidence from Bogor, this research contributes an empirically grounded and culturally contextualized model of faith-based mental health promotion within Islamic educational settings.

METHODS

This study employed a qualitative research approach using a field-based case study design to explore how Islamic educational practices contribute to the promotion of students' mental health. A qualitative approach was deemed appropriate because the research sought to understand participants' lived experiences, interpretations, and meanings related to mental well-being within faith-based educational settings. The case study design enabled an in-depth examination of mental health promotion as a contextual and socially embedded phenomenon within Islamic schools and pesantren.

The research was conducted in selected Islamic educational institutions, including Islamic schools and pesantren located in Bogor, Indonesia. Bogor was chosen as the research site due to its diversity of Islamic educational institutions and the integration of religious values into daily educational practices. These institutions provided a relevant context for examining how faith-based pedagogical environments shape students' emotional regulation, resilience, and psychological well-being.

Participants in this study consisted of school leaders, teachers, and students who were actively involved in the educational process. Participants were selected using purposive sampling to ensure that informants had direct experience with religious practices and student support activities within the institutions. This sampling strategy allowed the researcher to gather rich and relevant data from individuals who were knowledgeable about the implementation of Islamic educational practices and their perceived influence on students' mental health.

Data were collected through multiple qualitative techniques to enhance the depth and credibility of the findings. Semi-structured interviews were conducted with school leaders, teachers, and students to explore their perspectives on academic stress, emotional challenges, and the role of religious activities in promoting mental well-being. In addition, focus group discussions were used to capture shared experiences and collective perceptions of mental health support within the school community. Non-participant observation was carried out to document daily learning activities, religious routines such as congregational prayers and Qur'anic recitation, and patterns of interaction between teachers and students. Document analysis was also undertaken to examine curricula, institutional regulations, and internal guidelines related to character education and student welfare.

The collected data were analyzed using thematic analysis. Interview and discussion transcripts, observation notes, and documents were read repeatedly to gain a comprehensive understanding of the data. Initial coding was conducted to identify meaningful units related to mental health promotion, religious practices, and social relationships within the educational setting. These codes were then organized into broader themes that reflected recurring patterns and relationships across the data. The analysis was conducted iteratively, allowing themes to be refined and interpreted in relation to the research objectives.

To ensure the trustworthiness of the findings, several strategies were employed. Data triangulation was achieved by comparing information obtained from interviews, focus group discussions, observations, and documents. Member checking was conducted by sharing preliminary interpretations with selected participants to confirm the accuracy of the findings. Thick contextual descriptions were provided to enable readers to assess the transferability of the results to similar faith-based educational contexts. The research method should be included in the Introduction. The method contains an explanation of the research approach, subjects of the study, the conduct of the research procedure, the use of materials and instruments, data collection, and analysis techniques.

RESULTS AND DISCUSSION

This chapter presents the empirical findings of the qualitative field study conducted in Islamic educational institutions in Bogor, West Java. The results are reported descriptively and analytically

based on data obtained from semi-structured interviews, focus group discussions (FGDs), non-participant observations, and document analysis. The presentation follows a thematic structure derived from the analytical framework and data coding process, highlighting patterns, mechanisms, and contextual conditions related to student mental health promotion.

A. Mental Health Conditions and Challenges Among Students

Field findings indicate that mental health challenges among students in Islamic schools and pesantren in Bogor are prevalent and multifaceted. Teachers and school leaders consistently reported academic stress, emotional fatigue, anxiety, and declining motivation, particularly among junior and senior secondary students. These challenges were closely linked to academic workload, examination pressure, parental expectations, and concerns about future educational trajectories.

Students participating in FGDs described persistent worry related to academic performance and feelings of exhaustion during intensive learning periods. Emotional regulation difficulties such as irritability, withdrawal, and reduced concentration—were commonly mentioned, especially in boarding school contexts where students faced tightly structured daily routines. While severe clinical symptoms were rarely identified, subclinical psychological distress was widely acknowledged across participant groups.

Observational data corroborated these accounts, revealing visible signs of mental fatigue during prolonged instructional hours and limited recreational opportunities. At the same time, structured religious routines appeared to provide moments of emotional grounding and relief, suggesting an interaction between stressors and coping mechanisms within the school environment.

Table 1. Observed Mental Health Challenges Among Students (Qualitative Summary)

Note: Frequency indicators reflect relative prominence across data sources rather than statistical prevalence.

Mental Health Challenge	Primary Data Source	Relative Frequency	Contextual Triggers
Academic stress	Interviews, FGDs	High	Exams, homework load, performance expectations
Emotional fatigue	Observations, interviews	High	Long instructional hours, limited recreation
Anxiety and worry	FGDs	Moderate–High	Academic future, parental expectations
Decreased motivation	Interviews	Moderate	Repetitive routines, academic pressure
Emotional withdrawal / irritability	FGDs, observations	Moderate	Boarding routines, peer interaction stress

B. Perceptions of Mental Health in Islamic Educational Contexts

Mental health was predominantly perceived by teachers and school leaders as a state of emotional balance, spiritual calmness, and behavioral discipline rather than as a clinical or psychological condition. Participants frequently described mental well-being using value-laden terms such as *ketenangan hati* (inner peace), *kesabaran* (patience), and *keikhlasan* (sincerity).

This value-based framing facilitated acceptance of non-clinical support practices but also contributed to limited mental health literacy. Several educators acknowledged difficulties in identifying early warning signs of psychological distress and distinguishing between emotional problems and disciplinary issues. Students similarly viewed mental health as a private matter and were often reluctant to disclose emotional difficulties openly, preferring to confide only in trusted teachers or peers.

Table 2. Perceptions of Mental Health in Islamic Educational Settings

Dimension	Dominant Framing	Illustrative Meaning
Nature of mental health	Moral–spiritual balance	Inner calm (<i>ketenangan hati</i>)

Source of distress	Behavioral imbalance	Lack of discipline, emotional unrest
Coping orientation	Value-based coping	Patience (<i>sabr</i>), sincerity (<i>ikhlas</i>)
Disclosure tendency	Relational-selective	Sharing with trusted teachers
Mental health literacy	Limited	Difficulty identifying early symptoms

C. Islamic Educational Practices as Mechanisms of Mental Health Promotion

Islamic educational practices emerged as central mechanisms supporting student mental health. Daily religious routines—including congregational prayers, Qur'an recitation, remembrance (*dhikr*), and reflective sessions—were consistently identified as contributing to emotional regulation and stress relief. Students described these practices as providing moments of calm, reflection, and psychological reset during demanding school days.

Character education (*pendidikan akhlak*) was emphasized by teachers as a foundational strategy for building resilience. Values such as patience (*sabr*), gratitude (*shukr*), and trust in God (*tawakkul*) were deliberately integrated into classroom instruction and disciplinary guidance. Teachers reported that framing academic difficulties through these values helped students reinterpret stress as part of moral growth rather than personal failure.

Table 4.3. Islamic Educational Practices and Mental Health Functions

Educational Practice	Core Values / Activities	Mental Health Function
Religious routines	Prayer, Qur'an recitation, <i>dhikr</i>	Emotional regulation, stress relief
Character education	<i>sabr, shukr, tawakkul</i>	Resilience, positive meaning-making
Reflective guidance	Moral reflection, advice	Emotional awareness, coping

D. Teacher Roles and Pedagogical Strategies

Teachers played a pivotal role as both educators and informal emotional supporters. Many teachers reported engaging in personal conversations with students experiencing stress, offering guidance grounded in religious values and moral narratives. This relational approach fostered trust and emotional safety, particularly in pesantren environments characterized by close daily interaction. However, pedagogical strategies for mental health support were largely informal and experience-based. Few teachers had received formal training in mental health literacy or counseling skills. Consequently, responses to student distress varied across individuals and institutions, depending on personal sensitivity and professional background.

E. Family and Community Support Systems

Family involvement emerged as a significant contextual factor influencing student mental health. Teachers observed that students from supportive family environments demonstrated greater emotional stability and coping capacity. In contrast, excessive parental pressure related to academic achievement occasionally intensified student stress.

Community-based religious activities—such as collective prayers, Islamic study circles, and community gatherings—reinforced values introduced at school and provided additional emotional support. These activities strengthened students' sense of belonging and social connectedness, particularly for boarding school students residing away from their families.

F. Institutional Policies and Structural Conditions

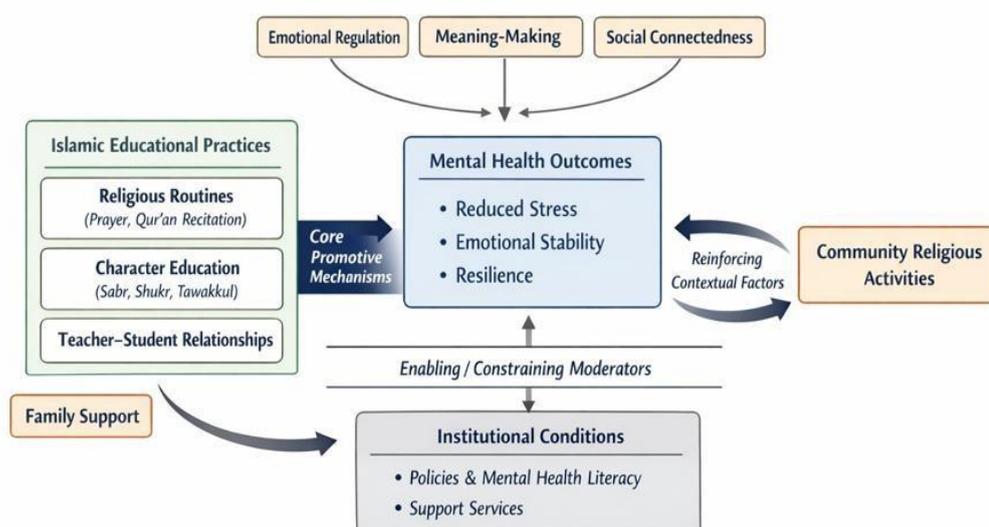
At the institutional level, mental health promotion was rarely articulated explicitly within formal school policies or curricula. Most institutions relied on implicit integration of mental health support through character education and religious routines rather than structured programs.

School leaders identified constraints including limited resources, lack of trained personnel, and competing academic priorities. Although guidance and counseling units existed in some schools, their functions were primarily focused on academic or disciplinary issues rather than proactive mental health promotion.

G. Synthesis of Findings and Empirical Model

Overall, the findings demonstrate that Islamic educational institutions in Bogor provide culturally grounded mechanisms that support student mental health through religious routines, character education, and relational teacher–student interactions. These mechanisms operate within broader family, community, and institutional contexts that either reinforce or constrain their effectiveness.

Figure 4.1. Empirical Model of Mental Health Promotion in Islamic Education (Bogor)



This discussion interprets the empirical findings of the qualitative field study conducted in Islamic educational institutions in Bogor by situating them within the broader literature on mental health promotion, holistic education, and faith-based schooling. Consistent with standards of international journals, the discussion focuses on interpretation rather than repetition of results, highlighting points of convergence and divergence with previous studies, contextual implications, theoretical contributions, and study limitations.

H. Mental Health Promotion as an Embedded Educational Process

The findings demonstrate that student mental health in Islamic schools and *pesantren* is not addressed through formalized clinical programs but is embedded within everyday educational practices. This aligns with scholarship conceptualizing schools as psychosocial environments in which mental health promotion is inseparable from pedagogical routines, relationships, and institutional culture (Eccles & Roeser, 2011; Barry et al., 2017). The prominence of academic stress and emotional fatigue observed in this study mirrors global patterns reported among secondary students, suggesting that Islamic educational institutions face similar structural pressures as secular schools (Pascoe et al., 2020; OECD, 2021).

However, the Bogor findings extend existing literature by showing how faith-based educational practices function as endogenous promotive mechanisms rather than add-on interventions. Religious routines and character education were not implemented as mental health programs per se, but as normative components of schooling that indirectly supported emotional regulation and stress management. This embeddedness distinguishes Islamic education from many Western school-based mental health initiatives that rely on externally designed curricula or time-bound interventions (Weare & Nind, 2011; Durlak et al., 2011).

I. Value-Based Framing of Mental Health: Opportunities and Constraints

A central contribution of this study lies in its analysis of how mental health is perceived and framed within Islamic educational contexts. Participants predominantly understood mental well-being in moral spiritual terms, emphasizing inner calm (*ketenangan hati*), patience (*sabr*), and sincerity

(*ikhlas*). This finding resonates with research highlighting the role of meaning-making and moral orientation in shaping coping processes and emotional resilience (Pargament, 2013; Park, 2013).

At the same time, the value-based framing identified in this study introduces important constraints. Limited mental health literacy among educators and students reduced their capacity to recognize early signs of psychological distress and to differentiate between emotional difficulties and disciplinary issues. Similar tensions have been documented in faith-based educational settings elsewhere, where moral interpretations of distress can coexist with reluctance to engage professional mental health services (Leavey, 2010; Abu-Raiya & Pargament, 2015). The Bogor findings thus underscore the need to balance value-based approaches with basic mental health knowledge.

J. Islamic Educational Practices as Psychosocial Mechanisms

The empirical evidence suggests that Islamic educational practices operate through identifiable psychosocial pathways. Religious routines provided predictable temporal structures and moments of reflection that supported emotional regulation, consistent with studies linking ritual practices to reduced stress and improved self-control (Koenig, 2018; VanderWeele, 2017). Character education, particularly the internalization of *sabr*, *shukr*, and *tawakkul*, facilitated positive meaning-making by reframing academic challenges as opportunities for moral growth rather than personal failure.

These mechanisms correspond with holistic education theory and positive psychology perspectives emphasizing strengths, virtues, and flourishing (Seligman & Csikszentmihalyi, 2000; Miller, 2019). However, this study contributes novel insight by empirically demonstrating how such mechanisms operate within institutional routines and teacher–student interactions, rather than solely at the level of individual belief or religiosity. This finding addresses a key limitation of prior research that treats Islamic education primarily as a proxy for personal spirituality (Mukhlis et al., 2020; Sahin & Francis, 2019).

K. The Central Role of Teachers and Relational Pedagogy

Teachers emerged as pivotal actors in the promotion of student mental health, functioning as informal emotional supporters in addition to their instructional roles. The relational trust observed between teachers and students aligns with literature emphasizing the protective role of supportive teacher–student relationships in mitigating academic stress and emotional difficulties (Roeser et al., 2020; Jennings & Greenberg, 2009).

Nevertheless, the informal nature of teacher-based support raises concerns regarding sustainability and equity. Without formal training in mental health literacy or counseling, teachers relied heavily on personal experience and moral reasoning. Similar patterns have been reported in low- and middle-income educational contexts, where teachers shoulder emotional support responsibilities without institutional backing (Fazel et al., 2014). The findings suggest that strengthening teacher capacity through culturally sensitive training could enhance the effectiveness of existing relational practices.

L. Family, Community, and Institutional Contexts

The study highlights the reinforcing role of family support and community-based religious activities in sustaining student mental health. Consistent with ecological models of development, students' well-being was shaped by interactions across school, family, and community contexts (Bronfenbrenner, 1979). Family environments characterized by emotional support and realistic academic expectations appeared to buffer stress, whereas excessive pressure intensified distress.

At the institutional level, the absence of explicit mental health policies limited the systematic integration of promotive practices. While character education and religious routines provided informal support, their effectiveness was constrained by limited resources, lack of professional services, and competing academic priorities. These structural challenges mirror findings from other faith-based and resource-constrained educational settings (Altinyelken, 2022; Fazel et al., 2014).

M. Theoretical and Practical Contributions

This study makes several contributions to the literature. Theoretically, it conceptualizes Islamic education as a promotive psychosocial environment, demonstrating how faith-based pedagogical practices can support mental health through identifiable mechanisms. Methodologically, it responds

to calls for field-based qualitative research by providing contextually grounded evidence from everyday educational settings. Practically, the findings suggest that mental health promotion in Islamic schools can be strengthened by integrating basic mental health literacy, formal institutional policies, and partnerships with health professionals, without undermining religious values.

N. Limitations and Future Research Directions

Several limitations should be acknowledged. The study is context-specific and focused on Islamic educational institutions in Bogor, which may limit transferability to other regions or educational systems. Data were based on self-reported experiences and observations, which may be influenced by social desirability. Future research could employ longitudinal or comparative designs to examine changes over time and differences across regions, as well as mixed-method approaches to complement qualitative insights with quantitative measures.

Overall, the discussion underscores that Islamic education holds significant, yet underutilized, potential as a culturally grounded environment for student mental health promotion. Strengthening this potential requires bridging value-based educational traditions with foundational mental health knowledge and institutional support structures, setting the stage for the concluding section.

CONCLUSION

This study examined how Islamic educational institutions function as promotive environments for student mental health through a qualitative field study conducted in Islamic schools and *pesantren* in Bogor, Indonesia. By drawing on interviews, focus group discussions, observations, and document analysis, the research provides empirically grounded insights into everyday educational practices that support students' emotional well-being beyond formal clinical interventions.

The findings demonstrate that student mental health challenges—such as academic stress, emotional fatigue, anxiety, and declining motivation—are widely present in Islamic educational settings and reflect broader structural pressures faced by adolescents in contemporary schooling. However, the study shows that Islamic education offers culturally embedded mechanisms that help mitigate these challenges. Religious routines, character education (*akhlak*), and close teacher–student relationships collectively promote emotional regulation, positive meaning-making, and social connectedness, which are central components of student mental health.

Importantly, this research highlights that mental health promotion within Islamic education operates primarily through informal and value-based processes rather than explicit institutional programs. While this embedded approach enhances cultural acceptance and relational trust, it is simultaneously constrained by limited mental health literacy, absence of formal policies, and lack of professional support services. As a result, the effectiveness and sustainability of mental health promotion depend heavily on individual teachers, family support, and community engagement.

The study makes several contributions to the literature. Theoretically, it advances understanding of Islamic education as a promotive psychosocial environment, extending holistic education and mental health promotion frameworks into faith-based educational contexts. Methodologically, it responds to calls for field-based qualitative research by providing in-depth evidence from everyday institutional practices. Practically, the findings suggest that strengthening student mental health in Islamic schools requires integrating basic mental health literacy, institutional policy support, and collaboration with health professionals, while preserving the core religious and moral values of Islamic education.

Despite its contributions, the study is limited by its context-specific focus on Islamic educational institutions in Bogor, which may affect transferability to other regions. Future research could adopt comparative or longitudinal designs, incorporate mixed-method approaches, or explore policy-level interventions to further examine how faith-based education systems can sustainably promote student mental health.

Overall, this study underscores that Islamic education holds significant, yet underutilized, potential as a culturally grounded approach to student mental health promotion. Recognizing and strengthening this potential is essential for developing inclusive, contextually responsive educational strategies that support student well-being in diverse sociocultural settings.

In conclusion, this study finds that Islamic educational institutions possess culturally embedded and relationally grounded mechanisms that function as informal yet effective promotive environments for student mental health, although their sustainability is limited by structural and policy gaps. The main contribution of this research lies in offering an empirically grounded and institution-centered model of faith-based mental health promotion that bridges Islamic educational philosophy and contemporary psychosocial frameworks. For future research, comparative studies across regions, longitudinal investigations, and mixed-method designs are recommended to further examine policy integration, professional collaboration, and long-term outcomes of mental health promotion within diverse Islamic educational settings.

LIMITATIONS

This study is subject to several limitations, primarily its specific geographical focus on Islamic educational institutions in Bogor, West Java, which may limit the transferability of the findings to other regions or educational systems with different socio-cultural backgrounds. Furthermore, as the data relied on self-reported experiences and non-participant observations, there is a potential for social desirability bias in the participants' responses. The qualitative nature of the study also means it captures lived experiences and contextual meanings rather than providing large-scale quantitative data to statistically measure the clinical efficacy or prevalence of mental health outcomes across a broader population.

AUTHOR CONTRIBUTION

ZA and MA contributed equally to the conceptualization and design of the study. ZA led the fieldwork, including data collection through semi-structured interviews, focus group discussions, and non-participant observations conducted in Islamic schools and pesantren in Bogor, West Java. ZA also performed the primary thematic analysis and drafted the manuscript. MA contributed to the theoretical framework development, literature review, and critical review of the discussion and conclusion sections. Both ZA and MA reviewed and approved the final version of the manuscript.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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