Spiritual and Community-Based Mental Health Services for Children with Special Needs in Islamic Boarding School

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Abstract. This study focuses on enhancing the care and educational support for children with special needs, particularly in rural areas where their families often lack adequate support. Recognizing the vital roles of communities and governments, the research seeks to create an inclusive education and mental health service model that incorporates spirituality and community engagement. A qualitative research method was used to achieve this, involving 19 managers and caregivers of children with special needs. Through interviews, participant observations, and three focus group discussions, data were collected using the free association technique and analyzed via thematic analysis. This analysis highlighted four key themes: the development of spiritual and community-based mental health services, the application of these approaches in service delivery, the care strategies for children with special needs, and the evaluation methods and psychological interventions rooted in indigenous psychology. The goal is to establish a mental health service model for rural settings that can be adapted for broader application in other regions.

Keywords: community mental health; children with special needs; Indonesia; mental health services; spiritual

Children with special needs require special attention from family, community/society, and the government. Children with special needs are those who have a disability of some kind and need special assistance and care (Stow & Selfe, 2018; Whetsell-Mitchell, 2022). Children with special needs are those with a disability or a combination of disabilities that makes learning or other activities difficult. These children may have various types of impairments, including physical disabilities, learning disabilities, mental retardation, speech and language impairment, emotional disabilities, and other conditions that affect their growth and development. Providing inclusive education and mental health services for children with special needs is one of the biggest challenges faced by education systems worldwide. Meanwhile, supporting an inclusive and equitable quality education and promoting lifelong learning

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opportunities were part of the special needs of UNICEF's Sustainable Development Goals (SDGs) (United Nations Children's Fund [UNICEF], 2017).

Good social support and career paths for early childhood teachers are needed to guide the development of qualified and competent teachers to help foster the holistic development of children with special needs (Saari et al., 2022). In addition to parents, teachers are also susceptible to stress when caring for children with special needs. High stress levels and neglect by teachers of children with special needs can lead to physical discomforts, such as back pain and fatigue, as well as mental fatigue (Liu, 2022). For this reason, the education system and mental health services for children with special needs will be better pursued jointly by parents, teachers, and the community (Poh et al., 2017).

Community involvement has not been implemented in rural mental health services, especially in Indonesia. Mental health workers are not evenly distributed in Indonesia, they are still concentrated in big cities (Winurini, 2023). In urban areas, it is still easy for residents to access mental health services. Mental health services in urban areas are perceived to be less affordable in rural communities. Mental health services are also sometimes considered incompatible with the needs and expectations of rural communities. Children from rural communities in Indonesia have difficulty accessing mental health services. According to (Boksa et al., 2015; Lopez-Carmen et al., 2019) just like in Canada, New Zealand, and the United States, the utilization rate of mental health services in rural communities is also low. The low utilization rate can be caused by several factors, such as fear of coming to the hospital, negative images about mental health services, lack of trained professionals, and lack of affordability of mental health services. Other factors that can affect the low utilization of mental health services are assumptions about expensive costs, long waiting queue times for services (Kourgiantakis et al., 2022; Kowalewski et al., 2011) lack of knowledge about the importance of mental health, and strong belief in spiritually based medicine. Another thing that can affect mental health services is a lack of confidence and a generation gap between professional clinicians and children and adolescents (Lau-Zhu et al., 2022).

The firm attachment of society to spiritual factors is also related to access to health services provided by the state. The belief that spiritual leaders can help with mental health makes people in rural areas less willing to come to mental health services (Weber & Pargament, 2014). Indonesia and countries on the Asian-African continent are also concerned with spiritual approaches and local wisdom (indigenous) in various fields, including access to mental health services. According to (Sastra et al., 2020) the spiritual factor is still crucial in Indonesia and Asia.

Among the various psychological factors, religion and spirituality are significant and beneficial aspects (Moordiningsih et al., 2023; Sahrah et al., 2023). Religion and spirituality provide individuals with different points of view when dealing with problems (Iannello et al., 2022; Jafari et al., 2010; Moordiningsih et al., 2023). Social support in the form of a strong relationship with a spiritual group can help provide a sense of security, comfort, positive thoughts related to hope, and positive effects obtained when someone experiences mental illness (Park, 2007). According to Michaelson et al. (2019), spiritual factors also have connections in four relation domains: relations to the self, relations to nature, relations to transcendence, and relations to the meaning of life. Spirituality also strongly links healthy

behavior and subjective well-being (Boek et al., 2020). Spirituality is becoming an essential factor in mental health services because spirituality presents psychological and social resources for coping with stress (Wattis, 2017) and mental health recovery assistance (Gonccalves et al., 2015; Najafi et al., 2022; Oman & Lukoff, 2018).

Mental health promotion and prevention efforts also require community involvement. Mental health promotion and prevention require activities to create living conditions and environments that support mental health throughout the lifespan and get people to adopt and maintain healthy lifestyles (WHO, 2020). Mental health programs require interdisciplinary action in homes, schools, and communities through culturally safe, strengths-based, family and community mental health support programs, services, and policies. Community engagement can support healthy emotional and social outcomes in childhood and those vulnerable to mental disorders (Poh et al., 2017).

Children with special needs have been cared for more at home. Parents sometimes feel ashamed and lack acceptance of the existence of their disabled children. Other conditions that can be a factor causing inaccuracy in the care of children with special needs are lack of parental knowledge about mental health services for children with special needs and stigma from society towards them (Widhiati et al., 2022). Stigma is associated with negative attitudes and intentions to seek psychological help and correlates with psychological distress (Calear et al., 2020; Dagani et al., 2023; Eyllon et al., 2020). This negative stigma around children with special needs is often associated with beliefs and spiritual elements about the existence of children (Sheikhan et al., 2023; Wibowo & Nurlaila, 2017). The stigma can cause inaccuracies during the process of caring for children with special needs and have an impact on mental health conditions (Guntur, 2021; Kourgiantakis et al., 2023; Widhiati et al., 2022).

In Indonesia, there are community-based and spiritual mental health services that focus on caring for children with special needs, particularly through Islamic boarding schools. These schools provide mental health services aimed at the development of children with special needs. Many families in Indonesia opt to enroll their children with special needs in these Islamic boarding schools for their care. In Yogyakarta, Indonesia, there is an Islamic boarding school that offers mental health services for children with special needs, integrating a spiritual approach and community involvement in their care. This study aims to identify a spiritual and community-based mental health service model for children with special needs in Yogyakarta, Indonesia. Such a model could serve as a blueprint for mentoring and caring for children with special needs in rural areas. Additionally, this mental health service model may outline psychological assessments and interventions with an indigenous psychological approach for children with special needs.

Research in this area is crucial to establishing a holistic education and mental health service model for children with special needs that integrates spiritual and community-based approaches. Previously, mental health services for children with special needs in Indonesia were primarily provided by formal institutions such as special schools (*Sekolah Luar Biasa*) and health offices. The central question of this study is how the inclusive education and mental health service model for children with special needs, incorporating spirituality and community involvement, is implemented within an Islamic boarding school.

Methods

The research was conducted at Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia. This Islamic boarding school has provided education and mental health services for 128 children with special needs from various regions in Indonesia, since 2012. The study was conducted between July-November 2020, followed by June-July 2023. The gap in the data collection period was due to the Coronavirus Disease (COVID-19) pandemic that challenged the data collection process.

The study adopted a five-month ethnographic approach employing interviews, participant observation, and Focus Group Discussions (FGD) as data collection procedures (Simanjuntak et al., 2022). This approach aims to provide a comprehensive account of a social setting from the participants' viewpoint by involving researchers in the participants' environment and observing their behaviors, and practices. Ethnographic methods include participant observation, interviews, and archival research to collect data and gain insights into social interactions. The primary sources of information for this research consisted of the managers and caregivers at an Islamic boarding school in Yogyakarta, Indonesia. These informants participated in both interviews and FGD. Additionally, observations were conducted on individuals residing in and engaging in daily activities within the Islamic boarding schools. The participants included the owner of Ainul Yakin Islamic Boarding School, the manager, 17 caregivers, nine community leaders, four parents of children with special needs, and two students.

The caregivers performed various roles including teaching, security, and providing food for the children. FGD with local community leaders were also involved to understand the role of the community in caring for children with special needs.

The interview and FGD results were audio recorded and transcribed. The observations were written in a descriptive narrative manner through records of observations, videotaping, and detailed notetaking (Creswell & Creswell, 2018) (Nastasi & Hitchcock, 2016). Data analysis was carried out by analyzing the content of verbatim transcript results. The use of quotations is necessary to indicate the trustworthiness of the results. Representative quotations from transcribed text are displayed to show a connection between the data and results (Elo et al., 2014). According to Davison and Smith (2018), interpreting content analysis is an effort to present the central message of the document's text data briefly and concisely. Thematic analysis is also carried out by categorizing the themes found according to the purpose of the study.

Results

The findings reveal four themes describing mental health service models for children with special needs based on spirituality and community involvement. The four themes are (1) establishment of spiritual and community-based mental health services; (2) description of children with special needs receiving mental health services; (3) forms and processes of parenting children with special needs based on spiritual and community approaches; and (4) methods of assessment and psychological Intervention during the care of children with special needs with an indigenous psychology approach.

Each of these themes is described in turn.

Establishment of Spiritual and Community-Based Mental Health Services

The founder of the Islamic boarding school initially established an educational institution and therapy center on a personal basis. This evolved into a comprehensive inclusive education institution offering a curriculum designed to meet the unique needs of its students, alongside mental health therapies and housing for children with special needs. Parents of these children are particularly hopeful that the boarding school environment will provide ongoing mental health support and foster positive habituation. The establishment of this school was also motivated by the absence of mental health services in the rural areas where the families resided and a general reluctance among children to visit hospitals for such services.

Children were enrolled in Islamic boarding schools because parents could not educate and provide therapy for them. According to the parents, no other institution was able to care for children with special needs in their area or village. Due to the ongoing challenges faced by parents in navigating work while caring for children with special needs, they often entrusted their children to other parties, but their conditions did not improve. Children with special needs were also sometimes cared for by third parties because they were orphaned. Therefore, more than its role as an integrated educational institution, Ainul Yakin Islamic Boarding School also provides shelter for children with special needs.

Ainul Yakin Islamic Boarding School further engages with the local community to provide educational and mental health services. The community has the broadest opportunity to participate in efforts to protect and fulfill the rights of children with special needs. As a form of participation, this is carried out by the Ainul Yakin Islamic Boarding School in Gunung Kidul, Yogyakarta, Indonesia. This Islamic boarding school has a vision: to care for children with special needs to get the best service, education, and therapy in collaboration with the community.

Description of Children with Special Needs Receiving Mental Health Services

Ainul Yakin Islamic Boarding School applies a humanist approach model, which acknowledges the potential of children with special needs and how their perceived limitations make these children special.

The head of the Islamic boarding school believes God has created his creatures as perfect beings. Therefore, having a positive mindset in looking at children with special needs is very important; the mindset is that they are the same as ordinary children in general, only needing special care. The lodge leadership then disseminated this belief to the community around the Islamic boarding school.

> *"The problem is not with children with special needs. If the child from birth is indeed like that, then there is nothing wrong with them. It was our perspective because we feel that we are perfect, we then see children with special needs as not perfect".* (founder, Islamic Boarding School)

Children with Special Needs also Got Stigmatized by The Community, even Their Parents

> *"Many parents come to Islamic boarding schools for consultations about children with special needs. They said their children were exposed to magic, jinn, and influences from the occult world. Almost 85%*

of the parents who came told me this". (founder, Islamic boarding School)

The circumstances of children being brought to Islamic boarding schools varied. Children treated in Islamic boarding schools experience many kinds of symptoms including mental health problems due to autism-related communicative and affective disabilities, Attention Deficit and Hyperactivity Disorder (ADHD), down syndrome, psychosocial disorders, and intellectual disability. Meanwhile, Islamic boarding schools cannot care for blind and deaf children because accessibility is not yet possible. However, Islamic boarding schools have started treating children with special needs and Cerebral Palsy (CP) and some teenagers with mental health problems.

Forms and Processes of Caring for Children with Special Needs Based on Spiritual and Community Approaches

The leader of the Islamic boarding school involved the neighboring community throughout the journey of the school and their students. Their objective is to eliminate the stigma around children with special needs and tighten the bond with the community. Community involvement also provides practical social education for children with special needs.

Moreover, there are several activities in the community, such as community meetings, communal worship in the village, and playtime with local children. Children with special needs in the Islamic boarding school are also invited and involved in community activities, such as working together to clean the village. This strategy introduces the community to the conditions and their needs. This effort was ultimately able to change the view of the surrounding community toward them.

At first, they were considered unable to do anything, so they required total care or assistance from those around them. However, the community's views slowly changed because of what was done and their development in Islamic boarding schools. They now see children with special needs as children who can be empowered.

"There is an influence on the surrounding community, which initially considers children with special needs only limited in their abilities, unable to do anything. They can only stay at home. However, children with special needs can do activities like ordinary people. Activities such as gardening, meditating, learning, and helping the community around the Islamic boarding school." (Srt, caregiver 1)

Islamic boarding school leaders and caregivers incorporated six principles to guide the caring for children with special needs. They include education, therapy, worship, work, family, and community. Moreover, the curriculum divided the students into three categories, namely fully assisted (*serba bantu*), directed (*arahan bantu*), and independent (*mandiri*). To categorize, the owner and caregivers conducted a simple screening method using three indicators: academic, life skills, and responsibilities. The children will be observed for 40 days before they are assigned to a category. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the parents sincerity will determine the development of children's progress.

Children incapable of performing basic life skills such as cleaning or eating without assistance would be categorized in the fully assisted group. The main objective of their training, education, and therapy is for them to be able to perform basic life skills independently. The therapy curriculum and

mode were developed originally by the owner to address the specific needs of children in the habitual therapy category. Through habitual therapy, the children will be guided to make a habit out of the skill they are supposed to achieve. For example, their objective is to sit down, they will be trained to sit down multiple times until they can perform the task.

Meanwhile, when a child can perform basic life skills but is still challenged in performing more complicated tasks such as reading or counting, they will be categorized into the directed group. The target output of this group is to become a professional worker. They are expected to possess the skills to perform simple tasks such as farming, cleaning, et cetera. Therefore, their curriculum is mostly developed to help them achieve the objective by focusing on more practical and hands-on training. Moreover, children of this group were also given small responsibilities such as performing morning preaching or caring for children in the fully assisted group.

Finally, children who belong to the independent group are those who do not have special needs or learning disabilities but struggle with psychosocial problems. They include gadget addiction, depression, et cetera. They are taught using the mainstream Islamic boarding school curriculum and are sub-categorized according to their age group as follows:

1. Ula (Pre-School - Elementary School Age)

2. Wustha (Middle School Age)

3. Ulya (High School Age)

4. Takhassus (University Age)

The output of their training, education, and therapy is to train them to become hafiz (Quran memorizers), therapists, or entrepreneurs. Given the highest responsibility in caring for their other friends in the fully assisted and directed categories, sometimes they are also responsible for teaching lessons such as reading and memorizing the Quran, maths, English, farming, et cetera. By performing these responsibilities, children in the independent group struggling with psychosocial problems can regain confidence and improve their sense of self.

"I am happy (to teach other students). If I have the knowledge and I dont share it, then what is it for? Why would I keep it for myself? It is always better to share the knowledge so that it will multiply". (R, an independent student)

Table 1
Classification of Children with Special Needs in Boarding School

	Data on Children with Special Needs December 2020 According to the Classification of Cognition and Self-Care Abilities			
No	Classification	Man	Woman	Sum
1	Fully-Assisted	36	4	40
2	Directed	41	31	72
3	Independent	13	3	16
	Total	90	38	128

Psychological Intervention During the Care of Children with Special Needs with A Simplified and Indigenous Psychology Approach

The founder developed nine therapeutic approaches to enhance the psychosocial skills of children with special needs. Isma Learning Therapy involves physical interactions like massage and tapping to boost coordination and cognitive abilities. Isma Behavioural Therapy focuses on forming habits through daily prayers and fasting, employing a reward and punishment system. Isma Speech Therapy teaches words by syllables and includes exercises to strengthen mouth muscles, aiding those with speech impairments.

Figure 1
Isma Learning Therapy Caregivers Are Massaging And Tapping Children With Special Needs

Educational and developmental therapies include Reading, Writing, and Counting, using a specialized curriculum for various learning groups; Hypnosis Learning, which motivates and instills behavioral changes through the subconscious; and Assisted Life Skills, tailored to the student's specific needs. Art, Craft, and Hobbies Development encourage personal enjoyment and potential entrepreneurship based on students' interests. Additionally, Beach Therapy offers regular trips for stress relief, and a controlled diet avoids high-sugar and high-MSG foods to help manage emotions and reduce tantrums. These therapies are integrated to foster a holistic development environment for children at the boarding school.

Figure 2
Quran Reading and Writing Lesson

Figure 3
The Area of Islamic Boarding School

The simplified modes of therapy are beneficial for the children and easy to understand by the caregivers who are mainly from the local community and do not have formal training in basic or

inclusive education. They are also highly tied to spiritualism, in line with the community values. This sensitive approach then makes the interventions more acceptable for the community. Because the therapies do not require sophisticated resources, they are valuable for children with special needs living in rural areas.

"The first time I got here, I got trained directly by (the founder). Everyone was trained about how to do ILT, IBT, and other forms of therapy." (Yd, caregiver 2)

"The children have various behaviors. Sometimes, they only need to be touched, and told 'Be patient, be patient', we caress them, we embrace them, then they get better. Some other students, we need to hold their hands, rub their hands, then they get calm... no matter how strong they are, if we approach them with love, they will follow us". (Srj, caregiver 3)

Discussion

This paper finds a community-based and spiritual mental health service model in the form of an Islamic boarding school in Yogyakarta, Indonesia. This study provides an overview of the model of mental health services and inclusive education for children with special needs in rural areas. The results of this study want to discuss three points of view: 1) The role of social communities with a spiritual approach in the community in building awareness; 2) The process of building awareness and willingness of the community; 3) Psychological intervention for children with special needs that can be carried out by the community members, especially those living in rural areas.

The Role of Social Communities in the Provision of Accessible Mental Health and Inclusive Education Services in Rural Areas

The role of social communities is important as a pioneer of mental health services and inclusive education for children with special needs. The influence of community figures is prominent in increasing societys acceptance of children with special needs in their area. Communities in rural areas tend to look up to their leaders, therefore they can be key people to communicate and advocate mental health messages to the community members.

Spiritual leaders who care about the community's needs play a key role in mobilizing the community. According to the WHO health system, the health system change framework includes 1) service delivery; 2) human resources; 3) the treatment process and technology used; 4) health information systems; 5) financing, and 6) leadership (WHO, 2010). Caring leaders with a strong vision can motivate communities to deliver health services, including mental health services (Grattidge et al., 2023; Moon et al., 2023; Warren et al., 2023). Spiritual leaders such as Imam, Kyai, Priests, and Buddhist monks make arrangements, give messages about health when they feel health problems in times of safety or emergency, and try to provide solutions for their communities (Luetke Lanfer et al., 2022; Valente & Pumpuang, 2006). Leaders and caregivers of Islamic boarding schools have a positive

mindset in viewing the existence of the children so that children with special needs can be accepted for their existence and develop according to their potential.

The Process of Building Awareness and Enhancing the Role of the Community in Caring for Children with Special Needs

Community awareness related to social problems that arise such as mental health issues and the need for inclusive education for children with special needs can be built through the process of seeing, observing, and believing (Ainul Yakin means: seeing is believing). Ainul Yakin leaders invite residents to see the problems and understand the needs of these children. The leaders then communicated with important figures in the community and requested them to play a role in caring for the children. Leaders discuss and communicate the problems-solutions in community meeting forums or Islamic study forums.

The community has the awareness to care and work together to help the process of caring for children with special needs. When parents cannot adequately provide appropriate care for their children, community, and religious leaders work together to provide co-care for children with special needs (Saari et al., 2022). They live and interact with the community and give the children many examples of learning in the community. Healthcare professionals such as psychologists, doctors, psychiatrists, and nurses should encourage families to use community support resources for childcare (Wakimizu et al., 2018).

Psychological Intervention by Combining Community and Spiritual Approach

Mental health services with a community and spiritual approach are carried out by the community and by adding assistance from professionals such as psychologists, doctors, psychiatrists, physiotherapists, or other mental health care providers. In this boarding school, the types of children are categorized more positively. namely the fully assisted category, directed category, and independent category. This difference in the category of diagnostic labels can reduce the stigma against children with special needs (Grattidge et al., 2023). After 40 days of observation aimed at categorizing ability levels and eliminating stigma, it is evident that children with special needs continue to develop following their circumstances.

Psychological intervention is carried out during the process of caring and nursing for children with special needs in Islamic boarding schools. Psychological intervention is carried out during the process of caring and nursing for children with special needs in Islamic boarding schools. Nursing is done with a behavioral approach by forming good behavioral habits, reading book-bibliographic therapy, and practicing social skills (Badiah et al., 2021). Nursing uses a reward and punishment approach, nurturing and giving activities based on worship time five times daily. The parenting process also involves the community around the Islamic boarding school. In addition to academic and religious learning taught by caregivers in Islamic boarding schools, the community provides examples of learning such as life skills, raising livestock, gardening, and interacting in social environments.

Assessment methods and psychological interventions in mental health services are based on the spiritual understanding of Islamic boarding school leaders and caregivers. Psychological intervention

is provided through habitual therapy and therapy with a biopsychological approach by bringing counseling sessions and direction to children with special needs when undergoing massage, tap, and wipe therapy.

From the discussion above, to replicate the mental health service model in the community, several fundamental criteria are needed: 1) the existence of leaders who play the role of pioneers, and have concern for mental health as well as inclusive education problems; 2) community awareness that can be built after the community observes, sees and believes in the real impact of mental health problems and disability issues that arise; 3) the willingness of the community to learn and the role of professionals to provide information and share knowledge in handling mental health problems and disability issues in the community.

Conclusion

This paper outlines a model for spiritual and community-based mental health services, highlighting the role of religious leaders in caring for children with special needs. These leaders recognize each child as unique and deserving of personalized attention. To reduce stigma, terminology such as "fully assisted category," "directed category," and "independent category" is employed to classify the needs of these children. The care process involves activities that prepare children for worship and promote positive behavioral patterns through routine therapeutic methods. The model extends to community-based mental health services around Islamic boarding schools, incorporating the local community into the caregiving framework. This approach includes religious instruction, academic learning, and practical skills like gardening, animal husbandry, life skills, and community participation.

The assessment and psychological interventions are customized according to each child's specific category and needs. This model demonstrated in Islamic boarding schools, represents an effective, culturally integrated approach for rural settings. The assessment and psychological interventions are customized according to each child's specific category and needs. This model demonstrated in Islamic boarding schools, represents an effective, culturally integrated approach for rural settings.

Recommendation

The findings advocate for this mental health service model from Islamic boarding schools across Indonesia, particularly beneficial in rural areas. It promotes a supportive environment for children with special needs, contributing to their comprehensive development. The model's straightforward assessment and intervention strategies offer a blueprint for broader application, enhancing psychological services within the community.

Declaration

Author Contribution

M, AK, PA, PBK & HBPM compiles research designs, retrieves data, and conducts data analysis. M, PA, & NS focuses on writing research publications. NS & MA as supervisors guide the research team in reviewing, adjusting, and approving the final manuscript.

Conflict of Interest

The authors declare that the research was conducted with no commercial or financial relationship that could be construed as a potential conflict of interest.

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