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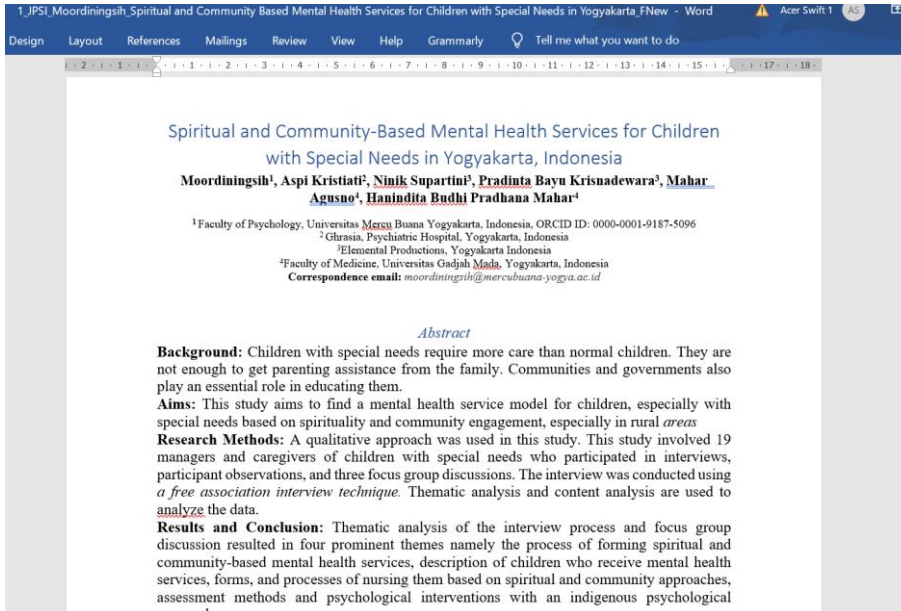
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Spiritual and Community-Based Mental Health Services for Children with Special Needs in Yogyakarta, Indonesia

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Abstract

Background: Children with special needs require more care than normal children. They are not enough to get parenting assistance from the family. Communities and governments also play an essential role in educating them.

Aims: This study aims to find a mental health service model for children, especially with special needs based on spirituality and community engagement, especially in rural areas

Research Methods: A qualitative approach was used in this study. This study involved 19 managers and caregivers of children with special needs who participated in interviews, participant observations, and three focus group discussions. The interview was conducted using a free association interview technique. Thematic analysis and content analysis are used to analyze the data.

Results and Conclusion: Thematic analysis of the interview process and focus group discussion resulted in four prominent themes namely the process of forming spiritual and community-based mental health services, description of children who receive mental health services, forms, and processes of nursing them based on spiritual and community approaches, assessment methods and psychological interventions with an indigenous psychological approach.

Contribution: This study is expected to find a mental health service model that is suitable for the children and can be applied in rural areas, and can be a mental health service model that can be replicated in other areas.

Keywords: Community Mental Health, Spiritual based Mental Health, Mental Health Services, Children with Special Needs, Indonesia

Introduction

Children with special needs require special attention from family, community/society, and government. Including children with disabilities is one of the biggest challenges faced by education systems worldwide, in line with UNICEF's Sustainable Development Goals (SDGs) to support inclusive and equitable quality education and promote lifelong learning opportunities for all (Franco, 2023). In this case, it is also necessary to think about an integrated mental health service system in the education process for youth. 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 prone to stress during the care of children with special needs. High-stress pressure and neglect by teachers of children with special needs can cause physical discomfort, such as back pain and fatigue, and 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 involving the community.

Community involvement has not been done in rural mental health services. In urban areas, it is still easy for residents to access mental health services. Mental health services in urban areas are felt to be less affordable by rural communities. Mental health services are also sometimes considered incompatible with the needs and expectations of rural communities. Existing mental health services are based on assumptions that are considered incompatible with indigenous communities (Gone-Re-imagining-Mental-Health-Services-for-American-Indian-Communities-Centering.Pdf, n.d.). The youth and teenagers need mental health services, but few community-based mental health services can reach rural areas. Mental health services are still centered in urban areas.

Rural communities in Indonesia, particularly indigenous children, have difficulty accessing mental health services. According to [5,6], Just like in Canada, New Zealand, and the United States, the utilization rate of mental health services in indigenous 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 [7,8], 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., 2023).

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. 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. The spiritual factor is still something crucial in Indonesia and countries in Asia.

Among the various psychological factors that exist, religion and spirituality are important and good things as well. Religious and spiritual give individuals different points of view when facing problems (Iannello et al., 2022). Social support in the form of a strong relationship with a spiritual group can help someone 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 behaviour and subjective well-being (Božek 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 (Gonçalves 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 (World

Health Organization, 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 support those who are vulnerable to mental disorders.

There are community-based and spiritual mental health services that care about the approach of caring for children with special needs in Indonesia through Islamic boarding schools. This boarding school for children with disabilities provides mental health services for the development of children with special needs. Many families with children with special needs in Indonesia choose to provide care for children with special needs in this Islamic boarding school.

Children with special needs have been cared for more at home. Parents sometimes feel ashamed and lack acceptance of the existence of them. 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 about them. Stigma is associated with negative attitudes and intentions to seek psychological help and correlates with psychological distress (Calear et al., 2021; Dagani et al., 2023; Eyllon et al., 2020). This negative stigma about children with special needs is often associated with beliefs and spiritual elements about the existence of children. The stigma can cause inaccuracies during the process of caring for children with special needs and have an impact on mental health conditions.

In Yogyakarta, Indonesia, there is an Islamic boarding school that provides mental health services for children with special needs with a spiritual approach and also involves community participation in the care of them. This study wanted to find a spiritual and community-based mental health service model for children with special needs in Yogyakarta, Indonesia.

This mental health service model for children with special needs obtained can be a model of mentoring and caring for children with special needs in rural areas. This mental health service model can also describe psychological assessments and interventions provided for children with an indigenous psychological approach. This study aims to find a mental health service model for children based on spirituality and community involvement, especially in rural areas.

Research Method

The research was conducted using a qualitative approach at the Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia, which provides mental health services for children with special needs. This Islamic boarding school provides education and health services for 128 children with special needs from various regions in Indonesia. Informed consent was given to all informants who participated in the study. The study was conducted between July – November 2020, followed by June-July 2023 in Yogyakarta, Indonesia.

The methods used are interviews, participant observation, and focus group discussion. The main informant of the research was the manager and caregiver at the Islamic boarding school in Yogyakarta, Indonesia. Informants follow the interview process and focus group discussions. Observations were also made on them who live and carry out daily activities in Islamic boarding schools. The total number of primary informants was 19, including two who acted as managers and leaders of Islamic boarding schools. Seventeen caregivers out of 52 are caregivers for children with special needs in Islamic boarding schools. The caregivers work as caregivers who act as teachers, security officers, and providers of food needs for the children.

Focus group discussions were also conducted with nine local community leaders to understand the role of the community in caring for children with special needs and four representatives of parents of children with special needs. The interview and focus group discussion results were recorded and made verbatim transcripts. The observations are described in a descriptive narrative manner. Data analysis is carried out by analysing the content of verbatim transcript results. According to (Davison & 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

Four main theme findings describe mental health service models for children with special needs on a spiritual and community basis. The four main themes include:

1.1 Theme 1: Establishment of spiritual and community-based mental health services,

The establishment of Islamic boarding schools as a place of care and therapy for children with special needs began with a therapist educational institution to help clients personally.

“At first, I did not aspire to have an Islamic boarding school. First, as a therapist, I have a therapist educational institution to deal with children with learning difficulties, dyslexia, dyscalculia, and dysgraphia. I educated by reading, writing, and counting for 30 meetings. Then I met a strange child. I then created a school”

“From school, then in 2012, I established the Ainul Yakin Islamic boarding school because there are parents of children with special needs who have a house far from school. The parents of this child with special needs asked me to make a boarding house. Parents hope their children can stay with me and get therapy and care continuously”

“Many children with special needs are afraid to go to the hospital because the hospital model is not felt safe and comfortable for children (Founder, Ai)”

“Then I looked for a place that was spacious, united, and close to the community. I chose Tepus GunungKidul village, Yogyakarta, because it is my mother's birthplace”

“I then created the concept of a particular Islamic boarding school for children with special needs as a community center for children with special needs in Indonesia. I need a prominent place because the basic concept is not only learning and therapy, but there are six concepts earlier; namely, children with special needs can learn, therapy, worship, work, family, and community”. (Founder, Ai).

“I think this Islamic boarding school was originally not for children like children with special needs, but it turned out to take care of special children” (Community Leader 1)

“For the existence of the Ainul Yakin Islamic boarding school here, from the beginning, we probably all community leaders escorted the establishment of this Islamic boarding school. It was already a meeting of religious leaders from community leaders directly from elements of hamlet institutions from neighboring communities. The head of the Islamic boarding school still wants to be established here, his parents' homeland here. Maybe his spirit is burning. So the community also followed, supporting and participating in joint activities from the beginning” (Community Leader 2)

“The cooperation between Islamic boarding schools and the surrounding community is excellent. Cooperation is carried out in a cooperative manner” (Community Leader 3)

The founder of the Islamic boarding school initially established an educational institution and therapists personally. Then it developed into a mental health service in the form of an Islamic boarding school because it accommodates the needs of parents about housing for children with special needs. Parents of children with special needs hope their children can get mental health services more continuously and have good habituation when living in Islamic boarding schools. Another reason for establishing this boarding school is that there are no mental health services in the rural areas where they live, and children feel afraid to come to the hospital.

Children are treated in Islamic boarding schools because parents cannot educate and provide therapy to them. Parents said no institution can care for children with special needs in their area or village. Busy parents are entrusted to others, but their conditions do not become good, and they are entrusted because they have no one or are orphans.

This Islamic boarding school also provides mental health services by involving the community. The community has the broadest opportunity to participate in efforts to protect and fulfill the rights of persons with disabilities. 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.

1.2 Theme 2: Description of children with special needs receiving mental health services

Parenting in Islamic boarding schools applies a humanist approach model, which views them as children with potential and makes them special from their perspectives

The head of the Islamic boarding school believes God has created his creatures as perfect beings. Therefore, having a positive mind-set in looking at children with special needs is very important. The mind-set that they are the same as ordinary children in general, only need 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 created has flaws. So he seems troubled because our perspective that we feel that we are perfect sees children with special needs as not perfect” (founder, Islamic Boarding School)

Children with special needs who get services at Islamic boarding schools also get a negative stigma from the community.

“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. That is almost 85% of the parents who came told me this” (founder, Islamic boarding School)

The circumstances of children brought to Islamic boarding schools vary. Children treated in Islamic boarding schools include mental health problems due to communicative and affective disabilities due to autism, 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, now the Islamic boarding school has started treating children with disabilities and cerebral palsy (CP) and some teenagers with mental disorders.

1.3 Theme 3: Forms and processes of parenting children with special needs based on spiritual and community approaches

The leadership of the Islamic boarding school chooses the community around the boarding school to be directly involved in the upbringing of the Islamic boarding school. Children with special needs are expected to be a real example of the existence of special children for those around them. Community involvement is also a form of direct education involving the local community.

In addition, in several activities in the community, such as community meetings, worship together in the village, and play with local children. Children with special needs in Islamic boarding schools 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 needs of them. This effort was ultimately able to change the view of the surrounding community toward them.

At first, they are considered unable to do anything, so they require total care or assistance from those around them. However, the community's views slowly changed by looking at what is done and the development of them in Islamic boarding schools. They 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. I 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 apply the concept of mental health services for children with special needs, including six forms of activities, namely:

“The analysis of the establishment of Islamic boarding schools begins with therapy. First, boarding school is also a place of therapy. So initially, as a therapy place, I helped clients of children with special needs. Second, as a place to go to school. It turns out that learning time is felt to be less long to form their potential. Good conditions are to form better habits and behaviour patterns, so I need more than 24 hours a day. Based on that, I formed an Islamic boarding school”

“After establishing the Islamic boarding school, it turned out that there were still children with special needs who relapsed and checked their condition. After a week, a month, or two months it turns out to come again because it returns to the patterns of behaviour that are not good.

Then the last one is that the caregiver and I made a village for children with special needs.

Our curriculum is called the Indonesian Special Needs Children's Recovery Centre curriculum”

“This Islamic boarding school is a place of learning, a place of therapy, a place of worship, a place of work, a place of family, and a place of community. Then these six concepts must be present here. So study, therapy, worship, work, family, and society must exist individually. So we named the village for children with special needs” (Founder, Ai).

Children with special needs in Islamic boarding schools are categorized into 3, namely three categories: all-in-hand, assisted direction, and independent.

“Children with special needs are categorized into three classes. If his ability is below average, he enters the auxiliary class. If his abilities are in, he is a command class. He is an independent class if he has good abilities and is above average”

“As a result of this all-help class, children can only care for themselves, do effortless work, and even then, with orders. In auxiliary landing classes, children can only become professional workers. Being a professional worker, he cannot create and manage jobs”

“This class of auxiliary referrals can be therapists, get instruction, and be nurturing. These independent classes are cadres, so after school and dedication, they must go home and can establish Islamic boarding schools like this. The independent class can become professional workers. The requirements for children with special needs can be independent when they can work professionally, can create jobs, and can manage jobs” (Founder, Ai)

Data on Children with Special Needs December 2020

According to the Classification of Cognition and Self-Care Abilities

No	Classification	Man	Woman	Sum	
1	All-in-one	36	4	40	
2	Help instructions		41	31	72
3	Self-sufficient	13	3	16	
	Total	90	38	128	

Table1. Classification of Children with Special Needs in boarding school

“Though here, the main activity is praying worship. While waiting for prayer, the children with special needs do other activities” (Founder, Ai)

“Other activities include studying, working, therapy, and caring for family and community. Learning activities such as learning to write, count and memorize scriptures. Children also follow therapy carried out by caregivers. Children with special needs are also trained to carry out family roles such as cooking, washing clothes, and caring for themselves. Community activities and work such as gardening and livestock with community members. It is an amalgamation of behaviour modification. So, every child, if he does good deeds, has a point. If the child does an evil deed, there are points” (Care Giver, Is).

The form of nursing for the children uses the method of forming good habits for children by

making worship time five times a day the primary time for habituating behaviour. While waiting for worship time from one time to the next, children with special needs in the Islamic boarding school carry out activities such as studying, undergoing therapy, learning to take care of themselves, gardening, raising livestock, and activities with the community around the Islamic boarding school. Behaviour modification is carried out with a reward and punishment-approach.

1.4 Theme 4: Methods of assessment and psychological Intervention during the care of Children with special needs with an indigenous psychology approach.

This Islamic boarding school has 128 children from various villages in Indonesia. After registration, children undergo observation for 40 days. Things observed include academic ability, life skills, and personal responsibilities. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the sincerity of parents will determine the development of children's progress.

“Later, there will be a test, about his academics, about abilities, life skills, and responsibility. Usually included in the all-help category first. After 40 days, we will see how it progresses ” (Caregiver, W)

“So the handling of children with special needs is not at calendar age but looks at mental age abilities. We do screening first, and we make observations. First, enter the observation period of 40 days to see age, gender, and do diagnostic labelling. This diagnostic labelling is related to academics, life skills, and responsibility. The final result is a total index number. If the total score is below average, then the child is given an all-help diagnostic label. If the total score is moderate, then the child is in the category of auxiliary referrals. The total score of the index number, if it is good or above average, then it is included in the class category“ (Teacher and Caregiver, Ft)

Children with special needs receive therapy in the process of mental health services. The therapy provided is behavioral therapy, massage therapy, tap therapy, and swab therapy for children with special needs. Reading therapy is also given by reading a spiritual book read by one child in front of other children.

“Then I have one method called IBT (Isma Behaviour therapy). Isma behaviour therapy that I refer to is spiritual understanding. “You will get a good return if you do one good deed. You will get something in return if you do a good deed as big as a mustard seed. I instilled in them “That every activity has value, there is value, and you will get results according to what you do. The incorporation of behaviour modification is actually about reward and punishment. My independent category children asked me to read spiritual books in front of other children” (Founder, Ai)

“I have learned ILT, Isma Learning Therapist, which is doing. Tap, pat, and wipe on the body parts of children with special needs who experience tension. It can be in the position of hands, head, neck, shoulders, back, and feet. Children are expected to feel relaxed after the therapy process” (Care Giver, As)

“To eliminate the effects of heat on the body after therapy, we wipe first... and patting on the right part of the child's body. It must be done carefully and precisely, so caregivers should also learn about therapy first. Caregivers should not do carelessly”(Caregiver, St).

“Providing therapy and education to these children requires the expertise of caregivers. Caregivers need tremendous perseverance and patience” (Leader, Ai)

The assessment method and psychological intervention are based on the spiritual and psychological understanding of the founder of the Islamic boarding school about the therapeutic process that is important for observing children with special needs for 40 days. After seeing the habitual process by children, it is categorized into class categories according to diagnostic labels.

Psychological intervention is carried out by conducting behavioral therapy based on behaviour modification rules. Therapy is also done by doing massage techniques, tapping, and wiping to provide a relaxing effect to them.

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 mental health service model finds four essential themes,

namely; 1) the process of initial establishment of mental health services in rural areas; 2) descriptions of children with special needs who can receive mental health services; 3) community-based and spiritual-based forms and processes of parenting children with special needs; and 4) assessment methods and psychological intervention in the process of caring for children with special needs.

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 [27, 28]. Leaders and caregivers of Islamic boarding schools have a positive mind-set 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 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 psychologist, doctor, psychiatrist, nurse should encourage families to use community support resources for childcare (Wakimizu et al., 2018).

Community stigma against children with special needs can prevent parents from finding mental health services (Sheikhan et al., 2023). Medical professional should pay attention to reduce the stigma (He et al., 2023). In this boarding school, the types of children are categorized more positively, namely the all-help category, auxiliary direction, and independent category. This difference in the category of diagnostic labels can reduce the stigma against children with special needs (Grattidge et al., 2023). When categorizing levels remove stigma according to children's abilities after 40 days of observation, children with special needs are still projected to develop according to their circumstances.

Nursing is done with a behavioural approach by forming good behavioural habits, reading book-bibliographic therapy, and practicing social skills [30,31]. 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 providing counselling and direction to children with special needs when undergoing massage, tap and wipe therapy.

Conclusion

This paper presents the findings of a spiritual and community-based mental health service model. Spiritually-based mental health services are based on religious leaders' understanding of the whereabouts of the children. They are also seen as perfect human figures but have special needs and treatment in parenting. Based on this understanding, to reduce stigma for the children using favourable terms such as the all-around category, assistive referrals, and independent categories. The process of nursing children with special needs is aimed at bringing children closer to God by doing activities between waiting for worship time. Nursing with this habitual therapy approach can form good behaviour patterns in children with special needs.

Religious leaders carry out community-based mental health services by involving the community around Islamic boarding schools to care for them. In addition to learning about religious knowledge and school lessons, they also learn to garden, livestock, live skills, and community with the community.

The assessment methods and psychological interventions provided during the process of mental health and childcare services are based on the level of the child's category and the child's needs in life. This model of nursing and mental health services in Islamic boarding schools can be used as an example of nursing and providing mental health services, especially in rural areas.

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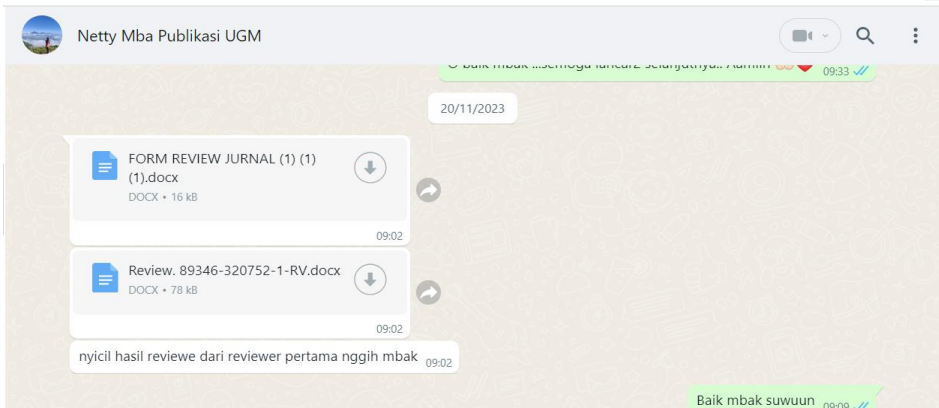
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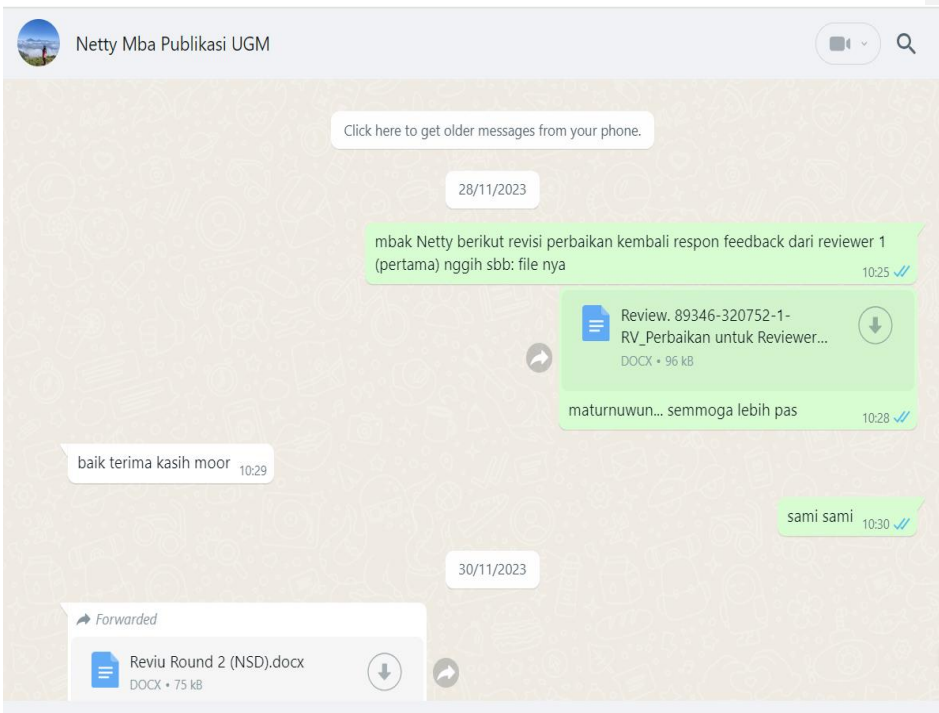
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Spiritual and Community-Based Mental Health Services for Children with Special Needs in Yogyakarta, Indonesia

Abstract

Abstract : Background children with special needs require more care than normal children. They are not enough to get parenting assistance from the family. Communities and governments also play an essential role in educating them. Aims this study to find a mental health service model for children, especially with special needs based on spirituality and community engagement, especially in rural *areas*. Research methods a qualitative approach was used in this study. This study involved 19 managers and caregivers of children with special needs who participated in interviews, participant observations, and three focus group discussions. The interview was conducted using a *free association interview technique*. **Thematic analysis and content analysis** are used to analyze the data. Results and conclusion thematic analysis of the interview process and focus group discussion resulted in four prominent themes namely the process of forming spiritual and community-based mental health services, description of children who receive mental health services, forms, and processes of nursing them based on spiritual and community approaches, assessment methods and psychological interventions with an indigenous psychological approach. Contribution This study is expected to find a mental health service model that is suitable for the children and can be applied in *rural areas*, and can be a mental health service model that can be replicated in other areas.

Keywords: Community Mental Health, Spiritual based Mental Health, Mental Health Services, Children with Special Needs, Indonesia

Introduction

Children with special needs require special attention from family, community/society, and government. Including children with disabilities is one of the biggest challenges faced by education systems worldwide, in line with UNICEF's Sustainable Development Goals (SDGs) to support inclusive and equitable quality education and promote lifelong learning opportunities for all (Franco, 2023). In this case, it is also necessary to think about an integrated mental health service system in the education process for youth. 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 prone to stress during the care of children with special needs. High-stress pressure and neglect by teachers of children with special needs can cause physical discomfort, such as back pain and fatigue, and 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 involving the community.

Community involvement has not been done in rural mental health services. In urban areas, it is still easy for residents to access mental health services. Mental health services in urban areas are felt to be less affordable by rural communities. Mental health services are also sometimes considered incompatible with the needs and expectations of rural communities. Existing mental health services are based on assumptions that are considered incompatible with

indigenous communities (*Gone-Re-imagining-Mental-Health-Services-for-American-Indian-Communities-Centering.Pdf*, n.d.). The youth and teenagers need mental health services, but few community-based mental health services can reach rural areas. Mental health services are still centered in urban areas.

Rural communities in Indonesia, particularly indigenous children, have difficulty accessing mental health services. According to [5,6], Just like in Canada, New Zealand, and the United States, the utilization rate of mental health services in indigenous 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 [7,8], 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., 2023).

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. 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. The spiritual factor is still something crucial in Indonesia and countries in [Asia](#).

Among the various psychological factors that exist, religion and spirituality are important and good things as well. Religious and spiritual give individuals different points of view when facing problems (Iannello et al., 2022). Social support in the form of a strong relationship with a spiritual group can help someone 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 behaviour and subjective well-being (Božek 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 (Gonçalves 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 (World Health Organization, 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 support those who are vulnerable to mental disorders.

Commented [U1]: Sumbernya dari mana?sebaiknya harus diperkuat dengan riset-riset di Indonesia.

There are community-based and spiritual mental health services that care about the approach of caring for children with special needs in Indonesia through Islamic boarding schools. This boarding school for children with disabilities provides mental health services for the development of children with special needs. Many families with children with special needs in Indonesia choose to provide care for children with special needs in this Islamic boarding school.

Commented [U2]: Jika penelitian ini memfokuskan tempat pengambilan sampel di pesantren, maka sebaiknya judulnya dibuat pesantren, agar lebih fokus

Children with special needs have been cared for more at home. Parents sometimes feel ashamed and lack acceptance of the existence of them. 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 about them. Stigma is associated with negative attitudes and intentions to seek psychological help and correlates with psychological distress (Calear et al., 2021; Dagani et al., 2023; Eyllon et al., 2020). This negative stigma about children with special needs is often associated with beliefs and spiritual elements about the existence of children. The stigma can cause inaccuracies during the process of caring for children with special needs and have an impact on mental health conditions.

Commented [U3]: Terkait dengan stigma ini, sebaiknya ditambahkan riset-riset dari Indonesia.

In Yogyakarta, Indonesia, there is an Islamic boarding school that provides mental health services for children with special needs with a spiritual approach and also involves community participation in the care of them. This study wanted to find a spiritual and community-based mental health service model for children with special needs in Yogyakarta, Indonesia.

Commented [U4]: Bagian ini harus diperkuat dengan sumber atau riset, agar tidak ada anggapan ini karangan peneliti.

This mental health service model for children with special needs obtained can be a model of mentoring and caring for children with special needs in rural areas. This mental health service model can also describe psychological assessments and interventions provided for children with an indigenous psychological approach. This study aims to find a mental health service model for children based on spirituality and community involvement, especially in rural areas.

Commented [U5]: Pendahuluan masih lemah, dinamika pendahuluan sudah cukup menjelaskan maksud penelitian ini, namun belum diperkuat dengan riset-riset sebelumnya, terutama bagaimana data dan fakta di lapangan di Yogyakarta. Agar terkesan bukan karangan dari peneliti.

Research Method

The research was conducted using a qualitative approach at the Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia, which provides mental health services for children with special needs. This Islamic boarding school provides education and health services for 128 children with special needs from various regions in Indonesia. Informed consent was given to all informants who participated in the study. The study was conducted between July – November 2020, followed by June-July 2023 in Yogyakarta, Indonesia.

Commented [U6]: Current research nya belum terlihat, ada apa dengan penelitian terdahulu, lalu penelitian ini ingin menunjukkan apa? agar terlihat novelty

Commented [U7]: Seharusnya diungkapkan pertanyaan penelitiannya

Commented [U8]: Metode penelitian terdiri dari:
Desain penelitian
Partisipan penelitian
Prosedur
Pengumpulan data
Analisis data

The methods used are interviews, participant observation, and *focus group discussion*. The main informant of the research was the manager and caregiver at the Islamic boarding school in Yogyakarta, Indonesia. Informants follow the interview process and *focus group discussions*. Observations were also made on them who live and carry out daily activities in Islamic boarding schools. The total number of primary informants was 19, including two who acted as managers and leaders of Islamic boarding

Commented [U9]: Pada abstrak diungkap menggunakan thematic analysis dan analisis isi. Namun belum terlihat analisis isi seperti apa?

Commented [U10]: Seharusnya ada data atau hasil penelitian pada tahun 2020 seperti apa, dan pada tahun 2023 seperti apa. Sebab ada informasi penting yang perlu digali diantara tahun tersebut.

schools. Seventeen caregivers out of 52 are caregivers for children with special needs in Islamic boarding schools. The caregivers work as caregivers who act as teachers, security officers, and providers of food needs for the children.

Focus group discussions were also conducted with nine local community leaders to understand the role of the community in caring for children with special needs and four representatives of parents of children with special needs. The interview and focus group discussion results were recorded and made verbatim transcripts. The observations are described in a descriptive narrative manner. Data analysis is carried out by analysing the content of verbatim transcript results. According to (Davison & 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

Four main theme findings describe mental health service models for children with special needs on a spiritual and community basis. The four main themes include:

1.1 Theme 1: Establishment of spiritual and community-based mental health services,

The establishment of Islamic boarding schools as a place of care and therapy for children with special needs began with a therapist educational institution to help clients personally.

“At first, I did not aspire to have an Islamic boarding school. First, as a therapist, I have a therapist educational institution to deal with children with learning difficulties, dyslexia, dyscalculia, and dysgraphia. I educated by reading, writing, and counting for 30 meetings. Then I met a strange child. I then created a school”

“From school, then in 2012, I established the Ainul Yakin Islamic boarding school because there are parents of children with special needs who have a house far from school. The parents of this child with special needs asked me to make a boarding house. Parents hope their children can stay with me and get therapy and care continuously”

“Many children with special needs are afraid to go to the hospital because the hospital model is not felt safe and comfortable for children (Founder, Ai)”

“Then I looked for a place that was spacious, united, and close to the community. I chose Tepus GunungKidul village, Yogyakarta, because it is my mother's birthplace”

“I then created the concept of a particular Islamic boarding school for children with special needs as a community center for children with special needs in Indonesia. I need a prominent place because the basic concept is not only learning and therapy, but there are six concepts earlier; namely, children with special needs can learn, therapy, worship, work, family, and community”. (Founder, Ai).

“I think this Islamic boarding school was originally not for children like children with special needs, but it turned out to take care of special children” (Community Leader 1)

“For the existence of the Ainul Yakin Islamic boarding school here, from the beginning, we probably all community leaders escorted the establishment of this Islamic boarding school. It was already a meeting of religious leaders from community leaders directly from elements of hamlet institutions from neighboring communities. The head of the Islamic boarding school still wants to be established here, his parents' homeland here. Maybe his spirit is burning. So the community also followed, supporting and participating in joint activities from the beginning” (Community Leader 2)

“The cooperation between Islamic boarding schools and the surrounding community is excellent. Cooperation is carried out in a cooperative manner” (Community Leader 3)

The founder of the Islamic boarding school initially established an educational institution and therapists personally. Then it developed into a mental health service in the form of an Islamic boarding school because it accommodates the needs of parents about housing for children with special needs. Parents of children with special needs hope their children can get mental health services more continuously and have good habituation when living in Islamic boarding schools. Another reason for establishing this boarding school is that there are no mental health services in the rural areas where they live, and children feel afraid to come to the hospital.

Children are treated in Islamic boarding schools because parents cannot educate and provide therapy to them. Parents said no institution can care for children with special needs in their area or village. Busy parents are entrusted to others, but their conditions do not become good, and they are entrusted because they have no one or are orphans.

This Islamic boarding school also provides mental health services by involving the community. The community has the broadest opportunity to participate in efforts to protect and fulfill the rights of persons with disabilities. 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.

1.2 Theme 2: Description of children with special needs receiving mental health services

Parenting in Islamic boarding schools applies a humanist approach model, which views them as children with potential and makes them special from their perspectives

The head of the Islamic boarding school believes God has created his creatures as perfect beings. Therefore, having a positive mind-set in looking at children with special needs

is very important. The mind-set that they are the same as ordinary children in general, only need 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 created has flaws. So he seems troubled because our perspective that we feel that we are perfect sees children with special needs as not perfect” (founder, Islamic Boarding School)

Children with special needs who get services at Islamic boarding schools also get a negative stigma from the community.

“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. That is almost 85% of the parents who came told me this” (founder, Islamic boarding School)

The circumstances of children brought to Islamic boarding schools vary. Children treated in Islamic boarding schools include mental health problems due to communicative and affective disabilities due to autism, *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, now the Islamic boarding school has started treating children with disabilities and *cerebral palsy (CP)* and some teenagers with mental disorders.

1.3 Theme 3: Forms and processes of parenting children with special needs based on spiritual and community approaches

The leadership of the Islamic boarding school chooses the community around the boarding school to be directly involved in the upbringing of the Islamic boarding school. Children with special needs are expected to be a real example of the existence of special children for those around them. Community involvement is also a form of direct education involving the local community.

In addition, in several activities in the community, such as community meetings, worship together in the village, and play with local children. Children with special needs in Islamic boarding schools 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 needs of them. This effort was ultimately able to change the view of the surrounding community toward them.

At first, they are considered unable to do anything, so they require total care or assistance from those around them. However, the community's views slowly changed by looking at what is done and the development of them in Islamic boarding schools. They 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. I 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 apply the concept of mental health services for children with special needs, including six forms of activities, namely:

“The analysis of the establishment of Islamic boarding schools begins with therapy. First, boarding school is also a place of therapy. So initially, as a therapy place, I helped clients of children with special needs. Second, as a place to go to school. It turns out that learning time is felt to be less long to form their potential. Good conditions are to form better habits and behaviour patterns, so I need more than 24 hours a day. Based on that, I formed an Islamic boarding school”

“After establishing the Islamic boarding school, it turned out that there were still children with special needs who relapsed and checked their condition. After a week, a month, or two months it turns out to come again because it returns to the patterns of behaviour that are not good. Then the last one is that the caregiver and I made a village for children with special needs. Our curriculum is called the Indonesian Special Needs Children's Recovery Centre curriculum”

“This Islamic boarding school is a place of learning, a place of therapy, a place of worship, a place of work, a place of family, and a place of community. Then these six concepts must be present here. So study, therapy, worship, work, family, and society must exist individually. So we named the village for children with special needs” (Founder, Ai).

Children with special needs in Islamic boarding schools are categorized into 3, namely three categories: all-in-hand, assisted direction, and independent.

“Children with special needs are categorized into three classes. If his ability is below average, he enters the auxiliary class. If his abilities are in, he is a command class. He is an independent class if he has good abilities and is above average”

“As a result of this all-help class, children can only care for themselves, do effortless work,

and even then, with orders. In auxiliary landing classes, children can only become professional workers. Being a professional worker, he cannot create and manage jobs”

“This class of auxiliary referrals can be therapists, get instruction, and be nurturing. These independent classes are cadres, so after school and dedication, they must go home and can establish Islamic boarding schools like this. The independent class can become professional workers. The requirements for children with special needs can be independent when they can work professionally, can create jobs, and can manage jobs” (Founder, Ai)

Data on Children with Special Needs December 2020 According to the Classification of Cognition and Self-Care Abilities				
No	Classification	Man	Woman	Sum
1	All-in-one	36	4	40
2	Help instructions	41	31	72
3	Self-sufficient	13	3	16
	Total	90	38	128

Table1. Classification of Children with Special Needs in boarding school
“Though here, the main activity is praying worship. While waiting for prayer, the children with special needs do other activities” (Founder, Ai)

“Other activities include studying, working, therapy, and caring for family and community. Learning activities such as learning to write, count and memorize scriptures. Children also follow therapy carried out by caregivers. Children with special needs are also trained to carry out family roles such as cooking, washing clothes, and caring for themselves. Community activities and work such as gardening and livestock with community members. It is an amalgamation of behaviour modification. So, every child, if he does good deeds, has a point. If the child does an evil deed, there are points” (Care Giver, Is).

The form of nursing for the children uses the method of forming good habits for children by making worship time five times a day the primary time for habituating behaviour. While waiting for worship time from one time to the next, children with special needs in the Islamic boarding school carry out activities such as studying, undergoing therapy, learning to take care of themselves, gardening, raising livestock, and activities with the community around the Islamic boarding school. Behaviour modification is carried out with a *reward and punishment-approach*.

1.4 Theme 4: Methods of assessment and psychological Intervention during the care of Children with special needs with an indigenous psychology approach.

This Islamic boarding school has 128 children from various villages in Indonesia. After registration, children undergo observation for 40 days. Things observed include academic ability, life skills, and personal responsibilities. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the sincerity of parents will determine the development of children's progress.

“Later, there will be a test, about his academics, about abilities, life skills, and responsibility. Usually included in the all-help category first. After 40 days, we will see how it

progresses ” (Caregiver, W)

“So the handling of children with special needs is not at calendar age but looks at mental age abilities. We do screening first, and we make observations. First, enter the observation period of 40 days to see age, gender, and do diagnostic labelling. This diagnostic labelling is related to academics, life skills, and responsibility. The final result is a total index number. If the total score is below average, then the child is given an all-help diagnostic label. If the total score is moderate, then the child is in the category of auxiliary referrals. The total score of the index number, if it is good or above average, then it is included in the class category” (Teacher and Caregiver, Ft)

Children with special needs receive therapy in the process of mental health services. The therapy provided is behavioral therapy, massage therapy, tap therapy, and swab therapy for children with special needs. Reading therapy is also given by reading a spiritual book read by one child in front of other children.

“Then I have one method called IBT (Isma Behaviour therapy). Isma behaviour therapy that I refer to is spiritual understanding. “You will get a good return if you do one good deed. You will get something in return if you do a good deed as big as a mustard seed. I instilled in them “That every activity has value, there is value, and you will get results according to what you do. The incorporation of behaviour modification is actually about reward and punishment. My independent category children asked me to read spiritual books in front of other children” (Founder, Ai)

“I have learned ILT, Isma Learning Therapist, which is doing. Tap, pat, and wipe on the body parts of children with special needs who experience tension. It can be in the position of hands, head, neck, shoulders, back, and feet. Children are expected to feel relaxed after the therapy process” (Care Giver, As)

“To eliminate the effects of heat on the body after therapy, we wipe first... and patting on the right part of the child's body. It must be done carefully and precisely, so caregivers should also learn about therapy first. Caregivers should not do carelessly” (Caregiver, St).

“Providing therapy and education to these children requires the expertise of caregivers. Caregivers need tremendous perseverance and patience” (Leader, Ai)

The assessment method and psychological intervention are based on the spiritual and psychological understanding of the founder of the Islamic boarding school about the therapeutic process that is important for observing children with special needs for 40 days. After seeing the habitual process by children, it is categorized into class categories according to diagnostic labels.

Psychological intervention is carried out by conducting behavioral therapy based on behaviour modification rules. Therapy is also done by doing massage techniques, tapping, and wiping to provide a relaxing effect to them.

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 mental health service model finds four essential themes, namely; 1) the process of initial establishment of mental health

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services in rural areas; 2) descriptions of children with special needs who can receive mental health services; 3) community-based and spiritual-based forms and processes of parenting children with special needs; and 4) assessment methods and psychological intervention in the process of caring for children with special needs.

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 [27, 28]. Leaders and caregivers of Islamic boarding schools have a positive mind-set 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 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 psychologist, doctor, psychiatrist, nurse should encourage families to use community support resources for childcare (Wakimizu et al., 2018).

Community stigma against children with special needs can prevent parents from finding mental health services (Sheikhan et al., 2023). Medical professional should pay attention to reduce the stigma (He et al., 2023). In this boarding school, the types of children are categorized more positively, namely the all-help category, auxiliary direction, and independent category. This difference in the category of diagnostic labels can reduce the stigma against children with special needs (Grattidge et al., 2023). When categorizing levels remove stigma according to children's abilities after 40 days of observation, children with special needs are still projected to develop according to their circumstances.

Nursing is done with a behavioural approach by forming good behavioural habits, reading book-bibliographic therapy, and practicing social skills [30,31]. 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 providing counselling and direction to children with special needs when undergoing massage, tap and wipe therapy.

Conclusion

This paper presents the findings of a spiritual and community-based mental health service model. Spiritually-based mental health services are based on religious leaders' understanding of the whereabouts of the children. They are also seen as perfect human figures but have special needs and treatment in parenting. Based on this understanding, to reduce stigma for the children using favourable terms such as the all-around category, assistive referrals, and independent categories. The process of nursing children with special needs is aimed at bringing children closer to God by doing activities between waiting for worship time. Nursing with this habitual therapy approach can form good behaviour patterns in children with special needs.

Religious leaders carry out community-based mental health services by involving the community around Islamic boarding schools to care for them. In addition to learning about religious knowledge and school lessons, they also learn to garden, livestock, live skills, and community with the community.

The assessment methods and psychological interventions provided during the process of mental health and childcare services are based on the level of the child's category and the child's needs in life. This model of nursing and mental health services in Islamic boarding schools can be used as an example of nursing and providing mental health services, especially in rural areas.

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

Abstract

Abstract: Children with special needs require more care than normal children. They are not enough to get parenting assistance from the family. Communities and governments also play an essential role in educating them. This study aims to find a mental health service model for children, especially those with special needs based on spirituality and community engagement, especially in rural *areas*. Research methods a qualitative approach was used in this study. This study involved 19 managers and caregivers of children with special needs who participated in interviews, participant observations, and three focus group discussions. The interview was conducted using a *free association interview technique*. **Thematic analysis** is used to analyze the data. Results and conclusion thematic analysis of the interview process and focus group discussion resulted in four prominent themes namely the process of forming spiritual and community-based mental health services, description of children who receive mental health services, forms, and processes of nursing them based on spiritual and community approaches, assessment methods and psychological interventions with an indigenous psychological approach. Contribution This study is expected to find a mental health service model that is suitable for children can be applied in *rural* areas, and can be a mental health service model that can be replicated in other areas.

Keywords: Community Mental Health, Spiritual, Mental Health Services, Children with Special Needs, Indonesia

Introduction

Children with special needs require special attention from family, community/society, and government. Including children with disabilities is one of the biggest challenges faced by education systems worldwide, in line with UNICEF's Sustainable Development Goals (SDGs) to support inclusive and equitable quality education and promote lifelong learning opportunities for all (Franco, 2023). In this case, it is also necessary to think about an integrated mental health service system in the education process for youth. 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 prone to stress during the care of children with special needs. High-stress pressure and neglect by teachers of children with special needs can cause physical discomfort, such as back pain and fatigue, and 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 involving the community.

Community involvement has not been done in rural mental health services. In urban areas, it is still easy for residents to access mental health services. Mental health services in urban areas are felt to be less affordable by rural communities. Mental health services are also sometimes considered incompatible with the needs and expectations of rural communities. Existing mental health services are based on assumptions that are considered incompatible with indigenous communities (*Gone-Re-imagining-Mental-Health-Services-for-American-Indian-*

Communities-Centering.Pdf, n.d.). The youth and teenagers need mental health services, but few community-based mental health services can reach rural areas. Mental health services are still centered in urban areas.

Rural communities in Indonesia, particularly indigenous children, 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 indigenous 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., 2023).

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. 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 (2021) the spiritual factor is still something crucial in Indonesia and countries in Asia.

Among the various psychological factors that exist, religion and spirituality are important and good things as well. Religious and spiritual give individuals different points of view when facing problems (Iannello et al., 2022). Social support in the form of a strong relationship with a spiritual group can help someone 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 behaviour and subjective well-being (Božek 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 (Gonçalves 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 (World Health Organization, 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

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support those who are vulnerable to mental disorders.

There are community-based and spiritual mental health services that care about the approach of caring for children with special needs in Indonesia through Islamic boarding schools. This boarding school for children with disabilities provides mental health services for the development of children with special needs. Many families with children with special needs in Indonesia choose to provide care for children with special needs in this Islamic boarding school.

Children with special needs have been cared for more at home. Parents sometimes feel ashamed and lack acceptance of the existence of them. 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 about 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., 2021; Dagani et al., 2023; Eyllon et al., 2020). This negative stigma about children with special needs is often associated with beliefs and spiritual elements about the existence of children. The stigma (Satrio Budi Wibowo dan Siti Nurlaila, 2017; Widhiati et al., 2022) can cause inaccuracies during the process of caring for children with special needs and have an impact on mental health conditions.

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In Yogyakarta, Indonesia, there is an Islamic boarding school that provides mental health services for children with special needs with a spiritual approach and also involves community participation in the care of them. This study wanted to find a spiritual and community-based mental health service model for children with special needs in Yogyakarta, Indonesia. This mental health service model for children with special needs obtained can be a model of mentoring and caring for children with special needs in rural areas. This mental health service model can also describe psychological assessments and interventions provided for children with an indigenous psychological approach.

This study aims to find a mental health service model for children based on spirituality and community involvement, especially in rural areas. This research is important to obtain a service model for children with special needs with a spiritual and community approach. The previous model of mental health services for children with special needs in Indonesia was generally carried out by formal schools such as special schools (*Sekolah Luar Biasa*) and by the health office. The central question of this study is how is the mental health service model for children with special needs with a spiritual and community approach carried out in an Islamic boarding school?

Research Method

The research was conducted using a qualitative approach at the Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia, which provides mental health services for children with special needs.

This Islamic boarding school provides education and health services for 128 children with special needs from various regions in Indonesia. Informed consent was given to all informants who participated in the study. The study was conducted between July – November 2020, followed by June-July 2023 in Yogyakarta, Indonesia. This study experienced a gap due to the Covid 19 pandemic situation that occurred in Indonesia

The methods used are interviews, participant observation, and *focus group discussion*. The main informant of the research was the manager and caregiver at the Islamic boarding school in Yogyakarta, Indonesia. Informants follow the interview process and *focus group discussions*. Observations were also made on them who live and carry out daily activities in Islamic boarding schools. The total number of primary informants was 19, including two who acted as managers and leaders of Islamic boarding schools. Seventeen caregivers out of 52 are caregivers for children with special needs in Islamic boarding schools. The caregivers work as caregivers who act as teachers, security officers, and providers of food needs for the children.

Focus group discussions were also conducted with nine local community leaders to understand the role of the community in caring for children with special needs and four representatives of parents of children with special needs. The interview and focus group discussion results were recorded and made verbatim transcripts. The observations are described in a descriptive narrative manner. Data analysis is carried out by analysing the content of verbatim transcript results. According to (Davison & 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

Four main theme findings describe mental health service models for children with special needs on a spiritual and community basis. The four main themes include:

1.1 Theme 1: Establishment of spiritual and community-based mental health services,

The establishment of Islamic boarding schools as a place of care and therapy for children with special needs began with a therapist educational institution to help clients personally.

“At first, I did not aspire to have an Islamic boarding school. First, as a therapist, I have a therapist educational institution to deal with children with learning difficulties, dyslexia, dyscalculia, and dysgraphia. I educated by reading, writing, and counting for 30 meetings. Then I met a strange child. I then created a school”

“From school, then in 2012, I established the Ainul Yakin Islamic boarding school because there are parents of children with special needs who have a house far from school.

The parents of this child with special needs asked me to make a boarding house. Parents hope their children can stay with me and get therapy and care continuously”

“Many children with special needs are afraid to go to the hospital because the hospital model is not felt safe and comfortable for children (Founder, Ai)”

“Then I looked for a place that was spacious, united, and close to the community. I chose Tepus GunungKidul village, Yogyakarta, because it is my mother's birthplace”

“I then created the concept of a particular Islamic boarding school for children with special needs as a community centre for children with special needs in Indonesia. I need a prominent place because the basic concept is not only learning and therapy, but there are six concepts earlier; namely, children with special needs can learn, therapy, worship, work, family, and community”. (Founder, Ai).

“I think this Islamic boarding school was originally not for children like children with special needs, but it turned out to take care of special children” (Community Leader 1)

“For the existence of the Ainul Yakin Islamic boarding school here, from the beginning, we probably all community leaders escorted the establishment of this Islamic boarding school. It was already a meeting of religious leaders from community leaders directly from elements of hamlet institutions from neighbouring communities. The head of the Islamic boarding school still wants to be established here, his parents' homeland here. Maybe his spirit is burning. So the community also followed, supporting and participating in joint activities from the beginning” (Community Leader 2)

“The cooperation between Islamic boarding schools and the surrounding community is excellent. Cooperation is carried out in a cooperative manner” (Community Leader 3)

The founder of the Islamic boarding school initially established an educational institution and therapists personally. Then it developed into a mental health service in the form of an Islamic boarding school because it accommodates the needs of parents about housing for children with special needs. Parents of children with special needs hope their children can get mental health services more continuously and have good habituation when living in Islamic boarding schools. Another reason for establishing this boarding school is that there are no mental health services in the rural areas where they live, and children feel afraid to come to the hospital.

Children are treated in Islamic boarding schools because parents cannot educate and provide therapy to them. Parents said no institution can care for children with special needs in their area or village. Busy parents are entrusted to others, but their conditions do not become good, and they are entrusted because they have no one or are orphans.

This Islamic boarding school also provides mental health services by involving the community. The community has the broadest opportunity to participate in efforts to protect and fulfill the rights of persons with disabilities. 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.

1.2 Theme 2: Description of children with special needs receiving mental health services

Parenting in Islamic boarding schools applies a humanist approach model, which views them as children with potential and makes them special from their perspectives

The head of the Islamic boarding school believes God has created his creatures as perfect beings. Therefore, having a positive mind-set in looking at children with special needs is very important. The mind-set that they are the same as ordinary children in general, only need 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 created has flaws. So he seems troubled because our perspective that we feel that we are perfect sees children with special needs as not perfect” (founder, Islamic Boarding School)

Children with special needs who get services at Islamic boarding schools also get a negative stigma from the community.

“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. That is almost 85% of the parents who came told me this” (founder, Islamic boarding School)

The circumstances of children brought to Islamic boarding schools vary. Children treated in Islamic boarding schools include mental health problems due to communicative and affective disabilities due to autism, *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, now the Islamic boarding school has started treating children with disabilities and *cerebral palsy (CP)* and some teenagers with mental disorders.

1.3 Theme 3: Forms and processes of parenting children with special needs based on spiritual and community approaches

The leadership of the Islamic boarding school chooses the community around the

boarding school to be directly involved in the upbringing of the Islamic boarding school. Children with special needs are expected to be a real example of the existence of special children for those around them. Community involvement is also a form of direct education involving the local community.

In addition, in several activities in the community, such as community meetings, worship together in the village, and play with local children. Children with special needs in Islamic boarding schools 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 needs of them. This effort was ultimately able to change the view of the surrounding community toward them.

At first, they are considered unable to do anything, so they require total care or assistance from those around them. However, the community's views slowly changed by looking at what is done and the development of them in Islamic boarding schools. They 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. I 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 apply the concept of mental health services for children with special needs, including six forms of activities, namely:

“The analysis of the establishment of Islamic boarding schools begins with therapy. First, boarding school is also a place of therapy. So initially, as a therapy place, I helped clients of children with special needs. Second, as a place to go to school. It turns out that learning time is felt to be less long to form their potential. Good conditions are to form better habits and behaviour patterns, so I need more than 24 hours a day. Based on that, I formed an Islamic boarding school”

“After establishing the Islamic boarding school, it turned out that there were still children with special needs who relapsed and checked their condition. After a week, a month, or two months it turns out to come again because it returns to the patterns of behaviour that are not good. Then the last one is that the caregiver and I made a village for children with special needs. Our curriculum is called the Indonesian Special Needs Children's Recovery Centre curriculum”

“This Islamic boarding school is a place of learning, a place of therapy, a place of worship, a place of work, a place of family, and a place of community. Then these six concepts must be present here. So study, therapy, worship, work, family, and society must exist individually. So we named the village for children with special needs” (Founder, Ai).

Children with special needs in Islamic boarding schools are categorized into 3, namely three categories: all-in-hand, assisted direction, and independent.

“Children with special needs are categorized into three classes. If his ability is below average, he enters the auxiliary class. If his abilities are in, he is a command class. He is an independent class if he has good abilities and is above average”

“As a result of this all-help class, children can only care for themselves, do effortless work, and even then, with orders. In auxiliary landing classes, children can only become professional workers. Being a professional worker, he cannot create and manage jobs”

“This class of auxiliary referrals can be therapists, get instruction, and be nurturing. These independent classes are cadres, so after school and dedication, they must go home and can establish Islamic boarding schools like this. The independent class can become professional workers. The requirements for children with special needs can be independent when they can work professionally, can create jobs, and can manage jobs” (Founder, Ai)

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

Table1. Classification of Children with Special Needs in boarding school

“Though here, the main activity is praying worship. While waiting for prayer, the children with special needs do other activities” (Founder, Ai)

“Other activities include studying, working, therapy, and caring for family and community. Learning activities such as learning to write, count and memorize scriptures. Children also follow therapy carried out by caregivers. Children with special needs are also trained to carry out family roles such as cooking, washing clothes, and caring for themselves. Community activities and work such as gardening and livestock with community members. It is an amalgamation of behaviour modification. So, every child, if he does good deeds, has a point. If the child does an evil deed, there are points” (Care Giver, Is).

The form of nursing for the children uses the method of forming good habits for children by making worship time five times a day the primary time for habituating behaviour. While waiting for worship time from one time to the next, children with special needs in the Islamic boarding school carry out activities such as studying, undergoing therapy, learning to take care of themselves, gardening, raising livestock, and activities with the community around the Islamic boarding school. Behaviour modification is carried out with a *reward and punishment-approach*.

1.4 Theme 4: Methods of assessment and psychological Intervention during the care of Children with special needs with an indigenous psychology approach.

This Islamic boarding school has 128 children from various villages in Indonesia. After registration, children undergo observation for 40 days. Things observed include academic ability, life skills, and personal responsibilities. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the sincerity of parents will determine the development of children's progress.

“Later, there will be a test, about his academics, about abilities, life skills, and responsibility. Usually included in the all-help category first. After 40 days, we will see how it progresses” (Caregiver, W)

“So, the handling of children with special needs is not at calendar age but looks at mental age abilities. We do screen first, and we make observations. First, enter the observation period of 40 days to see age, gender, and do diagnostic labelling. This diagnostic labelling is related to academics, life skills, and responsibility. The final result is a total index number. If the total score is below average, then the child is given an all-help diagnostic label. If the total score is moderate, then the child is in the category of auxiliary referrals. The total score of the index number, if it is good or above average, then it is included in the class category” (Teacher and Caregiver, Ft)

Children with special needs receive therapy in the process of mental health services. The therapy provided is behavioural therapy, massage therapy, tap therapy, and swab therapy for children with special needs. Reading therapy is also given by reading a spiritual book read by one child in front of other children.

“Then I have one method called IBT (Isma Behaviour therapy). Isma behaviour therapy that I refer to is spiritual understanding. “You will get a good return if you do one good deed. You will get something in return if you do a good deed as big as a mustard seed. I instilled in them “That every activity has value, there is value, and you will get results according to what you do. The incorporation of behaviour modification is actually about reward and punishment. My independent category children asked me to read spiritual books in front of other children” (Founder, Ai)

“I have learned ILT, Isma Learning Therapist, which is doing. Tap, pat, and wipe on the body parts of children with special needs who experience tension. It can be in the position of hands, head, neck, shoulders, back, and feet. Children are expected to feel relaxed after the therapy process” (Care Giver, As)

“To eliminate the effects of heat on the body after therapy, we wipe first... and patting on the right part of the child's body. It must be done carefully and precisely, so caregivers should also learn about therapy first. Caregivers should not do carelessly” (Caregiver, St).

“Providing therapy and education to these children requires the expertise of caregivers. Caregivers need tremendous perseverance and patience” (Leader, Ai)

The assessment method and psychological intervention are based on the spiritual and psychological understanding of the founder of the Islamic boarding school about the

therapeutic process that is important for observing children with special needs for 40 days. After seeing the habitual process by children, it is categorized into class categories according to diagnostic labels.

Psychological intervention is carried out by conducting behavioural therapy based on behaviour modification rules. Therapy is also done by doing massage techniques, tapping, and wiping to provide a relaxing effect to them.

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 mental health service model finds four essential themes, namely; 1) the process of initial establishment of mental health services in rural areas; 2) descriptions of children with special needs who can receive mental health services; 3) community-based and spiritual-based forms and processes of parenting children with special needs; and 4) assessment methods and psychological intervention in the process of caring for children with special needs.

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 [27, 28]. Leaders and caregivers of Islamic boarding schools have a positive mind-set 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 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 psychologist, doctor, psychiatrist, nurse should encourage families to use community support resources for childcare (Wakimizu et al., 2018).

Community stigma against children with special needs can prevent parents from finding

mental health services (Sheikhan et al., 2023). Medical professional should pay attention to reduce the stigma(He et al., 2023). In this boarding school, the types of children are categorized more positively, namely the all-help category, auxiliary direction, and independent category. This difference in the category of diagnostic labels can reduce the stigma against children with special needs (Grattidge et al., 2023). When categorizing levels remove stigma according to children's abilities after 40 days of observation, children with special needs are still projected to develop according to their circumstances.

Nursing is done with a behavioural approach by forming good behavioural habits, reading book-bibliographic therapy, and practicing social skills [30,31]. 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 providing counselling and direction to children with special needs when undergoing massage, tap and wipe therapy.

Conclusion

This paper presents the findings of a spiritual and community-based mental health service model. Spiritually-based mental health services are based on religious leaders' understanding of the whereabouts of the children. They are also seen as perfect human figures but have special needs and treatment in parenting. Based on this understanding, to reduce negative stigma for the children with special needs using favourable terms such as the all-in hand category, assisted direction category, and independent categories. The process of nursing children with special needs is aimed at bringing children closer to God by doing activities between waiting for worship time. Nursing with this habitual therapy approach can form good behaviour patterns in children with special needs.

Religious leaders carry out community-based mental health services by involving the community around Islamic boarding schools to care for them. In addition to learning about religious knowledge and school lessons, they also learn to garden, livestock, live skills, and community with the community.

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The assessment methods and psychological interventions provided during the process of mental health and childcare services are based on the level of the child's category and the child's needs in life. This model of nursing and mental health services in Islamic boarding schools can be used as an example of nursing and providing mental health services, especially in rural areas.

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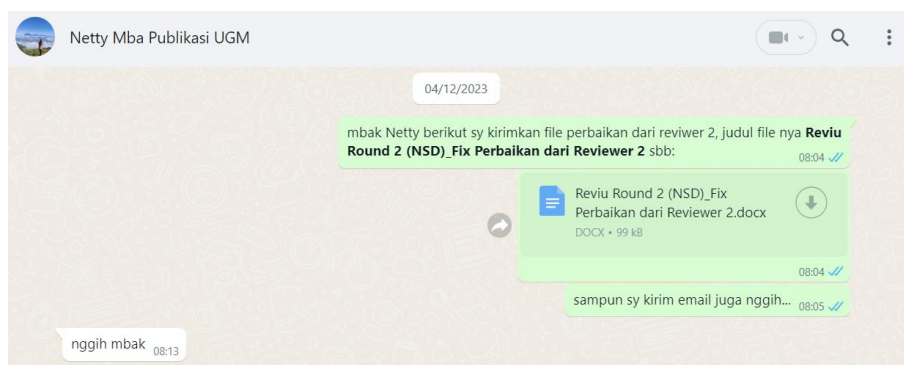
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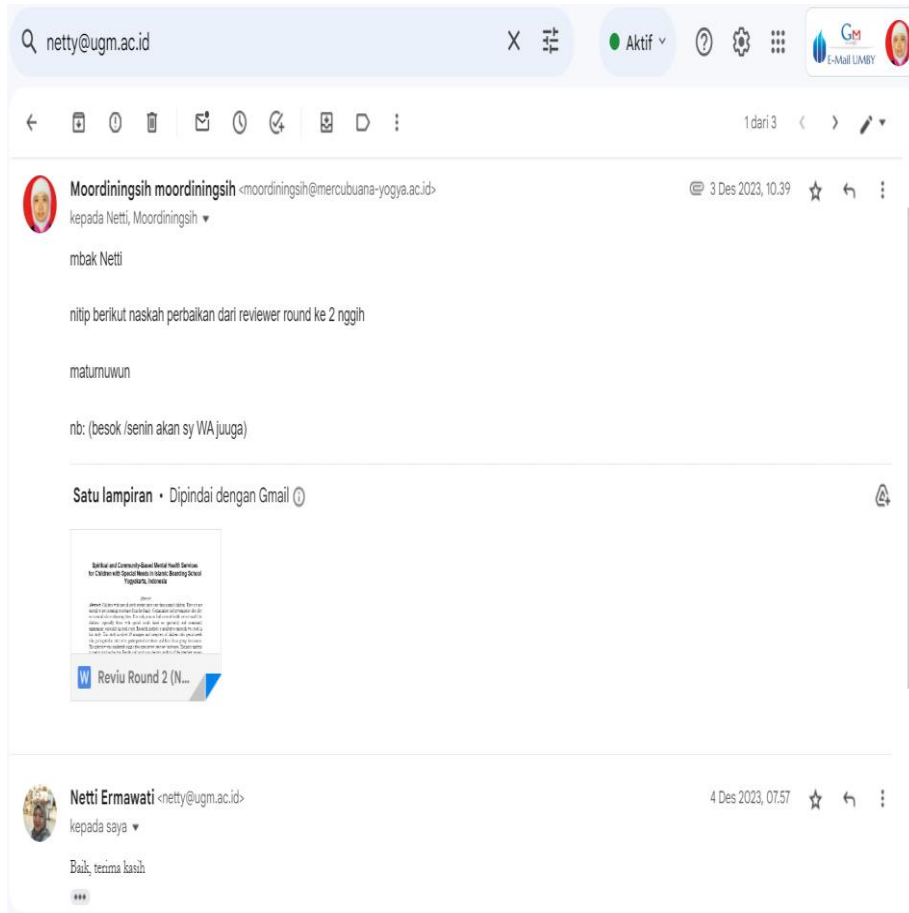
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4. Bukti konfirmasi review dan hasil review kedua 03-04 Desember 2023





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

Abstract

Abstract: Children with special needs require more care than normal children. They are not enough to get parenting assistance from the family. Communities and governments also play an essential role in educating them. This study aims to find a mental health service model for children, especially those with special needs based on spirituality and community engagement, especially in rural areas. Research methods a qualitative approach was used in this study. This study involved 19 managers and caregivers of children with special needs who participated in interviews, participant observations, and three focus group discussions. The interview was conducted using a *free association interview technique*. Thematic analysis is used to analyse the data. Results and conclusion thematic analysis of the interview process and focus group discussion resulted in four prominent themes namely the process of forming spiritual and

community-based mental health services, description of children who receive mental health services, forms, and processes of nursing them based on spiritual and community approaches, assessment methods and psychological interventions with an indigenous psychological approach. Contribution This study is expected to find a mental health service model that is suitable for children can be applied in *rural* areas, and can be a mental health service model that can be replicated in other areas.

Keywords: Community Mental Health, Spiritual, Mental Health Services, Children with Special Needs, Indonesia

Introduction

Children with special needs require special attention from family, community/society, and government. Including children with disabilities is one of the biggest challenges faced by education systems worldwide, in line with UNICEF's Sustainable Development Goals (SDGs) to support inclusive and equitable quality education and promote lifelong learning opportunities for all (Franco, 2023). In this case, it is also necessary to think about an integrated mental health service system in the education process for youth. 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 prone to stress during the care of children with special needs. High-stress pressure and neglect by teachers of children with special needs can cause physical discomfort, such as back pain and fatigue, and 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 involving the community.

Community involvement has not been done in rural mental health services. In urban areas, it is still easy for residents to access mental health services. Mental health services in urban areas are felt to be less affordable by rural communities. Mental health services are also sometimes considered incompatible with the needs and expectations of rural communities. Existing mental health services are based on assumptions that are considered incompatible with indigenous communities (*Gone-Re-imagining-Mental-Health-Services-for-American-Indian-Communities-Centering.Pdf*, n.d.). The youth and teenagers need mental health services, but few community-based mental health services can reach rural areas. Mental health services are still centered in urban areas.

Rural communities in Indonesia, particularly indigenous children, 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 indigenous 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., 2023).

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. 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., 2021) the spiritual factor is still something crucial in Indonesia and countries in Asia.

Among the various psychological factors that exist, religion and spirituality are important and good things as well (Moordiningsih et al., 2023; Sahrah et al., 2023) Religious and spiritual give individuals different points of view when facing 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 someone 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 behaviour and subjective well-being (Božek 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 (Gonçalves 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 (World Health Organization, 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 support those who are vulnerable to mental disorders.

There are community-based and spiritual mental health services that care about the approach of caring for children with special needs in Indonesia through Islamic boarding schools. This boarding school for children with disabilities provides mental health services for the development of children with special needs. Many families with children with special needs in Indonesia choose to provide care for children with special needs in this Islamic boarding school.

Children with special needs have been cared for more at home. Parents sometimes feel ashamed and lack acceptance of the existence of them. 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 about them (Widhiati et al., 2022). Stigma is associated with negative attitudes and intentions to seek

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psychological help and correlates with psychological distress (Calear et al., 2021; Dagani et al., 2023; Eyllon et al., 2020). This negative stigma about children with special needs is often associated with beliefs and spiritual elements about the existence of children (Wibowo & Nurlaila, 2017; Sheikhan et al., 2023). 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 Yogyakarta, Indonesia, there is an Islamic boarding school that provides mental health services for children with special needs with a spiritual approach and also involves community participation in the care of them. This study wanted to find a spiritual and community-based mental health service model for children with special needs in Yogyakarta, Indonesia. This mental health service model for children with special needs obtained can be a model of mentoring and caring for children with special needs in rural areas. This mental health service model can also describe psychological assessments and interventions provided for children with an indigenous psychological approach.

This study aims to find a mental health service model for children based on spirituality and community involvement, especially in rural areas. This research is important to obtain a service model for children with special needs with a spiritual and community approach. The previous model of mental health services for children with special needs in Indonesia was generally carried out by formal schools such as special schools (*Sekolah Luar Biasa*) and by the health office. The central question of this study is how is the mental health service model for children with special needs with a spiritual and community approach carried out in an Islamic boarding school?

Research Method

The research was conducted using a qualitative approach at the Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia, which provides mental health services for children with special needs. This Islamic boarding school provides education and health services for 128 children with special needs from various regions in Indonesia. Informed consent was given to all informants who participated in the study. The study was conducted between July – November 2020, followed by June-July 2023 in Yogyakarta, Indonesia. This study experienced a gap due to the Covid 19 pandemic situation that occurred in Indonesia

The methods used are interviews, participant observation, and *focus group discussion*. The main informant of the research was the manager and caregiver at the Islamic boarding school in Yogyakarta, Indonesia. Informants follow the interview process and *focus group discussions*. Observations were also made on them who live and carry out daily activities in Islamic boarding schools. The total number of primary informants was 19, including two who acted as managers and leaders of Islamic boarding schools. Seventeen caregivers out of 52 are caregivers for children with special needs in Islamic

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boarding schools. The caregivers work as caregivers who act as teachers, security officers, and providers of food needs for the children.

Focus group discussions were also conducted with nine local community leaders to understand the role of the community in caring for children with special needs and four representatives of parents of children with special needs. The interview and focus group discussion results were recorded and made verbatim transcripts. The observations are described in a descriptive narrative manner. Data analysis is carried out by analysing the content of verbatim transcript results. According to (Davison & 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

Four main theme findings describe mental health service models for children with special needs on a spiritual and community basis. The four main themes include:

1.1 Theme 1: Establishment of spiritual and community-based mental health services,

The establishment of Islamic boarding schools as a place of care and therapy for children with special needs began with a therapist educational institution to help clients personally.

“At first, I did not aspire to have an Islamic boarding school. First, as a therapist, I have a therapist educational institution to deal with children with learning difficulties, dyslexia, dyscalculia, and dysgraphia. I educated by reading, writing, and counting for 30 meetings. Then I met a strange child. I then created a school”

“From school, then in 2012, I established the Ainul Yakin Islamic boarding school because there are parents of children with special needs who have a house far from school. The parents of this child with special needs asked me to make a boarding house. Parents hope their children can stay with me and get therapy and care continuously”

“Many children with special needs are afraid to go to the hospital because the hospital model is not felt safe and comfortable for children (Founder, Ai)”

“Then I looked for a place that was spacious, united, and close to the community. I chose Tepus GunungKidul village, Yogyakarta, because it is my mother's birthplace”

“I then created the concept of a particular Islamic boarding school for children with special needs as a community centre for children with special needs in Indonesia. I need a prominent place because the basic concept is not only learning and therapy, but there are six concepts earlier; namely, children with special needs can learn, therapy, worship, work, family, and community”. (Founder, Ai).

“I think this Islamic boarding school was originally not for children like children with special needs, but it turned out to take care of special children” (Community Leader 1)

“For the existence of the Ainul Yakin Islamic boarding school here, from the beginning, we probably all community leaders escorted the establishment of this Islamic boarding school. It was already a meeting of religious leaders from community leaders directly from elements of hamlet institutions from neighbouring communities. The head of the Islamic boarding school still wants to be established here, his parents' homeland here. Maybe his spirit is burning. So the community also followed, supporting and participating in joint activities from the beginning” (Community Leader 2)

“The cooperation between Islamic boarding schools and the surrounding community is excellent. Cooperation is carried out in a cooperative manner” (Community Leader 3)

The founder of the Islamic boarding school initially established an educational institution and therapists personally. Then it developed into a mental health service in the form of an Islamic boarding school because it accommodates the needs of parents about housing for children with special needs. Parents of children with special needs hope their children can get mental health services more continuously and have good habituation when living in Islamic boarding schools. Another reason for establishing this boarding school is that there are no mental health services in the rural areas where they live, and children feel afraid to come to the hospital.

Children are treated in Islamic boarding schools because parents cannot educate and provide therapy to them. Parents said no institution can care for children with special needs in their area or village. Busy parents are entrusted to others, but their conditions do not become good, and they are entrusted because they have no one or are orphans.

This Islamic boarding school also provides mental health services by involving the community. The community has the broadest opportunity to participate in efforts to protect and fulfill the rights of persons with disabilities. 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.

1.2 Theme 2: Description of children with special needs receiving mental health services

Parenting in Islamic boarding schools applies a humanist approach model, which views them as children with potential and makes them special from their perspectives

The head of the Islamic boarding school believes God has created his creatures as perfect beings. Therefore, having a positive mind-set in looking at children with special needs

is very important. The mind-set that they are the same as ordinary children in general, only need 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 created has flaws. So he seems troubled because our perspective that we feel that we are perfect sees children with special needs as not perfect” (founder, Islamic Boarding School)

Children with special needs who get services at Islamic boarding schools also get a negative stigma from the community.

“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. That is almost 85% of the parents who came told me this” (founder, Islamic boarding School)

The circumstances of children brought to Islamic boarding schools vary. Children treated in Islamic boarding schools include mental health problems due to communicative and affective disabilities due to autism, *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, now the Islamic boarding school has started treating children with disabilities and *cerebral palsy (CP)* and some teenagers with mental disorders.

1.3 Theme 3: Forms and processes of parenting children with special needs based on spiritual and community approaches

The leadership of the Islamic boarding school chooses the community around the boarding school to be directly involved in the upbringing of the Islamic boarding school. Children with special needs are expected to be a real example of the existence of special children for those around them. Community involvement is also a form of direct education involving the local community.

In addition, in several activities in the community, such as community meetings, worship together in the village, and play with local children. Children with special needs in Islamic boarding schools 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 needs of them. This effort was ultimately able to change the view of the surrounding community toward them.

At first, they are considered unable to do anything, so they require total care or assistance from those around them. However, the community's views slowly changed by looking at what is done and the development of them in Islamic boarding schools. They 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. I 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 apply the concept of mental health services for children with special needs, including six forms of activities, namely:

“The analysis of the establishment of Islamic boarding schools begins with therapy. First, boarding school is also a place of therapy. So initially, as a therapy place, I helped clients of children with special needs. Second, as a place to go to school. It turns out that learning time is felt to be less long to form their potential. Good conditions are to form better habits and behaviour patterns, so I need more than 24 hours a day. Based on that, I formed an Islamic boarding school”

“After establishing the Islamic boarding school, it turned out that there were still children with special needs who relapsed and checked their condition. After a week, a month, or two months it turns out to come again because it returns to the patterns of behaviour that are not good. Then the last one is that the caregiver and I made a village for children with special needs. Our curriculum is called the Indonesian Special Needs Children's Recovery Centre curriculum”

“This Islamic boarding school is a place of learning, a place of therapy, a place of worship, a place of work, a place of family, and a place of community. Then these six concepts must be present here. So study, therapy, worship, work, family, and society must exist individually. So we named the village for children with special needs” (Founder, Ai).

Children with special needs in Islamic boarding schools are categorized into 3, namely three categories: all-in-hand, assisted direction, and independent.

“Children with special needs are categorized into three classes. If his ability is below average, he enters the auxiliary class. If his abilities are in, he is a command class. He is an independent class if he has good abilities and is above average”

“As a result of this all-help class, children can only care for themselves, do effortless work,

and even then, with orders. In auxiliary landing classes, children can only become professional workers. Being a professional worker, he cannot create and manage jobs”

“This class of auxiliary referrals can be therapists, get instruction, and be nurturing. These independent classes are cadres, so after school and dedication, they must go home and can establish Islamic boarding schools like this. The independent class can become professional workers. The requirements for children with special needs can be independent when they can work professionally, can create jobs, and can manage jobs” (Founder, Ai)

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

Table1. Classification of Children with Special Needs in boarding school

“Though here, the main activity is praying worship. While waiting for prayer, the children with special needs do other activities” (Founder, Ai)

“Other activities include studying, working, therapy, and caring for family and community. Learning activities such as learning to write, count and memorize scriptures. Children also follow therapy carried out by caregivers. Children with special needs are also trained to carry out family roles such as cooking, washing clothes, and caring for themselves. Community activities and work such as gardening and livestock with community members. It is an amalgamation of behaviour modification. So, every child, if he does good deeds, has a point. If the child does an evil deed, there are points” (Care Giver, Is).

The form of nursing for the children uses the method of forming good habits for children by making worship time five times a day the primary time for habituating behaviour. While waiting for worship time from one time to the next, children with special needs in the Islamic boarding school carry out activities such as studying, undergoing therapy, learning to take care of themselves, gardening, raising livestock, and activities with the community around the Islamic boarding school. Behaviour modification is carried out with a *reward and punishment-approach*.

1.4 Theme 4: Methods of assessment and psychological Intervention during the care of Children with special needs with an indigenous psychology approach.

This Islamic boarding school has 128 children from various villages in Indonesia. After registration, children undergo observation for 40 days. Things observed include academic ability, life skills, and personal responsibilities. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the sincerity of parents will determine the development of children's progress.

“Later, there will be a test, about his academics, about abilities, life skills, and

responsibility. Usually included in the all-help category first. After 40 days, we will see how it progresses” (Caregiver, W)

“So, the handling of children with special needs is not at calendar age but looks at mental age abilities. We do screen first, and we make observations. First, enter the observation period of 40 days to see age, gender, and do diagnostic labelling. This diagnostic labelling is related to academics, life skills, and responsibility. The final result is a total index number. If the total score is below average, then the child is given an all-help diagnostic label. If the total score is moderate, then the child is in the category of auxiliary referrals. The total score of the index number, if it is good or above average, then it is included in the class category“(Teacher and Caregiver, Ft)

Children with special needs receive therapy in the process of mental health services. The therapy provided is behavioural therapy, massage therapy, tap therapy, and swab therapy for children with special needs. Reading therapy is also given by reading a spiritual book read by one child in front of other children.

“Then I have one method called IBT (Isma Behaviour therapy). Isma behaviour therapy that I refer to is spiritual understanding. “You will get a good return if you do one good deed. You will get something in return if you do a good deed as big as a mustard seed. I instilled in them “That every activity has value, there is value, and you will get results according to what you do. The incorporation of behaviour modification is actually about reward and punishment. My independent category children asked me to read spiritual books in front of other children” (Founder, Ai)

“I have learned ILT, Isma Learning Therapist, which is doing. Tap, pat, and wipe on the body parts of children with special needs who experience tension. It can be in the position of hands, head, neck, shoulders, back, and feet. Children are expected to feel relaxed after the therapy process” (Care Giver, As)

“To eliminate the effects of heat on the body after therapy, we wipe first... and patting on the right part of the child's body. It must be done carefully and precisely, so caregivers should also learn about therapy first. Caregivers should not do carelessly” (Caregiver, St).

“Providing therapy and education to these children requires the expertise of caregivers. Caregivers need tremendous perseverance and patience” (Leader, Ai)

The assessment method and psychological intervention are based on the spiritual and psychological understanding of the founder of the Islamic boarding school about the therapeutic process that is important for observing children with special needs for 40 days. After seeing the habitual process by children, it is categorized into class categories according to diagnostic labels.

Psychological intervention is carried out by conducting behavioural therapy based on behaviour modification rules. Therapy is also done by doing massage techniques, tapping, and wiping to provide a relaxing effect to them.

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 mental health service model

finds four essential themes, namely; 1) the process of initial establishment of mental health services in rural areas; 2) descriptions of children with special needs who can receive mental health services; 3) community-based and spiritual-based forms and processes of parenting children with special needs; and 4) assessment methods and psychological intervention in the process of caring for children with special needs.

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 [27, 28]. Leaders and caregivers of Islamic boarding schools have a positive mind-set 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 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 psychologist, doctor, psychiatrist, nurse should encourage families to use community support resources for childcare (Wakimizu et al., 2018).

Community stigma against children with special needs can prevent parents from finding mental health services (Sheikhan et al., 2023). Medical professional should pay attention to reduce the stigma (He et al., 2023). In this boarding school, the types of children are categorized more positively, namely the all-help category, auxiliary direction, and independent category. This difference in the category of diagnostic labels can reduce the stigma against children with special needs (Grattidge et al., 2023). When categorizing levels remove stigma according to children's abilities after 40 days of observation, children with special needs are still projected to develop according to their circumstances.

Nursing is done with a behavioural approach by forming good behavioural habits, reading book-bibliographic therapy, and practicing social skills [30,31]. 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 providing counselling and direction to children with special needs when undergoing massage, tap and wipe therapy.

Conclusion

This paper presents the findings of a spiritual and community-based mental health service model. Spiritually-based mental health services are based on religious leaders' understanding of the whereabouts of the children. They are also seen as perfect human figures but have special needs and treatment in parenting. Based on this understanding, to reduce negative stigma for the children with special needs using favourable terms such as the all-in hand category, assisted direction category, and independent categories. The process of nursing children with special needs is aimed at bringing children closer to God by doing activities between waiting for worship time. Nursing with this habitual therapy approach can form good behaviour patterns in children with special needs.

Religious leaders carry out community-based mental health services by involving the community around Islamic boarding schools to care for them. In addition to learning about religious knowledge and school lessons, they also learn to garden, livestock, live skills, and community with the community.

The assessment methods and psychological interventions provided during the process of mental health and childcare services are based on the level of the child's category and the child's needs in life. This model of nursing and mental health services in Islamic boarding schools can be used as an example of nursing and providing mental health services, especially in rural areas.

Acknowledgment

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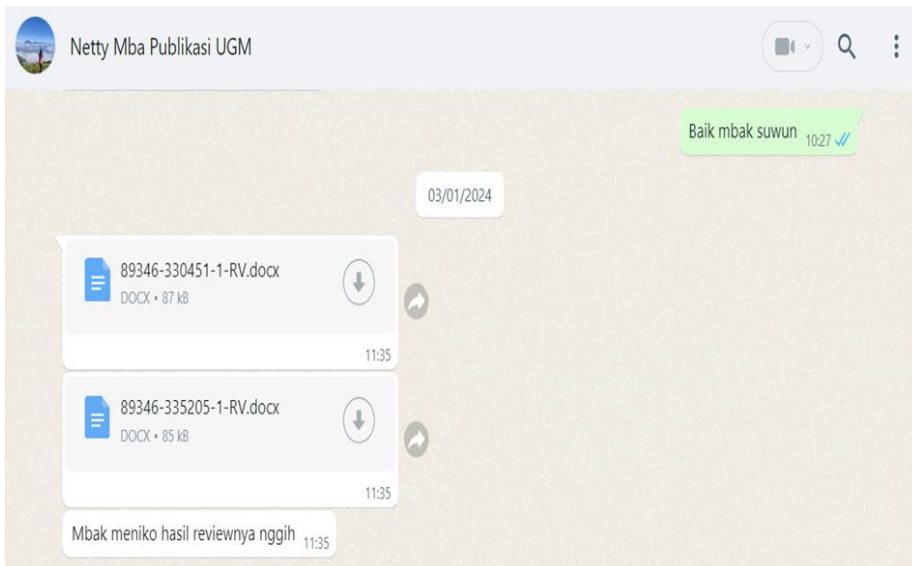
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5. Bukti konfirmasi submit revisi kedua, respon kepada reviewer, dan artikel yang diresubmit 15 Januari 2024



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

Abstract

Abstract: Children with special needs require more care than normal children. They are not enough to get parenting assistance from the family. Communities and governments also play an essential role in educating them. This study aims to find a mental health service model for children, especially those with special needs based on spirituality and community engagement, especially in rural *areas*. Research methods a qualitative approach was used in this study. This study involved 19 managers and caregivers of children with special needs who participated in interviews, participant observations, and three focus group discussions. The interview was conducted using a *free association interview technique*. Thematic analysis is used to analyse the data. Results and conclusion thematic analysis of the interview process and focus group discussion resulted in four prominent themes namely the process of forming spiritual and

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community-based mental health services, description of children who receive mental health services, forms, and processes of nursing them based on spiritual and community approaches, assessment methods and psychological interventions with an indigenous psychological approach. Contribution This study is expected to find a mental health service model that is suitable for children can be applied in *rural* areas, and can be a mental health service model that can be replicated in other areas.

Keywords: Community Mental Health, Spiritual, Mental Health Services, Children with Special Needs, Indonesia

Introduction

Children with special needs require special attention from family, community/society, and government. Including children with disabilities is one of the biggest challenges faced by education systems worldwide, in line with UNICEF's Sustainable Development Goals (SDGs) to support inclusive and equitable quality education and promote lifelong learning opportunities for all (Franco, 2023). In this case, it is also necessary to think about an integrated mental health service system in the education process for youth. 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 prone to stress during the care of children with special needs. High-stress pressure and neglect by teachers of children with special needs can cause physical discomfort, such as back pain and fatigue, and 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 involving the community.

Community involvement has not been done in rural mental health services. In urban areas, it is still easy for residents to access mental health services. Mental health services in urban areas are felt to be less affordable by rural communities. Mental health services are also sometimes considered incompatible with the needs and expectations of rural communities. Existing mental health services are based on assumptions that are considered incompatible with indigenous communities (*Gone-Re-imagining-Mental-Health-Services-for-American-Indian-Communities-Centering.Pdf*, n.d.). The youth and teenagers need mental health services, but few community-based mental health services can reach rural areas. Mental health services are still cantered in urban areas.

Rural communities in Indonesia, particularly indigenous children, 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 indigenous 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

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(Lau-Zhu et al., 2023).

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. 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., 2021) the spiritual factor is still something crucial in Indonesia and countries in Asia.

Among the various psychological factors that exist, religion and spirituality are important and good things as well (Moordiningsih et al., 2023; Sahrah et al., 2023) Religious and spiritual give individuals different points of view when facing 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 someone 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 behaviour and subjective well-being (Božek 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 (Gonçalves 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 (World Health Organization, 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 support those who are vulnerable to mental disorders.

There are community-based and spiritual mental health services that care about the approach of caring for children with special needs in Indonesia through Islamic boarding schools. This boarding school for children with disabilities provides mental health services for the development of children with special needs. Many families with children with special needs in Indonesia choose to provide care for children with special needs in this Islamic boarding school.

Children with special needs have been cared for more at home. Parents sometimes feel ashamed and lack acceptance of the existence of them. 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 about them (Widhiati et al., 2022). Stigma is associated with negative attitudes and intentions to seek

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psychological help and correlates with psychological distress (Calear et al., 2021; Dagani et al., 2023; Eyllon et al., 2020). This negative stigma about children with special needs is often associated with beliefs and spiritual elements about the existence of children (Wibowo & Nurlaila, 2017; Sheikhan et al., 2023). 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 Yogyakarta, Indonesia, there is an Islamic boarding school that provides mental health services for children with special needs with a spiritual approach and also involves community participation in the care of them. This study wanted to find a spiritual and community-based mental health service model for children with special needs in Yogyakarta, Indonesia. This mental health service model for children with special needs obtained can be a model of mentoring and caring for children with special needs in rural areas. This mental health service model can also describe psychological assessments and interventions provided for children with an indigenous psychological approach.

This study aims to find a mental health service model for children based on spirituality and community involvement, especially in rural areas. This research is important to obtain a service model for children with special needs with a spiritual and community approach. The previous model of mental health services for children with special needs in Indonesia was generally carried out by formal schools such as special schools (*Sekolah Luar Biasa*) and by the health office. The central question of this study is how is the mental health service model for children with special needs with a spiritual and community approach carried out in an Islamic boarding school?

Research Method

The research was conducted using a qualitative approach at the Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia, which provides mental health services for children with special needs. This Islamic boarding school provides education and health services for 128 children with special needs from various regions in Indonesia. Informed consent was given to all informants who participated in the study. The study was conducted between July – November 2020, followed by June-July 2023 in Yogyakarta, Indonesia. This study experienced a gap due to the Covid 19 pandemic situation that occurred in Indonesia

The methods used are interviews, participant observation, and *focus group discussion*. The main informant of the research was the manager and caregiver at the Islamic boarding school in Yogyakarta, Indonesia. Informants follow the interview process and *focus group discussions*. Observations were also made on them who live and carry out daily activities in Islamic boarding schools. The total number of primary informants was 19, including two who acted as managers and leaders of Islamic boarding schools. Seventeen caregivers out of 52 are caregivers for children with special needs in Islamic boarding schools. The caregivers work as caregivers who act as teachers, security officers, and providers of food needs for the children.

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Focus group discussions were also conducted with nine local community leaders to understand the role of the community in caring for children with special needs and four representatives of parents of children with special needs. The interview and focus group discussion results were recorded and made verbatim transcripts. The observations are described in a descriptive narrative manner. Data analysis is carried out by analysing the content of verbatim transcript results. According to (Davison & 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

Four main theme findings describe mental health service models for children with special needs on a spiritual and community basis. The four main themes include:

1.1 Theme 1: Establishment of spiritual and community-based mental health services,

The establishment of Islamic boarding schools as a place of care and therapy for children with special needs began with a therapist educational institution to help clients personally.

“At first, I did not aspire to have an Islamic boarding school. First, as a therapist, I have a therapist educational institution to deal with children with learning difficulties, dyslexia, dyscalculia, and dysgraphia. I educated by reading, writing, and counting for 30 meetings. Then I met a strange child. I then created a school”

“From school, then in 2012, I established the Ainul Yakin Islamic boarding school because there are parents of children with special needs who have a house far from school. The parents of this child with special needs asked me to make a boarding house. Parents hope their children can stay with me and get therapy and care continuously”

“Many children with special needs are afraid to go to the hospital because the hospital model is not felt safe and comfortable for children (Founder, Ai)”

“Then I looked for a place that was spacious, united, and close to the community. I chose Tepus GunungKidul village, Yogyakarta, because it is my mother's birthplace”

“I then created the concept of a particular Islamic boarding school for children with special needs as a community centre for children with special needs in Indonesia. I need a prominent place because the basic concept is not only learning and therapy, but there are six concepts earlier; namely, children with special needs can learn, therapy, worship, work, family, and community”. (Founder, Ai).

“I think this Islamic boarding school was originally not for children like children with special needs, but it turned out to take care of special children” (Community Leader 1)

“For the existence of the Ainul Yakin Islamic boarding school here, from the beginning, we probably all community leaders escorted the establishment of this Islamic boarding school. It was already a meeting of religious leaders from community leaders directly from elements of hamlet institutions from neighbouring communities. The head of the Islamic boarding school still wants to be established here, his parents’ homeland here. Maybe his spirit is burning. So the community also followed, supporting and participating in joint activities from the beginning” (Community Leader 2)

“The cooperation between Islamic boarding schools and the surrounding community is excellent. Cooperation is carried out in a cooperative manner” (Community Leader 3)

The founder of the Islamic boarding school initially established an educational institution and therapists personally. Then it developed into a mental health service in the form of an Islamic boarding school because it accommodates the needs of parents about housing for children with special needs. Parents of children with special needs hope their children can get mental health services more continuously and have good habituation when living in Islamic boarding schools. Another reason for establishing this boarding school is that there are no mental health services in the rural areas where they live, and children feel afraid to come to the hospital.

Children are treated in Islamic boarding schools because parents cannot educate and provide therapy to them. Parents said no institution can care for children with special needs in their area or village. Busy parents are entrusted to others, but their conditions do not become good, and they are entrusted because they have no one or are orphans.

This Islamic boarding school also provides mental health services by involving the community. The community has the broadest opportunity to participate in efforts to protect and fulfill the rights of persons with disabilities. 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.

1.2 Theme 2: Description of children with special needs receiving mental health services

Parenting in Islamic boarding schools applies a humanist approach model, which views them as children with potential and makes them special from their perspectives

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

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the Islamic boarding school.

“The problem is not with children with special needs. If the child from birth is indeed like that created has flaws. So he seems troubled because our perspective that we feel that we are perfect sees children with special needs as not perfect” (founder, Islamic Boarding School)

Children with special needs who get services at Islamic boarding schools also get a negative stigma from the community.

“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. That is almost 85% of the parents who came told me this” (founder, Islamic boarding School)

The circumstances of children brought to Islamic boarding schools vary. Children treated in Islamic boarding schools include mental health problems due to communicative and affective disabilities due to autism, *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, now the Islamic boarding school has started treating children with disabilities and *cerebral palsy (CP)* and some teenagers with mental disorders.

1.3 Theme 3: Forms and processes of parenting children with special needs based on spiritual and community approaches

The leadership of the Islamic boarding school chooses the community around the boarding school to be directly involved in the upbringing of the Islamic boarding school. Children with special needs are expected to be a real example of the existence of special children for those around them. Community involvement is also a form of direct education involving the local community.

In addition, in several activities in the community, such as community meetings, worship together in the village, and play with local children. Children with special needs in Islamic boarding schools 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 needs of them. This effort was ultimately able to change the view of the surrounding community toward them.

At first, they are considered unable to do anything, so they require total care or assistance from those around them. However, the community's views slowly changed by looking at what is done and the development of them in Islamic boarding schools. They 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. I 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 apply the concept of mental health services for children with special needs, including six forms of activities, namely:

“The analysis of the establishment of Islamic boarding schools begins with therapy. First, boarding school is also a place of therapy. So initially, as a therapy place, I helped clients of children with special needs. Second, as a place to go to school. It turns out that learning time is felt to be less long to form their potential. Good conditions are to form better habits and behaviour patterns, so I need more than 24 hours a day. Based on that, I formed an Islamic boarding school”

“After establishing the Islamic boarding school, it turned out that there were still children with special needs who relapsed and checked their condition. After a week, a month, or two months it turns out to come again because it returns to the patterns of behaviour that are not good. Then the last one is that the caregiver and I made a village for children with special needs. Our curriculum is called the Indonesian Special Needs Children's Recovery Centre curriculum”

“This Islamic boarding school is a place of learning, a place of therapy, a place of worship, a place of work, a place of family, and a place of community. Then these six concepts must be present here. So study, therapy, worship, work, family, and society must exist individually. So we named the village for children with special needs” (Founder, Ai).

Children with special needs in Islamic boarding schools are categorized into 3, namely three categories: all-in-hand, assisted direction, and independent.

“Children with special needs are categorized into three classes. If his ability is below average, he enters the auxiliary class. If his abilities are in, he is a command class. He is an independent class if he has good abilities and is above average”

“As a result of this all-help class, children can only care for themselves, do effortless work, and even then, with orders. In auxiliary landing classes, children can only become professional

workers. *Being a professional worker, he cannot create and manage jobs*
“This class of auxiliary referrals can be therapists, get instruction, and be nurturing. These independent classes are cadres, so after school and dedication, they must go home and can establish Islamic boarding schools like this. The independent class can become professional workers. The requirements for children with special needs can be independent when they can work professionally, can create jobs, and can manage jobs” (Founder, Ai)

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

Table1. Classification of Children with Special Needs in boarding school

“Though here, the main activity is praying worship. While waiting for prayer, the children with special needs do other activities” (Founder, Ai)

“Other activities include studying, working, therapy, and caring for family and community. Learning activities such as learning to write, count and memorize scriptures. Children also follow therapy carried out by caregivers. Children with special needs are also trained to carry out family roles such as cooking, washing clothes, and caring for themselves. Community activities and work such as gardening and livestock with community members. It is an amalgamation of behaviour modification. So, every child, if he does good deeds, has a point. If the child does an evil deed, there are points” (Care Giver, Is).

The form of nursing for the children uses the method of forming good habits for children by making worship time five times a day the primary time for habituating behaviour. While waiting for worship time from one time to the next, children with special needs in the Islamic boarding school carry out activities such as studying, undergoing therapy, learning to take care of themselves, gardening, raising livestock, and activities with the community around the Islamic boarding school. Behaviour modification is carried out with a *reward and punishment-approach*.

1.4 Theme 4: Methods of assessment and psychological Intervention during the care of Children with special needs with an indigenous psychology approach.

This Islamic boarding school has 128 children from various villages in Indonesia. After registration, children undergo observation for 40 days. Things observed include academic ability, life skills, and personal responsibilities. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the sincerity of parents will determine the development of children's progress.

“Later, there will be a test, about his academics, about abilities, life skills, and responsibility. Usually included in the all-help category first. After 40 days, we will see how it

progresses” (Caregiver, W)

“So, the handling of children with special needs is not at calendar age but looks at mental age abilities. We do screen first, and we make observations. First, enter the observation period of 40 days to see age, gender, and do diagnostic labelling. This diagnostic labelling is related to academics, life skills, and responsibility. The final result is a total index number. If the total score is below average, then the child is given an all-help diagnostic label. If the total score is moderate, then the child is in the category of auxiliary referrals. The total score of the index number, if it is good or above average, then it is included in the class category” (Teacher and Caregiver, Ft)

Children with special needs receive therapy in the process of mental health services. The therapy provided is behavioural therapy, massage therapy, tap therapy, and swab therapy for children with special needs. Reading therapy is also given by reading a spiritual book read by one child in front of other children.

“Then I have one method called IBT (Isma Behaviour therapy). Isma behaviour therapy that I refer to is spiritual understanding. “You will get a good return if you do one good deed. You will get something in return if you do a good deed as big as a mustard seed. I instilled in them “That every activity has value, there is value, and you will get results according to what you do. The incorporation of behaviour modification is actually about reward and punishment. My independent category children asked me to read spiritual books in front of other children” (Founder, Ai)

“I have learned ILT, Isma Learning Therapist, which is doing. Tap, pat, and wipe on the body parts of children with special needs who experience tension. It can be in the position of hands, head, neck, shoulders, back, and feet. Children are expected to feel relaxed after the therapy process” (Care Giver, As)

“To eliminate the effects of heat on the body after therapy, we wipe first... and patting on the right part of the child's body. It must be done carefully and precisely, so caregivers should also learn about therapy first. Caregivers should not do carelessly” (Caregiver, St).

“Providing therapy and education to these children requires the expertise of caregivers. Caregivers need tremendous perseverance and patience” (Leader, Ai)

The assessment method and psychological intervention are based on the spiritual and psychological understanding of the founder of the Islamic boarding school about the therapeutic process that is important for observing children with special needs for 40 days. After seeing the habitual process by children, it is categorized into class categories according to diagnostic labels.

Psychological intervention is carried out by conducting behavioural therapy based on behaviour modification rules. Therapy is also done by doing massage techniques, tapping, and wiping to provide a relaxing effect to them.

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 mental health service model finds four essential themes, namely; 1) the process of initial establishment of mental health

services in rural areas; 2) descriptions of children with special needs who can receive mental health services; 3) community-based and spiritual-based forms and processes of parenting children with special needs; and 4) assessment methods and psychological intervention in the process of caring for children with special needs.

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 [27, 28]. Leaders and caregivers of Islamic boarding schools have a positive mind-set 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.

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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 psychologist, doctor, psychiatrist, nurse should encourage families to use community support resources for childcare (Wakimizu et al., 2018).

Community stigma against children with special needs can prevent parents from finding mental health services (Sheikhan et al., 2023). Medical professional should pay attention to reduce the stigma (He et al., 2023). In this boarding school, the types of children are categorized more positively, namely the all-help category, auxiliary direction, and independent category. This difference in the category of diagnostic labels can reduce the stigma against children with special needs (Grattidge et al., 2023). When categorizing levels remove stigma according to children's abilities after 40 days of observation, children with special needs are still projected to develop according to their circumstances.

Nursing is done with a behavioural approach by forming good behavioural habits, reading book-bibliographic therapy, and practicing social skills [30,31]. 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.

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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 providing counselling and direction to children with special needs when undergoing massage, tap and wipe therapy.

Conclusion

This paper presents the findings of a spiritual and community-based mental health service model. Spiritually-based mental health services are based on religious leaders' understanding of the whereabouts of the children. They are also seen as perfect human figures but have special needs and treatment in parenting. Based on this understanding, to reduce negative stigma for the children with special needs using favourable terms such as the all-in hand category, assisted direction category, and independent categories. The process of nursing children with special needs is aimed at bringing children closer to God by doing activities between waiting for worship time. Nursing with this habitual therapy approach can form good behaviour patterns in children with special needs.

Religious leaders carry out community-based mental health services by involving the community around Islamic boarding schools to care for them. In addition to learning about religious knowledge and school lessons, they also learn to garden, livestock, live skills, and community with the community.

The assessment methods and psychological interventions provided during the process of mental health and childcare services are based on the level of the child's category and the child's needs in life. This model of nursing and mental health services in Islamic boarding schools can be used as an example of nursing and providing mental health services, especially in rural areas.

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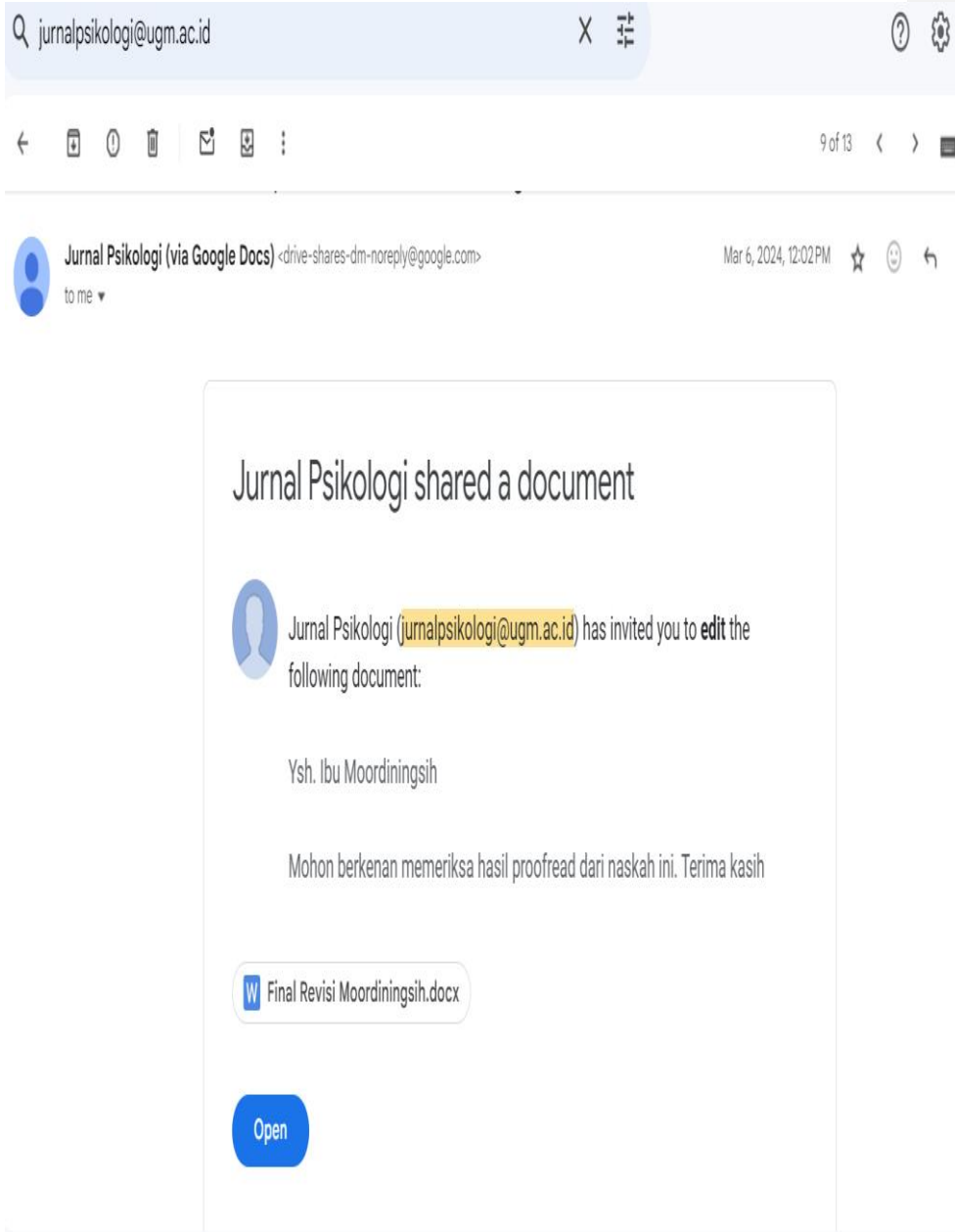
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Spiritual and Community-Based Mental Health Services for Children with Special Educational Needs and Disabilities in Islamic Boarding School

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Abstract: Children with special educational needs and disabilities (SEND) require more care than able-bodied children, and their parents often lack sufficient family support. Communities and governments play a crucial role in their education. This study aims to develop an inclusive education and mental health service model for children with SEND, incorporating spirituality and community engagement, with a focus on rural areas. A qualitative approach was utilized, involving 19 managers and caregivers of children with SEND who participated in interviews, participant observations, and three focus group discussions. The interviews were conducted using a free association technique, and thematic analysis was employed to analyse the data. The analysis resulted in four prominent themes: the process of forming spiritual and community-based mental health services, a description of spiritual and community-based approaches to administering mental health services, forms and processes of caring for children with SEND, and assessment methods and psychological interventions using indigenous psychological approach. This study aims to develop a mental health service model suitable for children with SEND in rural areas, potentially serving as a replicable model for other regions. **Keywords:** Community Mental Health, Spiritual, Mental Health Services, Children with Special Educational Needs and Disabilities (SEND), Indonesia

Introduction

Children with special education needs and disabilities (SEND) require special attention from family, community/society, and the government. Providing inclusive education and mental health service for children with SEND is one of the biggest challenges faced by education systems worldwide. Meanwhile supporting an inclusive and equitable quality education and promoting lifelong learning opportunities were a part of UNICEF's Sustainable Development Goals (SDGs)(UNICEF, 2017). Therefore, it is necessary to develop an inclusive education and mental health service system that specifically addresses the physical, mental, and social needs of children with SEND.

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 SEND (Saari et al., 2022). In addition to parents, teachers are also susceptible to stress when caring for children with SEND. High stress levels and neglect by teachers of children with SEND can lead to physical discomfort, 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 SEND 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., 2023).

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., 2021) the spiritual factor is still something crucial in Indonesia and countries in 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 (Božek 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 (Gonçalves 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 (World Health Organization, 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 support those who are vulnerable to mental disorders (Poh et al., 2017).

Children with SEND 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 SEND are lack of parental knowledge about mental health services for children with SEND 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., 2021; Dagani et al., 2023; Eyllon et al., 2020). This negative stigma around children with SEND is often associated with beliefs and spiritual elements about the existence of children (Wibowo & Nurlaila, 2017; Sheikhan et al., 2023). The stigma can cause inaccuracies during the process of caring for children with SEND 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 SEND, particularly through Islamic boarding schools. These schools provide mental health services aimed at the development of children with SEND. Many families in Indonesia opt to enrol their children with SEND 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 SEND, 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 SEND in Yogyakarta, Indonesia. Such a model could serve as a blueprint for mentoring and caring for children with SEND in rural areas. Additionally, this mental health service model may outline psychological assessments and interventions with an indigenous psychological approach for children with SEND.

Research in this area is crucial to establish a holistic education and mental health service model for children with SEND that integrates spiritual and community-based approaches. Previously, mental health services for children with SEND 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 SEND, incorporating spirituality and community involvement, is implemented within an Islamic boarding school.

Methods

The research was conducted in Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia. This Islamic boarding school provides education and mental health services for 128 children with SEND from various regions in Indonesia, since 2012. The study was initially conducted between July – November 2020, followed by June-July 2023. The gap in 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 (FGDs) as data collection procedure. The primary sources of information for this research consisted of the manager and caregivers at an Islamic boarding school located in Yogyakarta, Indonesia. These informants participated in both

interviews and FGDs. 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 the children with SEND, and two students.

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

The interview and FGD results were audio recorded and transcribed. The observations were written in a descriptive narrative manner, through recording of observations, through videotaping and detailed notetaking (Nastasi & Hithcock, 2016; Creswell & Creswell, 2018). Data analysis was carried out by analysing 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 & 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 SEND 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 SEND receiving mental health services; (3) forms and processes of parenting children with SEND based on spiritual and community approaches; and (4) methods of assessment and psychological Intervention during the care of children with SEND with an indigenous psychology approach. Each of these themes is described in turn.

1.1 Theme 1: Establishment of spiritual and community-based mental health services

The founder of the Islamic boarding school initially personally established an educational institution and therapy centre. Then it developed into a holistic inclusive education institution which provides a curriculum that is tailored to the students' needs, mental health The founder of the Islamic boarding school initially personally established an educational institution and therapy centre. Then it developed into a holistic inclusive education institution which provides a curriculum that is tailored to the students' needs, mental health therapies, as well as a home for children with SEND. Parents of children with SEND hope their children

could get continuous mental health support and develop good habituation when living in an Islamic boarding school. Another reason for establishing this boarding school is that there were no mental health services in the rural areas where they lived, and children were afraid to come to the hospital.

Children were enrolled in the Islamic boarding school because parents could not educate and provide therapy for them. According to the parents, no other institution was able to care for children with SEND in their area or village. Due to the ongoing challenges faced by parents in navigating work while caring for children with SEND, they often entrusted their children to other parties, but their conditions did not improve. Children with SEND were also sometimes cared for by other 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 SEND.

Ainul Yakin Islamic boarding school also collaborates with the local community to provide both educational and mental health services. The community has the broadest opportunity to participate in efforts to protect and fulfil the rights of children with SEND. 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 SEND to get the best service, education, and therapy in collaboration with the community.

1.2 Theme 2: Description of children with SEND receiving mental health services

Ainul Yakin Islamic boarding school applies a humanist approach model, which acknowledges the potential of children with SEND and how their perceived limitations actually 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 SEND 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 SEND. If the child from birth is indeed like that, then there was nothing wrong with them. It was our perspective, because we feel that we are perfect, we then see children with SEND as not perfect” (founder, Islamic Boarding School).

Children with SEND also got stigmatised by the community, even their own parents.

“Many parents come to Islamic boarding schools for consultations about children with SEND. 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 SEND and *cerebral palsy (CP)* and some teenagers with mental health problems.

1.3 Theme 3: Forms and processes of caring for children with SEND based on spiritual and community approaches

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

Moreover, there are several activities in the community, such as community meetings, communal worship in the village, and playtime with local children. Children with SEND 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 by looking at what was done and their development in Islamic boarding schools. They now see children with SEND as children who can be empowered.

“There is an influence on the surrounding community, which initially considers children with SEND 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 process of caring for children with SEND. 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*). In order to categorize these children, 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 into a category. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the sincerity of parents will determine the development of children's progress.

Children who are not capable of performing basic life skills such as cleaning for themselves or eating on their own 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 curriculum and mode of therapy were developed originally by the owner to address the specific needs of children in this category which is called “*habitual therapy*”. 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 over and over again until they can perform the task.

Meanwhile, when a child is capable of performing basic life skills but 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 occupy 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 to perform morning preach 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:

- a. Ula (pre-school - elementary school age)
- b. Wustha (middle school age)
- c. Ulya (high school age)
- d. Takhassus (university age)

The output of their training, education, and therapy is to train them into becoming *hafiz* (Quran memorizer), therapist, or entrepreneur. They are also given the highest responsibility in caring for their other friends in the fully-assisted and directed categories. Sometimes, they are given

the responsibility to teach lessons such as reading and memorizing the Quran, maths, English, farming, et cetera. By performing these responsibilities, children in the independent group who are struggling with psychosocial problems can regain their confidence and improve their sense of self.

“I am happy (to teach other students). If I have the knowledge and I don’t 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)

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

Table1. Classification of Children with Special Needs in Boarding School

1.4 Theme 4: Psychological Intervention during the care of children with special needs with simplified and indigenous psychology approach.

There are 9 forms of therapy originally developed by the owner to enhance the psychosocial skills of children with SEND. They include:

1. Isma Learning Therapy

This form of therapy involves physical interaction such as massage, tapping, patting, and rubbing. The objective is to improve coordination, cognitive skills, creativity, and imagination

2. Isma Behavioural Therapy

The objective of this therapy is to build children’s habits through performing daily routines such as performing five times daily prayer, fasting every Monday and Thursday, and the prohibition of carrying gadgets. Behaviour modification is carried out with the *reward and punishment approach*, using points or doing token economic using coins.

3. Isma Speech Therapy

This therapy is performed by teaching words by syllables. They also include the training of muscles surrounding the mouth by blowing a balloon or a whistle. This therapy is

specifically designed to help students with speech problems.

4. Reading, Writing, and Counting

Basic training for reading, writing, and counting with specified curriculum developed for children in the directed and independent groups.

5. Hypnosis learning

Motivating and giving suggestions through subconscious mind for behavioural change

6. Assisted Life Skill

Curriculum for basic life skills according to the student's category

7. Art, Craft, and Hobbies Development

Observing and facilitating student's hobbies, talent, and interest for self-entertainment purposes or entrepreneurship initiation, depends on the student's category.

8. Beach Therapy

Regular trip to the beach for stress relief

9. Diet

Regular Monday-Thursday fasts and avoiding food with too much sugar, flour, and monosodium-glutamate (MSG) to control children's emotions and tantrums.

The simplified modes of therapy are not only beneficial for the children but are also easy to understand by the caregivers who are mainly from the local community and do not have formal training in basic education or inclusive education. They are also highly tied to spiritualism which is 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 can be very helpful for children with SEND living in rural areas.

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 SEND 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 (SEND) 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 SEND. The influence of community figures is prominent to increase society's acceptance towards children with SEND in their area. Communities in rural areas tend to look up to their leaders, therefore they can be a key person 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., 2023; Valente & Pumpuang, 2007). 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 SEND

Community awareness related to social problems that arise such as mental health issues and the need for inclusive education for children with SEND 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 to understand the needs of these children. The leaders then communicated with important figures in the community and invited them to play a role in caring for the children. Leaders discuss and communicate the problems-solutions in community meeting forums or in 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 not only carried out by the community but can also be done 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 in accordance with their individual circumstances.

Psychological intervention is carried out during the process of caring and nursing for children with SEND in Islamic boarding schools. Psychological intervention is carried out during the process of caring and nursing for children with SEND in Islamic boarding schools. Nursing is done with a behavioural approach by forming good behavioural habits, reading book-bibliographic therapy, and practicing social skills (Badi'ah 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 providing counselling 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 are play role as a 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 presents findings on a spiritual and community-based mental health service model. Spiritual mental health services rely on religious leaders' understanding of the circumstances of children with SEND, viewing them as unique individuals requiring special treatment in caring. To combat negative stigma, terms like "fully assisted category," "directed category," and "independent category" are used to classify children with SEND. The process of caring for these children aims to bring them closer to God through activities before worship time, fostering positive behaviour patterns through habitual therapy approaches.

Community-based mental health services are conducted by involving the community surrounding Islamic boarding schools in care efforts. In addition to religious and academic education, children are taught gardening, livestock care, life skills, and community engagement.

Assessment methods and psychological interventions during mental health and childcare services are tailored to the child's category and individual needs. This nursing and mental health service model in Islamic boarding schools serves as an exemplary and indigenous approach for rural areas.

Recommendation

Based on this research, we recommend replicating the mental health service model implemented in Islamic boarding schools. This community-based and spiritual approach is well-suited for application in Indonesia, particularly in rural areas. Fostering positive acceptance of children with SEND, and aiding in their holistic development. The straightforward assessment and intervention processes can be replicated and expanded to provide psychological services to the wider community.

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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 in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

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TABEL REVISI

No	Catatan dari tim Editor	Perbaikan dan keterangan
01	The article needs to be professionally proofread throughout.	Proses proofreading telah dilakukan pada file-file dari reviewer sebelumnya
02	Please use consistent term children with special needs or children with disabilities. If the authors seen these two terms as different explain in the beginning of the paper and consistently use throughout the paper.	Terima kasih, Dengan pertimbangan: APA menggunakan istilah <i>children with special needs</i> , dan UNICEF menggunakan <i>children with disabilities</i> Artikel ini merujuk istilah ABK (anak berkebutuhan khusus). Secara konsisten diterjemahkan dan ditulis menjadi Children with special educational needs and disabilities (SEND)
03.	on what aspects of life and why? provide reference	Sudah diperbaiki pada susunan kalimatnya
04	It is preferable to provide corrent reference for SDGs, it is United Nations, 2015 not Franco 2023	Sudah diperbaiki referensi

05	Why suddenly jump to mental health from education and especially for youth? You talked about education for Children with disabilities previously, please provide a better transition with references to mental health for youth	Sudah dibuat transisi kalimat yang lebih sesuai.
06	Again, are you using children with disabilities or children with special needs? Use the term consistently throughout	Sudah diperbaiki konsisten dengan istilah <i>Children with special educational needs and disabilities (SEND)</i>
07	reference	Sudah ditambahkan (Poh et al., 2017).
08	On what context? Indonesia, regionally or globally?	Konteks Indonesia khususnya.
09	What evidence are you using to back up this argument?	Sudah ditambahkan referensi Jumlah tenaga kesehatan mental hanya terkonsentrasi di kota-kota besar di Indonesia (Winurini, 2023).
10	Repetitive	Sudah diperbaiki
11	Why discussing about indigenous children here? What is the relation with children with special needs? Please provide more problems on mental health access for children with disabilities/ special needs. By providing evidence on indigenous children you are dragging the attention away from your topic, unless you argue the relation between indigenous children and children with disabilities	Terima kasih, sudah dihilangkan & diperbaiki. <i>Indigenous children</i> disini pada awalnya yang dimaksudkan adalah anak-anak di daerah pedesaan, desa tertinggal yang mengalami kesulitan untuk menjangkau akses layanan kesehatan umum, apalagi layanan tentang kesehatan mental. Indigenous dimaknai sebagai memahami manusia berdasarkan konteks nya (termasuk konteks demografi daerahnya). Lihat buku Uichol Kim & Bery tentang Indigenous Psychology. Sehingga hal ini dikaitkan dengan ABK di daerah pedesaan (rural areas)
12	how is this significant and beneficial for individuals, please elaborate.	Sudah diberikan penjelasan tentang peran penting spiritual & kesehatan mental sbb: Spirituality also strongly links healthy behavior and subjective well-being (Božek 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 (Gonçalves et al., 2015; Najafi et al., 2022; Oman & Lukoff, 2018).
13	Reference	Sudah disertakan

14	please elaborate more to what extent this topic has been research before in addition to the previous model with Sekolah Luar Biasa. How this research adds to gaps in the literature?	Sudah diperbaiki pesan utama penulisan artikel ini
15	Since when has it been providing mental health services?	Since 2012, sudah ditambahkan
16	What qualitative approach was chosen? Case study?	ethnography
17	This is not a total 19 participants; you also have 9 community leaders. Please rephrase to give overall overview of the participants. Also explain why you chose the participant groups and what are the criteria?	Sudah diparafrase kembali
18	Following which format? Please provide reference	Sudah ditambahkan referensinya
19	What about the observation data?	Sudah ditambahkan
20	Why using content analysis, what was the rationale?	Sudah disertai penjelasan
21	The Findings section needs to be substantially reworked. Please do not use excessive quotes but rephrase and retell the narratives using your own words. Only put quotes if it is powerful statement. Do not use more than one quote that is repetitive. Please do this for the entire findings section.	Sudah diperbaiki dan dilakukan paraphrase. Mengurangi kutipan/quotes.
22	The discussion section also needs major reworking.	DIPERBAIKI, bagian diskusi sesuai saran reviewer & editor
23	We know all the themes already, I would rather highlights what are the essential key findings in each of the theme. Then in the first paragraph I would also add what do you want to discuss and how you organise this?	Diperbaiki, sudah dimasukkan 3 point penting diskusi
24	Explain why and how this works in the particular school based on your findings. What are the implication of this and how we could invite more community leaders to be involved? Elaborate more	Sudah diperbaiki dan dielaborasi tentang peran community leaders dalam membangun kesadaran masyarakat.
25	Why and how they have the awareness? How the awareness on mental health particularly for children with special needs was built? How can we extend this	Sudah dijelaskan dan point diskusi ke 2 (proses membangun kesadaran tentang kesehatan mental untuk ABK)

	practice to other context?	
26	why medical professional? your study is about community mental health based in school.	Sudah dihilangkan, diperbaiki redaksi kalimatnya.
27	you have not discussed this finding. Is this the indigenous approach? How it is then relevant and appropriate with the students characteristics and also culture context> how it improve assessment and intervention of mental health services if this is conducted this way?	Sudah dituliskan dalam temuan (hasil penelitian) dan masuk dalam proses diskusi point ke 3
28	since you recommen replication, you need to discuss in the discussion section what resources would be needed to replicate this model?	Sudah diperbaiki dijelaskan kriteria sumber daya apa saja yang diperlukan untuk melakukan replikasi model ini dalam proses intervensi psikologis pada setting komunitas.

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F_FINAL Revisi_Moordiningsih dkk_versi 19 April 2024_MM



Moordiningsih Moertedjo <moordiningsih@gmail.com>

Fri, Apr 19, 9:13 PM

to Jurnal, Moordiningsih

Dear Editorial Team of Jurnal Psikologi UGM

We are sending our final manuscript and file of the revision table:

F_FINAL Revisi_Moordiningsih dkk_versi 19 April 2024_MM

and

TABEL REVISI_28 Catatan_REVISI_Perbaikan Jurnal Psikologi UGM_moordiningsih dkk

we are looking forward

Regards,

Moordiningsih and team

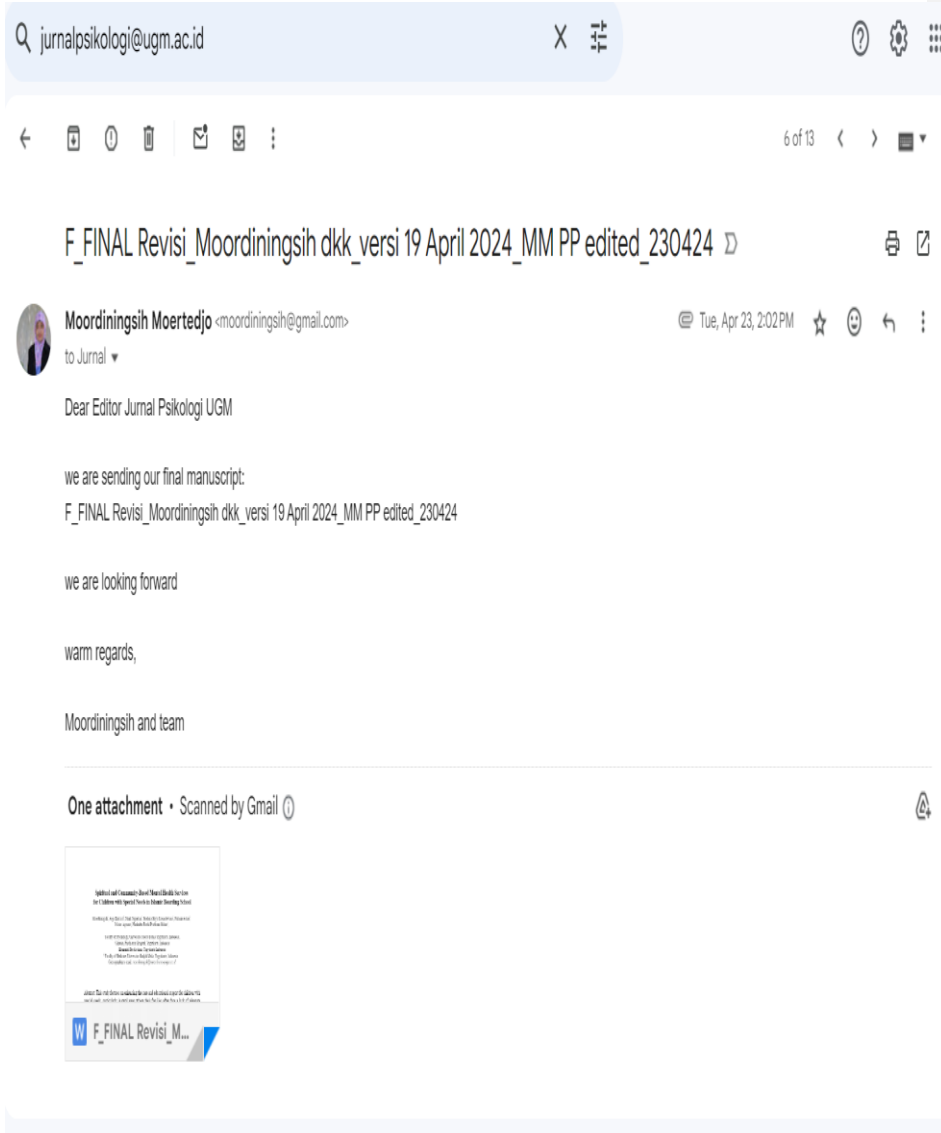
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TABEL REVISI 28 ...





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 face a lack of 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 elements of spirituality and community engagement. To achieve this, a qualitative research method was used, 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, Spiritual, Mental Health Services, Children with Special needs, Indonesia

Introduction

Children with special needs are defined as 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 who have 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 service 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 opportunities were a part of UNICEF's Sustainable Development Goals (SDGs)(UNICEF, 2017) special needs.

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 discomfort, 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

Commented [PP73]: Please keep the Children with Special Needs rather than using SEND. By using abbreviation there is a tendency to not acknowledge them as human, similarly as ABC, DEF. This has been long argued by disability activists

This paper still have plenty of spaces to keep the original term children with special needs.

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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., 2023).

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., 2021) the spiritual factor is still something crucial in Indonesia and countries in 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 (Božek 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 (Gonçalves 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 (World Health Organization, 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 support those who are 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., 2021; 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 (Wibowo & Nurlaila, 2017; Sheikhan et al., 2023). 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 enrol 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 establish 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 in Ainul Yakin Islamic boarding school in Yogyakarta, Indonesia. This Islamic boarding school provides education and mental health services for 128 children with special needs from various regions in Indonesia, since 2012. The study was initially conducted between July – November 2020, followed by June-July 2023. The gap in 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 (FGDs) as data collection procedure (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, observing their behaviours, and practices. Ethnographic methods include participant observation, interviews, and archival research, which are used to collect data and gain insights into social interactions. The primary sources of information for this research consisted of the manager and caregivers at an Islamic boarding school located in Yogyakarta, Indonesia. These informants participated in both interviews and FGDs. 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 the children with special needs, and two students.

The caregivers performed various roles including teaching, security, and providing food for the children. FGDs 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 recording of observations, through videotaping and detailed notetaking (Nastasi & Hithcock, 2016; Creswell & Creswell, 2018). Data analysis was carried out by analysing 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 & 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

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needs with an indigenous psychology approach. Each of these themes is described in turn.

1.1 Theme 1: 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 the Islamic boarding school 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 other 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 also collaborates with the local community to provide both educational and mental health services. The community has the broadest opportunity to participate in efforts to protect and fulfil 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.

1.2 Theme 2: 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 was 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 stigmatised by the community, even their own 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.

1.3 Theme 3: 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 neighbouring community throughout the journey of the school as well as their students. Their objective is to eliminate the stigma around children with special needs and tighten the bond between the children and 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 by

looking at 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 process of 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*). In order to categorize these children, 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 into a category. At this stage, the sincerity and willingness of parents are also observed. According to the values held by Islamic boarding schools, the sincerity of parents will determine the development of children's progress.

Children who are not capable of performing basic life skills such as cleaning for themselves or eating on their own 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 curriculum and mode of therapy were developed originally by the owner to address the specific needs of children in this category which is called “*habitual therapy*”. 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 over and over again until they can perform the task.

Meanwhile, when a child is capable of performing basic life skills but 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 occupy 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 to perform morning preach 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:

- a. Ula (pre-school - elementary school age)
- b. Wustha (middle school age)
- c. Ulya (high school age)
- d. Takhasus (university age)

The output of their training, education, and therapy is to train them into becoming *hafiz* (Quran memorizer), therapist, or entrepreneur. They are also given the highest responsibility in caring for their other friends in the fully-assisted and directed categories. Sometimes, they are given the responsibility to teach lessons such as reading and memorizing the Quran, maths, English, farming, et cetera. By performing these responsibilities, children in the independent group who are struggling with psychosocial problems can regain their confidence and improve their sense of self.

“I am happy (to teach other students). If I have the knowledge and I don’t 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)

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

Table1. Classification of Children with Special needs in Boarding School

1.4 Theme 4: Psychological intervention during the care of children with special needs with simplified and indigenous psychology approach.

The founder of the institution 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.



Picture 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 students' specific needs. Art, Craft, and Hobbies Development encourages 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.



Picture 2. Quran Reading and Writing Lesson

Commented [PP78]: Kindly give examples of these therapies so they are not only description. Add results from the observation you did at school. Any related photos to be attached. And what is the effect of these therapies?

Commented [AS79R78]: Sudah ditambahkan gambar/foto dokumentasi



Picture 3. The area of Islamic boarding school

The simplified modes of therapy are not only beneficial for the children but are also easy to understand by the caregivers who are mainly from the local community and do not have formal training in basic education or inclusive education. They are also highly tied to spiritualism which is 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 can be very helpful 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 behaviours. Sometimes, they only need to be touched, and told 'be patient, be patient', we caress them, we embrace them, then they got 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.

Commented [PP80]: Insert quotes from caregiver

Commented [AS81R80]: Sudah ditambahkan

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 to increase society's acceptance towards children with special needs in their area. Communities in rural areas tend to look up to their leaders, therefore they can be a key person 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., 2023; Valente & Pumpuang, 2007). 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 to understand the needs of these children. The leaders then communicated with important figures in the community and invited them to play a role in caring for the children. Leaders discuss and communicate the problems-solutions in community meeting forums or in 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 not only carried out by the community but can also be done 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 in accordance with their individual 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 behavioural approach by forming good behavioural habits, reading book-bibliographic therapy, and practicing social skills (Badi'ah 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 providing counselling 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 are play

role as a 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 presents findings on a spiritual and community-based mental health service model. Spiritual mental health services rely on religious leaders' understanding of the circumstances of children with special needs, viewing them as unique individuals requiring special treatment in caring. To combat negative stigma, terms like "fully assisted category," "directed category," and "independent category" are used to classify children with special needs. The process of caring for these children aims to bring them closer to God through activities before worship time, fostering positive behaviour patterns through habitual therapy approaches.

Community-based mental health services are conducted by involving the community surrounding Islamic boarding schools in care efforts. In addition to religious and academic education, children are taught gardening, livestock care, life skills, and community engagement.

Assessment methods and psychological interventions during mental health and childcare services are tailored to the child's category and individual needs. This nursing and mental health service model in Islamic boarding schools serves as an exemplary and indigenous approach for rural areas.

Recommendation

Based on this research, we recommend replicating the mental health service model implemented in Islamic boarding schools. This community-based and spiritual approach is well-suited for application in Indonesia, particularly in rural areas. Fostering positive acceptance of children with special needs, and aiding in their holistic development. The straightforward assessment and intervention processes can be replicated and expanded to provide psychological services to the wider community.

Declaration

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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 in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

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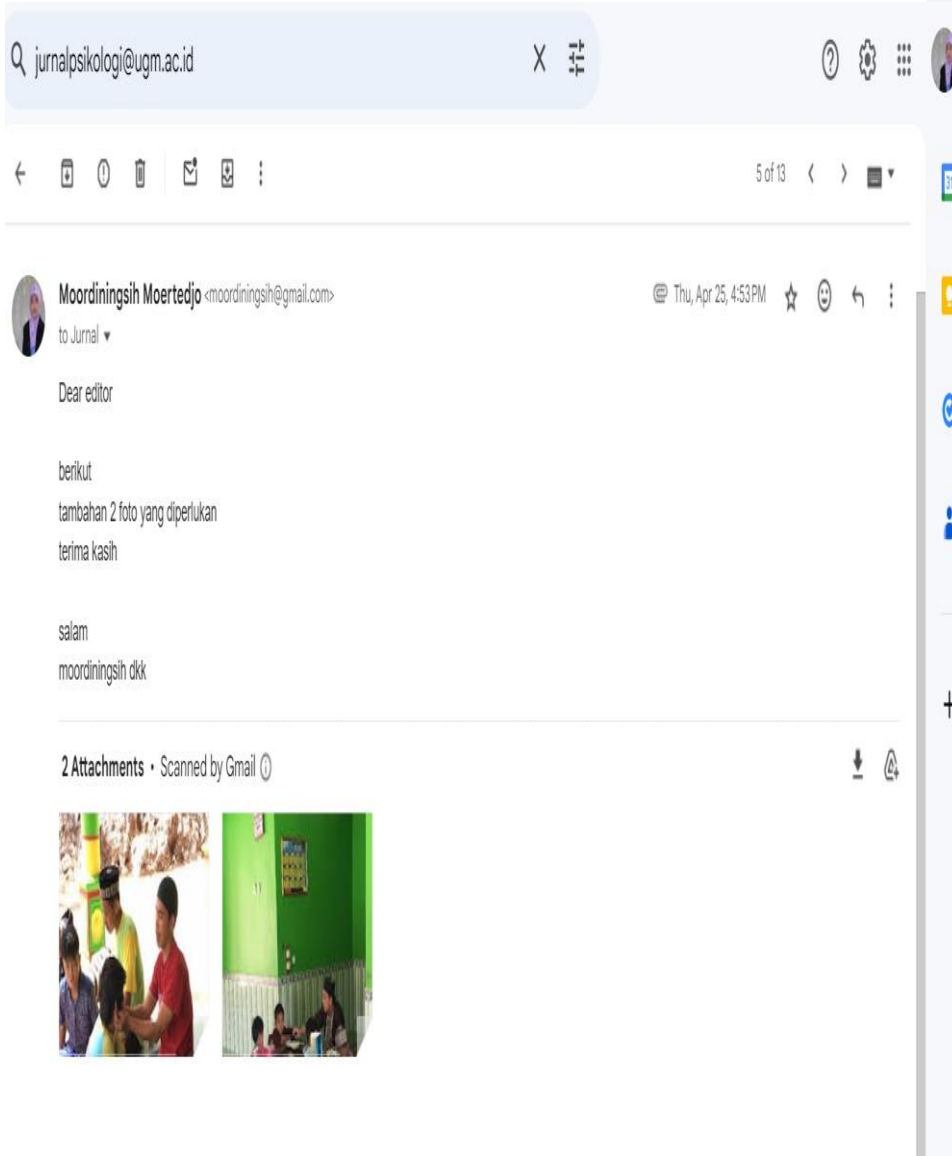
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Spiritual and Community-Based Mental Health Services for Children with Special Needs in Islamic Boarding School

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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.

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Ψ Jurnal Psikologi

In April 2024, the first issue of Jurnal Psikologi was released! This edition features a diverse range of topics such as the Communal sharing in youth organization; Self-acceptance of Saye's children in Bali; Psychological distress and attitudes toward seeking professional psychological help among transwomen in Indonesia; A serial cross-sectional study investigating unrealistic optimism, risk perception and protective behavior during the COVID-19 pandemic; Traditional bullying, cyberbullying, and subjective well-being post-COVID-19 in Indonesia; and Spiritual and community-based mental health services for children with special needs in islamic boarding school.

Below is the full list of articles included in Jurnal Psikologi Volume 51, Number 1 (2024).

1. Communal Sharing as the Foundation of Solidarity Action in Youth Organization
Melani Jayanti, Wenty Marina Minza, F A Nurdianto
<https://jurnal.ugm.ac.id/jpsi/article/view/80984/pdf>
DOI: <http://dx.doi.org/10.22146/jpsi.80984>
2. Self-Acceptance of Saye's (Tajen Judge) Children in Bali
Dewa Ayu Venny Ardhana, Tjipto Susana, Retno Hanggarani Ninin

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3. Psychological Distress and Attitudes Toward Seeking Professional Psychological Help among Transwomen in Indonesia
Theresia Indira Shanti, Evelyn Tandias
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DOI: <http://dx.doi.org/10.22146/jpsi.75026>

4. A Serial Cross-Sectional Study Investigating Unrealistic Optimism, Risk Perception and Protective Behavior during the COVID-19 Pandemic
Sabiqotul Husna, Denisa Aprilawati
<https://jurnal.ugm.ac.id/jpsi/article/view/89248/pdf>
DOI: <http://dx.doi.org/10.22146/jpsi.89248>

5. Traditional Bullying, Cyberbullying, and Subjective Well-Being Post-COVID-19 In Indonesia
Ihsana Sabriani Borualogo, Muhamad Arif Saefudin, Hedi Wahyudi, Sulisworo Kusdiyati
<https://jurnal.ugm.ac.id/jpsi/article/view/90980/pdf>
DOI: <http://dx.doi.org/10.22146/jpsi.90980>

6. Spiritual and Community-Based Mental Health Services for Children with Special Needs in Islamic Boarding School
Moordiningsih Moordiningsih, Aspi Kristiati, Ninik Supartini, Pradinta Bayu Krisnadewara, Pritania Astari, Mahar Agusno, Hanindita Budhi Pradhana Mahar
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6. Spiritual and Community-Based Mental Health Services for Children with Special Needs in Islamic Boarding School

Moordiningsih Moordiningsih, Aspi Kristiati, Ninik Supartini, Pradinta Bayu Krisnadewara, Pritania Astari, Mahar Agusno, Hanindita Budhi Pradhana Mahar

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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

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