

Research Article

Mental Health Development of Orphans and Dhu'afa: A Qur'anic-Based Approach in Muhammadiyah and NU Child Welfare Institutions

Sa'adi¹*, Mubasirun², Siti Suriani Othman³

^{1,2} Universitas Islam Negeri Salatiga, Central Java, Indonesia.

³ Universiti Sains Islam Malaysia.

Article Info

Received: 31th October 2025

Revised: 02nd December 2025

Accepted: 05th December 2025

Available Online: 10th December 2025

Keywords:

Mental Health; Foster Children; LKSA

p_2775-2682/e_2775-2690/

©2023 The Authors. Published by Academia Publication. Ltd
This is an open access article under the CC BY-SA license.



Abstract

Mental health has become a major concern that we need to address. Many verses of the Qur'an and hadith could serve as a source of inspiration for theoretical and practical development about the concepts of mental health. The Muhammadiyah and Darul Hadhanah NU Child Welfare Institution (LKSA) is an official institution that organizes care services for children with a range of social, religious, financial, and educational issues. The focus of this research is to identify factors that lead to mental health disorders as well as the strategies to prevent and treat them. This research is a field study, so the qualitative method serves as the basis of the research with a post-positivist philosophical approach. The informants in this study numbered 17 people from the LKSA management ranks, namely the chairman, secretary and treasurer, administrators, mentors, and alumni who had served. Researchers analyze empirical data as comprehensive information from the subjects. Content analysis is used to examine written sources related to the implementation of the understanding of nafsiyah verses in mental health development. The results of the study, shows that negative behaviors are the factors caused mental health disorder among the children. The provision of various services includes fulfilling physical needs (food), health, clothes, shelter, spiritual needs, psychological counseling, education, skills, social needs, recreation, and cultural creation. The Muhammadiyah and Darul Hadhanah NU Child Welfare Institution (LKSA) implement the understanding of nafsiyah verses by strengthening faith, instilling gratitude, patience, love for each other, and various physical needs.

To Cite this article:

Sa'adi., Mubasirun., Othman, S. S. Mental Health Development of Orphans and Dhu'afa: A Qur'anic-Based Approach in Muhammadiyah and NU Child Welfare Institutions. *Journal of Education and Religious Studies*, Vol. 05 No. 03 December 2025. Doi: <http://dx.doi.org/10.57060/jers.bwrdpy43>

INTRODUCTION

The future viability of the people and the country lies on the younger generation. Therefore, the younger generation must have a healthy mentality with religious values, character, knowledge, and life skills that prepare them for maturity in terms of culture, economy, and society. It is something unavoidable for their life in their adulthood. A mentally healthy person fulfills various life needs, including physical, spiritual, psychological, intellectual, physiological, social, and economic.

The Child Welfare Institution (LKSA), also known as the orphanage an official organization that arranges care services for children with a variety of social, religious, economic, and educational issues, including orphans, abandoned children, and children from dhu'afa families. Under the direction of the Indonesian Ministry of Social Affairs and the Social Service (district and provincial government), these children's care programs are systematically organized by district and provincial governments using funds from the State and Region. State-owned Child Welfare Institutions (LKSA) receive funding directly from State and Regional budgets. Besides, the private Child Welfare Institutions (LKSA), they independently found their funding with some subsidies from the government for those who met the requirements as well as donations from the community.

¹ *Corresponding author: saadiuinsalatiga@gmail.com

The children admitted to the Child Welfare Institution (LKSA) are typically provided with assistance to meet their basic needs for food, clothing, health care, formal education, religious education, sports, skills, and other things. Although the needs of the children have been satisfied in many ways, it does not mean that The Child Welfare Institution (LKSA) is having no problems handling their care, including their psychological, social, academic, and spiritual needs. (Mughni, 2003; 161). According to a preliminary survey, there were several issues that hindered the happiness of foster children, including the inferiority feelings, homesickness, problems with other foster children, a lack of pocket money, poorer academic performance, being unable to leave the dormitory, fearing caregivers, feeling depressed, senior bullying, the rise of gangs, consequences for breaking the rules, misplacing belongings, dirty rooms, escaping the dorm, and so on.

Foster care services involve several stakeholders, including foundation boards, caregivers, staff, chefs, coaches, ustaz (Quranic teachers), sponsors, schools and madrasahs, local authorities, health facilities, and the government (related agencies). Fostering the mental health of foster children relies heavily on the proportionate synergy of these stakeholders. Nevertheless, preliminary field research indicates that there are still several imbalances in the implementation, leading to various problems that must be addressed methodically.

Mental health is an essential theme in the psychology of religion, which examines the well-being and happiness of human life, encompassing physical, spiritual, psychological, intellectual, social, cultural, and even economic aspects. (Zakiyah darajat, 1988). As a scientific study object, the psychology of religion has sources for developing theory and practice, such as revelation (religion) and philosophy, various empirical findings from laboratories, and practical findings from social and institutional fields. In the context of Islamic Religious Psychology, ontologically, epistemologically, and axiologically, many verses from the Quran and Hadith can serve as sources of inspiration for theoretical and practical development, such as concepts related to the body, jasad, hawa, nafs, 'aql, qalb, ruh and fitrah. Also the concepts of sa'adah, falah, shalah, thuma'ninah (muthma'innah), khair, ridah, raja', qana'ah, farh, ihsan, thayyib, and so on. Also, concepts from verses and hadith related to mental health disorders, such as halak, fasad, hazn, kufr, khauf, muhlikat, and so on. (Baharudin, 2004)

Muhammadiyah Child Welfare Institution (LKSA) in Yogyakarta and Semarang, and Darul Hadhanah NU Children Welfare Institution (LKSA) in Salatiga are private Islamic Child Welfare Institution (LKSA) that provide a full range of care services with all the problems that arise almost every day, for foster children including; elementary, junior, senior, and even university students. As an Islamic organizations-based Children Welfare Institution (LKSA), there are Islamic values that embodied the spirit of the character and culture of these two Islamic organizations. From the exposure of this background, the researcher intends to examine how the model and strategy of mental health development of orphans and dhu'afa children at the Muhammadiyah Child Welfare Institution (LKSA) Semarang and Yogyakarta, and Darul Hadhanah NU Salatiga;

Mental health theories generally encompass four patterns of insight: symptomatic, adaptation, self-actualization, spiritualization, and psycho-ethics theory. The symptomatic theory views the achievement of mental health through indicators of an individual's freedom from various mental disorders such as tension, conflict, acute skepticism, irrational worries, phobias, neurasthenia, depression, hysteria, aggression, and so forth. (Dadang Hawari: 1995, p. 133-134). The adaptation theory focuses on an individual's ability to positively adjust (self-adjustment) to their natural, social, and cultural environment. In the adaptation process, individuals often experience tension or conflict; if they succeed in overcoming it, they achieve harmony or a solution, resulting in positive psychological effects and strengthening their personality. However, if they fail, it can lead to mental health issues that may weaken their personality. (Hasan Langgulung: 1992, p. 69-70). Self-actualization theory is oriented toward mental health practices like promoting a positive self-image, self-confidence, independence, human qualities, sense of humor, responsibility, creativity, spirituality, and freedom of attitude, which could help people reach their full potential. Mental health is measured by the extent to which individuals can develop their potential in the form of a pyramid of human needs that culminates in the actualization of self-potential at peak experience so that they become superhumans. This model of the theory is also known as psycho-metamorphoses or psycho-transformation theory. (Dadang Hawari; 1992, p. 32-33).

The theory of spiritualization in the application of mental health psychotherapy is achieved by strengthening the understanding, appreciation, and practice of religious teachings and noble human values sincerely and clearly. Yahya Jaya (1994, hlm. 17-18). Al-Ghazali's Islamic Sufism, for instance, can be categorized under this category. The psycho-ethical theory uses several ethical social attitudes and behaviors as indicators of mental health, including an intention to help others, politeness, humility, sympathy, empathy,

caring tolerance, loyalty, responsibility, solidarity, democracy, sacrifice, and model behavior. (Karitini Kartono, 1989, p. 45-47). Frank Globe, Corey, and Goleman are proponents of this theory.

Moreover, the analysis of Interpretation and Implementation of nafsiyah verses, with an emphasis on finding answers of the following research problems (1) What are the types and factors that cause the emergence of mental health problems in foster children in Muhammadiyah Child Welfare Institution (LKSA) Semarang and Yogyakarta, and Darul Hadhanah NU Salatiga?, (2) How are the strategic solutions to address the mental health issues of children in the Muhammadiyah Child Welfare Institution (LKSA) Semarang and Yogyakarta, and Darul Hadhanah NU Salatiga?, and (3) How is the model of interpretation and implementation of the Qur'anic verses related to the mental health development of foster children in Muhammadiyah Child Welfare Institution (LKSA) Semarang and Yogyakarta and Darul Hadhanah NU Salatiga from the stakeholders?.

METHOD

This research is a field study; the qualitative method serves as the basis of the research with a post-positivist philosophical approach. It focused on implementing nafsiyah verses by the caregivers as coaching media to solve problems dealing with mental health issues that happened to the foster children in the Muhammadiyah and Darul Hadhanah NU child welfare institution (LKSA). The caregivers in that child welfare institution were recruited to participate in this research.

Data were garnered from the informants, there were 17 people, namely the chairman, secretary and treasurer of LKSA, the caretakers, mentors and alumni who served and through in-depth interviews with the caregivers, observations, and documentation. The criteria for informants in this research are graduates, leaders, community figures, social volunteers, ustاد or kyai. The research data were made into a descriptive chronology, and a response was given as a conclusion. In-depth interviews were conducted with the caregivers to gather information related to mental health issues present in the institutions and the strategies or solutions implemented by the caregivers to address these problems. All information obtained from the interview data was explained clearly and easily understood.

Observations were conducted to uncover the facts at the Muhammadiyah and Darul Hadhanah Child Welfare Institutions (LKSA). In this regard, it has been done by coming directly and observing the activities carried out in the child welfare institution (LKSA). In this study, direct and non-participating observations were made in the child welfare institution (LKSA) to obtain information about the foster children's condition, strategies, and other information that could assist the research. The observation was managed four times in this data collection by providing an observation note. Meanwhile, document analysis is conducted to understand the implementation of the *nafsiyah* verses in addressing mental health issues occurring in child welfare institutions (LKSA). Researchers analyze empirical data as comprehensive information from the subjects. Content analysis is used to examine written sources related to implementing the understanding of *nafsiyah* in mental health development. The data analysis technique uses data triangulation from interviews, observation survey results and existing written documents.

RESULTS AND DISCUSSION

Problematic Factors of Mental Health in Foster Children in the Muhammadiyah and Darul Hadhanah NU Child Welfare Institution (LKSA)

The data that has been gathered through field study about the conditions at Muhammadiyah Child Welfare Institution (LKSA) shows that currently, that institution accommodates 65 children, including 25 junior high school students, 27 senior high school students, and 13 vocational high school students. They all attended classes At Yogyakarta's Muhammadiyah schools. While the Muhammadiyah Child Welfare Institution (LKSA) in Semarang accommodates 47 foster children. With details 17 elementary, 19 junior high, and 11 senior high students. Moreover, Darul Hadhanah NU Child Welfare Institution (LKSA) Salatiga accommodate 55 foster children, including boys and girls, with separate dormitories. Those 55 children, 8 children are attending the elementary school and Islamic elementary school, 10 children attending the junior high school, and 19 attending the senior high school at MAN Salatiga and SMK Diponegoro Salatiga. Those child welfare institution (LKSA) alaccommades their graduates that already enrolled in university and currently staying in the orphanage, mentoring their younger.

From the interview results with the caregiver (S), and several administrators (K, M, and H), the data was obtained that the model and pattern of care for the foster children vary according to their educational level and

age. For elementary levels, the emphasis is more on a nurturing approach, while for the junior high level, the focus shifts to instilling a disciplined character. Furthermore, for the senior high level, the emphasis is on fostering a rational sense of responsibility. The emphasized to alumni who have enrolled in university are more focused on setting an example for their juniors. From the interview of the caregivers (H) and the daily managers (S, Y, and T) at the Muhammadiyah Child Welfare Institution (LKSA), it was discovered that the children's care model and pattern differ based on their age and educational attainment. Character attributes, including discipline in worship, studying, daily tasks, cleanliness, and similar aspects, are more emphasized at the junior high school level, while a more reasonable sense of responsibility is emphasized at the senior high school level. Moreover, it is recommended that alumni currently enrolled in universities act as role models to their juniors.

The data gathered from the study shows that the foster children are a group of children dealing with various social problems, such as orphans and children from *du'afa* families or economically disadvantaged. Their families come from a variety of economic backgrounds: agricultural laborers, temporary employees, household servants, small traders, transmigrant laborers, migrant workers, and the like. By taking into consideration their religious background, it shows that their families are Muslims with lower levels of education (elementary and junior high levels); others have not even completed elementary level. Furthermore, based on the psychological conditions of the families, they are also not exempt from issues such as being orphaned, parental divorce, being left behind by parents who migrate for work with uncertain fates, and migrant workers in Asian countries such as Saudi Arabia, Hong Kong, Taiwan, Malaysia, and many others.

In addition, Muhammadiyah Child Care Institution (LKSA) Semarang faces similar social issues, such as orphans and children from *du'afa* families. They are impoverished or living in poverty, and their backgrounds are pretty similar to those of the Muhammadiyah Yogyakarta Child Care Institution (LKSA). The majority of their family economic backgrounds consist of farmers, casual laborers, artisans, domestic helpers, small traders, migrants, migrant workers, and so forth. The religious background of their families are muslim with low levels of education (elementary and junior high levels), and some have not even graduated from elementary school. In terms of their family psychological conditions, some are orphans due to the death of their parents, parental divorce, or have been left behind by their parents who have gone to work abroad with an uncertain fate, such as migrant workers in several Asian countries such as Saudi Arabia, Hong Kong, Taiwan, and Malaysia.

Based on the data, there are commonalities between the Muhammadiyah and Darul Hadhanah NU Child Welfare Institution (LKSA) regarding a number of issues. These facilities have been recognized as early indicators of factors impacting children's mental health, which manifests as negative emotional and subpar physical behavior. The Child Welfare Institution (LKSA) caregivers' (H) reveal that not all of the children entrusted to their care have such kind of problems. However, nearly all of them individually display at least one sign of negative behavioral disorders. Similarly, from an interview with (Y), the caregiver of Muhammadiyah Semarang Child Welfare Institution (LKSA), such symptoms also appear variably between children with different cases and symptoms.

From the data, it could be understood that the children entering the Child Welfare Institution (LKSA) indeed come with several issues, including physical, biological, psychological, social, and economic problems that require assistance and resolution. Based on the background above, several factors can be identified as sources of mental health issues among the children in the Muhammadiyah Semarang Child Welfare Institution (LKSA). This fact is based on the mental health theory (Zaliyah Darajat, 1987) which states that optimal mental health is related to the fulfillment of multi-dimensional well-being, including physical, emotional, spiritual, biological, economic, social, and cultural aspects. It is about ensuring that individuals are protected from internal and external conflicts, as well as various morally deviant behaviors that could harm the comfort of others.

From the perspective of biological and physical factors, the problem of mental health of foster children arises due to inadequate intake of nutrition, including; vitamins, protein, fats, carbohydrates, and so forth, while they are still under the care of their families who were lacking in both financial resources and understanding of the physical needs of the children. It impacts their health, strength, and growth in a balanced and optimal way. Such cases are found among the newly admitted children in the first three months. That problem occurs because they come from families that are economically disadvantaged and unable to meet their nutritional needs. The children continue to get accustomed to the social environment of the orphanage during these first three months, which puts pressure on them to adjust to peers who have been living in the dormitory longer. They also experience feelings of longing for separation from their families and the social setting in which they are used

to playing and interacting. It affects the zest for life, appetite, and emotional comfort. Even sometimes, children like that tend to be unstable and quickly get sick, such as with ulcers, diarrhea, headaches, and fever. That information is consistent with the concept of psychosomatic theory (Zaliyah Darajat, 1987), which holds that a person's physical health influences their mental or psychological well-being.

Approaches to Resolve Mental Health Concerns of Foster Children in the Muhammadiyah and Darul Hadhanah NU Child Care Institution (LKSA)

Depending on its capacity, the Muhammadiyah and Darul Hadhanah NU Child Welfare Institution (LKSA) in Yogyakarta, Semarang and Salatiga plans and executes various services, assistance, donations, programs, and activities to enhance the quality of life for every child in its care. All of these services are offered every day, totally voluntarily, without receiving any compensation. It is acknowledged that carrying out the religious missions of Muhammadiyah and Jam'iyyah Nahdhatul Ulama is in the field of social welfare. The mission has been carried out since its establishment during the Dutch colonial era on a national scale, continuing to the present and future.

Muhammadiyah and Darul Hadhanah NU Child Care Institutions (LKSA) in Yogyakarta, Semarang, and Salatiga provide a range of services, encouragement, and assistance to address mental health issues among children. These include activities aimed at fulfilling the children's needs in terms of their physical and health, clothing, housing, spirituality, psychological counselling, education, skill development, social needs, and recreational and cultural needs.

The Contextualization of *Nafsiyah* Verses

The Qur'an is the primary source of all Islamic teachings. Since Allah SWT revealed the Qur'an as guidance (hudan), its veracity is unquestionable. The verses of the Qur'an contain explanations about various matters related to mental health with different terms, which every human being aims to achieve. (Ramayulis & Nizar, S., 2010). Allah sent His servants through numerous difficulties and challenges throughout their lives for their welfare. Challenges and difficulties include decreased financial resources, losing loved ones, and worried and anxious feelings, as stated in Surah al-Baqarah [2]; 155–156 of the Qur'an. Allah SWT not only allows difficulties and challenges in life but also offers solutions, as the patient attitude mentioned at the end of Surah Al-Baqarah verse 156. Patience reflects an attitude that is linked to mental health. The Qur'an has 103 verses that emphasize patience. (S. Nizar & Ramyulis, 2010). The Qur'an uses the term "patience" in several various contexts.

The verse emphasizes how Allah gives tests or challenges to humans in the form of hunger, feelings of anxiety, loss of family members (death), and reduction of wealth. Regarding the decrease in family members, Imam al-Sa'di, "it refers to the departure of loved ones, whether children, relatives, or companions, due to various diseases affecting the body of a servant or the body of their beloved." Meanwhile, concerning the decrease in wealth, he clarifies that the loss in income is related to the grains that date palms produce as well as various trees, vegetables, storms, and fires that impact them, as well as illnesses that descend from the high, like locust plagues or other similar maladies. Whereas anxiety, bereavement, and financial difficulties are among the things that might impact a person's mental health.

Given that the foster children of Child Welfare Institution (LKSA) care are abandoned persons, they are likely to experience the three sorts of difficulties mentioned in those verses. Allah has given the answer: to utilize patience to deal with that particular issue. The verses explain who is meant to be seen as the patient ones (*sabirin*). This verse describes a patient person as one who faced with a calamity, would declare, "*innalillahi waiinnā ilaihi rāji'un*." There is a profound meaning to the interpretation of this verse. M. Quraish Shihab, in his tafsir, explains that *innalillahi*, indeed we belong to Allah. Since then, He has had the right to act according to His will. *waiinnā ilaihi rāji'un* means, and indeed, to Him, we shall return. (Shihab, M. Q., 2002)

A patient person is someone who faces a calamity, always gives themselves up to Allah, and never loses hope because they always have faith in their life. Such an attitude will always improve and increase the quality of worship and prayer to Allah SWT. In the Qur'an, it is stated that "We will certainly test you with a touch of fear and famine and loss of property, life, and crops. Give good news to those who patiently endure (Q.S. al-Baqarah [2]: 155). The word "walanabluwannakum" in the verse conveys seriousness, indicating that Allah firmly states that He will certainly test humans in various forms of difficulties and hardships. In Surah Al-Imran [3]: 186, Allah emphasizes that humans will be tested with the decrease of wealth and lives (nafs). In this verse, humans are also commanded to be patient when facing any calamity that befalls them. Moreover, In Surah

Muhammad [47]: 31, Allah also emphasizes the purpose of trials for His servants: discern who among them strives and is patient. Indeed, Allah states, do people think that they will enter Paradise before it is known who among them has strived and been patient? (Q.S. ali Imran [3]: 142).

The concept of mental health is based on the surah: Q.S. al- Baqarah [2]: 53, Q.S. Ali Imran [3]: 200, Surah Ar-ra'd [13]: 11, Q.S. Yūsuf [12]: 87; Q.S. Al A'raf [7]: 199, Q.S. Rum [30]: 38, Q.S. Fuṣilat [41]: 53. There are several concepts related to patience. Verses that contain the word patience with an imperative wording (amr) can be found in verses that express the command to be patient in facing trials and tests: Q.S. al-Baqarah [2]: 153, Q.S. al-Baqarah, [2]:155; al-Rum, [30]: 60; Hūd, [11]: 49. This means that the Qur'anic concept of patience encompasses attitudes related to the Adversity Quotient, namely the dimension of divinity. Surah Al-Quraish [106]:4 emphasizes that only Allah can deliver people from fear and hunger. Two essential requirements that guarantee a community's well-being are the fulfillment of its food requirements and a feeling of safety.

When a person is in good mental health, they are not experiencing any of the symptoms associated with mental disorders. A mentally healthy individual may go about their life regularly, mainly when they use their stress management abilities to adjust to the issues they encounter. (Wismani Adisty Putri, et al.:2015) Similar to physical health, mental health is a significant issue that requires treatment. Therefore, the stability of both physical and mental health will depend on and affect one another. Disorders related to mental health are not inherited. Stress-inducing pressures of daily life affect the progression of mental health conditions.

Based on data from Basic Health Research since 2007, it is predicted that 11.6% of adult Indonesians suffer from emotional and mental illnesses such as depression and anxiety. This indicates that 1,740,000 adults in Indonesia, out of an estimated population of 150,000,000, are considered to be suffering from emotional disorders at the moment. (Depkes, 2007). According to this data, there are a considerable number of people in Indonesia who suffer from mental health illnesses, so this issue should rightly receive attention with the availability of appropriate treatment or intervention.

In various regions of Indonesia, there are still instances of inadequate handling of mental health issues for those suffering from mental health disorders. Those suffering from mental disorders are regarded as strange beings that can pose a threat to the safety of others and, therefore, must be isolated by society. Such an attitude is very inhumane and disappointing because it can reduce the chances of healing and recovery. For this reason, providing accurate information and educating the public is very important regarding mental health so that the negative stigma against individuals with mental disorders in society can be eliminated and they can receive appropriate treatment. Among the places that can be considered as alternatives for mental health development is the Child Welfare Institution. (LKSA).

Implementation of the Interpretation of Verses on Mental Health and Mental Health Development in Child Welfare Institutions (LKSA)

The Child Welfare Institution (LKSA) caregivers have integrated an awareness of the Qur'anic verses about mental health into their mental health counsel, performing under the auspices of both Muhammadiyah and Nahdlatul Ulama. The majority of the Child Welfare Institution (LKSA) use the knowledge of mental health verses in addressing spiritual requirements, even if there are slight distinctions between Muhammadiyah's and Nahdlatul Ulama's Child Welfare Institution (LKSA), which is realized as follows:

Strengthening the Faith (Aqidah)

Among the things that lead to mental health disorders are anxious, confused, and worried sensations. The foster children at the orphanage are always taught by their caretakers that Allah's will (*iradah*) is the foundation of all that has to do with life. His will determines every event that occurs. Every human being experiences two things in their everyday life, which are not distinct from one another. Sometimes, an individual's experiences correspond with their goals, for instance, when they aspire to lead a healthy life and do so.

Every individual is inevitably presented with one of two scenarios in their daily life. Sometimes, a person's experiences align with their goals; for example, they may live a healthy life if such is their objective. Nonetheless, it is unusual for human experience or destiny to run contrary to their goals. For example, one may wish to be well but end up unwell, or one may desire to recover only to meet with death.

Nevertheless, for a believer, everything is a blessing, regardless of whether the conditions match their wishes. A believer is constantly appreciative of everything that happens to them because they know that it was

meant to be. Moreover, no matter what happens to them, he never loses patience, even if it goes against his wishes. Everything that befalls them, including their unfavorable financial situation, is ascribed to Allah. The Child Social Welfare Institution caretakers develop this mindset in the youngsters entrusted to their care. This is an application of Q.S. al-Baqarah's [2] 156 understanding.

Qur'an Recitation and Understanding

The Qur'an, both in terms of its recitation and the teachings contained within it, has implications for mental health (QS Al-Ra'd [13]; 28). The Qur'an's significance in human life is seen in its ability to provide guidance and meaning for both this world and the hereafter (Q.S. al-Fath [48]; 26). Therefore, studying the Qur'an is one of the core subjects in Islamic boarding schools, whether under the auspices of Muhammadiyah or Nahdlatul Ulama (NU).

Even at the Abu Hurairah Child Care Institution under the Muhammadiyah Regional Leadership of Salatigai (PDM), some caregivers have memorized the Qur'an and are experts in its interpretation. The same is true for the Darul Hadlanah Child Care Institution, which is managed by the Branch Leadership of Nahdlatul Ulama in Salatiga. This is intended so the foster children can learn to read and study the Quran properly and correctly, as the experts convey. Memorizing specific surahs is part of the Child Welfare Institution (LKSA) curriculum. These include short surahs and functional surahs (frequently repeated during religious and community events), such as Surah Yasin, Al-Waqi'ah, Al-Mulk, and other surahs. The caregivers at the Child Welfare Institution (LKSA) require the children in their care to read the Qur'an, memorize certain surahs, as well as memorize functional verses such as Ayat Kursi and the last three verses of Surah al-Baqarah. In addition to reciting and memorizing the Qur'an, the foster children are also required to memorize some prayers about various matters. What the caregivers at the Child Welfare Institution (LKSA) do regarding the Qur'an recitation, memorization, and understanding is an implementation of the interpretation of the verse from the Qur'an, Surah Ar-Ra'd, verse 13.

Habituation of Qiyamul Lail

Someone formerly had to deal with issues in life that were weighty and challenging. The issue eventually leads to tension and sadness by making the mind restless and the soul feel under pressure. In such circumstances, things may get worse and more dangerous for him and others. The children in the Child Welfare Institution (LKSA) frequently feel these emotions. Unfavorable circumstances and conditions are generally the cause of such experiences. Performing shalat is one effective way that the Prophet Muhammad has given us to prevent such circumstances from escalating and leading to unfavorable consequences. Apart from being a messenger, the Prophet Muhammad (peace be upon him) was just a regular person like everyone else.

Shalat is an act of worship that contains zikr (remembering Allah) and prayer to Allah SWT. Indeed, the meaning of shalat itself means prayer (du'a). Zikr can quiet the heart, according to the Quran:

"Those who believe and whose hearts find comfort in the remembrance of Allah. Surely in the remembrance of Allah do hearts find comfort." (Q.S. ar-Ra'd [13]: 28).

Ibn Qayyim al-Jawziyyah, in his book Asrar ash-Shalah, says that when someone prays, they should face Allah with their entire body and heart. All parts of the body moving signify humility as a servant, while the heart is directed towards Him. Therefore, all parts of the body and the heart of someone who performs the prayer will receive a share of goodness from Allah. When someone immerses themselves in their prayer, remembering Allah and praying with hope, the heart becomes at peace, the chest feels spacious, the mind becomes calm, and the body feels refreshed again. He was able to effortlessly resume his worldly occupations after concluding the prayer. Ibnu Qayyim (2012), p. 92. Our hearts naturally feel more at rest when we pray.

When someone is fully immersed in prayer, remembering Allah with attention and hope, they are open-hearted, calm in mind, and healthy in body. After finishing the prayer, he was able to return to his worldly activities well. (Ibnu Qayyim: 2012; 92). Our hearts naturally become more peaceful and at ease when we pray. Indirectly, prayer helps lessen stress because stress evaporates when one's heart is at ease.

The caregivers closely observed the implementation of prayer for the foster children in the Child Welfare Institution (LKSA). In addition to the shalat fardhu, the caretakers of the orphanage also encourage their wards to perform qiyamul lail. Foster children are accustomed to waking up at night before dawn, so they have the opportunity to perform tahajjud before participating in the congregational Subuh prayer at the mosque of the orphanage. The practice of prayer, both shalat fardhu and shalat sunnah, including qiyamul lail, is compulsory for the foster children. It is an implementation of the interpretation of Q.S. al-Ra'd [13]; 28.

Establishing a Patient and Gratitude-Based Attitude

As previously explained, humans are constantly faced with one of two possibilities. Sometimes, something happens to a person that makes them want it even more. However, it is not unusual for humanity to go through undesirable experiences; nonetheless, since it is Allah's will (ibadah), it will occur. When someone gets what they want, they typically feel pleased and joyful.

On the contrary, worried, nervous, and depressed feelings arise when someone encounters or faces something unpleasant. These emotions of unease, fear, and melancholy represent a type of mental health disorder. If someone lacks the strength of faith, their soul would be disturbed, and they may experience stress. In facing such situations, in addition to strengthening faith as previously outlined, the caretakers of the orphanage always teach and instill the attitudes of gratitude and patience in their wards.

Human existence is characterized by perpetual cycles of happiness and despair, abundance and deprivation. The caregivers always tell the youngsters to be thankful and to have patience, knowing that the children in the orphanage typically experience difficult conditions in their homes. When the conditions come their way, be thankful for them and show patience when conditions do not go as planned. Patience means al-imsak self-restraint or controlling oneself. That is, refraining from things that are not beneficial to oneself, especially those that contradict religious teachings. As stated by (SW), the manager of Abu Hurairah Child Welfare Institution (LKSA) Salatiga, having the capacity to practice self-control is essential in both favorable and unfavorable conditions. The ability to control oneself is necessary in both joyful and difficult situations.

That problem is because when someone is pleased, they may lose themselves if they are not careful. At the Child Welfare Institution (LKSA), caregivers constantly instill the value of self-control in the children under their care. The Child Welfare Institution (LKSA) caretakers apply the interpretation of Q.S. Al-Baqarah [2]: 155–156 in the development of the mental health of the children by nurturing thankfulness in happy moments and practicing patience in difficult periods.

Fulfilling Physical Needs

As well as the spiritual, the physical has the rights that must be fulfilled. Mental health problems would arise as long as the basic physical needs such as access to food, clothing, and shelter are not fulfilled. At least 85% of the world's population resides in 153 lower-middle-income countries (LMICs) (Jacob K, 2022). Moreover, at least 80% of people who suffer from mental health disorders reside in lower-middle-income countries. In lower-middle-income nations, mental illness and drug addiction problems account for 8.8% and 16.6% of the overall disease burden, respectively. These conditions are major contributors to the burden of disease. For instance, there are more cases of schizophrenia in Bihar, one of India's most economically disadvantaged regions, than in any country in North America.

In relation to this, as previously outlined, the Child Welfare Institution (LKSA) has taken all necessary actions concerning fulfilling the physical needs of the children in its care. The foster children's needs, such as food, clothing, shelter, and even cash, have all been provided by the Child Welfare Institution (LKSA) managers. As stated by (YS), the caretaker of Abu Hurairah Child Welfare Institution (LKSA) of Salatiga, regarding the fulfillment of food needs, the management has appointed a chef to prepare breakfast, lunch, dinner, and snacks. In addition, whether the children in their care are enrolled in elementary, junior high, senior high, or vocational schools, the Child Welfare Institution (LKSA) administration must give them cash daily. They receive different nominal allowances based on their educational levels. The other Child Welfare Institution (LKSA) caregivers carried out the same action. The Child Welfare Institution (LKSA) management has implemented the understanding of Surah Al-Quraisy verses 1-3 about meeting physical requirements.

Fostering a Friendship Attitude

Among the causes of mental health disorders is the loss of loved ones, such as their family members, as indicated in Q.S. al-Baqarah [2]:155. (wa naqshin min al-tsamarati wa al-fussi). Many children in the Child Welfare Institution (LKSA) care system have been abandoned by their families because they have lost their parents to death, resulting in a loss of affection and care from their parents.

The Child Welfare Institution (LKSA) administrators and caregivers fully recognize those problems. As a result, the children in their care receive all of the love and attention from the management and caregivers, which helps them regain the attachment they formerly had. Foster children view their caregivers as their biological parents. As stated by (HF), the caregiver for Darul Hadlonah Child Welfare Institution (LKSA), he treats the children in his charge like they are his own, and he even has a propensity to give them more attention

than his kids. The foster parents' actions toward their foster children are an example of how Surah Al-Ma'un's meaning is put into practice. What the caregivers do for their foster children is a manifestation of the implementation of the meaning of Surah Al-Ma'un.

CONCLUSION

The following conclusions can be made in light of the information, theory, and data analysis presented in the previous section: Childcare in several LKSA has a similar model, which prioritizes trauma healing from the condition of the family environment which is generally problematic, curative healing from psychological problems such as feelings of inferiority, trauma, apathy and others. It is also affirmative in nature in the form of strengthening for self-confidence, actualization of self-potential, channeling interests and talents and a learning ethos. And strengthening joyful religiosity. The theoretical contribution of the results of this study is the mental health and social development system through the LKSA model is an excellent seedbed for building optimism for neglected and troubled children. Meanwhile, the practical implication of this study is that the Government, community organizations, community foundations, community leaders need to continue to support the existence of LKSA, both government-owned and private foundations, in order to build the best future for children with social problems.

ACKNOWLEDGEMENTS

We would like to acknowledge the participants who have been involved in this study. I also would like to express the gratitude to the reviewers and editors who have given contribution and feedback in improving this research.

REFERENCES

Agus Abdul Mughni. (2003). Perlindungan Anak Berbasis Panti Asuhan Di Panti Asuhan Putri Islam Yayasan RM Suryowinto dan Panti Asuhan Yatim Jamasba. *Tesis*. Universitas Gajah Mada, Yogyakarta, (hlm: 61).

Agustian, Ari Ginanjar. (2004). *ESQ Power*, Jakarta: Arga.

Ahmad Syafi'i Mufid. (1984). *Dzikir Sebagai Pembina Kesehatan Jiwa*. Surabaya: Bina Ilmu,hlm. 31-32.

'Aqqād al-, Mahmūd. (1973). *Al-insān fi al-Qur'ān al-Karīm*, Kairo: Dār al-Islam.

Aulia. (1980). *Agama dan Kesehataan Badan/Jiwa*, Jakarta: Bulan Bintang.

Baharudin. (2004). *Paradigma Psikologi Islam*, Yogyakarta: Pustaka Pelajar

Budiman, Arif dan Abu Bakar Baradja. (1990). *Mental Sehat Hidup Nikmat, Mental Sakit Hidup Pahit*, Jakarta: Studi Press

Dadang Hawari. (1995). *Ilmu Kedokteran Jiwa dan Kesehatan Jiwa*. Yogyakarta: Dana Bakti Prima Yasa, hlm. 30-34.

Darajat, Zakiah. (1988). *Peranan Agama dalam Kesehatan Mental*, Jakarta: CV. Haji Masagung.

Departemen Kesehatan RI. (1972). *Undang-Undang Tentang Kesehatan Masyarakat*. Jakarta: Depkes RI, hlm. 4.

Fahmī, Musthafā, ash-Shihhah an-Nafsiya. (1977). *terj. Zakiyah Darajat*, Jakarta: Bulan Bintang.

Graham, Helen. (2005). *Psikologi Humanistik dalam Konteks sosial, Budaya dan Sejarah*, terj. Ahmad Chusairi, Yogyakarta: Pustaka Pelajar.

Hasan Langgulung. (1992). *Teori-teori Kesehatan Mental*. Jakarta: al- Husna, hlm. 69-70.

Hendri Masduki dan Habibah Masduki. (2020). Pemberdayaan Yatim Berdasarkan Nilai-Nilai Al-Qur'an Dalam Pengelolaan Panti Asuhan Pimpinan Daerah Muhammadiyah Kabupaten Pamekasan", *Tesis*, IAIN Bangkalan

Hendri Amirudin. (2003). *Investasi Harta Anak Yatim Untuk Modal Usaha Dalam Perspektif Hukum Islam*.

Hendri Amiruddin. (2003). *Investasi Harta Anak Yatim Untuk Modal Usaha Dalam Perspektif Hukum Islam.* *Tesis.* UIN Sunan Kalijaga, Yogyakarta.

Ibnu Qayyin al-Jauziyyah. (2012). *Hikmah dan Rahasia Shalat, terj. Solihin*, Jakarta: Qisthi Press.

Ihsan dan Muhammad Anis. (2021). *Pola Pembinaan Anak Yatim Dilihat dari Kacamata Hukum Islam “Perlindungan Anak : Studi Kasus LKSA di Panti Asuhan Amrillah Kabupaten Gowa”*, (290-420). 88-105).

Jahab, A.A. (2003). *Pengantar Psikologi Islam, terj. Karsidi Diningrat*. Bandung: Pustaka.

Jalaluddin. (1996). *Psikologi Agama*, Jakarta: Rajawali Press.

Jalaludin dan Ramayulis. (1993). *Pengantar Ilmu Jiwa Agama*, Jakarta: Kalam Mulia.

Karitini Kartono. (1989). *Hygien Mental dan Kesehatan Mental dalam Islam*. Bandung: Mondar Maju, hlm. 45-47.

Kartono, Kartini. (1986). *Patologi Sosial*, Jakarta: Rajawali Press.

Lexy J Moleong. (2011). *Metodologi penelitian kualitatif, Edisi Revisi*. Bandung, Remaja Rosdakarya.

Malik Karim Amrullah, Abdul (HAMKA). (1992). *Tasawuf Modern*. Jakarta: Yayasan Nurul Islam.

Maraghy, Ahmad Musthafa. (1985). *Tafsir al-Maraghy*, Beirut.

Marie Jahoda. (2006). *Current Concepts of Positive Mental Health*. New York: Basic Books. hlm. 23-25.

Mubarok, Achmad. (2000). *Jiwa dalam al-Qur'an*. Jakarta: Paramadina.

Nashori, Fuad. (1994). *Membangun Paradigma Psikologi Islami*. Yogyakarta, Sipres.

Perspektif Hukum Islam dan Undang-Undang Perlindungan Anak; Studi Kasus LKSA di Panti Asuhan Amrillah Kab. Gowa”, Shautuna. Volume 02 Nomor 02 ; 397-420.

Sugiyono. (2011). *Metode penelitian kuantitatif, kualitatif, dan R & D*, Bandung: Alfabeta.

'Uṣmān Najātī. (2004). *Psikologi dalam Perspektif Hadis, terj. Hasan Abrori*. Jakarta: Pustaka al-Husna Baru, hlm. 290.

Yahya Jaya. (1994). *Spiritualisasi Islam*. Jakarta: Ruhama, hlm. 17-18.