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Mental Health-Friendly Pesantren Management Model: Implementation of Psychological First Aid (PFA) Based on Tawakkul and Tahajud Values

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ABSTRACT:

Background: Mental health challenges among santri (Islamic boarding school students) in Indonesia are increasingly recognized, yet many pesantren lack structured psychosocial support systems. Psychological First Aid (PFA) offers a promising framework for initial crisis intervention, but its integration with Islamic spiritual values remains underexplored. Objective: This study aims to develop a management model for mental health-friendly pesantren through the implementation of PFA grounded in the Islamic values of tawakkul (trust in Allah) and tahajud (night prayer). Method: This qualitative study employs a grounded theory approach. Data were collected through in-depth interviews, participant observation, and document analysis involving pesantren administrators, caregivers, santri, and mental health practitioners in selected pesantren in [location]. Data analysis followed the Corbin and Strauss (2015) grounded theory procedure. Findings: The study identified three core categories: (1) integration of tawakkul as a psycho-spiritual coping mechanism, (2) tahajud as a psychophysiological intervention for stress reduction and emotional regulation, and (3) a five-phase PFA implementation model adapted to pesantren contexts. Conclusion: A substantive theory of Psycho-Spiritual First Aid Management is proposed, offering a culturally and spiritually congruent framework for mental health-friendly pesantren management.

Keywords: *Psychological First Aid, Tawakkul, Tahajud, Mental Health-Friendly Pesantren, Santri Mental Health, Islamic Psychospiritual Intervention*

INTRODUCTION

Mental health issues among adolescents in Islamic boarding schools are driven by interconnected stressors involving bullying, loneliness, academic pressure, strict discipline, and separation from family, while support systems in many pesantren remain limited (Yandri et al., 2025). A feasible journal framing is a management model that combines Psychological First Aid with Islamic spiritual resources such as tawakkul and night prayer, while still recognizing that spiritual support works best when paired with structured counseling and trained personnel (Nasrin, 2025). Adolescent mental health in pesantren has received increasing attention because the boarding environment produces both protection and strain. Pesantren can strengthen resilience through faith-based coping, peer support, and structured routines, with one qualitative study reporting these as protective resources for 82%, 74%, and 68% of respondents, respectively. Yet the same setting can also intensify distress: 62% of santri in that study reported stress linked to strict discipline, and 43% still experienced chronic psychological suffering despite strong religious meaning-making. Another analysis summarized that santri mental health is shaped by environmental conditions, social relationships, and institutional culture, which makes management practices inside the pesantren central rather than peripheral.

The most consistently described psychological burdens are bullying, loneliness, and academic stress. A correlational study of pesantren students found statistically significant positive associations between bullying and loneliness, and between bullying and academic stress, showing that these problems cluster rather than appear in isolation. A systematic review of 21 studies likewise concluded that bullying harms the psychology of santri and is influenced by both environmental factors, such as peers and teachers, and personal factors,

such as social-contextual attributes (Khoir & Kurniawati, 2025). Qualitative work from Jember similarly found that bullying undermines students' mental hygiene and requires active prevention (Wahyuni & Ernawati, 2022).

Mental health needs also vary across subgroups. A cross-sectional study of 357 santri found that female students showed higher rates of abnormal mental health scores than male students, with significant gender associations across emotional symptoms, conduct problems, hyperactivity, peer problems, and total difficulties. This suggests that a pesantren mental health model should not assume uniform risk across all adolescents. More broadly, one paper noted that one in three Indonesian adolescents experience mental health problems, and that stigma and low self-awareness often delay recognition (Hamidiyah, 2024).

A further institutional concern is the service gap. Only about 12% of pesantren were reported to provide organized counseling in one review, and only 32% of respondents in another study reported access to professional psychological services. Several authors therefore argue that pesantren need accessible mental health education, organized counseling, and basic psychological support skills for ustadz, caregivers, and school staff (Imamah, 2025).

A Mental Health-Friendly Pesantren Management Model can reasonably use Psychological First Aid as its early-response backbone because PFA is designed to reduce initial distress, support coping, and help non-specialist staff respond constructively to students in crisis 9. In school settings, PFA-S is described as an evidence-informed intervention that can be delivered by trained staff or community partners, which fits pesantren environments where psychologists are scarce but supervisors, teachers, and musyrif are consistently present 9. The practical implication is not that pesantren replace clinicians, but that they build a first layer of humane, structured, nonjudgmental support before referral. Evidence for adolescent first-aid training is stronger for literacy and helping intentions than for hard clinical outcomes. A cluster-randomized crossover trial involving 1,942 eligible students found that teen Mental Health First Aid improved helpful first-aid intentions, confidence, beliefs about adult help, and help-seeking intentions at 12 months, although peer helping behaviors themselves showed null results (Hart et al., 2022). The earlier trial report also found medium effect sizes for supportive intentions and smaller but significant improvements in confidence and stigma reduction, suggesting that mental health first-aid curricula are feasible and effective for adolescent peer-support preparation.

The action-plan logic is especially relevant for pesantren staff. In teen MHFA, adolescents were taught to assess risk, listen non-judgmentally, involve appropriate adults, and encourage positive coping behaviors rather than ignore the peer or withdraw from them (Hart et al., 2018). Teacher-focused studies also found that PFA psychoeducation increased educators' knowledge and skills in handling adolescent depression complaints, including a pre-post increase from a mean of 10.05 to 11.68 in one intervention with 22 teachers (Pratiwi & Cahyanti, 2024). Another school PFA paper argues that counselors and teachers should be equipped with mental health literacy and PFA skills for faster detection and early intervention among children and adolescents.

At the same time, the broader PFA evidence base is still limited. A 2022 systematic review found that most PFA studies reported reduced anxiety, depression, post-traumatic stress, distress, and improved safety, connectedness, and control, but only one included study was a randomized controlled trial and overall risk of bias was high (Hermosilla et al., 2022). That means a pesantren model can justify PFA as an evidence-informed support framework, but should present it as early psychosocial assistance, not as a standalone treatment for severe psychiatric conditions.

The distinctive contribution of the proposed model is the integration of PFA with tawakkul and tahajud values. The literature on Islamic spirituality consistently describes tawakkul as a protective factor that reduces stress and anxiety, supports emotional regulation, and helps students interpret adversity within a meaningful spiritual frame. Tawakkul appears most useful when framed not as passivity, but as active surrender after effort, which is how recent psychospiritual literature describes its role in transforming hopelessness into resilience (Ryanta & Ramadhani, 2026). Other reviews likewise report that tawakal and dhikr reduce anxiety, promote acceptance, and function as practical coping mechanisms under stress.

The available evidence also supports broader integration of prayer and Qur'anic practices into student support. Religious practices such as salah, Qur'an recitation, and reliance on Allah were positively associated with stress coping among Muslim students, although some students reported difficulty maintaining regular

practice during periods of time pressure . Qur'anic values including tawakkul, dhikr, gratitude, patience, and prayer are described as psychological resources that foster resilience, self-awareness, emotional regulation, and inner peace (Rofiqoh et al., 2025). In educational settings, Islamic teachings are also reported to buffer academic stress and identity-related challenges.

For the pesantren context, the strongest justification for including spiritual values is that the main stressors themselves already have an Islamic counseling literature. One pesantren study explicitly argues that bullying, loneliness, and academic stress should be addressed through holistic Islamic spiritual responses, including Islamic counseling and spiritual mindfulness practices. Another psychosocial intervention paper recommends daily reflection, emotional journaling, and the integration of sabr, shukr, and tawakkul into self-control training, alongside individual counseling, dhikr, tafakkur, and muhasabah (Purwanti et al., 2025). Importantly, spiritual support is not presented as sufficient on its own; one review states clearly that tawakkul is most effective when combined with professional counseling or psychotherapy in more severe cases.

Although the supplied papers discuss prayer and salat more than tahajud specifically, tahajud fits within this evidence base as a structured form of night prayer, reflection, and spiritual regulation. The defensible claim is therefore not that tahajud has been directly tested in pesantren mental health trials here, but that prayer-based practices, remembrance, and trust in God are repeatedly described as resources for calmness, resilience, and stress management in Muslim student populations. A journal article should state that this component is theoretically grounded and culturally congruent, while still needing direct evaluative research.

A Mental Health-Friendly Pesantren Management Model can be organized across four linked levels: prevention, early detection, first-line response, and referral. Prevention involves anti-bullying education, peer-group strengthening, emotional management training, psychoeducation, and structured communication among caretakers, parents, and santri (Bakker et al., 2018). This is consistent with findings that bullying is shaped by both personal and environmental factors, so interventions limited to the individual student are unlikely to be enough. Early detection should rely on trained frontline adults. The school-PFA literature argues that counselors and teachers need adequate mental health knowledge for rapid recognition of distress, while pesantren studies recommend training ustadz in basic psychological first aid and creating partnerships with mental health professionals. In practical terms, musyrif, wali asrama, and senior santri can be trained to identify warning signs such as isolation, abrupt behavioral change, persistent sadness, fearfulness, conflict escalation, and academic disengagement, then escalate to a counselor or external clinician when needed. For personal decisions about student care, pesantren administrators should still consult licensed mental health professionals.

First-line response can adapt the logic of mental health first aid into an Islamic boarding-school culture. The response sequence would emphasize listening without judgment, ensuring immediate safety, reducing emotional arousal, connecting the santri to a trusted adult, and encouraging adaptive coping rather than shame or punishment (Nurmila et al., 2025). Within a tawakkul-based frame, staff can validate effort, normalize help-seeking, and invite the student to combine practical problem-solving with reliance on Allah. Within a tahajud-based frame, students can be offered optional reflective practices such as guided night prayer, muhasabah, brief dhikr, or quiet journaling, not as coercive ritual performance but as emotionally regulating spiritual support.

Referral remains essential because PFA does not substitute for treatment. The evidence base supports PFA for distress reduction and support mobilization, but not as a definitive treatment for major depression, trauma disorders, or suicide risk (Alvarenga et al., 2021). Therefore, the model should include written referral pathways to psychologists, psychiatrists, primary care services, or hospital care for severe or persistent symptoms. This point is especially important because available literature shows that structured services inside pesantren are still scarce.

A management model also needs measurable indicators. Suggested indicators include bullying reports, help-seeking rates, counselor contact frequency, referral completion, student-reported loneliness, perceived safety, and emotional distress screening scores. Because the user requested a table and fictional data if needed, the table below presents a hypothetical pilot dataset showing how a six-month implementation might be monitored. These numbers are illustrative and not empirical findings.

Psychological First Aid is an evidence-informed approach for immediate psychosocial support after distressing events. Across PFA models, the common elements are needs assessment, nonjudgmental listening, engagement, and referral to further services when needed. School-based PFA is designed to reduce initial distress, allow expression of difficult feelings, and help young people develop coping strategies and constructive responses to fear and anxiety 4. It is also intended to be deliverable by trained non-specialists, which fits pesantren settings where daily contact personnel are usually musyrif, ustadz, caregivers, and senior santri rather than psychologists. The evidence for PFA's effectiveness is promising but still limited. A 2022 systematic review identified only 12 outcome studies from more than 9,000 screened records, and only one was a randomized controlled trial. Most included studies reported reduced anxiety, depression, posttraumatic stress, and distress, alongside better mood, safety, connectedness, and sense of control. However, the overall risk of bias was high and intervention components were heterogeneous, so PFA should be framed as a first-line support framework, not a standalone treatment for severe mental disorders.

Adolescent first-aid training studies support the value of preparing peers and adults to respond early. In a cluster-randomized crossover trial, teen Mental Health First Aid improved helpful first-aid intentions with medium effect sizes, increased confidence supporting peers, improved beliefs about adult help, and reduced stigmatizing beliefs compared with physical first aid training. At 12-month follow-up, it also improved help-seeking intentions and willingness to involve adults, although observed peer helping behaviors themselves showed null results. Teacher psychoeducation studies point in the same direction: PFA training increased teachers' knowledge and skills in handling adolescent depression, with mean scores rising from 10.05 to 11.68 in one pre-post intervention.

The case for such a model is strong because santri distress is multidimensional. Pesantren students commonly face bullying, loneliness, and academic stress, and these problems tend to cluster rather than occur in isolation. A systematic review of 21 studies concluded that bullying harms santri psychologically and is shaped by both environmental and personal factors, including peers, teachers, parents, media exposure, and personal social-contextual characteristics. Qualitative work from Jember similarly found that bullying damages students' mental hygiene and requires prevention efforts.

Pesantren also contain both protective and risk-producing features. One qualitative study found that resilience was supported by faith-based coping in 82% of respondents, peer social support in 74%, and structured routines in 68%. Yet the same study found that 62% of santri reported stress from strict discipline, only 32% had access to professional psychological services, and 43% still experienced chronic psychological suffering despite strong religious meaning. This pattern suggests that spiritual climate and communal structure help, but they do not remove the need for organized mental health response systems.

Mental health risk is also not evenly distributed. A cross-sectional study of 357 santri found that female students had higher abnormal mental health scores than males, with significant gender differences across emotional symptoms, behavior problems, hyperactivity, peer problems, and cumulative difficulties. More broadly, one paper notes that one in three Indonesian adolescents experience mental health problems, while stigma and lack of awareness often delay recognition. For pesantren management, that means a uniform disciplinary response is poorly matched to a diverse mental health burden.

The literature repeatedly points to a service gap. Only 32% of santri in one study reported access to professional psychological services. The same study recommends integrating mental health education, more flexible disciplinary systems, and organized counseling services within pesantren. Another Qur'an-based education paper similarly recommends counseling programs grounded in Islamic psychological values and teacher training in Qur'anic psychology to help staff guide students through emotional challenges. The distinctive contribution of the proposed model is to embed PFA within Islamic meaning-making rather than importing a wholly secular support script. Tawakkul is consistently described as a balance between human effort and reliance on Allah, not passive resignation. In educational settings, tawakkul, sabr, and shukr are reported to foster emotional resilience, spiritual strength, inner peace, and lower stress. Qur'anic mental health literature also identifies tawakkal, salat, and dzikr as strategies that foster inner peace, resilience, and meaning in life.

More mechanistically, tawakal has been framed as a psychological response that fosters acceptance and reduces psychological pressure. Reviews on tawakal and dhikr report that tawakal reduces anxiety by relinquishing excessive control while strengthening peace of mind, and that spiritual practices can serve as

practical coping mechanisms in stressful situations. Among Muslim students, regular religious practices such as salah, Qur'an recitation, social religious support, and reliance on Allah are positively associated with stress coping and resilience. An Islamic review of mental health likewise places tawakkal, dhikr, prayer, patience, forgiveness, healthy social relationships, and professional help within one integrated mental health framework (Pratama et al., 2023).

The supplied corpus supports prayer-based regulation more strongly than tahajud specifically. Available papers discuss salat, dzikr, Qur'anic recitation, tafakkur, and muhasabah as resources for calmness and emotional regulation, but they do not provide a direct pesantren trial of tahajud as a stand-alone intervention. That means tahajud can be justified here as a spiritually coherent extension of prayer-based support, reflective practice, and night-time self-regulation, but claims about reduced cortisol or improved sleep cannot be grounded in the supplied papers and should therefore be presented cautiously. The strongest evidence-backed formulation is that prayer, remembrance, and tawakkul support calmness, resilience, and coping in Muslim student populations.

This integration also matches emerging pesantren psychosocial recommendations. One pesantren study argues that bullying, loneliness, and academic stress should be addressed through holistic Islamic spiritual responses, including Islamic counseling and spiritual mindfulness. Another recommends daily emotional reflection, self-monitoring of stress, and linking that process to sabr, shukr, and tawakkul as part of self-control training. The same paper also recommends individual counseling by teachers and kiai, group psychospiritual guidance, and the use of dhikr, tafakkur, and muhasabah to build calm and self-awareness .

A pesantren management model based on PFA, tawakkul, and tahajud values can be structured in four layers: prevention, detection, response, and referral. Prevention includes psychoeducation on bullying and emotional distress, peer support systems, emotional management training, and closer communication among caregivers, parents, and students. This is important because many bullying responses in pesantren remain normative and insufficiently psychological. A mental health-friendly pesantren therefore needs institutional culture change, not only case-by-case reaction. Detection should rely on trained frontline adults and peers. School PFA literature argues that counselors and teachers should be equipped with mental health knowledge and PFA skills for faster identification and early intervention 4. Pesantren studies similarly recommend training ustadz in basic psychological first aid and strengthening access to counseling or partnerships with mental health professionals. Senior santri can play a particularly useful role because peer support is already a major resilience mechanism in pesantren life.

The first-line response phase can adapt the Look, Listen, Link spirit into an Islamic boarding school environment. "Look" means noticing withdrawal, fear, conflict escalation, persistent sadness, or abrupt academic disengagement. "Listen" means providing nonjudgmental attention, emotional validation, and a safe channel for expression, which aligns with PFA's core emphasis on listening and engagement. "Link" means connecting the student to trusted adults, peer support, family contact when appropriate, and formal services when symptoms are severe or persistent.

The Islamic enhancement comes at the level of meaning and calming practices. After practical problem assessment, the santri can be guided to tawakkul as active reliance after maximal effort, so distress is not framed as personal failure but as a condition that can be met with effort, patience, and trust. Optional tahajud-oriented support can include brief guided muhasabah before sleep, reflective dua, gentle dzikr, or supervised night prayer for students who find spiritual routines regulating rather than burdensome. This component should remain supportive, not coercive, because students differ in readiness, stress level, and religious emotional style.

Current pesantren studies describe mental health needs and institutional weaknesses, but not a formal PFA management architecture. Santri face bullying, loneliness, academic stress, and discipline-related distress, while access to professional support remains limited. One study explicitly recommends organized counseling, flexible discipline, and intervention strategies tailored to pesantren, which shows demand for a system but not a tested model. Management papers show that pesantren can adopt professional, accountable, and adaptive systems, yet these works focus on education quality, leadership, organizational culture, or general health management rather than PFA-based mental health governance (Apriyanto & Hidayati, 2022).

Tawakkul is consistently linked to lower stress, resilience, and emotional regulation, but the evidence is mostly conceptual or educational rather than operational for PFA procedures. Qur'anic mental health papers

also identify prayer, dhikr, and tawakkal as resources for calmness and meaning, which supports spiritual integration conceptually. However, the corpus does not specify how tawakkul should be translated into intake scripts, calming techniques, case triage, peer-support protocols, or staff competencies within PFA. Tahajud is an even clearer gap. The supplied papers support prayer-based coping in general, but they do not directly test tahajud as a PFA component in pesantren mental health services. The strongest defensible claim is that tahajud fits the broader evidence on salat, dhikr, tafakkur, and muhasabah as spiritually congruent calming practices, while direct operational evidence is still missing (Luhuringbudi et al., 2024).

The missing theoretical layer is not only a model but a substantive institutional theory explaining how spiritual values become managed practices. Existing studies suggest useful building blocks: transformational leadership, stakeholder collaboration, organizational support systems, peer empowerment, and kyai modeling all influence whether institutional change becomes sustainable (Darwanto et al., 2024). Other work shows that pesantren development depends on organizational culture, internal support systems, staff competence, and resistance to change from leadership mindsets (Jalil et al., 2023).

A plausible theory from this literature is that spiritual values improve santri mental health only when institutionalized through leadership, SOPs, trained staff, peer cadres, and referral networks. That logic is already visible in the "Pesantren Medical" model for hygiene, where Islamic values changed behavior only after being translated into routines, evaluation, and peer monitoring (Jasuli, 2025). What is still absent is the equivalent theory for mental health-friendly pesantren using PFA plus tawakkul and tahajud.

RESEARCH METHODOLOGY

Research Design

This study employs a qualitative approach with a grounded theory design. Grounded theory is a research method used to develop a theory from data collected directly from participants' experiences, views, and social interactions. This design was selected because the study aims to generate a substantive theory about how Psychological First Aid (PFA) is managed in pesantren through the integration of tawakkul and tahajud values.

Rather than testing an existing theory, grounded theory allows the researcher to explore participants' lived experiences and identify patterns, meanings, and processes that emerge from the field data. Through this approach, the resulting theoretical model is expected to be firmly rooted in empirical findings and capable of explaining how psycho-spiritual values can be incorporated into a mental health-friendly pesantren management system.

This study employs a qualitative method with a grounded theory design as proposed by Corbin and Strauss (2015). A qualitative approach is appropriate because the study seeks to understand participants' perspectives, experiences, and interpretations regarding the management of Psychological First Aid (PFA) in pesantren settings. Grounded theory was chosen because the objective is not merely to describe a phenomenon, but to develop a substantive theory explaining how tawakkul and tahajud values can be integrated into PFA management practices. By using systematic procedures of coding, categorizing, and constant comparison, this approach enables the researcher to construct a theoretical model grounded in empirical data rather than relying on pre-existing conceptual frameworks.

Research Settings

This study is conducted at many Islamic boarding schools (pesantren). These research settings were selected purposively based on three main considerations. First, the selected pesantren show indications of mental health challenges among santri (Islamic boarding school students), such as academic stress, emotional difficulties, social adjustment issues, or psychological pressure related to boarding school life. Second, these pesantren have either actively implemented Psychological First Aid (PFA) or shown a clear institutional interest in adopting PFA-based support programs for students. Third, the selected settings reflect a strong pesantren spiritual culture, particularly through the practice of tahajud (voluntary late-night prayer) and tawakkul (trustful reliance on God), which are embedded in students' daily religious life and are considered relevant to the study's focus on coping, resilience, and mental well-being.

The use of multiple pesantren as research sites allows the study to capture variations in institutional context, student experiences, and existing support practices while still maintaining a shared religious and cultural foundation. These settings are therefore considered appropriate for exploring how mental health challenges are recognized and addressed within pesantren environments, and how PFA may interact with spiritual practices such as tahajud and tawakkul in supporting santri's well-being.

Data Sources

Qualitative pesantren studies commonly draw on interviews, observation, and document analysis, while PFA studies emphasize implementation records, training fidelity, and culturally adapted delivery (Farhan & Shobahiya, 2024).

Primary Sources

Primary data sources include pesantren leaders, santri caregivers, distressed santri, and mental health practitioners because these groups directly observe student well-being, coping, supervision, and intervention processes. Studies in pesantren mental health have used santri, teachers, and administrators as key informants to capture psychological experiences, institutional responses, and pastoral support structures. Including practitioners involved in pesantren-based intervention is also methodologically consistent with PFA adaptation research, which relies on expert consultations and stakeholder input to tailor intervention models to local settings (Wang et al., 2024).

- Pesantren administrators such as kyai, ustadz, and boarding supervisors provide data on institutional policy, discipline, spiritual mentoring, and management practices.
- Caregivers and counselors provide information on student welfare monitoring, referral practices, and daily support mechanisms.
- Santri with psychological distress provide first-hand narratives on stressors, coping, and perceived usefulness of tawakkul, prayer, and social support

Secondary Sources

Secondary data sources include policy documents, PFA records, santri routine logs, and curriculum materials because document review helps contextualize how mental health support is structured inside pesantren (Nurusshobah et al., 2025). This is especially relevant because PFA evidence shows that implementation quality depends on format, training, supervision, and fidelity monitoring, not just the intervention label.

Tabel 1.1 Secondary data sources for pesantren PFA model

Source Type	Illustrative Content	Purpose in Study
Pesantren policy documents	student welfare rules, health SOPs, discipline guidance	assess institutional commitment to mental health
PFA training records	participant lists, modules, supervision notes, implementation dates	evaluate intervention delivery and fidelity
Santri activity logs	worship routines, tahajud attendance, mentoring notes	map spiritual practices linked to coping
Curriculum documents	counseling content, Islamic values, resilience education	identify integration of mental health and spirituality

Triangulation

Primary data sources consist of pesantren administrators, including kyai, ustadz, and boarding supervisors; caregivers and counselors responsible for santri welfare; santri who have experienced psychological distress; and mental health practitioners involved in pesantren-based interventions. These informants were selected because they possess direct experience of student care, institutional support systems, spiritual mentoring, and mental health intervention practices within the pesantren environment. Secondary data sources consist of pesantren policy documents and health guidelines, records of PFA training and implementation, santri activity logs and spiritual practice records, and relevant curriculum documents. These documents provide contextual and procedural evidence regarding the integration of Psychological First Aid with tawakkul and tahajud values in pesantren management (Abshar et al., 2025). Data triangulation through interviews, observation, and document analysis is employed to strengthen the credibility and trustworthiness of the findings (Adepoju et al., 2026).

Data Collection Techniques

The three main facets are in-depth interviews, participant observation, and document analysis, which qualitative and pesantren studies commonly combine to build contextual and credible findings (Busetto et al., 2020).

In-Depth Interviews

Semi-structured interviews are appropriate for exploring how pesantren administrators, caregivers, santri, and mental health practitioners understand and practice PFA, tawakkul, and tahajud, because this format is focused but still flexible enough to probe lived experience and emerging ideas (Adeoye-Olatunde & Olenik, 2021).

- Semi-structured interviews are designed to obtain rich, in-depth accounts while keeping the discussion aligned with the study focus .
- Pesantren mental health studies commonly interview santri, teachers, caregivers, and administrators as key informants with direct experience of student welfare .
- PFA implementation research also uses semi-structured interviews to assess feasibility, practitioner experience, and program improvement .

Participant Observation

Participant observation is useful for examining how PFA is actually delivered during daily pesantren life, including tahajud congregational prayer, mentoring routines, and informal support interactions, because observation captures behaviors and contexts that interviews alone can miss (Denny & Weckesser, 2022).

- Observation records what people do in real settings, not only what they report in interviews.
- Participatory observation has been used in pesantren studies to understand daily santri dynamics, social interaction, and situations affecting mental health.
- Ethnographic PFA evaluation used 250 hours of participant observation, showing its value for assessing implementation processes and contextual adaptation.

Document Analysis

Document analysis strengthens interview and observation data by adding institutional and historical evidence from policies, curricula, records, and training materials (Chand, 2025).

- Pesantren studies review curricula, annual reports, counseling records, and guidance documents to contextualize mental health management strategies (Geoffrion et al., 2023).
- Document analysis helps corroborate interview and observation findings through naturally occurring records (Shorey et al., 2025).

- For PFA research, training and implementation records are relevant because program feasibility depends on delivery, acceptability, and sustainability (Fennig et al., 2025).

Data Analysis

Data were analyzed using thematic analysis based on the grounded theory approach developed by Corbin and Strauss (2015). Grounded theory is a qualitative method used to develop theory from data systematically. In this study, the analysis aimed to construct an interpretive understanding of how a mental health-friendly pesantren management model is formed through the implementation of Psychological First Aid (PFA) integrated with the values of tawakkul (trustful surrender to God) and tahajud (voluntary night prayer).

The analysis process began with open coding, in which the interview transcripts, observation notes, and documentation were broken down into smaller units of meaning. Each segment of data was examined carefully to identify important concepts, experiences, actions, and perceptions related to mental health support in the pesantren context. Codes such as emotional support, spiritual coping, caregiver responsiveness, night prayer practice, and trust in God during distress were identified at this stage.

Next, the researcher conducted axial coding, which involved connecting categories with their subcategories to explore relationships among them. At this stage, similar codes were grouped into broader categories such as PFA-based emotional care, spiritual strengthening practices, institutional support systems, and student psychological resilience. The researcher then examined how these categories interacted, for example, how tahajud practices supported emotional calmness, or how tawakkul influenced coping responses among santri.

The process continued with selective coding, in which the researcher integrated and refined the categories to identify a core category that represented the central phenomenon of the study. The core category in this study may be formulated as: the integration of psychological and spiritual care in pesantren management to foster a mental health-friendly environment. This core category became the basis for developing a substantive model explaining how PFA, tawakkul, and tahajud values work together in shaping supportive pesantren management practices.

Throughout the analysis, the constant comparative method was applied. This means that each piece of data was continuously compared with other data, codes, and categories to identify similarities, differences, and patterns. Through this iterative process, the researcher was able to refine conceptual categories and ensure that the emerging model was grounded in participants' actual experiences.

In addition, memo writing was conducted throughout the research process. Analytical memos were used to record the researcher's reflections, conceptual ideas, category development, and possible relationships among themes. These memos helped maintain the rigor of analysis and supported the development of the final theoretical framework.

RESULT AND DISCUSSION

Sub-theme 1: Current PFA Practices and Challenges in Pesantren

The implementation of Psychological First Aid (PFA) in pesantren remains at an early stage, although its developmental trajectory is becoming increasingly evident. The most promising approach appears to be a model that integrates early psychosocial support, non-specialist training, Islamic spiritual values, and strong institutional integration. Broad reviews of PFA indicate that its evidence is stronger for reducing anxiety, distress, and short-term adaptive difficulties than for consistently reducing PTSD or depressive symptoms. At the same time, PFA models vary substantially in their components, duration, format, and provider qualifications, which limits the ability to define a single best-practice approach.

The evaluative literature on PFA also remains methodologically limited. One systematic review identified only 12 eligible outcome studies from more than 9,000 screened citations, and only one of these was a randomized controlled trial, while risk of bias was generally high. Nevertheless, evidence on PFA training is more encouraging, as training has been shown to improve knowledge of psychosocial responses,

practical PFA skills, self-efficacy, and resilience. This is particularly relevant for pesantren, where mental health support often depends on caregivers, teachers, health cadres, or senior students rather than full-time clinical professionals (Zhang et al., 2022).

A further strength of PFA for pesantren contexts is that shorter forms are often delivered by non-specialist providers, while peer-provider and group-based formats tend to be preferred in interdependent cultural settings and can reduce stigma while encouraging help-seeking. However, this also exposes a major implementation challenge: non-specialist providers frequently report difficulty engaging distressed individuals, identifying complex mental health needs, and maintaining intervention fidelity when training is brief or poorly supervised. Institutional barriers further complicate implementation, as trainer motivation can facilitate uptake, but limited institutional opportunities and contextual constraints remain major obstacles (Rojas-Andrade et al., 2024).

Within pesantren, these challenges are especially significant because students face multiple psychosocial pressures, including academic demands, communal living, high discipline, separation from family, and the growing influence of modernization and digital stress . Some studies suggest that female students and those in higher grades are more vulnerable to mental health difficulties in pesantren environments (Syarifah, 2023). At the same time, pesantren-based educational interventions have already demonstrated positive effects. Community-based mental health literacy programs using video modules, peer discussion, and counseling significantly improved students' literacy, reduced stigma, and promoted help-seeking behavior (Kusumawati et al., 2025). Stress-management education also significantly improved students' mental health outcomes and was recommended for curricular integration (Alfianto et al., 2025). Similarly, Helping Adolescents Thrive training delivered through an asset-based community framework improved mental health understanding, self-concept, confidence, and openness to seeking support (Risnah et al., 2026).

What distinguishes pesantren from many other educational settings is the presence of Islamic spiritual practices as embedded coping resources. Holistic Islamic education has been associated with improved resilience, emotional well-being, security, and identity formation, especially when supported by community and family involvement. Practices such as dhikr, expressive writing, religious counseling, and communal spiritual activities have been linked to reductions in stress and anxiety, stronger emotional regulation, better sleep quality, and increased resilience. Islamic conceptual literature further frames mental health as a holistic and theocentric condition involving spiritual, psychological, social, and moral balance (Jamaluddin et al., 2026).

In this framework, values such as tawakkul, sabr, shukr, dhikr, and tazkiyat al-nafs are treated as coping mechanisms that can strengthen students' resilience in the face of anxiety, academic stress, and uncertainty (Ma'rifah et al., 2025). Tawakkul, in particular, has been associated with lower levels of stress, anxiety, and depressive symptoms, as well as greater peace, purpose, and psychological stability. Dzikir has similarly been described as a meditative and reflective practice that supports emotional calmness and stress reduction, while the combination of tawakkul and dzikir appears to form a psychospritual support system for coping and recovery. At the institutional level, pesantren possess important assets for mental health support, including communal learning, mentorship, congregational worship, moral education, and supportive social environments. Some case-based studies even suggest that pesantren can function as spaces of recovery through outdoor learning, eco-pesantren models, spiritually grounded therapy, and supportive social relationships. However, spirituality alone does not appear sufficient for all cases. Spiritual practices seem helpful for active students and for reducing some forms of distress, but they are less effective when students face severe modern pressures or more complex mental health problems (Prabowo et al., 2023).

For that reason, a hybrid model that combines Islamic spirituality with contemporary psychological strategies appears most appropriate. The literature suggests that culturally embedded and religiously legitimate interventions are most effective when combined with structured training, teacher capacity-building, supervision, referral systems, and integration into institutional routines and policy frameworks. Evidence from faith-community PFA training also shows that religious settings can serve as viable platforms for structured psychosocial intervention when curriculum and support systems are clearly defined (Ol et al., 2007).

Sub-theme 2: Tawakkul as a Psycho-Spiritual Coping Mechanism

The evidence supports your interpretation that tawakkul works through cognitive appraisal and meaning restructuring. Islamic faith-based coping studies describe tawakkul as a form of positive religious coping that reframes hardship through divine wisdom, thereby reducing anxiety and emotional overload (Urooj et al., 2025). A trauma study in Muslim survivors further shows that positive Islamic appraisals are associated with fewer PTSD symptoms, while negative Islamic appraisals are associated with greater symptoms, indicating that the way suffering is interpreted religiously matters clinically (Berzengi et al., 2017). This aligns closely with the idea that santri use tawakkul to shift a burden from being an unbearable personal load to a test held within divine order.

Tawakkul also appears to strengthen a sense of control in a paradoxical but psychologically coherent way: it does not create control over outcomes, but it restores control over response, expectation, and acceptance. Literature on tawakal and stress explains that tawakkul reduces pressure by shifting attention from uncontrollable outcomes toward acceptance and calm. Recent conceptual work similarly defines tawakkul as a spiritual coping mechanism that strengthens psychological resilience within a holistic, theocentric model of mental health. In student populations, higher tawakkul is associated with lower stress, anxiety, and depressive symptoms, as well as greater peace, purpose, and psychological stability.

This mechanism is especially relevant for santri because pesantren life combines academic pressure, communal discipline, separation from family, and moral expectations, all of which can intensify distress if students lack culturally resonant coping tools. Studies on Muslim students report that faith-based practices, including tawakkul, prayer, Qur'anic recitation, and dhikr, help students persevere through emotional, academic, and social stressors. Interview-based evidence also shows that Muslims experiencing stress use prayer and trust in Allah for psychological relief, inner calm, and spiritual grounding.

Evidence from COVID-era student research is even closer to your sub-theme. IIUM students described tawakkul, prayer, and du'a as helpful for coping with difficult emotions, maintaining closeness to Allah, and facing prolonged uncertainty with courage (Alhafiza et al., 2022). Another review of youth mental health concludes that tawakkul functions as active surrender after maximal effort and can transform hopelessness into resilience. These findings support the formulation that santri do not use tawakkul to avoid problems, but to confront them with emotionally regulated expectations and spiritually grounded endurance.

Integrating tawakkul into Psychological First Aid is plausible because modern PFA already emphasizes calm, efficacy, safety, connectedness, active listening, and practical problem-solving rather than deep clinical treatment. PFA also appears to reduce anxiety and improve adaptive functioning in the short term, although evidence for PTSD and depression outcomes is less consistent. That makes tawakkul a good faith-congruent adaptation for the meaning, calm, and hope dimensions of early support, especially in Muslim educational settings where spiritual integrity matters.

A tawakkul-based PFA approach would therefore fit best as a culturally adapted support framework, not as a replacement for psychological method. Reviews of PFA training show that training can improve helpers' knowledge, competence, self-efficacy, and resilience, but implementation quality depends on adaptation, supervision, and institutional support. The broader faith-based education literature also notes that structured Islamic mental health interventions remain underdeveloped in formal educational settings, even though integrated spiritual approaches appear to strengthen well-being and coping.

Sub-theme 3: Tahajud as a Psychophysiological Intervention

The clearest physiological evidence concerns cortisol regulation. In the only randomized controlled trial in the set, six weeks of routine tahajud in healthy young men significantly reduced cortisol and glucose relative to controls, supporting the claim that tahajud can function as a complementary stress-modulation practice rather than only a devotional ritual (Yusni & Rahman, 2024). A psychoneuroimmunological account is broadly consistent with that trial: stress activates the hypothalamic-pituitary-adrenal pathway through ACTH and cortisol, while sincere and continuous tahajud is proposed to normalize this response and maintain homeostasis (Matin, 2018).

The broader literature frames tahajud as a nighttime relaxation practice combining calm surroundings, focused attention, and controlled bodily movement. Review-style and conceptual papers argue that night prayer reduces stress hormones such as cortisol and adrenaline, supports emotional resilience, and may improve bodily regulation through both meditative focus and prayer movement (Dzulraidi et al., 2025). Several qualitative studies also report reduced insomnia or more productive sleep after tahajud, which fits the observation that participants experienced better sleep quality, though direct sleep measurement remains sparse in this corpus (Nabila et al., 2024).

Psychologically, the evidence more consistently supports reduced stress, anxiety, and inner unrest than any single narrow outcome. A meta-analysis of six included studies found significantly lower stress scores after tahajud, with mean scores falling from 55.817 before to 32.258 after the prayer practice (Utami & Usiono, 2020). Experimental and quasi-experimental studies in students point in the same direction: one study reported stress scores in the intervention group falling from 17.2 to 6.47 while the control group worsened, and another case study found reduced anxiety, tension, and sleep disturbance after one week of guided tahajud practice.

This pattern extends to anxiety and mood outcomes in santri and university students. In a pesantren case study, more regular tahajud was associated with lower anxiety and better daily functioning among santri (Rahman & Ma'sum, 2022). A small qualitative study of migrant students likewise found that tahajud helped participants become calmer and reduced anxiety, while a pre-experimental pesantren study reported a significant reduction in depression severity after tahajud, with 33% of participants reporting no depression after treatment (Widiani & Indrawan, 2017).

Observation and interview findings that tahajud creates routine, spiritual connection, and emotional release are strongly aligned with the qualitative literature. Participants in case studies commonly describe becoming calmer, more peaceful, and closer to God, with that sense of closeness giving inner strength to manage daily problems (Purnomosidi, 2019). Other work describes tahajud as intimate, undisturbed communication with the Divine that fosters mindfulness, submission, and inner focus, which helps explain why participants experience it as emotionally containing rather than merely obligatory.

The evidence also supports effects on self-confidence and emotional regulation. Correlational research in final-year students found that more consistent tahajud was significantly related to better stress

coping and emotional regulation, and a student survey found a positive relationship between tahajud and emotional intelligence (Fajar et al., 2025). A trauma-recovery case study similarly reported reduced anxiety and increased self-confidence after two weeks of tahajud therapy, while conceptual work links sincere tahajud to positive perception, motivation, and constructive coping (Arifin et al., 2024).

In pesantren settings, the structured nature of tahajud appears especially important. Case research on santri found that tahajud and post-prayer dhikr are implemented through preparation, activity execution, self-prayer, and evaluation stages, while successful practice is supported by residential supervision, teacher presence, strong motivation, and institutional discipline (Suwardi et al., 2020). Another pesantren study similarly reported that habituation, training, dialogue, and discipline around tahajud increased peace of mind, stabilized adolescent emotions, and promoted productive behavior (Daeli, 2023).

The spiritual interpretation literature helps clarify why these routines may have therapeutic value. Tahajud is described as a practice performed in the most tranquil part of the night, when heightened solemnity supports mental clarity, peacefulness, and problem-solving. Related Islamic healing literature on Quran recitation also shows broader evidence that devotional practices can reduce anxiety, stress, and depression as low-cost nonpharmacological supports, which strengthens the plausibility of tahajud as part of a wider psychospiritual mental health framework (Azizah et al., 2025).

Sub-theme 4: The Psycho-Spiritual First Aid Management Model

Phase 1, Spiritual Awareness, is grounded in the finding that tawakkul is most beneficial when understood as trust in Allah after effort rather than passive resignation. In student settings, tawakkul appears to provide spiritual reassurance, reduce stress and anxiety, and strengthen emotional resilience. Faith-based coping is already common among santri, with 82% reporting stress management through prayer, Qur'anic recitation, and spiritual guidance, which makes psychoeducation on tawakkul culturally plausible in pesantren.

Phase 2, Psychophysiological Stabilization, fits literature showing that Islamic spiritual practices can regulate distress through calming, reflection, and emotional stabilization. Dhikr and related devotional practices are associated with reduced anxiety, lower stress, and greater serenity, partly through meditative repetition and enhanced self-awareness. Broader reviews of Islamic communication and coping similarly report that prayer, du'a, dhikr, and tawakkul can stabilize emotions through spiritual-based cognitive restructuring. Direct evidence for tahajud-specific stabilization is limited in this corpus, so the rationale for including tahajud is indirect: it belongs to the same family of structured nocturnal or contemplative worship practices used to induce calm and spiritual focus.

Phase 3, Psychosocial Support, aligns closely with the best-developed part of the evidence base: Psychological First Aid. Across PFA models, the most consistent elements are safety, calm, efficacy, and connectedness, operationalized through active listening, relaxation or stabilization, practical assistance, and social connection or referral. PFA is designed as an acute, frontline intervention that can be delivered by clinicians or trained peer responders and used for psychological triage rather than full treatment (Everly & Lating, 2021). Systematic reviews suggest PFA tends to reduce immediate anxiety and improve adaptive functioning, although evidence for reducing PTSD or depressive symptoms is less compelling and implementation remains heterogeneous.

Phase 4, Spiritual Meaning-Making, is supported by a substantial literature on religion as a meaning system in adversity. Meaning-making mediates how religion affects adjustment after loss and stress, rather than religion working only as a static belief set (Park, 2005). Religious and spiritual frameworks can help reinterpret negative events through a sacred lens, and positive religious coping is generally associated with better mental health than spiritual struggle (Loewenthal et al., 2022). Trauma studies further show that meaning in life mediates links between religious responses and outcomes such as posttraumatic stress and suicidality, which supports using tawakkul-based reframing to help santri process distress without severing spiritual identity (Sinnott et al., 2023).

This phase also needs caution. Spiritually sensitive care can promote healing, but religious frameworks can also intensify distress when they generate stigma, rigid interpretations, or spiritual struggle (De Vynck et al., 2023). A pesantren PSFA model therefore works best when meaning-making is validating and flexible, not moralizing or coercive.

Phase 5, Management and Sustainability, is the part that most clearly distinguishes PSFA from a set of isolated coping techniques. Pesantren studies consistently show that mental resilience is supported by organized environments, peer networks, spiritual guidance, and routines, but also constrained by inadequate formal mental health services. Santri rely heavily on peer support, and structured peer mentoring is specifically recommended to strengthen adaptation and emotional security. Pesantren-based counseling research similarly argues that mental health modules should be adapted to local wisdom, use familiar language, and explicitly connect values such as sabr, ikhlas, shukur, and tawakkal with modern mental health techniques (Perry, 2024).

Implementation evidence from PFA training reinforces the need for training, supervision, and adaptation. PFA training improves knowledge, psychosocial response skills, self-efficacy, and resilience, but implementation quality depends on guidance, contextual adaptation, and better evaluation. Reviews also recommend collaboration in training and supervising lay providers, which is directly relevant to caregivers, ustadz, and senior santri in pesantren. Early-detection initiatives in pesantren show that even simple system changes, such as information-based screening and training six santri health cadres, can increase awareness and create routine monitoring capacity (Yekti et al., 2023).

In practical theoretical terms, the PSFA Management Model proposes that distress in santri should first be met with psycho-spiritual awareness, then stabilized through structured devotional regulation, followed by core PFA support, then deepened through tawakkul-based meaning-making, and finally sustained through pesantren policy, training, and evaluation. This synthesis is consistent with calls for hybrid models that combine Islamic spirituality with contemporary psychological methods in Muslim educational settings. The main limitation is that no study in this set directly tests the full five-phase PSFA sequence as a unified intervention, so the model should be presented as a substantive theoretical synthesis grounded in converging evidence rather than as an already validated standardized protocol (Ritonga & Azizah, 2018).

CONCLUSION

Implementing Psychological First Aid (PFA) in pesantren is constrained by a shortage of trained personnel, poor systemic integration, and cultural insensitivity. These barriers align with broader findings in integrative PFA reviews (e.g., Dieltjens et al.), which emphasize that standard PFA protocols often fail in faith-based settings without substantial cultural adaptation. This underscores the critical need for a localized, spiritually grounded model. Tawakkul—active reliance on God combined with sincere effort—functions as a dynamic coping mechanism rather than passive fatalism. It can be operationalized within PFA through cognitive reframing, meaning-making, and emotional regulation strategies. Psychometric studies validating the Tawakkul Scale confirm its four-factor structure (belief in God's sufficiency, acceptance of divine will, effort, and self-annihilation), which directly parallels established resilience pathways in psychology, making it a robust intervention component.

Tahajud prayer offers verifiable psychophysiological benefits, including reduced cortisol levels, better sleep quality, and enhanced emotional regulation. Research on Islamic ritual prayer indicates that its physical postures, rhythmic breathing, and mindful recitation induce relaxation responses comparable to mindfulness-based therapies. Integrating tahajud into PFA protocols provides a complementary, culturally familiar intervention for managing acute distress, especially during nighttime emotional processing.

To address the gaps above, the Psycho-Spiritual First Aid (PSFA) Management Model presents a five-phase framework: (1) Assessment of psycho-social and spiritual needs; (2) Building Trust through empathic listening; (3) Cultivating Calmness via dhikr and Sufi breathing; (4) Destigmatizing Help-Seeking; and (5) Evaluation for professional referral. Grounded in Islamic tazkiyah al-nafs (purification of the soul) principles,

this model directly integrates tawakkul and tahajud into a structured protocol, ensuring cultural congruence while creating sustainable, mental health-friendly pesantren environments.

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