

Peer Counselor-Based Mental Health Development At The Tahfidzul Qur'an Muhammadiyah Srumbung Islamic Boarding School

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ABSTRACT. Mental health disorders through self-harm cause situations and conditions that are not conducive in the Islamic boarding school environment, compounded by the stigma that arises in society related to this. The purpose of this study was to analyze the mental health of students who hurt themselves and how to deal effectively with mental health disorders in students. This study employed a qualitative research approach with field research. Data collection techniques include observation, interviews, and documentation. This study was analyzed through data reduction, data presentation, and a conclusion. The results of this study indicate that peer counselors' efforts to improve the mental health of students have a significant influence on the students themselves. The method used to overcome these cases is by conducting counseling between peers, also known as "peer counselors." In conducting peer counseling, several stages must be followed to expedite the program. These stages include preparation, socialization, basic training, advanced training, mentoring, evaluation, and program follow-up.

Keywords: *Mental Health, Students, Peer Counselor*

INTRODUCTION

Mental health is an important aspect of achieving overall health. Mental health is as important to note as physical health because mental health is a fundamental component of the definition of health. Good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities. We cannot dismiss the existence of mental health disorders because the current number of cases is quite alarming. approximately 450 million people are suffering from mental and behavioral disorders worldwide. It is estimated that one in four people will suffer from mental disorders during their lifetime (Ayuningtyas et al., 2018). Mental health disorders are often not recognized and understood. There are even fears of stigma or discrimination if you seek treatment from a professional.

According to the Indonesia National Adolescent Mental Health Survey (I-NAMHS), one in every three Indonesian adolescents aged 10 to 17 years has mental health problems, and one in every twenty adolescents in Indonesia has mental health disorders in the last twelve months (Gloria, 2022). In addition, anxiety disorder is three point seven percent, followed by major depressive disorder at one percent, behavior disorder at zero point nine percent, post-traumatic stress disorder at zero point five percent, and attention deficit disorder and hyperactivity at zero point five percent (Salma, 2022). This shows that adolescents in Indonesia are vulnerable to symptoms of mental health disorders in the form of anxiety, depression, and stress.

The symptoms of mental disorders experienced by adolescents are influenced by difficulties in carrying out their daily activities and have elements that influence each other that occur simultaneously. These disorders can become stigmatizing for a person. Behavior that has been stigmatized by damaging one's own body is done intentionally and is called Nonsuicidal Self-Injury (NSSI) (Staniland et al., 2021). This type of behavioral research causes harm to oneself and violate societal norms, resulting in a negative stigma. NSSI usually leaves physical scars in the form of wounds, and these scars become easy targets for stigmatization in society. This should be avoided, especially by teenagers who are still in an unstable condition and have high egos because self-harm by injuring parts of the body carries a negative stigma, especially when this happens in Islamic boarding schools.

This problem does not only occur in Islamic boarding schools but also in correctional institutions, which are more prone to self-harm and are very urgent. People who are in correctional institutions are those who are ensnared by the law, so they are very vulnerable to self-injury. This is in line with research conducted by Sinaga, in which conditions in prisons force female correctional inmates to be able to make adjustments because otherwise, it will affect depression. Depression in female correctional inmates will have an impact on other aspects, namely family, children, and community, as well as negative views of oneself, others, and the future, which can have a bad effect on an ongoing basis, triggering negative behaviors such as self-injury and even suicide (Sinaga et al., 2020).

The problems that arise have a traumatic impact on the students. The traumatized students show different behaviors than usual. So this needs to be investigated further. Trauma exposure and post-traumatic stress disorder (PTSD) are psychiatric disorders that can occur after exposure to actual or threatened death, serious injury, or sexual violence (Ennis et al., 2020). Symptoms Trauma exposure and post-traumatic stress disorder were classified into four distinct symptom groups, which included intrusion, avoidance of trauma reminders, negative changes in mood cognition, and arousal and reactivity changes (Kilpatrick et al., 2013). Seeing that the function of NSSI is to affect self-regulation and that PTSD is an emotional disturbance associated with an increase in negative emotions, Theoretically, it makes sense that they might engage in self-harm behavior to reduce the trauma they have experienced.

Counseling and guidance, or BK, is one of the treatments available in educational institutions for students who have mental health issues. However, this counseling guidance lacks interest because there is still a stigma that BK is only for troubled students. Apart from the lack of interest of students in carrying out counseling, another problem arises because not all kyais, ustadz, and ustadzah have the ability to heal both physically and mentally (Subandi, 2019). This is in line with Ghani's research (2018), which shows that not all students respond well to the guidance and counseling unit. Many of the students feel afraid and embarrassed to tell the counseling and guidance teacher (Taufik Ilham Ghani, 2018). Other research shows that students who have positive perceptions show a strong interest in using guidance and counseling services (Wahyudin, 2013). This demonstrates that the lack of guidance counseling in educational institutions is due to student perceptions that make them hesitant to seek counseling.

Based on preliminary observations by researchers, it appears that some students are hesitant to openly express their problems. Counseling frequently ends with the parties involved being called instead of the problem being solved through good and wise problem-solving. Instead, punishment was carried out until the parents were summoned and asked to make a statement to correct their behavior. In line with this, Ahmad's research revealed the same thing regarding the process of implementing counseling guidance (Ridha, 2019). However, this study was more about students in one of the school institutions, while the research conducted was on the students in Islamic boarding schools.

This condition requires the existence and professionalism of peer counselors, in accordance with the age of their development in adolescence, with strategies and ways to deal with deviant activities that involve self-harm. At this time, commitment and attachment with peers become very strong. This is partly because adolescents feel that adults cannot understand them. This makes them an exclusive group because only others can. Peer counseling seeks to alter negative behaviors, assist people in making informed decisions, and prevent problems from occurring (Astuti, 2019; Safri Mardisona, 2020). Other studies have also revealed that when people express problems or issues within themselves, they tend to prefer to tell their friends about them rather than teachers or other people (Abdurrahman, 2021; Ridhani & Abidarda, 2020). Thus, peer counseling is regarded as important because, according to the author's observations, most adolescents prefer to discuss problems with peers rather than with parents, mentors, *ustad*, or *ustadzah*.

In a previous study by Nerenberg & Kia-Keating (2022), in their journal titled *Structural and Facilitating Barriers to Mental Health Services for International Aid Workers*. This study found that workplace barriers to accessing and using mental health services included workplace productivity expectations, uncooperative management, negative career anxiety, and lack of organizational awareness of mental health symptoms. It indicates that services that do not meet caregiver needs and lack of resources. Facilitators include positive messages from employers about mental health, referrals to professionals with experience with mental health and trauma. Another study by Ellis et al. (2022) was published in their journal titled *Culturally Adapted Digital Mental Health Interventions for Ethnic/Racial Minorities*. This study shows that culturally appropriate digital mental health interventions are effective and acceptable. Such interventions bypass mental health barriers and improve mental health outcomes among racial and ethnic minority communities. It's a great opportunity to promote health equity.

Considering the background described above, the researcher deems it necessary to carry out in-depth research related to fostering the mental health of students based on peer counselors. Further stripping is needed in order to analyze the signs that already exist and then re-confirm and find new habits to deal with students' health problems. Therefore, researchers want to examine more deeply related to fostering the mental health of students through peer-based counselors who are carried out in one of the Islamic boarding schools in the Magelang Regency area.

METHOD

This research uses a case study research type with a descriptive qualitative research approach. Qualitative research is intended to find something that is not obtained statistically or in the form of calculations (Raco, 2018). Qualitative research is more about appreciation, focusing on what is done without any settings or in reasonable situations (Gunawan, 2022). This research was conducted on students at one of the Islamic boarding schools in Magelang Regency, namely at the Tahfidzul Qur'an Muhammadiyah Srumbung Islamic Boarding School, who have problems with mental health disorders students who intentionally injure or hurt themselves. In conducting this research, data were collected using several methods, namely by observation, in-depth interviews, and documentation. This research must also ensure the validity of the data by using source triangulation, which is a step to test the credibility of the data by checking the data that has been obtained through several sources obtained. Then, the data that has been obtained is analyzed by data reduction, data presentation, and drawing conclusions (Khilmiyah, 2016; Wijaya, 2018).



Figure 1 Research Procedure

RESULT AND DISCUSSION

Student Mental Health

Mental health disorders are often not realized or understood, and there is even a fear of being stigmatized or discriminated against when asking for and seeking help from more professional people. Mental health is a condition of a person who develops physically, mentally, socially and spiritually (Yusuf et al., 2019). So that you can realize your own ability to solve the problem. The results of the research conducted by the researchers showed that many students appeared visually fine, as if nothing undesirable had happened. However, it turns out that behind it all, they keep all the problems that exist in him. Their problems are very complex, ranging from problems with themselves, to problems with fellow friends, administrators, or ustadz/ustadzah, or even problems with their parents. Academic and psychological problems are also experienced by many students at the Islamic boarding school.

Researchers interviewed several Islamic boarding school students and found that a common problem in the boarding school environment is that many students still experience emotional disorders such as irritability, bullying between students and some students involved in juvenile delinquency cases. Additionally, Ustadz/Ustadzah's treatment of one student may differ from another, or there is a preference and lack of attention on Ustadz/Ustadzah's. In this regard, research conducted by Syafitri & Rahmah (2021), reinforces the notion that problems arise both psychologically and academically in some students, as described in interviews conducted by the researchers.

The problems experienced by the students described above lead to mental health problems. These disturbances can be in the form of conditions of students who experience stress in daily life problems that are not resolved. Mental disorder is a condition in which a person experiences disturbances in behavior, emotions, social, thoughts, and feelings, which are manifested in the form or a set of symptoms for significant changes in individual behavior and can cause obstacles and suffering in carrying out one's functions as a human being (Maulana et al., 2019; Undang-Undang Republik Indonesia Nomor 18 Tahun 2014 Tentang Kesehatan Jiwa (Law of the Republic of Indonesia No 18 Year 2014 on Mental Health), 2014). This is in accordance with the results of interviews, which show that many students experience stress, pressure, and suffering. Mental disorders in students are usually not caused by a single cause, but there are several elements that influence each other or coincidentally occur simultaneously. The impact of the lack of channeling emotions in students at the Islamic boarding school is deviant behavior that they are not accustomed to.

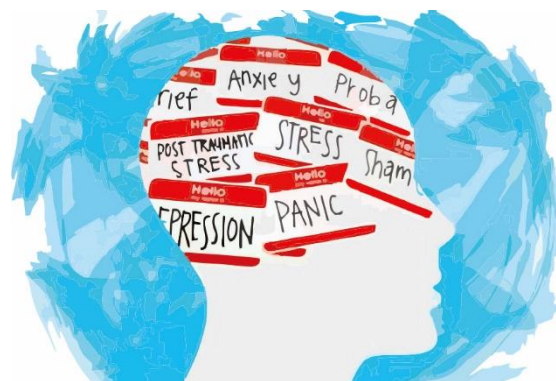


Figure 2. Mental Disorders In Adolescents

One of the behaviors that is not usually carried out by students at the Islamic boarding school is self-injury. In the interviews conducted, it was shown that those who did this were often driven by feelings of pressure and stress in their lives. This situation causes excessive anxiety, so that students engage in self-injury behavior by injuring their own hands with glass shards or needles. This can be said to be a disorder of the prevalence of depression and emotional mental disorders. This was reinforced by RISKESDAS (Basic Health Research) in 2018, which stated that emotional mental disorders experienced by the Indonesian population aged more than fifteen years and over amounted to 6,1% of the population, depression experienced by Indonesians aged more than fifteen years and over was 9,8% (Kementrian Kesehatan Republik Indonesia, 2018). Apart from these data, a survey conducted by the Indonesia National Adolescent Mental Health Survey (I-NAMHS) stated that Indonesian adolescents aged 10-17 years show one in three teenagers in Indonesia have mental health problems, and in the last 12 months, one in twenty teenagers in Indonesia have mental health disorders (Gloria, 2022; Salma, 2022). Lower depressive symptoms, current suicidal thoughts, higher coping skills, and a history of self-directed violence marked a worse risk for self-harm behavior. Higher depressive symptoms and current suicidal thoughts, as well as lower reasons for living, restricted suicidal acts from self-injury (Cramer et al., 2022).

The results of interviews with students who hurt themselves regarding this problem were that they felt anxious after carrying out self-harm behavior by injuring their own hands, which resulted in scarring on their hands. They are worried because the impact of the wound on their hand will not go away and can cause stigma in the community. Nonsuicidal self-injury (NSSI) is stigmatized behavior that damages the body intentionally, usually by cutting or burning the skin (Staniland et al., 2021; Turner et al., 2022). Despite evidence that NSSI is stigmatized, the processes underlying NSSI stigma and associated outcomes are poorly understood. Given the link between NSSI and mental illness, NSSI can generate stigma associated with mental illness. In addition, NSSI is self-defeating, which violates societal expectations of self-protection, resulting in stigmatization. Finally, NSSI leaves physical scars in the form of wounds and scars that are the target of stigmatization (Staniland et al., 2021).

Furthermore, individuals who have lived through self-injury may face unique challenges, for example, because of the visible damaging nature of body tissue. Negative consequences associated with stigmatization and exclusion of people with lived experiences of self-harm, both for the affected individual and for the field as a whole (Victor et al., 2022). There is a need for a more comprehensive assessment of self-injury, seeing that behaviors that are omitted from several prominent actions, for example, skin-slicing, self-whipping and so on, are considered Nonsuicidal self-injury (NSSI) by experts (Lengel et al., 2022). In contrast to children in the US where they engage in self-defeating behaviors and thoughts because they compare the incidence of NSSI and suicidal ideation based on sexual orientation. Sexually oriented children are a population that is vulnerable to self-harm (Blashill et al., 2021).

The results of interviews with those responsible for the students related to the psychological problems experienced by the students were the lack of ustad/ustadzah, who were able to deal with the problems of students who violated the rules. The actions of the ustadz/ustadzah, seeing the problems that exist in the students, are only giving advice, calling the students who are deemed problematic, and sometimes calling the parents of the students. In handling them, they don't anticipate things that will happen in the future, but after an incident or problem occurs with the new students they take action. Their actions are sometimes not properly applied to students. So that the students are reluctant to be open to counseling or just to confide in their ustad/ustadzah. This is in line with Ghani's research (2018), which shows that not all students respond well to the guidance and counseling unit. Many students feel afraid and embarrassed to tell guidance and counseling teachers (Taufik Ilham Ghani, 2018; Wahyudin, 2013). Based on this description, it is stated that guidance counseling is not running well in educational

institutions, both formal and non-formal, because the perceptions that exist in students cause students to be reluctant to do counseling guidance.

It takes time and effort to achieve a healthy mental health. In addition, to achievemental health that can be considered healthy, it is necessary to develop and foster the soul. A healthy soul is able to meet life's demands and life goals feel comfortable and calm within itself (Putri & Daud, 2021). In line with this, the characteristics of unhealthy mental health are feeling uncomfortable, insecure, lacking self-confidence, not understanding yourself, not having satisfaction in social relationships, being emotionally immature, and being personally disturbed (Syahfitri & Putra, 2021). In line with the results of interviews conducted, many students felt uncomfortable, lacked confidence, did not understand themselves, and did not have satisfaction. The students even felt more comfortable with their friends than with their parents. They are even able to express their problems openly with their friends so that they get comfortable and feel cared for when they are with their own friends.

Most of the students in the pesantren often talk about their problems with their peers, whether it is a serious problem or just an unintentional vent, compared to their parents and ustad/ustadzah or pesantren administrators. Like dating problems, family, economics, and problems with classmates. They talk about this with their peers, not with their parents or ustadz/ustadzah. The role of peers is very important for adolescents, so they prefer to believe in their subjects, which are considered as solutions to the problems they face. This, of course, has positive and negative effects; if the chosen friend is the right person, it will have a positive effect, and vice versa.

The Peer Counselor Method To Improve The Mental Health Of Students

The implementation of peer counselor-based mental health coaching can be done through several stages. The stages in fostering peer counselors at Islamic boarding schools can be carried out in various stages as follows:

1. Preparation

The first stage begins with the coordination of several peer counselor partners. The purpose of these partners is that in formal schools, namely counseling teachers, vice principals in the curriculum sector, deputy principals in student affairs, school principals, homeroom teachers, and participants as peer counselors (Muslihati, 2019). Partners in the Islamic boarding school are the director, the field of welfare, the field of discipline, ustad/ustadzah, and the students as peer counselors.

2. Socialization

This socialization stage is carried out to select students as potential peer counselors with strict consideration. These considerations can be seen from aspects of personality, including intelligence, sociable, polite, friendly, caring, empathetic, patient, calm and disciplined (Pandang et al., 2021). In addition, this socialization stage is used to explain various activities related to the registration mechanism, make agreements with partners, and actively involve peer counselors in their development.

3. Basic Training

Prospective registered peer counselor participants then carry out an initial assessment related to personality, self-motivation, and ability to do peer counselors (Arifin & Fahyuni, 2018; Fahyuni, 2018). At this basic training stage, the program aims to introduce the peer counselor development program as an alternative problem-solving for students, provide an overview of running a peer counselor program, shape the characteristics of peer counselors, increase sensitivity, and help educational institutions in Islamic boarding schools in managing student problems through the program.

4. Advanced Training

This advanced training stage emphasizes the skills of peer counselors (Kadarsih, 2020; Syahfitri & Rahmah, 2021). These skills include communication skills, analyzing problems,

responding to clients, empathy, responsibility, keeping secrets, exploring questions, problem -solving, instilling religious values, and a code of ethics for peer counselors.

5. Mentoring

This mentoring stage is carried out when carrying out peer counseling activities. This assistance aims to ensure that peer counselors carry out these activities by using the abilities they have as peer counselors (Abdurrahman, 2021; Sari & Saleh, 2021). In addition, this mentoring stage serves as a bridge to obtain information related to the problems faced by their peers, with the guidance and counseling unit.

6. Evaluation

The next stage is evaluation. Every program that is carried out definitely needs to be evaluated. This evaluation is important to conduct in order to find out how the development of the peer counselor program has been carried out. At this stage, peer counselors are expected to make reports regarding the experiences they have had in counseling peers. Then, observe and discuss related changes in client attitudes and behavior, and peer counselors provide guidance to counseling guidance teachers (Fahyuni, 2018).

7. Follow-up

The next stage is with the counseling teacher following up on the results obtained from peer counselor evaluations. From these results, then take action in dealing with problems that exist in students. By knowing these problems and following up on them, it is hoped that the problems that occur will be reduced or even disappear.

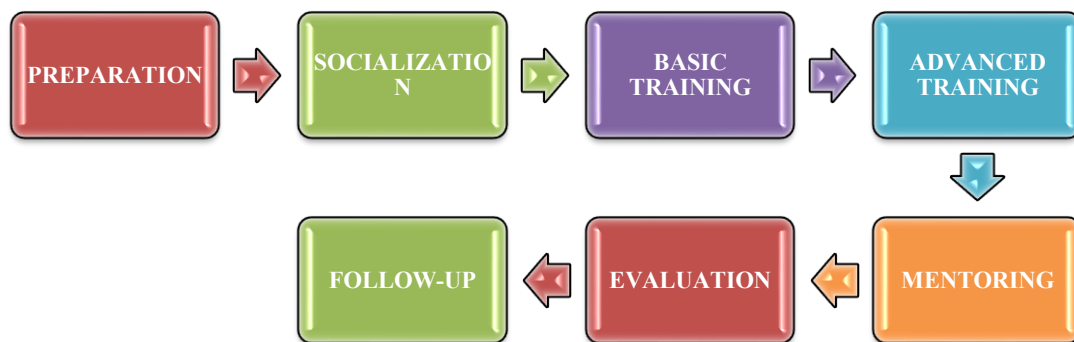


Figure 3. Stages of Peer Counselor-Based Mental Health Development

Based on the above explanation of the problems of students that cause mental health disorders in students by carrying out self-destructive activities. Self-destructive activities lead to stigmatization in society. So that it causes conditions where students experience mental disorders, which result in situations and conditions that exist in educational institutions that are less conducive. The problems experienced by these students can be reduced little by little by carrying out mental health coaching programs on the basis of problem -solving through the concept of peer counselors or peer psychosocial support. This peer counselor is effective in dealing with students' mental health disorders. Allah says in Surah At Taubah verse 71 which reads:

وَالْمُؤْمِنُونَ وَالْمُؤْمِنَاتُ بَعْضُهُمْ أَوْلِيَاءُ بَعْضٍ يَأْمُرُونَ بِالْمَعْرُوفِ وَيَنْهَوْنَ عَنِ الْمُنْكَرِ وَيُقِيمُونَ الصَّلَاةَ وَيُؤْتُونَ الزَّكَاةَ وَيُطِيعُونَ اللَّهَ وَرَسُولَهُ أُولَئِكَ سَيَرْحَمُهُمُ اللَّهُ إِنَّ اللَّهَ عَزِيزٌ حَكِيمٌ ٧١

“The believing men and believing women are allies of one another. They enjoin what is right and forbid what is wrong and establish prayer and give zakah and obey Allah and His Messenger. Those - Allah will have mercy upon them. Indeed, Allah is Exalted in Might and Wise.”

The verse aligns with actions taken by the students, by helping each other among friends. The students who become peer counselors begin to be sensitive to the situations and conditions of their friends who have mental health problems. Help solve problems and motivate peers, basically friends are not just together but friends who can increase positive behavior. The essence of true friendship is not just a place to tell stories but one that can help solve problems faced together and provide comfort, as well as build mutual motivation within each other. The motivation in question is a business that can convince friends to grow and think positively without needing praise or external rewards.

CONCLUSION

Based on the results of research conducted by researchers, it can be concluded that mental health among students is very vulnerable. This is due to counseling guidance that has not been fully implemented in the Islamic boarding school environment. Problems that arise among students have not been fully appropriately resolved. So it causes problems for students who come from internal and external. These problems can lead to mental health disorders, one of which is self-harm. This is exacerbated by the stigmatization that arises in society caused by injuring limbs. Self-harm by injuring limbs creates stigmatization in the community, which can exacerbate students' mental health problems. Overcoming mental health disorders in students by helping fellow peers can actually reduce mental health cases in the Islamic boarding school environment. The method used in improving mental health in students can be carried out in several stages which include preparation, socialization, basic training, further training, mentoring, evaluation and follow-up. If these stages are carried out carefully, a comfortable and comfortable environment for the students will be created so that the students are free from the mental health disorders that follow them.

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