Islamic Comprehensive Guidance and Counselling to Enhance High School Students' Mental Health

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All human beings naturally have 'hanif'. It is a potential that tends to truth and directs to the achievement of a beatific life of the present time and the hereafter. However, its development is varied from one person to another, especially in its relation to the current situation, when some social practices are gradually changing to overcome local wisdom. An abominable living environment results in unfavourable impacts, i.e. personal-communal problems, unhealthy mental development (anxiety, stress, feeling of isolation), and distorted behaviours (moral decadence, alcohol and drugs consumption, and free sex). To cope with these conditions, a practical solution is required. The solution can be compulsorily drawn by the involvement and commitment from all parties involved in the individual's development; specifically, family, school, and the community.

Keywords: *Comprehensive, Guidance and Counselling, Islamic, High School Students, Mental Health.*

Introduction

Modernism has always resulted in a two-sided effect of favourable and unfavourable impacts. The unfavourable impacts, for example, are personal-communal problems. In addition, a current abominable living environment directs people to material development rather than the psycho-spiritual aspect of themselves. The common consequence results in spiritual decadence. Nowadays, human beings seem to lose their personal awareness of the dignified God's creatures to build a comfortable and prosperous life.

The condition, in fact, is very influential on the development of mental ill-health (personal-social problems). Human beings will reflect their problems in psychological representation, namely anxiety, stress, and the feeling of isolation. Not only psychological, it also relates to distorted behaviours, namely moral decadence, alcohol and drugs consumption, and free-sex. Based on research conducted in the United States, one in five children and teenagers have a mental health problem, and one in ten (six million) children has serious emotional disorders (www.mentalhealth.org, SAMHS's National Mental Health information Center, 2/19/03).

Furthermore, Wagner (1996) reported that in the United States, nineteen-nineties adolescents were considered as a 'helpless period', therefore their personal and communal optimism of the future was degraded. In that period, the adolescents' life was familiar with alcohol and drugs, weapons, and sexual relationships exposed to the HIV disease.

In Indonesia, Majalah Sabili (No. 12, XI. January 1, 2004) reported research results about sexual deviance among adolescents. According to Yayasan Priangan Jawa Barat, the results found that 21 per cent of junior high school students and 35 per cent of senior high school students in seven major cities in West Java had committed homosexual activities. Furthermore and based on the survey performed by Pelajar Islam Indonesia (PII) to 400 respondents (from 12–24 years old) in various cities of West Java, 75 per cent of students and college students had performed deviated behaviours (brawl and abuse of drugs), 45 per cent of respondents had committed sexual deviations, and 25 per cent of male students were homosexual.

In relation to drug abuse, the President of the Republic of Indonesia, Joko Widodo, considers that this issue has reached an emergency level. By citing The National Narcotics Agency (BNN, Badan Narkotika Nasional), the president states that 4.5 million Indonesians were victims of drugs, 1.2 million of which could no longer be rehabilitated. Every day, on average, 40–50 young people die because of drugs (Harian Pikiran Rakyat, December 10, 2014). It is assumed that drug cases are not the only the emergency issue, but are also accompanied by corruption, sexual behaviour and alcohol consumption cases. Regarding alcohol consumption, recent data shows that about 86 people died from consuming bootleg liquor. They were from the Bandung Regency (41 people), Sukabumi

(seven people), Bandung City (four people), East Jakarta (ten people), South Jakarta (eight people), Depok (eight people), and Bekasi (eight people) (Republika, April 12, 2018).

This emergency condition should be the concern of all parties, not only the government, but also entrepreneurs, parents, educators, and the community. The government needs to act decisively (issue the most severe punishment, even death penalty) to the deniers or drug and alcohol dealers; and the producers of pornographic films or videos. If not, then this nation will lose the golden generations whose average age is of productive age.

Discussion

Mental health is a health condition that is not only about the absent of physical illness, but the imbalance of harmony among all dimensions of the individual's life; namely, physical, mental, social, vocational, and spiritual dimensions. All of these dimensions continually interact with each other and each affects and is influenced by the environment.

The individual's mental health is characterised by his or her responsibility to keep maintaining their physical health, to be removed from self-destructive behaviours (such as smoking, drinking, abusing drugs, and overeating), and control or avoid environmental contamination of virulent viruses.

Individuals who are mentally healthy are able to overcome or avoid mental health problems, including: social behaviour is the problem of the individual's incapacity in social interaction, such as aggressive attitude, destructive, and suspicion of or to others; emotional behaviour, such as depression, anxiety, phobia, and problems based on sexual disorder; behaviour associated with health issues, such as insomnia, smoking, alcohol consumption, and drug abuse; and behaviour associated with employment issues, such as work saturation, frequent absence of work, feeling alienated, lack of enthusiasm for work, unemployment, and the shackled working mobility.

In terms of mental health, since the nineteen-fifties, a number of experts have attempted to describe positive mental health criteria, as follows. 1) Jahoda (1959) stated that positive mental health is characterised by: (a) being positive to oneself, (b) being able to actualise oneself, (c) being able to integrate psychological functions, (d) being independent (self-autonomy), (e) being able to perceive reality adequately, and (f) understanding the condition of the environment. 2) Adler et al. (1982) proposed that positive mental health traits include: (a) displaying adequate social roles, (b) having a positive self-concept, (c) being able to interact with others, (d) managing emotions, (e) being able to overcome stressful events, (f) being able to utilise useful resources, and (g) being able to function

cognitively (thinking ability). 3) Lewis (1984) affirmed that positive mental health traits are: (a) building satisfactory relationships with others, (b) developing problem-solving skills, (c) being able to manage personal stress, (d) being able to obtain useful resources, (e) participating actively in productive activities, (f) being responsible for their own behaviour, and (g) maintaining a positive self-concept.

In order to build mental health and prevent mental disorders among the citizens, especially young people, all related parties (family, schools, government, businessmen, and citizens) are expected to show commitment and responsibility to synergistically create a conducive living environment, which is in tune with religious values and local wisdom, to prevent the proliferation of virulent viruses or disobedience. The commitment from all parties to prevent mental disorders needs to be continuously strengthened, as nowadays, the phenomenon of deviant behaviour (maladjustment or mental disorder) seems to intensify among children and adolescents. Their mental health problems include feeling disorders and behavioural disorders. Feeling disorders may include: (1) feelings of sadness and helplessness, (2) often feeling angry or overreacting to something, (3) feelings of worthlessness, (4) fear, anxiety, or excessive worry, (5) lack of concentration, (6) feeling that life is very difficult, and (7) being pessimistic to face the future. In addition, behavioural disorders may include: (1) consuming alcohol or drugs, (2) interfering with others' rights or violating the law (such as bullying, crime), (3) doing something that can be life-threatening, (4) continuously dieting or having an obsession to have a slim body, (5) avoiding friendship or enjoying a solitary life, (6) enjoying day dreaming, and (7) often misbehaving in school.

On a macro scale, strategies that should be undertaken — especially by governments as the policy makers — to develop the mental health of citizens (children, youth, and adults) are as follows: 1) Leaders or officials should be *uswah hasanah*, meaning to be a good example or a role model for society in carrying out moral values, such as simple living, being honest, being trustworthy or responsible in carrying out duties; 2) Creating a conducive, stable, socio-political-economy climate that can empower wealthy lives of the citizens; 3) Creating a conducive religious climate for each adherent; 4) Developing mutual respect, and tolerance among religious, ethnic, and racial groups; 5) Caring for and preserving a clean, green, and beautiful environment; 6) Issuing laws or regulations as efforts to combat the various factors that trigger the spread of moral decadence. The rules include the closure of alcohol factories and night-entertainment, the eradication of gambling and punishment of their bandits, the death penalty of drug dealers, the punishment of producers and distributors of films or pornographic magazines, the cessation of TV shows devastating moral or religious beliefs of society, and strict control of the use of drugs or contraceptives; 7) Establishing municipal forests, parks, or halal (especially in urban) places that are comfortable (neat, beautiful and green), as a place for light exercise, family tourism, relaxation, and to obtain healthy air. These places

psychologically function as stress relievers, or relaxation from fatigue or work, and biologically serve to facilitate fitness or physical health.

In addition, on a micro scale, in the family and school environment, the development of mental health is elaborated below.

Development of Mental Health in the Family Environment

Family has a very important role in developing a child's mental personality or mental health. The loving care of parents and education about the values of life, both religious and socio-culture, provides a conducive factor for preparing children to be healthy members of society. Religion provides guidance on the duties and functions of parents in caring and educating children, so that children, in their life, are on the right path to avoid the calamity of life, both in the world and in the hereafter (Al-Quran, Attahrim: 6). Rasulullah (may peace be upon him) said, in one of his hadiths, that "Every child is born in a state of *fitrah* (*tauhiidulllah*), but it is the parents who make them Jewish, Christianity, or Magi" (H.R. Bukhori & Muslim, (Bachri, 2010; Puspitasari, n.d.).

With regard to the role of the family (parents) in educating children, Imam Al-Ghazali in Ihyau Ulumuddin's and translated by Ghazali (1966) suggests that a child is a mandate for his or her parents, he or she is still holy as a gem, and the good or bad the development of the child is very dependent on the habituation. The family is a very important asset; the individual cannot live alone, without any ties to the family. It is according to nature, culture, and also the command of Allah SWT. The family has a great influence on all of its members, because there is always the most meaningful interaction, which is most pleasing to a very basic and very intimate value (Djawad Dahlan, in (Jalaluddin & Gandaatmaja, 1994).

The family is also seen as an institution that can meet human needs, especially the need for the development of its personality, and the development of the human race. By linking the role of the family with the effort to meet individual needs, family is the first institution that can meet those needs. Through care and good treatment of parents, children can meet their basic needs, both physical-biological, and socio-psychological.

A happy family is a very important factor for the emotional development of its members, especially children. Happiness can be obtained, if the family can play its function properly. The basic function of the family is to provide a sense of belonging, security, and compassion, and to develop a good relationships among family members. The relationship of love in the family is not limited to feelings, but also concerns the maintenance, the sense of responsibility, attention, understanding, respect, and desire to cultivate the relationship with the children. A family whose relationships between

members are not harmonious, are full of conflict or communication gaps, can develop mental illness problems in children.

To further examine the function of this family, it can be argued that socio-psychologically the functions of the family are: (1) the safeguarding of the child and other family members; (2) the source of need fulfilment, both physical and psychic; (3) the source of love and acceptance; (4) the model of appropriate behavioural patterns for children to learn to be good members of society; (5) the model of a socially appropriate behaviour model; (6) the child helpers in solving problems they face in order to adapt themselves to life; (7) the guidance in learning motoric, verbal, and social skills for adaptation; (8) the stimulators for the development of the child's ability to gain achievement, both at school and in society; (9) the mentors in developing aspirations, and motivation; and (10) the source of friendship or playmates for children, until they are ready to make friends outside the home, or if outside the home friendship is not possible (Priatini, Latifah, & Guhardja, 2008; Saputro & Pardiman, 2012; Sihotang, 2009; Usman, 2013).

Meanwhile, according to sociologists, the functions of the family can be classified into the functions of biology, economy, education, socialisation, protection, recreation, and religion (Adiwikarta, 1988; Karsidi, 2005; Notoatmodjo, 2007; Toto Suharto, 2012). Covey (1997) proposed four principles of family roles. The first is modelling, the example of trustworthiness. Parents are models for their children. It is undeniable that examples from parents have a very strong influence on their children. When Abert Schweitzer was asked about how to develop a child, he replied: "there are three principles, first is example, second is example, and third is example". Parents are the first and foremost model for their children, either positive or negative, and are a pattern for the child's 'way of life'. The way of children's thinking and doing are shaped by the way of parents' thinking and doing. Through this 'modelling', the parents have inherited their way of thinking and passed it to the children, which sometimes goes to the third or fourth generation. Second is mentoring, which is the ability to build relationships, emotional investment or affection to others or protection to others in depth, honestly and unconditionally. Third is organising. The family is like a company that requires team work and cooperation among its members to complete tasks or to meet family need. Fourth and lastly is teaching. It is related to the role of parents as teachers about the basic laws of life. Here, parents create conscious competence in children, so the children experience what to do and why (Asmawati, Novita, Amini, & Pujiastuti, 2014; Hildayani, Sugianto, Tarigan, & Handayani, 2014; Tjandraningsih et al., 1996; Yus, 2011).

Another component that has a positive effect for the development of mental health in the family environment is religion. Strengthening the application of religious values in the family is a fundamental foundation for the development of a peaceful or prosperous society or condition. On the contrary, when the erosion of religious values occurs in the

family, or in the community, there will be catastrophic life that can overturn human values. This is as expressed by the Minister of Religion, Tarmizi Taher, in his speech entitled peace, prosperity, and religious harmony in the twenty-first century: The Indonesian Muslim Perspective in Georgetown of the United States of America is noted as follows: "As a result of the exclusion of religious values in modern life, we are witnessing a widespread of social inequality, such as: the spread of poverty, and vagrants in big cities; outbreaks of pornography and prostitution, HIV and AIDS; the prevalence of drug abuse, organized crime, the raise of divorce up to 67% in modern countries; the deaths of thousands of people due to famine in Africa and Asia amidst abundance of consumer goods while in the northern hemisphere" (Suara Pembaharuan: November 27, 1997).

To create a conducive and happy socio-psychological atmosphere in the family for healthy mental development, especially the development of the personal characteristics of good children, Islam has provided guidance, as follows: a) Building the family through a legitimate marriage based on Shari'a or religious provisions; b) The marriage should be based on the intention of worshiping Allah because marriage is the sunnah of the prophet, *Annikaahu sunnatii faman lamyargobu 'an sunnatii palaisa minnii* (marriage is my sunnah, whoever hates marriage means he/she is not my part). Thus, husband and wife, or parents and children, are partners in worshiping God; c) When the husband and wife (*jima'* or intercourse), pray to God to be given a child who is spared from the temptation of satan. The prayers taught by Rasulullaah is *Bismillaahirrahmaanirrahiim, Allahumma jannibna sysyaithona, wa jannibi sysyaithona minmaa rozaqtanaa* (In the name of Allah, Allah keeps us from satan, and keeps the satan away from the rizqi/the child you give us); d) Increasing the prayer of *'Robbanaa hablanaa min azwaajinaa wa dzurriyyatinaa qurrota' swing waj'alnaa lilmuttaqiina imaamaa* (O God our Lord, grant us, from our spouses and our descendants, who bless our eyes, and make us priests for people of piety). The other prayer that should be reconciled in order to invoke the good child is *Rabbii wablii minashshaalihiin* (My Lord bestowed upon me the good children); e) When the wife is pregnant, perform some acts of worship: (1) reciting the Qur'an (for nine months of pregnancy, reading Al-Quran from Alfatihah up to letter of Annaas, not just reading certain letters); (2) performing the *tahajjud* prayer, and praying to the God afterwards; (3) multiplying *shadaqah* or *infaq*; and (4) always remembering Allah, or reading *kalimatuttoyybah* (good words), such as *tasbih (subhaanallaah), tahmid (alhamdulillaah), takbir (Allaahu akbar), and tahlil (laa ilaaha illallaah)* (Hafiz, 2015). The husband should practice them as well; f) Creating good and harmonious social patterns between husband and wife, or parent and children; g) When the child is born, say the good word (at least read *tahmid*); there is also a suggestion to do (with a soft voice) *adzan* on the child's right ear and *iqomat* in his/her left ear; h) By the time the child is seven-days old, do *aqiqah* for the child, i.e. slaughter the goat or ram (two for boys, and one for a daughter), shave the child's hair (this hair is weighed as weigh the gold, the

result is valued with the price of gold, then the money is distributed to the poor or orphaned); and give children a good name. In this event, invite family, relatives, or close neighbours and gather for God's mercy; i) By the time the child has entered the age of kindergarten, educate them through teaching, imitation, and habituation about the various aspects of life that are important for the development of a steady personality, such as (1) teaching the pillars of faith and pillars of Islam, teaching and familiarising prayer worship, giving examples in paying zakat or *infaq*, teaching how to recite *Al-Quran*, and some prayers; (2) training and setting an example of how to care for personal hygiene and health such as bathing, brushing, eating and drinking regularly, disposing of garbage in its place, maintaining cleanliness and tidiness of the house; (3) setting an example of polite speech, according to the mother tongue; and (4) teaching and setting an example of etiquette or ethics in associating with others; j) Being steadfast or patient when faced with problems, because in a family, life is not free from trouble (Yusuf, 2009).

The Development of Mental Health in School Environment

Schools are formal educational institutions that systematically carry out guidance, teaching and training programs in order to facilitate learners to develop their potential, whether involving physical-motor, intellectual, emotional, social, and moral-spiritual aspects.

Regarding the role of schools in developing the personality of children, Hurlock (1986) suggests that school is a determining factor for the development of childhood personality (learners), both in the way of thinking, attitude, and how to behave. Schools act as family substitutes, and parental substitution teachers. There are several reasons why schools play a significant role in the development of the personality or the mental health of learners, namely: (a) learners must attend school; (b) school provides an influence to the learners early, along with the development period of the 'self-concept'; (c) school provides an opportunity for learners to succeed; and (d) school provides the first opportunity for the learner to judge him or herself, and its ability is realistic (Andersson et al., 2010; Bowers & Hatch, 2005; Council, 2007; Fischi-Gómez et al., 2014; Reisman, Wiessner, & Willard, 2007).

In order to develop the mental health of learners, the school generally needs to build a conducive psycho-socio-spiritual climate as follows: a) School is an environment that is expected to develop the social, emotional, and spiritual competences of students. Hence, the school needs to function itself as an environment that supports the development of these three student competencies. Some of the factors that need to be taken into account are: (1) positive interpersonal relationships between leaders, teachers, staff and students; (2) teachers' attitudes and loving treatment to students, and personal respect of the students; (3) the exemplary of the principal and teachers in practicing religious values, or

noble character; and (4) authoritative and wise leadership of the principal; b) Schools as educational institutions need to build an academic culture among the students. In this case, school leaders and teachers need to present themselves modelling academic culture to the students. The meaning of academic culture here refers to the mental attitude, habits and behaviours associated with the process of intellectual development, and the mastery of science and technology. This includes aspects of academic honesty such as not cheating or being a plagiarist, and a lifelong learning ethos, which are embodied in disciplined learning activities, reading habits, doing timely tasks, and seeking information from various media (print and electronic) related to the learning materials or other positive knowledge; and c) Schools provide adequate office, study, health and worship facilities, such as the principal's office space, teachers, administrative staff, classes, libraries, laboratories, sports facilities, worship facilities and toilets.

In developing the mental health of these learners, teachers have a very important role. In relation to this and then in the learning process, the teacher should carry out the following: 1) Creating a classroom atmosphere that psychologically encourages students to learn, such as (a) being warm and friendly, (b) being respectful, (c) being eager or enthusiastic in teaching, and (d) not being arrogant; 2) Developing students' intellectual powers by (a) giving students opportunities to ask questions or express opinions, and (b) discussing in a group, analysing a theory, ideas or community problems to formulate steps to solve the problem; 3) Linking the subject matter to the relevant workplace; 4) Maintaining discipline in carrying out learning tasks; 5) Showing a person who is ethically-moral can be accounted for, or morals; 6) Providing information on how to prepare scientific papers; 7) Providing information about learning resources that students can access; 8) Identifying or marking and assisting students who are suspected of having academic and/or non-academic problems; 9) Providing remedial teaching for students who have learning difficulties (low learning achievers); and 10) Cooperating with counselling teachers or counsellors in facilitating the development of the student learning potential or success in school.

Particularly, the strategy that should be done by schools in building students' mental health is by strengthening the function of guidance and counselling programs. In this case, schools should empower counsellors or counselling teachers. Counsellors and counselling teachers have an important role to facilitate or provide assistance services for learners to develop their own potential, so that they have a mental health personality, which shows the ability to think logically and rationally, self-control, interpersonal skills, and the ability to practice spiritual values.

The guidance and counselling program in its concept and application is based on the following basic assumptions: 1) Human behaviour is a function of the interaction between individuals and their environment. Individual behaviour occurs in context (related to the

environment in which individuals live). A healthy person develops in a healthy environment; 2) The human development naturally tends toward healthy development. In guidance and counselling, the approach comes from studies of normal individual development; 3) The process of assistance is the relationship of counsellor or counsellor teacher and counselling to the counselee (client), in facilitating the counselee to be able to develop his or her own potential and address the problems of his or her life by (a) identifying and mobilising relevant client assets; (b) identifying or developing client skills; and (c) using resources from the environment that support client development, and can reduce the life problems. Client assets are defined as the client's personal qualities that include the characteristics, habits, behaviour patterns, self-defence, and ways of thinking that clients use to solve the life problems they have experienced. Meanwhile, client skills are the physical motor, intellectual, and emotional skills to achieve certain goals.

In order to build the mental health of the learners, the guidance and counselling program at the school is intended to help or facilitate the development of learners, so that they become a person who has the 'wellness' characteristics of: (a) spirituality; (b) sense of worth (self-acceptance, self-esteem); (c) sense of control (sense of competence, perceived ability to cope); (d) realistic beliefs (logical, rational understanding of the world); (e) emotional responsiveness (willingness to experience and share emotions); (f) intellectual stimulation (being mentally active, challenging your thinking, engaging in new learning); (g) sense of humour (ability to laugh appropriately at oneself and the world, to use humour to cope with life's difficulties); (h) nutrition (healthy, balanced eating that maintains one's ideal weight); (i) exercise (engaging in an active, healthy lifestyle); (j) self-care (limiting exposure to danger by seeking preventive health care); (k) stress management (using methods for stress reduction as appropriate); (l) gender identity (satisfaction with one's own gender); (m) cultural identity (satisfaction with one' cultural identity); (n) work and leisure (activities that contribute to financial resources, feeling satisfaction with work and leisure); and (o) friendship and love (connectedness to others in both platonic and romantic relationships) (Myers, Witmer, & Sweeney, cited in Granello & Young, 2012). To realise the goal in implementing a guidance and counselling program at school, the counsellor should undertake the following: (1) basic service, by employing large group guidance, classroom guidance, and small group guidance; (2) responsive services, by employing individual counselling strategies and group counselling; (3) individual planning, by employing individual valuation strategies, providing assistance to develop the ability to formulate objectives, conducting activities, and evaluating the achievement of objectives, and arranging students' placement, majors, or specialisation; and (4) system support, by employing professional development strategies and program management.

 In following the learning process in school, or facing life in the family and with peers, many students experience stress. To address these conditions, counsellors or counselling

teachers can utilise four prevention strategies, as follows: a) Managing stressors, which is done through control or prevention of stimuli before it impacts individuals or groups. This strategy is a preventive program that identifies the specific, limited, and observed stressors that may pose a risk to individuals or groups. For example, organising a large group guidance service by inviting speakers, such as police, medicine and religion (such as the Indonesia Ulema Council or Majelis Ulama Indonesia) to explain the dangers of drugs, alcohol, and free sex to learners; or organising 'parenting skills' for parents of students; b) Avoiding stressors by diverting individuals or groups from stress, as a result of certain stimuli. This stressor avoidance intervention is based on the transfer of individuals from situations or environments that are potentially stressful. For example, removing a child from a home where there is physical and mental sexual abuse; c) Building stress resistance by developing the ability to resist the effects of stress through strengthening the experience. There are several ways of individual resistance to stress that can be strengthened. One of them is 'anticipatory guidance', which is: (1) providing information about events or aspects that are potentially threatening; and (2) social support of 'self-help groups', or natural support systems such as family and religious organisations. The results of the study indicate that individuals who lack social support tend to face considerable emotional distress, especially when faced with negative life events; and (3) developing special coping skills in individuals. These skills involve interpersonal problem-solving skills, social interaction skills, or other competencies based on an approach to give 'tools' to the individual to understand the state of stress that may be experienced; d) Managing stress reactions which occur after a stress attack but before weakening or self-malfunction. This fourth strategy is an attempt to prevent someone from reacting to stressors that are hard to avoid. In this approach, social support networks are especially useful during times of transition, such as becoming a widow, seeking or losing a job, and also changes that happen to one's interpersonal relationships and work (Yusuf, 2009).

The Development of Mental Health in the Community Environment

The development of mental health in the community is very important, because it is also affected by the climate or atmosphere of community life where one resides. The parties who are responsible for developing mental health within the community are governments, leaders of socio-political organisations, leaders of religious organisations, entrepreneurs, informal leaders, and citizens themselves. All parties should establish cooperation and have the same vision in an effort to develop the mental health of the community. The living climate in the community, especially in urban areas, can have a negative impact on the development of the mental health of its citizens, such as: 1) The high price of basic daily household needs; 2) Unsafe environments such as crime outbreaks, violence, and brawls between citizens or youth; 3) The surrounding environment is dirty, smelly, or rundown; 4) Frequent traffic jams; 5) Often hit by natural disasters such as floods, and

earthquakes; 6) Lack of employment; 7) Lack of clean water for daily household needs; 8) The rise of circulation or sale of magazines, books, movies, or pornographic VCDs, liquor and drugs, and also contraceptive tools that can trigger moral decadence among citizens; and 9) Gambling, thus developing an irrational way of thinking in citizens.

The aforementioned problems need to be solved by all parties, both the government and the public in general, because without a commitment, the problem will be difficult to overcome. The mental health development effort for children, youth, or citizens in these three environments can be described as follows:
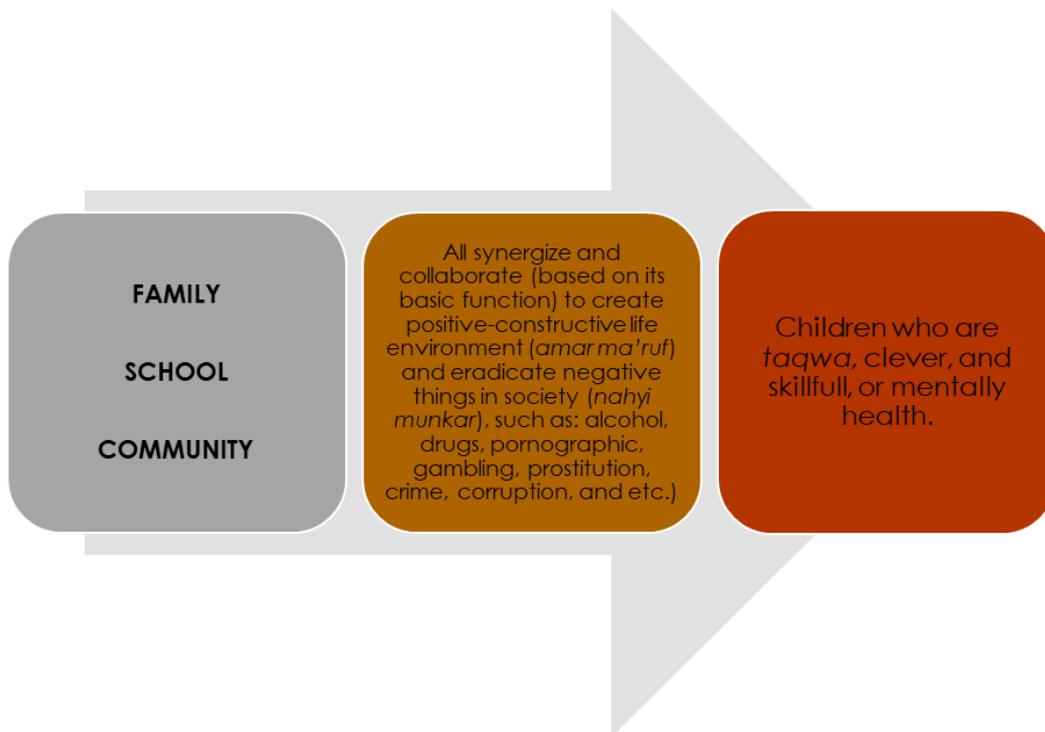

FAMILY

SCHOOL

COMMUNITY

All synergize and collaborate (based on its basic function) to create positive-constructive life environment (*amar ma'ruf*) and eradicate negative things in society (*nahyi munkar*), such as: alcohol, drugs, pornographic, gambling, prostitution, crime, corruption, and etc.)

Children who are *taqwa*, clever, and skillfull, or mentally health.

Figure 1. Chart of Mental Health Development Synergies in Family, School, and Community Environments

Conclusion

Based on the above explanation, it can be concluded that the development of mental health for learners or citizens in general can be done by conducting collaborative efforts by all related parties to create a positive and constructive living climate, whether in the family, school, and community. In the school environment, it is particularly necessary to strengthen the legality and quality of counselling and guidance programs, hence counsellors or guidance teachers can perform their duties and functions properly in an effort to optimally facilitate the development of learners.

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