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Problematika Dakwah Terkait Gangguan Mental pada Santri Al-Hafisku di Moncongloe, Kabupaten Gowa

Da'wah Challenges Related to Mental Health Problems among Al-Hafisku Santri in Moncongloe, Gowa Regency

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Kata Kunci: Problematika Dakwah; Gangguan Mental; Santri; Pesantren; Kesehatan Mental

Abstrak

Penelitian ini menganalisis problematika dakwah terkait gangguan mental pada santri di Pondok Pesantren Al-Imam Hafs Al-Kufi (Al-Hafisku), Moncongloe, Kabupaten Gowa, serta upaya pembina dalam meresponsnya. Penelitian menggunakan pendekatan kualitatif deskriptif dengan studi kasus. Naskah sumber mendokumentasikan wawancara dengan tiga informan dewasa, terdiri atas dua pembina dan satu pimpinan pondok, yang dilaksanakan pada 8 Agustus 2025; santri menjadi fokus observasi, tetapi tidak terdapat wawancara langsung dengan santri yang terdokumentasi dalam naskah. Data diperoleh melalui wawancara, observasi, dan dokumentasi, lalu disintesis secara tematik dengan tahapan kondensasi data, penyajian data, dan penarikan kesimpulan. Kredibilitas diperkuat melalui perbandingan keterangan antar-informan dan triangulasi teknik antara wawancara, observasi, dan dokumen yang tersedia. Hasil penelitian menunjukkan empat problem utama, yaitu tekanan penyesuaian terhadap lingkungan pesantren, ketidakselarasan komunikasi antara pembina dan pimpinan, rendahnya literasi kesehatan mental yang mendorong penanganan spiritual sebagai respons utama, serta keterbatasan sumber daya dan akses layanan profesional. Upaya yang dilakukan meliputi edukasi kesehatan mental yang diintegrasikan dengan nilai agama, pendekatan personal melalui pendengaran empatik dan relasi positif, serta pengembangan sistem rujukan. Temuan menegaskan bahwa praktik spiritual seperti doa, zikir, dan ruqyah dapat menjadi sumber coping religius, tetapi tidak seharusnya menggantikan asesmen dan rujukan profesional ketika santri menunjukkan masalah psikologis yang menetap atau berat. Novelty penelitian terletak pada analisis titik temu antara dakwah, tata kelola pesantren, literasi kesehatan mental, dan kebutuhan sistem rujukan di lingkungan pesantren tahfiz.

Abstract

Keywords: Da'wah Challenges; Mental Health Problems; Santri; Pesantren; Mental Health

This study examines da'wah-related challenges associated with mental health problems among santri at Al-Imam Hafs Al-Kufi Islamic Boarding School (Al-Hafisku), Moncongloe, Gowa Regency, and analyzes the responses developed by boarding-school mentors. A descriptive qualitative case-study design was employed. The available study records document interviews with three adult informants - two mentors and one boarding-school leader - conducted on August 8, 2025. Santri were the focus of observation, but no direct student interviews are documented in the available records. Data were collected through interviews, observation, and documentation and were analyzed thematically through data condensation, data display, and conclusion drawing. Trustworthiness was strengthened through cross-informant comparison and triangulation of interview data with observations and available documents. The findings identify four major challenges: adjustment pressure within the boarding-school environment, communication misalignment between mentors and leadership, limited mental health literacy that tends to position spiritual responses as the primary intervention, and limited human resources and access to professional services. The responses include mental health education integrated with religious values, personal approaches through empathic listening and positive relationships, and the development of a referral pathway. The findings indicate that prayer, dhikr, and ruqyah may serve as culturally meaningful forms of spiritual coping, but they should not replace professional assessment and referral when psychological problems are persistent or severe. The study's novelty lies in linking da'wah practice, pesantren governance, mental health literacy, and referral needs within a Qur'an-memorization boarding-school context.

INTRODUCTION

Da'wah challenges are barriers that disrupt the delivery, reception, and internalization of da'wah messages. In pesantren, these barriers concern not only a da'i's ability to convey religious teachings, but also santri psychological conditions, mentor-leadership relations, the educational environment, and access to support when specialized assistance is needed.[1]

Da'wah is fundamentally an activity of inviting people to goodness, enjoining what is right, and forbidding what is wrong. This principle is affirmed in Q. Ali 'Imran [3]: 104:

وَلْتَكُنْ مِنْكُمْ أُمَّةٌ يَدْعُونَ إِلَى الْخَيْرِ وَيَأْمُرُونَ بِالْمَعْرُوفِ وَيَنْهَوْنَ عَنِ الْمُنْكَرِ ۚ وَأُولَٰئِكَ هُمُ الْمُفْلِحُونَ

"Let there be among you a group that calls to goodness, enjoins what

[1] M. Ali Aziz, Ilmu Dakwah (Jakarta: Kencana Prenada Media, 2004); Nanik Mujati and Lukman Hakim, 'Pemikiran Al-Buthi tentang Problematika Dakwah,' Mediakita 3, no. 1 (2019).

is right, and forbids what is wrong; it is they who are successful."[2]

This verse provides a normative foundation indicating that da'wah is not limited to preaching, but also includes efforts to create conditions that help people move toward goodness. In the pesantren environment, this objective intersects with the need to safeguard the psychological well-being of santri. Boarding-school life requires adjustment to rules, greater independence, separation from family, intensive social interaction, and academic and religious targets. These demands can foster personal growth, but for some santri they may also generate stress, anxiety, loneliness, or adjustment difficulties.

Previous studies have demonstrated the importance of santri psychological well-being. Prasetyaningrum et al. positioned psychological well-being as an important dimension of santri character development and developed a psychological well-being instrument specifically for the pesantren context.[3] Pamuji, Santi, and Ananta found that new santri's adjustment is associated with self-efficacy and psychological well-being; santri who adjust more successfully tend to cope more comfortably with the demands of a new environment.[4] Izfanna, Fitriana, and Darojat likewise showed that adaptive capacity, social support, teacher support, and religious belief contribute to santri mental health, while also emphasizing the importance of adequate psychological support within pesantren.[5]

These studies primarily address psychological well-being, individual factors, and psychological support. Relatively few studies have specifically examined mental health problems from the perspective of da'wah governance in pesantren: how mentors understand psychological problems, how mentor-leadership relationships shape responses, how spiritual practices are positioned within intervention, and how pesantren connect religious assistance with access to professional services. This is the research gap addressed by the present study. The Al-Hafisku case demonstrates that mental health problems are not located solely within individual santri, but are also related to mentors' literacy, organizational communication, institutional resources, and referral systems.

The term 'mental disorder' in this study follows the terminology used in

[2] Kementerian Agama Republik Indonesia, Al-Qur'an Hafalan Tahfiz Metode 5 (Lima) Blok Warna dan Terjemahan (Bandung: Cordoba, 2018), Q. Ali 'Imran [3]: 104.

[3] Juliani Prasetyaningrum et al., 'Kesejahteraan Psikologis Santri Indonesia,' Profetika: Jurnal Studi Islam 23, no. 1 (2022), https://doi.org/10.23917/profetika.v23i1.16796.

[4] Jihan Sarifah Pamuji, Dyan Evita Santi, and Aliffia Ananta, 'Penyesuaian Diri: Adakah Peranan Efikasi Diri dan Psychological Well-Being yang Dimiliki pada Santri Baru di Pondok Pesantren?' SUKMA: Jurnal Penelitian Psikologi 4, no. 1 (2023), https://doi.org/10.30996/sukma.v4i1.8930.

[5] Duna Izfanna, Mimi Fitriana, and Much Hasan Darojat, 'Student Mental Health and Psychological Supports at Pondok Pesantren: A Mixed-Method Case Study,' Tazkiya Journal of Psychology 13, no. 2 (2025), https://doi.org/10.15408/tazkiya.v13i2.47345.

the source manuscript and by the informants. The study did not conduct clinical diagnosis; therefore, the term is understood here as referring to psychological problems or symptoms observed by mentors that require a proportionate response. Against this background, the study addresses two questions: (1) what da'wah-related challenges are associated with mental health problems among Al-Hafisku santri in Moncongloe, Gowa Regency; and (2) what efforts are undertaken by mentors to address these challenges?

RESEARCH METHODS

This study employed a descriptive qualitative approach with a case-study design at Al-Imam Hafs Al-Kufi Islamic Boarding School (Al-Hafisku), Moncongloe, Gowa Regency. This approach was used to obtain an in-depth understanding of mentors' experiences, perceptions, and practices in responding to santri mental health problems within the natural context of the pesantren.[6]

The data documented in the study records were obtained from three adult informants: two mentors and one boarding-school leader. To ensure consistent reporting, the mentors were coded as P1 and P2, while the leader was coded as L1. The documented interviews were conducted on August 8, 2025. The available records do not document direct interviews with santri; accordingly, santri perspectives in this article are derived from observation and from mentors' and leadership accounts rather than from direct student quotations. This limitation was taken into account when interpreting the findings.

Data were collected through interviews, observation, and documentation. Interviews were used to explore the problems encountered by mentors, their understanding of psychological symptoms among santri, the forms of intervention they used, and barriers to referral. Observation was used to understand the dynamics of the pesantren environment and mentor-santri interactions, while documentation provided supporting information regarding the institutional context and activities. Data analysis followed an interactive framework consisting of data condensation, data display, and conclusion drawing and verification.[7]

Trustworthiness was strengthened by comparing the accounts of P1, P2, and L1 and cross-checking them against available observational notes and documents. Triangulation was therefore conducted across both sources and techniques. The analysis focused on recurring themes supported by more than one form of evidence. Because the study did not involve clinical assessment by a psychologist or psychiatrist, the findings were not used to establish diagnoses; rather, they were

[6] Albi Anggito and Johan Setiawan, Metodologi Penelitian Kualitatif (Yogyakarta: CV Jejak, 2018).

[7] Matthew B. Miles, A. Michael Huberman, and Johnny Saldana, Qualitative Data Analysis: A Methods Sourcebook, 3rd ed. (Thousand Oaks, CA: SAGE, 2014).

interpreted to understand da'wah-related challenges and the support systems available within the pesantren.

RESULTS AND DISCUSSION

A. Adjustment Pressure within the Pesantren Environment

The first finding concerns adjustment pressure experienced by santri, particularly during their initial period at the pesantren. The transition from home to a boarding environment requires santri to become more independent, comply with new schedules and disciplinary expectations, and interact intensively with many people. P1 explained:

> "At the beginning, new santri face many challenges because the boarding-school environment is very different from home. They have to live independently, stay away from their parents, and interact with many people in the same space."[8]

This account indicates that pressure within the pesantren does not necessarily mean that the pesantren environment is inherently negative. Rather, the pressure emerges from transition, changing expectations, and the need to adapt. This finding is consistent with Pamuji et al., who showed that self-efficacy and psychological well-being are associated with new santri's ability to adjust to the pesantren environment.[9] Accordingly, mentoring should not focus solely on compliance with rules; it should also provide an orientation period, sustained assistance, peer support, and safe spaces in which santri can communicate their difficulties.

B. Misalignment in Communication between Mentors and Leadership

The second challenge concerns organizational communication. The study records describe misalignment between leadership directives and mentors' experiences in the field. Mentors may become uncertain when the actions they take do not correspond with leadership expectations, while leaders do not always experience the day-to-day dynamics of caregiving directly. Such misalignment can reduce consistency in mentoring and create an unhealthy working environment for caregivers.

P2 emphasized the importance of competence and prudence in institutional management. In the context of this finding, the central issue extends beyond individual conduct to the need for clear authority, coordination forums, and feedback mechanisms. For santri, inconsistencies among mentors or between mentors and leadership may produce conflicting messages regarding discipline, support, and responses to psychological problems. Improving santri mental health therefore also requires healthy organizational communication.

[8] Informant P1 (mentor at Al-Hafisku Islamic Boarding School), interview, Gowa, August 8, 2025. The quotation was grammatically edited without altering its substantive meaning.

[9] Pamuji, Santi, and Ananta, 'Penyesuaian Diri,' 2023.

C. Limited Mental Health Literacy and the Dominance of Spiritual Responses

The third challenge concerns mentors' limited knowledge of mental health. Mentors generally have backgrounds in religious education, while training in recognizing psychological symptoms, providing basic psychosocial first aid, and understanding the boundaries of their professional role remains limited. P1 stated:

> "Perhaps our knowledge of mental health problems is still limited. When a santri shows certain signs, we use approaches such as night prayer, dhikr, or ruqyah."[10]

This statement reveals two important dimensions. First, spiritual practices constitute an important coping resource that is culturally congruent with the pesantren environment. Second, when spiritual approaches become the sole response, there is a risk of delayed recognition of conditions requiring professional assessment. Studies on santri mental health indicate that religious belief, spiritual routines, teacher support, and social relationships can function as protective factors, although some santri still require professional support.[11] Ratodi et al. likewise found that faith-based coping can provide meaning and resilience, but may not by itself be sufficient to relieve persistent psychological distress.[12]

From a da'wah perspective, the issue is not a choice between religious and psychological approaches. A more appropriate response is integration: prayer, dhikr, religious counsel, and ruqyah may be maintained as spiritual support when practiced safely and when they do not delay referral. Mentors should function as companions, early observers, and connectors to appropriate services rather than as providers of clinical diagnosis. In this way, da'wah can remain firmly grounded in Islamic values while also respecting the need for professional assistance.

D. Resource Limitations and Access to Professional Services

The fourth challenge is the absence of routinely available mental health professionals and the substantial barriers to accessing professional services. The study records indicate that the pesantren does not have an on-site counselor, psychologist, or psychiatrist. When professional assistance is needed, cost and accessibility become major considerations. L1 stated:

> "One of our limitations at the boarding school is the lack of human resources capable of handling mental health problems.

[10] Informant P1 (mentor at Al-Hafisku Islamic Boarding School), interview, Gowa, August 8, 2025. The quotation was grammatically edited without altering its substantive meaning.

[11] Izfanna, Fitriana, and Darojat, 'Student Mental Health and Psychological Supports at Pondok Pesantren,' 2025.

[12] Muhamad Ratodi, Tien Zubaidah, Legawati, and Riny Natalina, 'Mental Health Resilience Among Santri: A Salutogenic Perspective on Psychological Well-Being in Pesantren,' Jurnal Promkes 13, no. SI2 (2025): 101-107, https://doi.org/10.20473/jpk.V13.ISI2.2025.101-107.

> Seeking professional help is also very expensive."[13]

These limitations help explain why mentors tend to rely on internal resources. Nevertheless, the absence of an on-site psychologist does not mean that a support system cannot be developed. The pesantren could establish partnerships with community health centers, university psychology services, hospitals, or professionals willing to conduct periodic visits and remote consultations. Recent literature likewise emphasizes the need for structured psychological support systems in pesantren rather than responses initiated only after problems have become severe.[14]

E. Mentors' Responses: Education, Personal Approaches, and a Referral System

Despite these limitations, mentors have developed several responses that can be grouped into three strategies. First, they seek to improve awareness and education. Mental health material is linked to Islamic teachings such as patience, tawakkul, gratitude, and the importance of protecting life and well-being. L1 explained that mentors attempt to provide religious knowledge that is relevant to santri mental health problems.[15] This strategy is particularly important when education goes beyond moral exhortation to include warning signs, help-seeking pathways, and the understanding that seeking assistance is not a sign of weak faith.

Second, mentors use personal approaches based on empathic listening and the development of positive relationships. P1 described this practice as follows:

> "As mentors, we usually communicate with santri outside teaching hours to build positive relationships and to understand the difficulties they experience while living at the boarding school."[16]

This approach is relevant because a safe relationship can reduce barriers that prevent santri from disclosing their difficulties. An empathic listener does not necessarily need to provide an immediate solution; the initial function is to provide space, identify the level of need, and determine whether a problem can be supported at the mentor level or requires referral. In the context of da'wah, non-judgmental communication can also strengthen receptiveness to religious messages because santri feel respected as individuals.

Third, the pesantren is developing a referral system. The study records identify three components: basic training for mentors to recognize signs

[13] Informant L1 (leader of Al-Hafisku Islamic Boarding School), interview, Gowa, August 8, 2025. The quotation was grammatically edited without altering its substantive meaning.

[14] Izfanna, Fitriana, and Darojat, 'Student Mental Health and Psychological Supports at Pondok Pesantren,' 2025; Ratodi et al., 'Mental Health Resilience Among Santri,' 2025.

[15] Informant L1 (leader of Al-Hafisku Islamic Boarding School), interview, Gowa, August 8, 2025.

[16] Informant P1 (mentor at Al-Hafisku Islamic Boarding School), interview, Gowa, August 8, 2025. The quotation was grammatically edited without altering its substantive meaning.

of psychological problems, clear and safe communication pathways for santri, and collaboration with psychologists, psychiatrists, hospitals, or nearby health facilities. This component is more appropriately understood as a program-development direction than as a fully operational system. Its effectiveness therefore still needs to be evaluated after standard operating procedures, referral networks, and confidentiality-protection mechanisms have been formally implemented.

F. Synthesis: An Integrative and Tiered Da'wah Model

The findings show that da'wah-related mental health challenges in pesantren are multilayered. Santri distress cannot be separated from caregiving systems, the quality of institutional coordination, mentors' mental health literacy, and access to professional services. Responses that focus only on individual santri therefore risk overlooking sources of difficulty at the organizational level.

A more appropriate model is a tiered support system. At the promotive level, the pesantren strengthens mental health literacy, supportive relationships, spiritual routines, and a non-judgmental communication culture. At the preventive level, mentors are trained to recognize behavioral change, social withdrawal, severe stress, or disruption of daily functioning. At the initial-response level, mentors provide empathic listening and proportionate spiritual support. If problems persist, worsen, or indicate a risk to safety, santri are referred to qualified professionals. This model positions da'wah and psychological support as complementary resources that can reinforce one another rather than as competing alternatives.

The novelty of this study lies in its argument that da'wah in pesantren is not merely a matter of how religious messages are delivered. In the Al-Hafisku case, effective da'wah also depends on the institution's capacity to recognize the limits of mentors' competence, establish coordination between leadership and mentors, reduce stigma surrounding psychological help, and provide referral pathways. This perspective broadens the discussion of da'wah challenges from communication issues alone to the governance of santri well-being.

CONCLUSION

This study identified four major da'wah-related challenges associated with mental health problems among Al-Hafisku santri in Moncongloe, Gowa Regency: adjustment pressure within the pesantren environment; communication misalignment between mentors and leadership; limited mental health knowledge and training, which can make spiritual responses the primary form of intervention; and limited resources and access to professional services. These findings indicate that santri mental health problems cannot be understood merely as individual weakness or insufficient religious practice. Rather, they emerge through interactions among the

individual, the caregiving system, pesantren organization, and the availability of support services.

The responses implemented or planned by mentors include strengthening mental health education grounded in religious values, personal approaches through empathic listening and positive relationships, and the development of a referral system. Spiritual approaches remain relevant as sources of support and coping, but they should be situated within an integrated framework that also includes psychological education and professional referral when necessary.

In practical terms, pesantren administrators are advised to develop standard operating procedures for the initial management of mental health problems, provide basic training for mentors, strengthen coordination forums between leadership and mentors, establish partnerships with community health centers, psychologists, and hospitals, and provide safe and confidential reporting channels for santri. Future research should involve santri as direct informants, incorporate the perspectives of parents and mental health professionals, and evaluate the effectiveness of the referral system after its implementation.

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