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Islamic Approaches to Healing: Culturally Grounded Mental Health and Psychosocial Support in Post-Conflict Aceh and Beyond

Fatimah Zuhra^{1*}, Raudhatul Jannah²

^{1*}Department of Psychology, University of Exeter, United Kingdom.

email: fz289@exeter.ac.uk

²Department of Psychology, Ar-Raniry State Islamic University of Banda Aceh, Indonesia.

email: raudhatul139@gmail.com

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Corresponding Author: ^{1*}**Fatimah Zuhra**, Psychology, University of Exeter, United Kingdom.
Email: Fz289@exeter.ac.uk.

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Abstract: Muslim-majority regions in Southeast Asia—Aceh, Mindanao, and Patani—continue to face mental health and psychosocial challenges despite reduced political violence. This systematic review examines how Islamic values are integrated into Mental Health and Psychosocial Support (MHPSS) programs in post-conflict settings. Using the PRISMA framework, 20 peer-reviewed and grey literature sources (2004–2025) were analyzed. Findings show that Islamic practices such as zikir and worship contribute to mental well-being and illness prevention, while psychospiritual interventions enhance emotional resilience and recovery. Religious leaders and institutions often exert greater influence than clinical professionals, reflecting strong community trust in faith-based support. However, implementation is limited by shortages of trained Islamic-oriented MHPSS providers, few specialized institutions, and persistent mental health stigma. This review proposes a culturally grounded MHPSS framework integrating Islamic values and highlights implications for policymakers, practitioners, and humanitarian actors supporting Muslim post-conflict communities.

Keywords: *Islamic mental health, post-conflict trauma, Southeast Asia*

Pendekatan Islam dalam Penyembuhan: Dukungan Kesehatan Mental dan Psikososial yang Berbasis Budaya Pascakonflik di Aceh dan Wilayah Lainnya

Abstrak: Wilayah mayoritas Muslim di Asia Tenggara—Aceh, Mindanao, dan Patani—masih menghadapi tantangan kesehatan mental dan psikososial meskipun kekerasan politik telah menurun. Tinjauan sistematis ini mengkaji integrasi nilai-nilai Islam dalam program Dukungan Kesehatan Mental dan Psikososial (MHPSS) di konteks pascakonflik. Dengan menggunakan kerangka PRISMA, dianalisis 20 artikel ilmiah dan literatur abu-abu periode 2004–2025. Hasil menunjukkan bahwa praktik keagamaan seperti zikir dan ibadah berkontribusi pada peningkatan kesejahteraan mental serta pencegahan gangguan psikologis. Intervensi psikospiritual juga terbukti meningkatkan ketahanan emosional dan pemulihan. Tokoh agama dan institusi keagamaan sering memiliki pengaruh lebih besar dibanding tenaga klinis karena tingginya kepercayaan masyarakat terhadap pendekatan berbasis iman. Namun, penerapannya masih terkendala keterbatasan tenaga terlatih, minimnya lembaga MHPSS Islami, serta stigma kesehatan mental. Studi ini mengusulkan kerangka MHPSS berbasis budaya Islami bagi masyarakat pascakonflik.

Kata kunci: *Kesehatan mental, trauma pascakonflik, Asia Tenggara*

Introduction

Muslim-majority regions in Southeast Asia have experienced prolonged and complex conflicts in which political grievances, historical marginalization, and religious identity are deeply intertwined. This study focuses on three such contexts—Aceh in Indonesia, Mindanao in the Philippines, and Pattani in southern Thailand, which have all endured decades of armed conflict and, in the case of Aceh, a large-scale natural disaster. While these regions differ in their national political systems, they share important structural and cultural characteristics that make them analytically relevant for examining mental health and psychosocial support (MHPSS) in Muslim post-conflict societies.

Conflict Histories in Muslim-Majority Southeast Asian Regions

In Aceh, armed conflict emerged from tensions between the Free Aceh Movement (Gerakan Aceh Merdeka; GAM) and the Government of the Republic of Indonesia. GAM was established in 1976 under the leadership of Hasan di Tiro, advocating for Acehnese self-determination because Aceh had historically existed as an independent sultanate prior to incorporation into Indonesia (Sahrudin et al., 2024; Sari et al., 2019). The movement was driven by widespread dissatisfaction with centralised governance, perceived political injustice, and economic inequality that disadvantaged the region (Romanza et al., 2022; Sahrudin et al., 2024). This protracted conflict exposed civilians to sustained violence, displacement, and insecurity.

Aceh's situation was further compounded by the 2004 Indian Ocean tsunami, which resulted in 129,775 deaths, left 38,786 people missing, and displaced approximately 504,518 individuals (United Nations Information Management Service [UNIMS], 2005). The disaster marked a turning point in the peace process, as post-tsunami rehabilitation efforts were contingent on improved security conditions. In August 2005, the Indonesian government and GAM signed a Memorandum of Understanding, formally ending decades of armed conflict (Waizenegger & Hyndman, 2010).

Similarly, Mindanao has experienced long-standing conflict between the Philippine government and Moro separatist groups, particularly the Moro National Liberation Front (MNLF) and the Moro Islamic Liberation Front (MILF), since the late 1960s (Al Chaidar et al., 2018; Berliner et al., 2009). These movements emerged from the Moro people's perception of systemic discrimination and political exclusion that dated back to the colonial period and persisted after Philippine independence (Marsingga et al., 2024). Efforts to resolve the conflict culminated in the proposed 2008 Memorandum of Agreement on Ancestral Domain, which sought to establish a Bangsamoro homeland with substantial political and administrative autonomy (William, 2010). However, legal challenges to the agreement led to its postponement and a resurgence of violence, particularly affecting civilian populations in Lanao del Norte. It was not until March 2014 that a comprehensive peace settlement—the Comprehensive Agreement on the Bangsamoro—was signed, formally ending decades of armed struggle following more than 17 years of negotiations (Bangsamoro Regional Government, 2023).

In southern Thailand, the Muslim-majority provinces of Pattani, Yala, and Narathiwat have been affected by an unresolved ethno-political conflict that intensified in 2004 and continues to the present day (The Star, 2025). These provinces were historically part of the Sultanate of Patani, a prominent Islamic polity and centre of religious learning in Southeast Asia (Melvin, 2007). Long-standing grievances among the Malay-Muslim population, rooted in political marginalisation,

cultural suppression, and limited autonomy within a predominantly Buddhist state, have fuelled separatist movements such as Barisan Revolusi Nasional (BRN) (Yusuf, 2007). Since 2004, the region has experienced nearly 10,000 violent incidents, resulting in approximately 5,900 deaths and 13,000 injuries, with bomb attacks constituting a primary tactic of insurgency (Nation Thailand, 2025). Violence remains ongoing, with recent attacks reported as late as January 2025 (The Star, 2025).

Post-Conflict Mental Health and Psychosocial Challenges

Empirical research in Aceh has documented substantial mental health and psychosocial consequences following years of conflict and the 2004 tsunami. A large-scale study conducted by the International Organization for Migration in collaboration with Harvard University reported that nearly 74% of civilians had been exposed to combat-related events, with high prevalence rates of depression (35%), anxiety (39%), and post-traumatic stress disorder (10%) (Good, Grayman, & Lakoma, 2007). Beyond individual psychological symptoms, psychosocial stressors have played a significant role in shaping mental health outcomes. Mundzir (2012) found that 38.4% of adults in North Aceh experienced mental-emotional distress associated with economic hardship and stigma surrounding post-conflict aid, while Musa (2014) identified unemployment as a key factor linked to depression among conflict survivors.

Comparable patterns have been observed in Mindanao, where prolonged violence and displacement have left enduring psychological and psychosocial impacts. Civilians reported traumatic experiences including arson, looting, and hostage-taking, while children exhibited fear responses and discontinued schooling due to perceived insecurity (ECOWEB, 2008; Sevidal Castro, Castro, & Labadisos, 2014). Socio-economic instability and widespread displacement further exacerbated vulnerability (Asian Development Bank, 2011). Pangandaman et al. (2019), in a study of internally displaced adults following the Marawi siege, documented high levels of stress, depressive symptoms, anxiety, sleep disturbances, and trauma-related experiences, with women and mid-life adults bearing disproportionate psychosocial burdens due to caregiving and economic responsibilities.

In southern Thailand, research has similarly highlighted significant psychological and psychosocial consequences of ongoing conflict. A meta-analysis and systematic review reported high rates of traumatic grief among widows and elevated levels of depression and anxiety-related behavioural problems among students (Wichaidit, 2018). However, more recent findings suggest a complex picture. Tuntivivat (2023) found that conflict exposure had an insignificant effect on students' motivation to attend school, potentially reflecting adaptive resilience developed through prolonged exposure to violence (Tuntivivat, 2016). These findings underscore the importance of moving beyond symptom prevalence to examine culturally embedded coping mechanisms and resilience processes in conflict-affected Muslim communities.

Purpose and Scope of the Study

Despite growing recognition of culturally sensitive approaches to mental health in conflict-affected Muslim societies, systematic evidence on how Islamic spiritual and cultural values are operationalised within formal mental health and psychosocial support (MHPSS) programmes remains limited, particularly in Southeast Asia. Existing studies from Aceh, Mindanao, and Pattani have predominantly focused on documenting psychological outcomes of violence and displacement,

with some attention to religious coping practices, but have rarely examined the structured integration of Islamic values within formal psychosocial interventions (Good, Grayman, & Lakoma, 2007; Mundzir, 2012; Musa, 2014; Sevidal Castro et al., 2014; Pangandaman et al., 2019; Wichaidit, 2018; Tuntivivat, 2016, 2023).

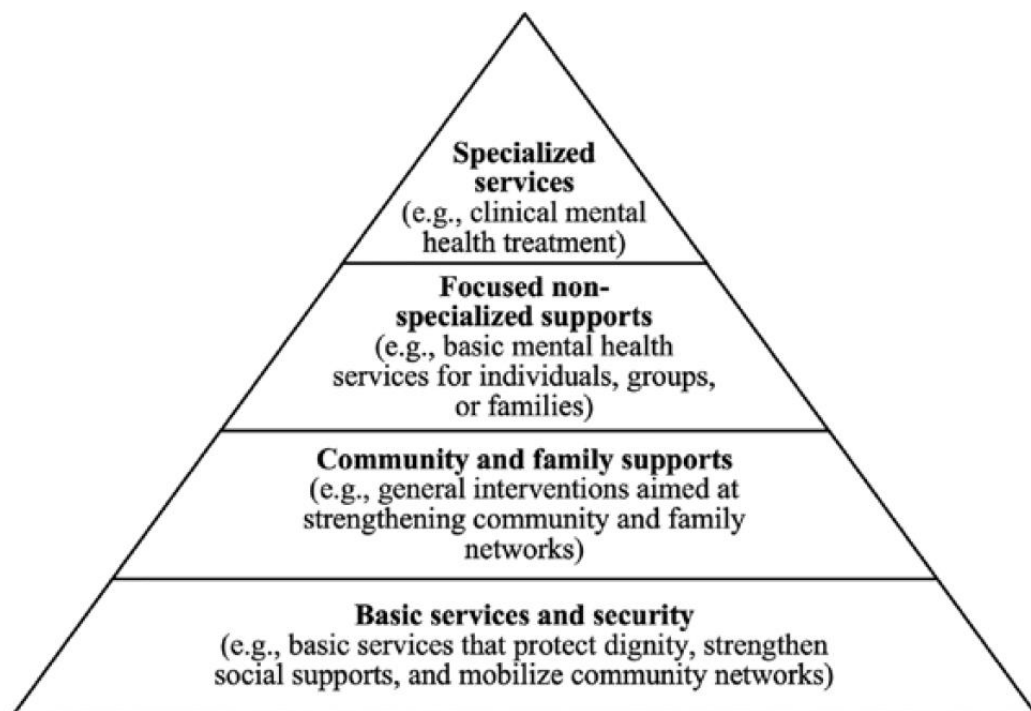
Aceh, Mindanao, and southern Thailand are selected for this study because they represent Muslim-majority post-conflict regions embedded within nation-states where Muslims constitute a political or cultural minority at the national level. Across these contexts, Islam functions not only as a religious belief system but also as a central source of collective identity, moral meaning, and social organisation. Conflict in these regions has been shaped by struggles over cultural recognition, religious autonomy, and historical injustice, rendering post-conflict recovery processes—including mental health and psychosocial support—inseparable from local cultural and religious frameworks. Moreover, recent large-scale disruptions, such as the 2025 flooding in Aceh, illustrate how post-conflict communities continue to face recurrent collective stressors that may compound earlier trauma and strain already fragile support systems. Despite this, empirical research examining faith-informed MHPSS responses in such evolving post-conflict contexts remains scarce. This gap highlights the need for a systematic analysis of how Islamic values are integrated into MHPSS frameworks across Muslim-majority post-conflict regions in Southeast Asia.

The Inter-Agency Standing Committee (IASC) framework is the most widely adopted model guiding MHPSS efforts in humanitarian settings (Fine & Augustinavicius, 2024; see Figure 1.1). The framework outlines a layered system of care addressing varying levels of need, including basic services and security, family and community support, non-specialised psychological care, and specialised clinical services (Fine & Augustinavicius, 2024). While the IASC approach integrates clinical mental health interventions with socio-ecological strategies aimed at strengthening environmental and community-level factors (Miller et al., 2021), it provides limited guidance on how religious and spiritual dimensions of wellbeing may be systematically incorporated into intervention design and delivery.

In Islamic contexts, scholars have emphasised the importance of developing culturally adapted interventions that align with Muslim worldviews and address barriers to accessing mental health care (Abu-Ras et al., 2018; Keshavarzi & Haque, 2013; Mohr et al., 2020; Zotova, 2018). Muslim individuals may be reluctant to seek professional psychological support when services are perceived as culturally incongruent or spiritually insensitive (Agilkaya-Şahin, 2019; Tanhan, 2019; Tanhan & Strack, 2020). This concern has been central to Islamic psychology. In *The Dilemma of Muslim Psychologists*, Malik Badri criticised the uncritical application of Western psychological models in Muslim-majority societies and called for the incorporation of Islamic values and epistemologies into mental health practice to better reflect the lived realities of Muslim communities (Badri, 2020).

In response to these gaps, this review synthesises findings from 20 peer-reviewed studies published between 2004 and 2025 to examine how Islamic values and practices are incorporated into MHPSS programmes in conflict-affected Muslim communities. The review focuses on the role and perceived effectiveness of Islamic-based psychospiritual interventions, such as *zikir*, prayer, and faith-informed counselling, in promoting psychological well-being and emotional resilience. Given the central role of faith in these settings, conventional mental health treatments may be less culturally resonant or acceptable (Bérubé et al., 2021). Religious rituals and spiritual practices have been shown to support recovery by fostering meaning-making, alleviating anxiety, reinforcing purpose, and strengthening social belonging (Coppola et al., 2021). Finally, this review aims to

identify key challenges and gaps in the implementation of faith-informed MHPSS programmes to inform more culturally responsive and spiritually integrated mental health practices in Muslim post-conflict contexts.



Source: Adapted from IASC (2007).

Figure 1. The Inter-Agency Standing Committee (IASC) framework

Methods

This study adopted the PRISMA 2020 framework (Page et al., 2021) to conduct a systematic review of literature examining the integration of Islamic values in mental health and psychosocial support (MHPSS) interventions in post-conflict Muslim communities in Southeast Asia. A structured literature search was conducted across multiple academic databases, including PubMed, ScienceDirect, PsycINFO, and Google Scholar, alongside grey literature sources such as news articles, NGO reports, interviews, and non-indexed journals.

These databases were selected to minimise potential selection bias and to ensure comprehensive coverage of relevant literature across disciplines. PubMed and PsycINFO were included to capture peer-reviewed research in mental health, psychology, and psychiatry, while ScienceDirect provided access to interdisciplinary studies spanning public health and social sciences. Google Scholar was incorporated to identify additional regionally focused and interdisciplinary publications, including studies from Southeast Asia that may not be indexed in major citation databases. The inclusion of grey literature further aimed to capture practice-based and community-level MHPSS interventions that are often underrepresented in indexed academic journals.

The search included literature published between 2004 and 2025 and was limited to sources available in English, Indonesian, and Thai. The following keywords were used: “Southern Thailand”, “Aceh”, “Southern Philippines”, “post-conflict in Southeast Asia”, “Islamic mental health”, and “MHPSS”. Boolean operators were applied to refine the search strategy. A total of 20 records were

initially identified. After the removal of duplicates and relevance screening, six records were excluded. The remaining 14 studies met the inclusion criteria following full-text review.

Studies were included if they (1) addressed MHPSS interventions in Muslim-majority post-conflict regions and (2) explicitly discussed the integration of Islamic values or religious practices within psychosocial or mental health interventions. The final sample comprised peer-reviewed articles and grey literature employing qualitative, quantitative, and mixed-methods designs. The search yielded 14 key articles. PubMed contributed one article primarily focused on mental illness. Google Scholar yielded a broader range of results. English-language sources largely addressed political and security dimensions of post-conflict settings, whereas Indonesian-language and grey literature sources provided richer insights into medical, psychiatric, and community-based interventions, including the use of Islamic spiritual practices such as prayer, *zikir*, and faith-based community support.

Table 1

A PRISMA flow diagram is presented below to illustrate the article selection process.

Identification	Records identified through database searching (PubMed, ScienceDirect, Google Scholar)	20
Screening	Records after duplicates removed	14
	Records screened	14
	Records excluded	6
Eligibility	Full-text articles assessed for eligibility	14
	Full-text articles excluded	6
Included	Studies included in the review	14

Result

Aceh

Studies on post-disaster recovery in Aceh show that structured, community-based psychosocial interventions can significantly reduce psychological distress (Jones et al., 2007; Pelupessy & Bretherton, 2015). Using mixed methods, Pelupessy and Bretherton (2015) found that communities receiving psychosocial support reported lower distress levels on the General Health Questionnaire (GHQ) than those without intervention. Qualitative findings further indicated strong collective resilience, with communities mobilising local resources before external assistance arrived.

The post-disaster period also created opportunities to strengthen the mental health system (Jones et al., 2007; Marthoenis et al., 2016). The International Medical Corps integrated clinical and psychosocial services through intensive training of local staff, delivering individual, family, and pharmacological treatments in Bahasa Indonesia and adapted to local culture. Collaboration with traditional healers emerged after recognising that individuals with pre-tsunami mental health conditions were more likely to seek traditional treatment. This partnership improved cultural understanding, treatment adherence, and system sustainability.

Intervention effectiveness, however, depends not only on clinical design but also on cultural and spiritual alignment. In Aceh, religion is central to daily life, and culturally insensitive aid—such as distributing inappropriate symbols or organising activities conflicting with Islamic norms—often generated resistance and undermined programme impact (Pelupessy & Bretherton, 2015). Effective

recovery, therefore, requires recognition of local agency and equitable collaboration with communities.

Religion plays a central role in psychological healing. Husna and Fitri (2023) documented how a female ulama, Umi Hanisah, supported survivors of sexual violence through faith-based approaches, emphasising safety, identity preservation, and social reintegration, consistent with Herman's (1997) trauma recovery framework. Spiritual practices such as dhikr have also been incorporated into therapy, with older adults participating in dhikr gatherings reporting better mental health outcomes (Dewi et al., 2022; Anwar et al., 2024). More broadly, Islam provides meaning-making and coping mechanisms for trauma, while collective prayers and religious guidance support communal grieving and resilience (Ai et al., 2005; Rahiem et al., 2017; Bashori & Moerdijat, 2023).

Thailand

Since 2004, armed conflict in Southern Thailand, particularly in Pattani, Yala, and Narathiwat, has caused widespread physical injury and long-term psychological and social consequences, with women identified as the most vulnerable group (Ford et al., 2017; Hatta & Iskandar, 2020; Waedoyee & Saragi, 2025). Trauma recovery initiatives have therefore focused primarily on women, who constitute the majority of victims and play a crucial role in shaping family and intergenerational mental health (Kusumawati, 2020). Women report higher psychological distress than men, largely due to economic hardship, family separation, and the loss of relatives, which has forced many to assume dual roles as primary earners and caregivers (Ford et al., 2017; Daraha, 2013; Baboe & Rajab, 2016).

Affected women commonly experience anxiety, depression, post-traumatic stress disorder, and existential distress (Ford et al., 2017; Hatta & Iskandar, 2020; Waedoyee & Saragi, 2025). In response, the Thai government and civil society organisations have implemented various interventions, including financial assistance, widow empowerment programmes such as "We Peace" communities, and psychological rehabilitation services in public hospitals using a one-stop service model. However, effectiveness remains uneven (Daraha, 2013). Local organisations, including the Pattani Women's Union, provide trauma counselling using motivational interviewing to rebuild confidence and motivation (Waedoyee & Saragi, 2025).

Islamic-based spiritual guidance is also used as a complementary approach to strengthen psychological and spiritual well-being through practices such as dhikr, sermons, prayer, ablution, and Qur'anic recitation (Amanda et al., 2024). Although not formally institutionalised within all programmes, such guidance has been reported to support emotional recovery and coping among traumatised women (Waedoyee & Saragi, 2025).

However, trauma interventions remain constrained by limited involvement of academics, religious scholars, and professional counselling institutions, regulatory barriers, and weak coordination among service providers (Hatta & Iskandar, 2020). As a result, existing support services, including shelters, scholarships, legal aid, and counselling programmes, often fall short of addressing survivors' long-term psychological needs.

Philippines

Post-conflict recovery in Mindanao has been challenged by ongoing psychosocial distress, limited mental health services, and displacement, highlighting the need for organized, community-based mental health and psychosocial support (MHPSS) initiatives (Action Against Hunger, 2023). In this setting, community leaders and trusted local actors are vital for delivering MHPSS, especially where stigma and a shortage of mental health professionals hinder access to formal care (Action Against Hunger, 2023). Cultural stigma around mental illness remains a key obstacle in Muslim post-conflict environments. For example, Kusingan and Castromayor-Gumanoy (n.d.) found, through discourse analysis of Bangsamoro stories, that mental health issues are often taboo and viewed through spiritual lenses, fostering social silence and favoring non-clinical approaches.

Limpao (2025) developed a local program called LIPI (Low Intensity Psychological Intervention) to evaluate Panginam, a hope-based concept designed to reduce stress, anxiety, and depression among families affected by armed conflict. LIPI was launched in Maranao (southern Philippines), blending Islamic-themed content with culturally appropriate cognitive-behavioral stress management techniques at the family level. After working with 40 individuals from 9 families, results showed a significant reduction in stress, from moderate to low levels (mean score down from 18 to 12.1). Anxiety levels also decreased, from a mean of 47.1 to 32.4, while depression saw the most significant drop, from an average of 59.3 to 22.9. Survivors primarily relied on spirituality as a coping strategy during the conflict, viewing it as a form of surrender and hope, reflected in increased religious activity and rituals. The LIPI program reinforced this spiritual dimension, aligning with Islamic values fundamental to the survivors' worldview.

Table 2

Comparison of Islamic-Integrated MHPSS Practices in Muslim Post-Conflict Settings.

Dimension	Aceh	Mindanao	Patani (Southern Thailand)
Conflict context	Post-tsunami & separatist conflict	Prolonged armed conflict & displacement	Ongoing insurgency
Primary target groups	General community, women, older adults	Families affected by conflict	Women (widows, caregivers)
Type of MHPSS intervention	Community-based psychosocial care; clinical-traditional collaboration	Family-level low-intensity intervention (LIPI)	Government & NGO-led psychosocial services
Integration of islamic values	Explicit and structured (dhikr, ulama leadership, religious counselling)	Explicit and programmatic (Islamic concepts embedded in CBT-based stress management)	Mostly complementary (spiritual guidance alongside psychosocial care)

Role of religious actors	Female ulama, imams, <i>dayah</i> institutions	Community leaders, culturally trusted figures	Limited formal involvement
Key outcomes	Reduced distress, strengthened collective resilience	Reduced stress, anxiety, and depression	Emotional coping support, uneven effectiveness
Key challenges	Cultural mismatch of aid, sustainability	Stigma, limited professional resources	Weak coordination, regulatory barriers

Discussion

Based on the synthesis of findings, this review proposes a culturally grounded MHPSS framework for Muslim-majority post-conflict settings that integrates Islamic values with psychosocial care. The framework comprises four interrelated components: (1) faith-informed psychosocial interventions, which combine evidence-based mental health practices with Islamic spiritual elements such as *zikir*, and Qur’anic reflection; (2) community-based religious leadership engagement, positioning imams, female ulama, and Islamic institutions as frontline actors in mental health promotion and trauma healing; (3) capacity building for culturally competent providers, involving the training of psychologists, social workers, and religious leaders to deliver integrated care grounded in both clinical knowledge and Islamic ethics; and (4) policy and system integration, advocating for the formal inclusion of Islamic-based MHPSS models within government and NGO-led mental health systems. This framework recognises spiritual identity, local trust networks, and community resilience as essential components of post-conflict healing, supporting holistic and sustainable recovery in diverse Muslim contexts.

Across Aceh, Mindanao, and Southern Thailand, the findings underscore the importance of embedding Islamic spiritual and cultural values into mental health interventions. Faith-based practices such as *zikir*, prayer, and religious counselling not only provide emotional relief but also contribute to restoring meaning, identity, and resilience among traumatised populations. Islamic leaders and institutions frequently emerge as key actors, often enjoying higher levels of trust than clinical professionals, thereby highlighting the importance of cross-sector collaboration between mental health services and religious communities. Nevertheless, these efforts continue to face significant structural barriers, including inadequate training, weak institutional infrastructure, limited coordination, and persistent mental health stigma.

Beyond service accessibility, stigma remains a major obstacle to mental health care in Muslim post-conflict contexts, where psychological distress is often interpreted through moral or spiritual lenses rather than biomedical frameworks. Faith-based approaches may play a critical role in reducing stigma by reframing mental health difficulties as collective suffering, spiritual trials, or socially embedded experiences rather than individual pathology. When religious leaders and institutions engage openly in discussions of trauma, emotional distress, and healing, they can legitimise help-seeking behaviours and normalise psychosocial support within religious discourse.

In Aceh and Mindanao, for example, integrating Islamic concepts such as *sabr* (patience), *tawakkul* (trust in God), and communal prayer into psychosocial interventions helped situate psychological recovery within culturally accepted moral narratives. This alignment reduces fear of social judgment and enables individuals to access support without perceiving psychological distress as a sign of personal weakness or spiritual failure. Consequently, religiously grounded MHPSS

interventions not only address psychological symptoms but also function as effective stigma-reduction mechanisms by bridging clinical care with culturally meaningful understandings of distress and healing.

To address the identified challenges, future research and programming should prioritise the sustainability of integrated MHPSS models, culturally sensitive training for both mental health professionals and religious leaders, and stronger policy-level integration. Such efforts are essential to ensure that faith-informed psychosocial interventions can be delivered consistently, ethically, and at scale in post-conflict Muslim societies.

Suggestion

In Mindanao, Filipina, and Aceh, strengthening Mental Health and Psychosocial Support (MHPSS) approaches grounded in Islamic values should be advanced through regional policies that integrate psychosocial services into public health systems, religious education, and post-conflict recovery programmes. Local governments in these areas are encouraged to allocate dedicated funding for training health professionals, social workers, and religious leaders so they can deliver culturally and spiritually responsive services. In addition, formal collaboration among health institutions, religious organisations, and community groups should be reinforced to establish trusted and sustainable referral systems. These efforts must also be accompanied by faith-informed public campaigns to reduce stigma surrounding mental health, enabling communities to access psychosocial support without fear or shame while strengthening collective resilience in long-term recovery processes.

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