

EXPLORING FAITH-BASED INTERVENTIONS FOR MENTAL HEALTH AND SUICIDE IN MALAYSIA: AN ISLAMIC PERSPECTIVE

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Abstract: *Mental health encompasses an individual's emotional, psychological, and social well-being, influencing their responses to stress and interactions. It extends beyond the mere absence of disorders, representing a state where individuals realize their potential and contribute positively to their communities. The global prevalence of mental health conditions, including anxiety and depression, presents significant challenges, with mental disorders contributing to substantial disability and premature mortality. Notably, those with severe mental conditions face life expectancies reduced by 10 to 20 years and increased risks of suicide and human rights violations. The COVID-19 pandemic has exacerbated these issues, highlighting the impact of societal inequalities and changes in work and lifestyle. In the Malaysian context, the trend of mental health issues has shown a worrying increase. Reports from the Ministry of Health and related agencies indicate a significant rise in cases of depression, anxiety, and suicidal ideation, especially among youth and young adults. The 2019 National Health and Morbidity Survey (NHMS) found that one in three Malaysian adults suffered from mental health issues, a statistic that is likely to have worsened post-pandemic. This surge has prompted growing concern over the adequacy of mental health support systems and the urgent need for integrated intervention strategies. The objective of this paper is to*

explore the intersection between the Kubler-Ross grief model and Surah Maryam from the Quran, analysing how these frameworks can inform mental health coping mechanisms and resilience. The Kubler-Ross model, with its stages of denial, anger, bargaining, depression, and acceptance, offers a psychological perspective on grief and terminal illness. In contrast, Surah Maryam presents a spiritual approach to mental health, emphasizing faith and reliance on Allah during trials. Through a qualitative analysis, this study contrasts these models, illustrating how Maryam's experience reflects a profound spiritual resilience that complements, and in some aspects transcends, the Kubler-Ross stages. By integrating these perspectives, the paper underscores the importance of incorporating both psychological and spiritual dimensions in understanding and addressing mental health challenges. The findings advocate for a holistic approach that incorporates spiritual beliefs and practices alongside conventional psychological frameworks to enhance mental well-being and resilience in the face of adversity.

Keywords: *Mental Health, Holistic Approach, Kubler-Ross Theory, Psychological,*

Introduction

Mental health refers to the overall well-being of a person's emotional, psychological, and social state, encompassing their thoughts, feelings, and behaviors. It plays a vital role in forming an individual's response to analyses stress, interpersonal interactions, and decision-making processes. Importantly, mental health goes beyond just the lack of mental illnesses; rather, it represents a constructive state of well-being wherein individuals can actualize their potential, adeptly manage routine life stressors, engage in productive work, and actively contribute to the betterment of their communities.

The World Health Organization (WHO) reported in 2023 that suicide is among the top 10 leading causes of death globally, and the fourth most common cause of death for individuals aged 15 to 29. WHO also reported that approximately 700,000 deaths occur worldwide due to suicide, with an estimated one death every 40 seconds.

In 2022, more than 49,000 people died by suicide, equating to one death every 11 minutes. Suicide remains a significant mental health crisis, with millions of adults grappling with suicidal thoughts or attempts. According to recent data, 13.2 million adults seriously considered suicide, 3.8 million developed a plan, and 1.6 million attempted to take their own lives. These statistics highlight the pervasive nature of suicidal ideation and behaviors, underscoring the urgent need for effective prevention and intervention strategies.(WHO,2023)

The prevalence of mental health conditions, encompassing mental disorders, psychosocial disabilities, and distressing mental states, is a pressing global concern with profound implications for individual well-being and societal functioning. According to the World Health Organization (WHO), in 2019, an estimated 970 million individuals worldwide were affected by mental disorders, notably anxiety and depression ranking as the most prevalent. These conditions exert pervasive impacts across various domains of life, including relationships with family, friends, and community, as well as educational and occupational spheres. Importantly, mental disorders contribute significantly to the global burden of disability, accounting for one in every six years lived with disability.

Alarmingly, individuals with severe mental health conditions face premature mortality, with life expectancy reduced by 10 to 20 years compared to the general population. Moreover, the

presence of mental health conditions escalates the risk of suicide and susceptibility to human rights violations. Economically, the repercussions of mental health conditions are substantial, with productivity losses far exceeding the direct costs of care. This comprehensive overview underscores the urgent need for effective interventions and policy initiatives to address the multifaceted challenges posed by mental health conditions on a global scale. The ongoing effects on mental health from recent global occurrences such as the COVID-19 pandemic, geopolitical shifts, and environmental changes are anticipated to continue. This underscores the need for coordinated care methods to support individuals requiring psychosocial assistance.

Furthermore, the pandemic has highlighted and exacerbated pre-existing societal inequalities, with marginalized communities facing disproportionate impacts on their mental health. Limited access to mental health services, stigma surrounding mental illness, and difficulties in seeking support have further contributed to the rise in mental health issues.

Moreover, the pandemic has brought about significant changes in work and lifestyle patterns, leading to increased feelings of loneliness, burnout, and disconnection. The shift to remote work, changes in social interactions, and reduced opportunities for leisure and recreation have all impacted mental well-being. During the inaugural year of the COVID-19 pandemic, there was a substantial 25% rise in the worldwide prevalence of anxiety and depression, as reported by the World Health Organization (WHO, 2022).

At Lahore Pakistan, research has shown that hypertension is closely linked to psychological issues like anxiety and depression. People with high blood pressure often experience more anxiety and depression, which can make their condition worse. A study by Fatima et al. (2025) found that psychological discomfort, especially anxiety and depression, is common among people with hypertension. This suggests that addressing both the physical and mental health aspects of hypertension could lead to better overall health outcomes. However, most of these studies have been done outside of Pakistan, and there is limited research on how hypertension and mental health are connected in Lahore.

Rural areas experience heightened adverse socioeconomic conditions marked by elevated levels of poverty and unemployment. These factors, compounded by escalated social stigma, limited accessibility to both general and mental healthcare services, and a tendency to pursue alternative care from religious practitioners or shamans, collectively contribute to an augmented risk for the emergence and persistence of mental health issues (Ning et al, 2020, Guan et al, 2018, Phang et al, 2011). Similarly, a study conducted on men in Jordan found that high stress levels were largely attributed to factors such as insufficient resources, unemployment, and financial instability, all of which were further intensified by cultural pressures to support their families. As a result, socioeconomic factors and cultural expectations significantly contribute to heightened stress (Aldirawi, Alhalaiqa, Alwawi, et al., 2024).

According to the latest epidemiological data released in 2015 by the Institute for Public Health. (2015), it was reported that approximately 29% of adults exhibited a prevalence of mental disorders. The rural area in East Malaysia exhibited the highest prevalence of mental disorders, reaching 43%, while the capital city, Kuala Lumpur, showed a 40% rate of the population meeting the criteria for a mental disorder. Mental health issues are observable across various life stages, with a notable increase of more than two-fold in the past decade (10.6% in 1996 to 11.2% in 2006). Potential contributors to this rise include financial challenges, unemployment, stress associated with work, family-related concerns such as marital discord and inadequate

parenting, alongside other environmental factors. When coupled with deficient coping mechanisms and insufficient social support, these factors can exacerbate the deterioration of one's mental well-being.

One of the initiatives implemented to prevent suicidal behavior is the activation of the Mental Health Crisis Helpline. As of August 2024, a total of 55,756 calls have been recorded. Of these, 32,822 (59%) clients received emotional and support assistance, while 22,934 (41%) clients were provided with specific interventions. Among those who received specific interventions, 328 cases of suicidal behavior were identified, including suicidal ideation and suicide attempts. Of these, 138 suicide attempt cases were successfully saved and referred to hospitals through the activation of MERS999, in collaboration with the Royal Malaysia Police (PDRM) and the Emergency Department.

Literature Review

In Islamic belief, wisdom (*hikmah*) is highly respected. It's not just about being smart but also involved understanding *ad-din* matters and knowing what's right and wrong. These teachings come from the Quran and the examples set by Prophet Muhammad (peace be upon him). In Islam, it's important for people to seek wisdom as a key part of their lives. The Quran encourages believers to think deeply about the world around them and to ask Allah (SWT) for guidance. This is truly the highest level of faith and responsibility entrusted to humanity on earth. Humans have the choice to do good or bad. This is mentioned in the Quran in chapter 16 verses 72.

Indeed, we offered the Trust to the heavens and the earth and the mountains, and they declined to bear it and feared it; but man [undertook to] bear it. Indeed, he was unjust and ignorant.

(Surah Al-Ahzab: 72)

In Islam, taking care of mental health is very important. Islamic teachings emphasize that maintaining good mental well-being is crucial and should be looked after carefully. Mental illness denotes a condition characterized by disturbances in emotions, behaviors, and cognitive processes. From a religious perspective, it embodies an affliction pertaining to the spiritual realm. These disruptions typically originate from unresolved issues, adversities, or existential dilemmas that exceed an individual's coping capacity. Consequently, such afflictions may exacerbate, leading to adverse repercussions on the individual's functioning.

For a devout Muslim, who adheres to the belief of servitude to Allah (SWT), every tribulation, hardship, and trial is perceived as a test of faith, underscoring the interplay between religious convictions and mental resilience. Allah says in Surah Al-Ankabut verse 2

Do the people think that they will be left to say, "We believe" and they will not be tried?

Religious beliefs and practices are intricately connected with mental well-being, offering adherents a profound sense of life purpose. This sense of purpose is widely acknowledged as a significant predictor of positive mental health outcomes (Reker G.T, 1987; Aghababaei, N, 2014)

The literature indicates that individuals with mental disorders face significantly higher rates of disability and mortality. For instance, people with major depression and schizophrenia are 40% to 60% more likely to die prematurely than the general population, primarily due to neglected physical health issues such as cancers, cardiovascular diseases, diabetes, and HIV infection, in addition to suicide. Importantly, suicide is recognized as the second leading cause of death among young people globally (World Health Organization, 2021).

Allah says in Quran verse 29 ;

O believers! Do not devour one another's wealth illegally, but rather trade by mutual consent. And do not kill 'each other or' yourselves. Surely Allah is ever Merciful to you.

In a hadith narrated by Abu Hurairah RA, the Prophet PBUH said:

"He who killed himself with steel (weapon) would be the eternal denizen of the Fire of Hell and he would have that weapon in his hand and would be thrusting that in his stomach for ever and ever, he who drank poison and killed himself would sip that in the Fire of Hell where he is doomed for ever and ever; and he who killed himself by falling from (the top of) a mountain would constantly fall in the Fire of Hell and would live there for ever and ever."

Sahih Muslim (109)

Mental health symptoms: An overview.

Anxiety Disorders

In the year 2019, there were 301 million individuals worldwide diagnosed with anxiety disorders, among whom were 58 million children and adolescents (Institute of Health Metrics and Evaluation, 2022). Anxiety disorders manifest through heightened fear, worry, and associated behavioral disruptions, causing substantial distress or impairment in daily functioning. Varieties of anxiety disorders include generalized anxiety disorder (marked by excessive worrying), panic disorder (involving panic attacks), social anxiety disorder (involving intense fear in social settings), separation anxiety disorder (featuring excessive fear of separation from emotionally significant individuals), among others. In addition, anxiety often coexists with hypertension and depression, presenting as symptoms such as tension, chest pain, and gastrointestinal discomfort. Moreover, it is associated with autonomic overactivation, which in turn can lead to elevated blood pressure (Johnson, 2019).

Depression

Depression distinguishes itself from typical mood fluctuations and transient emotional reactions to life's challenges. During a depressive episode, individuals endure persistent feelings of sadness, irritability, or emptiness, or a diminished interest or pleasure in activities, lasting most of the day, nearly every day, for at least two weeks. Additionally, other symptoms such as difficulty concentrating, overwhelming guilt or diminished self-esteem, pessimism regarding the future, thoughts of death or suicide, disrupted sleep patterns, changes in appetite or weight, and profound fatigue or reduced energy levels may be present. Those experiencing depression face an elevated risk of suicide. Maryam Mohammadi et al, (2018) indicated depression, as mental disorder, manifests through symptoms such as anxiety, despair, and fatigue. It frequently coexists with varying levels of anxiety, marked by degrees of sadness, despair, loneliness, hopelessness, self-doubt, and feelings of guilt.

On the other hand, depression not only leads to emotional distress but also contributes to increased fatigue and a higher risk of mortality in individuals with cardiovascular disease. This relationship has been highlighted in recent studies, with Schaare et al. (2023) noting the strong association between mental health conditions and hypertension, which can exacerbate the risk of severe outcomes. Similarly, Dewi and Purnomosidi (2019) found that depression, anxiety, and stress significantly impact the health of elderly individuals with hypertension, further emphasizing the role of mental health in cardiovascular risks.

Bipolar Disorder

Individuals with bipolar disorder undergo cycles of depressive episodes interspersed with periods of manic symptoms. During depressive episodes, they endure persistent feelings of sadness, irritability, or emptiness, along with diminished interest or pleasure in activities, lasting most of the day, nearly every day. Manic symptoms encompass elevated mood, heightened activity or energy levels, and other manifestations such as increased verbosity, racing thoughts, inflated self-esteem, reduced need for sleep, distractibility, and impulsive, reckless behavior. Those with bipolar disorder face an elevated risk of suicide.

Schizophrenia

Schizophrenia affects an estimated 24 million individuals worldwide, constituting approximately 1 in 300 people ((Institute of Health Metrics and Evaluation, 2022).). Those diagnosed with schizophrenia typically have a life expectancy 10-20 years lower than that of the general population (Laursen, T. M et al, 2014). This disorder is characterized by pronounced impairments in perception and behavioral changes. Symptoms often encompass persistent delusions, hallucinations, disorganized thinking, highly disorganized behavior, or extreme agitation. Additionally, individuals with schizophrenia frequently encounter ongoing challenges with cognitive functioning.

The research overall objectives were

- The aim of this study is to explore the Islamic perspective on addressing mental wellbeing and suicide-related symptoms, focusing on insights from the Quran, particularly Surah Maryam.
- The study will also draw on the advice of Islamic scholars to provide recommendations for promoting mental health, reducing distress, and supporting recovery based on Islamic principles and practices.

Methodology

The method used in this paper is descriptive qualitative. Qualitative research encompasses a diverse range of methods aimed at collecting and analyzing data in an interpretative or explanatory manner, with a focus on understanding meaning. This approach is utilized in both Kubler-Ross Theory and the Al-Quran, as qualitative methods prioritize describing, exploring, and comprehending phenomena from the perspective of individuals or groups. In the writing of this paper, the researcher refers to reference materials through journal articles, government documents, and online newspapers from various fields such as general psychology, Islamic approach. This conceptual paper will illustrate the comparison between the Kubler-Ross theory and Surah Maryam, which share similarities in terms of healing and acceptance of fate for individuals.

Results and Discussions

Five Stage of Kubler

Denial serves as a common psychological defense mechanism aimed at shielding oneself from the emotional distress associated with confronting harsh realities. According to Kubler-Ross, individuals facing a terminal diagnosis often initially refuse to accept the new information. This rejection can take various forms, such as outright denial of the diagnosis, attributing it to flawed testing or incompetent medical professionals, or simply avoiding discussions about it. While prolonged denial can be harmful, experiencing a phase of denial is a natural response to the challenges of dealing with terminal illness and can aid in processing overwhelming information. Distinguishing between denial and a genuine lack of comprehension can be difficult in certain situations, underscoring the importance of delivering distressing news clearly and directly. However, unless there are clear indications that the patient misunderstands the situation, healthcare providers are not obligated to repeatedly educate patients about the truth of their diagnosis. Acknowledging the potential for confusion can help strike a balance between ensuring patients are well-informed and respecting their autonomy in coming to terms with the information at their own pace. (*"I'm okay." "This isn't happening to me, it just can't."*)

Anger. Patients often experience and express anger as they come to terms with the reality of a terminal illness. This anger may be directed towards healthcare providers for perceived inadequacies in preventing the illness, family members for their perceived contributions to risks or lack of support, or spiritual figures or higher powers for what they perceive as an unjust diagnosis. Sometimes, the anger may be diffuse and not aimed at anyone in particular, resulting in shorter tempers or decreased patience. Recognizing anger as a natural reaction can assist healthcare providers and loved ones in tolerating what may otherwise feel like hurtful accusations. However, according to Smaldone et al, (2013) it is important for them to not dismiss legitimate criticisms by attributing them solely to an emotional stage. (*"Why am I the one facing this? It's so unjust!" "Why is this happening to me?" "Who can I hold responsible for this?"*)

During the **Bargaining** stage, patients often try to control their illness. They may talk or think about it in different ways, like about medical treatments, social support, or religious beliefs. Some patients might make reasonable deals, like agreeing to follow treatment plans or accepting help from caregivers. Others might think more magically, trying to ease any guilt they feel about their diagnosis. Bargaining can encourage patients to get more involved in their care, but healthcare providers and caregivers should be careful not to give false hope about what can be achieved. While it's not necessary to always correct unrealistic bargaining, it's important to realize that giving in too much could confuse patients in the end. (*"Please, let me be there for my children's graduation." "I'd do anything to have a little more time." "I'm willing to give up all my savings if..."*)

Depression, perhaps the most easily recognizable of Kubler-Ross's stages, is characterized by symptoms such as sadness, fatigue, and loss of pleasure. Patients often move through the initial three stages as a way to shield themselves from this emotional anguish. While their behavior during this stage may be more comprehensible, it can also stand in stark contrast to their actions in the preceding stages. As a result, caregivers may need to consciously rekindle their compassion, which may have diminished while assisting patients through the earlier phases. (*"I feel so down, what's the use in anything?" "I'm facing death... Why bother?"*)

Acceptance involves acknowledging the reality of a challenging diagnosis without resistance or protest. Patients may shift their focus towards cherishing the remaining time and reminiscing about memories. They might start making practical preparations for their passing, like arranging their funeral or ensuring the well-being of their loved ones, whether financially or emotionally. Often depicted as the final stage in Kubler-Ross's model, acceptance is seen as a milestone in the journey of dying or grieving. While caregivers and providers may find this stage less emotionally burdensome, it's essential to recognize that it's not inherently healthier than the earlier stages. ("It'll be alright." "I can't resist it, might as well get ready for it.")

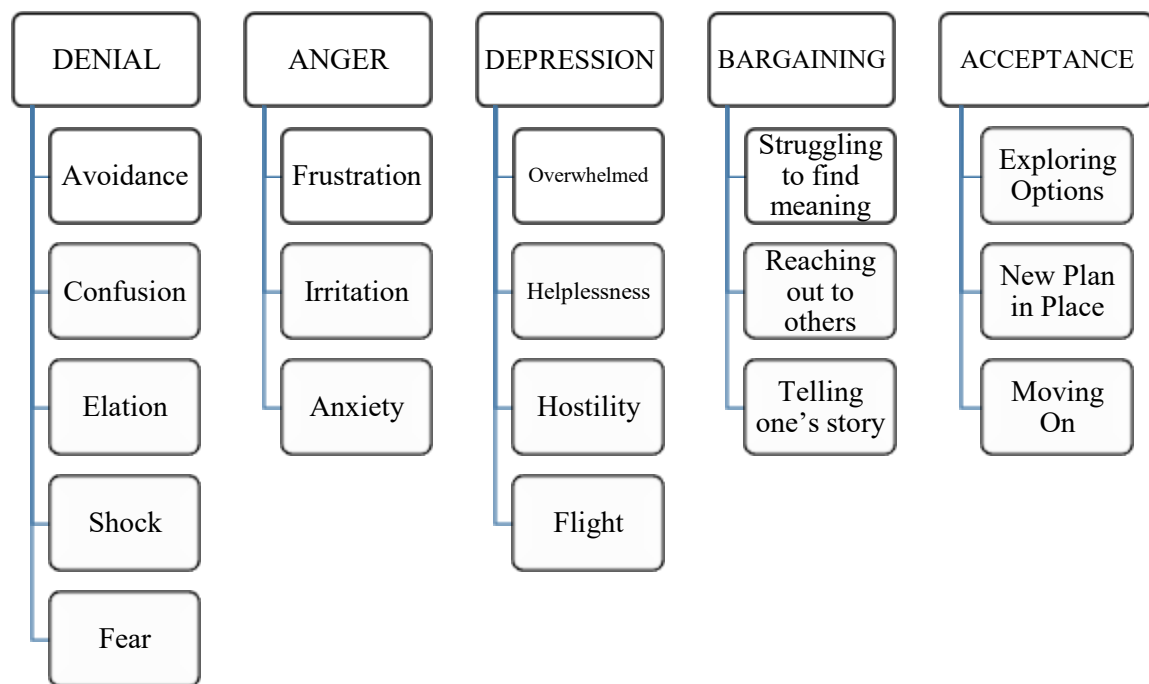


Figure 1: Five Stages of Kubler-Ross Theory

The Kübler-Ross Grief Cycle, introduced by Swiss-American psychiatrist Elisabeth Kübler-Ross in year 1969 book *On Death and Dying*, outlines five key stages that individuals commonly experience when confronting significant loss or change: Denial, Anger, Depression, Bargaining, and Acceptance.

Reflection of Surah Maryam

Surah Maryam, the 19th chapter of the Quran Kareem, comprises 98 verses and is located in the 16th section. In English, Surah Maryam translates to "Mary". Mary holds significant importance in the Qur'an, with her name appearing 34 times, often in connection with Jesus, who is commonly referred to as Isa bin Maryam. In the Quran, Mary stands out as the woman receiving the most attention, despite the fact that all the Prophets, except Adam, had mothers.

Among the 114 chapters of the Quran, only eight are named after individuals, and Mary is one of them. The nineteenth chapter of the Quran is dedicated to her and is named Surah Maryam, which translates to Mary in Arabic. Additionally, her father, Imran, is honored with the naming of the third chapter of the Quran. The Quran recounts the miraculous conception and birth of Prophet Isa through Mary, emphasizing her purity and devotion to Allah. Mary is revered for

her unwavering faith, righteousness, and submission to the will of Allah despite facing societal challenges and accusations. Her story serves as an inspiration for believers, highlighting the importance of faith, patience, and trust in Allah's divine plan.

"And mention in the Book 'O Prophet, the story of Mary when she withdrew from her family to a place in the east,"

(Maryam: 16)

"Screening herself off from them. Then We sent to her Our angel, 'Gabriel, ' appearing before her as a man, perfectly formed."

(Maryam: 17)

"She said: "I seek refuge from thee to ((Allah)) Most Gracious: (come not near) if thou dost fear Allah."

(Maryam:18)

"He said: "Nay, I am only a messenger from thy Lord, (to announce) to thee the gift of a holy son."

(Maryam:19)

"She said: "How shall I have a son, seeing that no man has touched me, and I am not unchaste?"

(Maryam:20)

"He said: "So (it will be): Thy Lord saith, 'that is easy for Me: and (We wish) to appoint him as a Sign unto men and a Mercy from Us': It is a matter (so) decreed."

(Maryam:21)

"So, she conceived him, and she retired with him to a remote place"

(Maryam:22)

"And the pains of childbirth drove her to the trunk of a palm-tree: She cried (in her anguish): "Ah! would that I had died before this! would that I had been a thing forgotten and out of sight!"

(Maryam:23)

"But (a voice) cried to her from beneath the (palm-tree): "Grieve not! for thy Lord hath provided a rivulet beneath thee;"

(Maryam:24)

"And shake towards thyself the trunk of the palm-tree: It will let fall fresh ripe dates upon thee."

(Maryam:25)

"So, eat and drink and cool (thine) eye. And if thou dost see any man, say, 'I have vowed a fast to ((Allah)) Most Gracious, and this day will I enter into not talk with any human being"

(Maryam:26)

“Then she returned to her people, carrying him. They said ‘in shock’, “O Mary! You have certainly done a horrible thing!”

(Maryam:27)

“O sister of Aaron! Your father was not an indecent man, nor was your mother unchaste.”

(Maryam:28)

“So she pointed to the baby. They exclaimed, “How can we talk to someone who is an infant in the cradle?”

(Maryam:29)

“Jesus declared, “I am truly a servant of Allah. He has destined me to be given the Scripture and to be a prophet.”

(Maryam:30)

“He has made me a blessing wherever I go, and bid me to establish prayer and give alms-tax as long as I live”,

(Maryam:31)

“and to be kind to my mother. He has not made me arrogant or defiant.”

(Maryam:32)

“Peace be upon me the day I was born, the day I die, and the day I will be raised back to life!”

(Maryam:33)

“That is Jesus, son of Mary. ‘And this is`a word of truth, about which they dispute”.

(Maryam:34)

DENIAL

"She said: 'How shall I have a son, seeing that no man has touched me, and I am not unchaste?'"

ANGER

"He said: 'So (it will be): Thy Lord saith, 'that is easy for Me: and (We wish) to appoint him as a Sign unto men and a Mercy from Us': It is a matter (so) decreed.'" "So, she conceived him, and she retired with him to a remote place"

DEPRESSION

"And the pains of childbirth drove her to the trunk of a palm-tree: She cried (in her anguish): 'Ah! would that I had died before this! would that I had been a thing forgotten and out of sight!"

BARGAINING

"But (a voice) cried to her from beneath the (palm-tree): 'Grieve not! for thy Lord hath provided a rivulet beneath thee;" "And shake towards thyself the trunk of the palm-tree: It will let fall fresh ripe dates upon thee." "So, eat and drink and cool (thine) eye. And if thou dost see any man, say, 'I have vowed a fast to ((Allah)) Most Gracious, and this day will I enter into not talk with any human being'"

ACCEPTANCE

"Then she returned to her people, carrying him. They said 'in shock', "O Mary! You have certainly done a horrible thing!" "O sister of Aaron! Your father was not an indecent man, nor was your mother unchaste." "So she pointed to the baby. They exclaimed, "How can we talk to someone who is an infant in the cradle?" "Jesus declared, "I am truly a servant of Allah. He has destined me to be given the Scripture and to be a prophet."

Figure 2: "Mapping the Stages of Grief through Surah Maryam (16–34): The Story of Maryam (AS)

Conclusion and recommendation

Mental health is a condition of mental well-being that allows individuals to manage life's stresses, recognize their potential, learn effectively, perform well at work, and make meaningful contributions to their community. It holds both intrinsic and practical value and is essential to our overall well-being.

According to Islamic teachings, mental health encompasses well-being in both spiritual (spirit) and physical (body) aspects. Islam emphasizes greatly on spiritual health by teaching its followers to recognize the Creator and engage in virtuous deeds that bring peace of mind. Islamic perspective on mental health underscores the importance of spiritual well-being. In Islam, the emphasis lies on the role of the spirit in nurturing mental health, with the understanding that the soul's healing is rooted in the greatness of Allah SWT, who created humanity.

The narrative presented in *Surah Maryam* offers a compelling framework for understanding psychological resilience and mental health support within an Islamic paradigm. While the Kübler-Ross model of grief outlines five emotional stages (denial, anger, bargaining, depression, and acceptance) and the account of Maryam (AS) in the Qur'an transcends this psychological model by emphasizing spiritual endurance and divine reliance. Maryam's response to profound emotional and social hardship is deeply rooted in *tawakkul* (trust in Allah), highlighting the central role of faith as a source of strength and healing in the Islamic worldview.

This spiritual dimension underscores the need for the Muslim community to revisit the foundational sources of Islam which is the Qur'an and Sunnah, when navigating personal crises or psychological distress. The Qur'an, revealed to Prophet Muhammad (SAW), is not limited to religious doctrines, jurisprudence, or ritual obligations; it also addresses the emotional and psychological needs of the human being, offering guidance that is both holistic and timeless. It is deeply concerning that many within the Muslim community remain unaware of the mental health interventions implicitly conveyed through Qur'anic narratives such as *Surah Maryam*. These divine insights serve as essential resources for spiritual and emotional well-being, and their integration into contemporary mental health discourse is both necessary and overdue.

In summary, while the Kubler-Ross theory provides a framework for understanding grief and emotional responses, Maryam's experience in Surah Maryam highlights a profound spiritual acceptance and faith in Allah that transcends the conventional stages of grief. Her story underscores a unique approach to dealing with trials, combining both emotional and spiritual dimensions.

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