



Harmonization of Sharia Economic Law and Mental Health Policy: A Comparative Study of Indonesia with OIC Countries

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Abstract:

Purpose

This research aims to explore the potential integration and harmonization between Islamic economic law (Sharia) and mental health policies through a comparative analysis between Indonesia and selected Organization of Islamic Cooperation (OIC) countries. The study seeks to understand how Sharia economic principles can be incorporated into mental health frameworks to create more comprehensive welfare systems that address both financial and psychological well-being.

Methods

Using a qualitative descriptive methodology and a library research approach, the study investigates the integration of Sharia economic principles such as zakat, waqf, and Islamic social finance with mental health policies. The research involves a comparative analysis between Indonesia and various OIC countries to identify current practices and gaps in policy harmonization.

Results

The findings highlight significant differences in the degree of policy integration across OIC countries. Malaysia, Turkey, and the United Arab Emirates demonstrate more advanced models of policy integration, utilizing Islamic economic instruments like zakat and waqf to fund mental health initiatives. In contrast, Indonesia's framework remains in the early stages of development, with noticeable gaps in fully aligning Sharia economic principles with mental health policies.

Conclusions

This research contributes to the growing discourse on holistic approaches to community well-being that respect religious values while addressing contemporary mental health challenges. The study concludes with practical recommendations for policymakers in Muslim-majority countries to strengthen the synergy between Sharia economic principles and mental health initiatives, thereby fostering a more integrated approach to societal welfare.

Keywords:

Sharia Economic Law, Mental Health Policy, Policy Harmonization, Islamic Social Finance, Indonesia, OIC Countries, Waqf, Zakat, Maqasid Al-Shariah



1. Introduction

"The objectives of Sharia (maqasid al-shariah) include the preservation of human life, intellect, and dignity – principles that fundamentally align with the goals of mental health promotion. When Islamic economic frameworks are harmonized with mental health policies, communities can achieve a state of holistic wellbeing that honors both spiritual and psychological dimensions of human existence." – Dr. Mohammad Hashim Kamali, Founding CEO of the International Institute of Advanced Islamic Studies.

Maqasid al-shariah, the five fundamental objectives of Islamic law, encompass the preservation of life (hifz al-nafs), intellect (hifz al-aql), lineage (hifz al-nasl), wealth (hifz al-mal), and religion (hifz al-din). These objectives form a comprehensive framework that directly addresses mental health concerns by recognizing the interconnectedness of spiritual, psychological, and socioeconomic wellbeing. The preservation of intellect, in particular, encompasses not only cognitive function but also psychological stability and emotional resilience. When Islamic economic instruments such as zakat, waqf, and Islamic social finance are strategically aligned with mental health policies, they can address the socioeconomic determinants of psychological distress while honoring the spiritual dimensions of healing.

In the Indonesian context, with its status as the world's largest Muslim-majority country and its growing Islamic economy valued at over USD 3.2 billion in social finance assets, there exists unprecedented potential for developing innovative approaches to mental health policy that integrate Sharia economic principles. This research specifically examines Indonesia's unique position within the Nusantara archipelago, where diverse cultural interpretations of Islamic practice create both opportunities and challenges for policy harmonization. The study aims to provide actionable insights for Indonesian policymakers by analyzing how other OIC countries have successfully integrated Islamic economic frameworks with mental health initiatives, while considering the specific sociocultural and institutional contexts that characterize Indonesia's decentralized governance system.

The intersection of Islamic economic law and mental health policy represents an emerging frontier in public policy development across Muslim-majority nations. While traditionally viewed as separate domains, there is growing recognition that economic stability and mental wellbeing are deeply interconnected aspects of human development. Islamic economic principles, with their emphasis on social justice, equitable distribution of wealth, and community welfare, offer potentially powerful frameworks for addressing the socioeconomic determinants of mental health. This study examines the current landscape of policy harmonization between these domains in Indonesia compared with other Organization of Islamic Cooperation (OIC) countries.



Table 1: Comparative Analysis of Mental Health Expenditure and Islamic Social Finance Allocation in Selected OIC Countries

| Country | Mental Health Budget (% of Health Budget) | Islamic Social Finance Assets (Billion USD) | Mental Health Programs Funded by Islamic Finance | Regulatory Framework for Integration |
|--------------|---|---|--|--|
| Indonesia | 1.5% | 3.2 | Limited (Pilot programs) | Emerging (Law No. 34/2014, No. 11/2020) |
| Malaysia | 4.3% | 5.8 | Moderate funding, (Hospital services) | (Established community Financial Services Act 2013) |
| Turkey | 3.6% | 4.1 | Moderate rehabilitation programs) | (Social Partial (National Mental Health Action Plan) |
| Saudi Arabia | 2.8% | 9.7 | Limited funding only) | (Research Minimal (Vision 2030 initiatives) |
| UAE | 5.2% | 6.4 | Advanced (Comprehensive insurance schemes) | Comprehensive (National Wellbeing Strategy 2031) |
| Pakistan | 0.4% | 1.9 | Minimal (Charitable clinics) | (Fragmented Provincial regulations) |
| Egypt | 1.1% | 2.6 | Limited services) | (Emergency Minimal (Central Bank guidelines) |

Source: Compiled from World Health Organization Mental Health Atlas (2023), Islamic Financial Services Board Annual Report (2024), and national health ministry reports.

The data presented in Table 1 reveals significant disparities in both mental health funding and the utilization of Islamic financial instruments across OIC countries. Indonesia, despite having substantial Islamic social finance assets, allocates only 1.5% of its health budget to mental health services, significantly lower than countries like the UAE (5.2%) and Malaysia (4.3%). This disparity suggests an untapped potential for redirecting Islamic social finance toward addressing health needs in Indonesia.

The regulatory framework for integration also varies considerably across countries. The UAE and Malaysia have established comprehensive systems that facilitate the channeling of Islamic finance toward mental health initiatives, while Indonesia's framework remains in the emerging stage. The recent enactment of Law No. 11/2020 (Omnibus Law) in Indonesia provides new opportunities for synergizing economic



development with social welfare programs, including mental health services. However, the implementation mechanisms remain underdeveloped compared to more advanced systems in Malaysia and the UAE.

The limited number of mental health programs funded through Islamic finance in Indonesia further highlights a policy gap that requires attention. While countries like Malaysia and the UAE have successfully leveraged Islamic social finance to fund hospital services, community programs, and comprehensive insurance schemes for mental health, Indonesia's efforts remain largely at the pilot stage. This suggests that beyond regulatory frameworks, there is a need for operational guidelines and institutional mechanisms to facilitate effective resource allocation.

These comparative findings provide a foundation for examining potential pathways for enhanced harmonization between Sharia economic principles and mental health policy frameworks in Indonesia. The subsequent sections of this paper will explore the theoretical underpinnings of this integration, analyze existing practices, and propose strategies for strengthening policy coherence between these domains.

2. Literature Review

The harmonization of Sharia economic law and mental health policy represents an evolving field of interdisciplinary research. Current literature reveals several theoretical frameworks and practical approaches that inform this integration, while also highlighting significant research gaps.

The foundational relationship between economic principles in Islam and human wellbeing has been extensively explored by scholars such as Chapra (2020), who argues that the *maqasid al-shariah* (objectives of Islamic law) provide a comprehensive framework for human development that inherently encompasses mental wellbeing. Building on this foundation, Ahmed and Hassan (2022) propose that Islamic social finance instruments—particularly *zakat* (obligatory almsgiving), *sadaqah* (voluntary charity), and *waqf* (endowments)—offer sustainable funding mechanisms for social welfare services, including mental health care. Their research documents emerging models in Malaysia where *waqf*-based healthcare facilities provide integrated services addressing both physical and mental health needs.

The socioeconomic determinants of mental health in Muslim-majority countries have been examined by Malik and Rahman (2023), who identified poverty, income inequality, and financial instability as significant contributors to psychological distress. Their study of six OIC countries demonstrated strong correlations between economic insecurity and increased prevalence of anxiety and depressive disorders. This research underscores the potential value of harmonizing economic policies with mental health interventions to address these interconnected challenges.

From a policy perspective, Ismail et al. (2021) analyzed existing regulatory frameworks across selected OIC countries, noting significant variations in the degree of integration between Islamic economic governance and health policy. Their comparative analysis revealed that countries with more developed Islamic financial systems, such as Malaysia and the UAE, demonstrated greater progress in leveraging these resources for health and social welfare programs. In contrast, Khan (2022) identified substantial gaps in



Indonesia's policy architecture, despite the country having the world's largest Muslim population and a growing Islamic finance sector.

The application of specific Islamic finance instruments to mental health funding has been documented in several case studies. Yusoff and Abdullah (2021) examined how sukuk (Islamic bonds) have been utilized in Malaysia to fund the construction and operation of mental health facilities through public-private partnerships. Similarly, Hasan et al. (2023) explored the potential of takaful (Islamic insurance) schemes in providing coverage for mental health treatment, identifying both opportunities and shariah compliance challenges in product design. Notably absent from existing literature are comprehensive studies examining similar initiatives in Indonesia, despite the country's substantial Islamic finance sector and significant mental health challenges. This gap is particularly striking given Indonesia's potential to serve as a model for other large Muslim-majority nations in the developing world.

Research on the effectiveness of Islamic psychotherapy and faith-based mental health interventions provides another dimension to this discourse. Al-Krenawi and Graham (2021) demonstrated positive outcomes from therapeutic approaches that integrate Islamic spiritual principles with contemporary psychological techniques. Their findings suggest that culturally congruent mental health services may achieve better outcomes in Muslim populations, highlighting the importance of aligning intervention models with religious and cultural values.

Despite these valuable contributions, significant research gaps remain. First, there is limited empirical evidence on the effectiveness of programs that explicitly integrate Islamic economic principles with mental health services. Second, comparative studies between Indonesia and other OIC countries are scarce, particularly those examining policy transfer possibilities. Third, the specific mechanisms through which Islamic economic institutions can collaborate with mental health systems require further elaboration, especially regarding governance structures and accountability frameworks. Indonesia's underrepresentation in this literature is particularly noteworthy given its position as home to the world's largest Muslim population and its rapidly expanding Islamic finance sector. This research gap may reflect the relatively recent development of Indonesia's Islamic finance regulatory framework and the fragmented nature of mental health policy implementation across its decentralized administrative structure.

This study aims to address these gaps by providing a comprehensive analysis of current practices in Indonesia compared with selected OIC countries, while proposing actionable frameworks for enhanced policy harmonization. The research builds upon existing literature while extending the analysis to include recent policy developments and emerging models of integration.



3. Research Methodology

This study employs a qualitative descriptive methodology with a library research approach to examine the harmonization between Sharia economic law and mental health policy in Indonesia compared with other OIC countries. The qualitative descriptive method was selected for its suitability in providing comprehensive accounts of complex phenomena within their natural contexts (Sandelowski, 2021). This approach allows for detailed exploration of policy frameworks, institutional arrangements, and implementation practices without imposing predetermined theoretical constructs.

The library research approach involves systematic collection and analysis of published materials, including academic literature, policy documents, legal frameworks, and institutional reports. Data sources included peer-reviewed journal articles accessed through electronic databases (JSTOR, SAGE, Emerald, and specialized Islamic studies databases), official government documents from Indonesia and selected OIC countries, publications from international organizations (WHO, Islamic Development Bank, IFSB), and reports from relevant non-governmental organizations working in mental health or Islamic finance.

To ensure comprehensive coverage of the research topic, the literature search utilized a combination of keywords in both English and Indonesian languages, including: "Islamic finance AND mental health," "Sharia economic law," "maqasid al-shariah AND wellbeing," "waqf AND healthcare," "zakat AND mental health services," "Indonesia mental health policy," and "OIC countries healthcare systems." The search was limited to materials published between 2019 and 2024 to ensure currency and relevance.

The comparative analysis focused on seven OIC countries, including Indonesia, Malaysia, Turkey, Saudi Arabia, the United Arab Emirates, Pakistan, and Egypt. These countries were selected based on criteria including population size, geographical representation, development of Islamic financial systems, and availability of mental health policy documentation. This selection provides a diverse cross-section of approaches to policy harmonization within the OIC context.

Data analysis was conducted manually using a systematic coding framework, with researchers independently reviewing documents to identify recurring themes and patterns before consolidating findings through peer discussion and validation. The comparative analysis was structured around four primary analytical categories: (1) institutional frameworks and governance structures, (2) funding mechanisms and resource allocation patterns, (3) service delivery models and implementation approaches, and (4) cultural integration and community acceptance factors. The analysis followed a thematic approach, with initial coding of documents to identify key themes and patterns related to policy integration, funding mechanisms, institutional arrangements, and implementation challenges. The analysis paid particular attention to comparative elements, identifying points of convergence and divergence between Indonesia and other OIC countries in their approaches to harmonizing Sharia economic principles with mental health policies.



The validity of the analysis was strengthened through triangulation of multiple data sources and by comparing findings across different country contexts. Limitations of this methodology include the reliance on published materials, which may not capture recent unpublished developments or informal practices, potential language bias due to the predominance of English-language sources, the potential for interpretive bias in qualitative analysis, and the challenge of accessing comprehensive policy documentation from all selected countries.

4. Results and Discussion

The comparative analysis of Indonesia and selected OIC countries reveals a complex landscape of policy harmonization between Sharia economic law and mental health initiatives. This section presents key findings organized around institutional frameworks, funding mechanisms, service delivery models, and cultural integration approaches.

Institutional Frameworks for Policy Harmonization

Indonesia has made notable strides in establishing institutional mechanisms that could potentially support the integration of Sharia economic principles with mental health policy. The National Sharia Finance Committee (KNKS), established in 2016 and restructured as the National Committee for Islamic Economy and Finance (KNEKS) in 2020, provides a high-level coordinating body that could facilitate cross-sectoral policy harmonization. However, the committee's current mandate focuses primarily on Islamic financial market development with limited attention to social sectors such as healthcare and mental health services.

In contrast, Malaysia has developed a more integrated institutional approach through its Islamic Social Finance Council, which explicitly includes health and social welfare within its purview. The council facilitates collaboration between the Ministry of Health, Department of Islamic Development (JAKIM), and Islamic financial institutions to channel resources toward priority health needs, including mental health services. This institutional arrangement has enabled Malaysia to develop pioneering models like the Social Impact Sukuk for Mental Health, launched in 2022, which directs investment toward community-based psychological services.

Turkey presents an alternative model through its Ministry of Health and Religious Affairs cooperation protocols, which facilitate the integration of religious counseling within the national mental health system. While this approach focuses more on service delivery than economic aspects, it demonstrates institutional pathways for harmonizing Islamic principles with mental health care.

The UAE has perhaps the most advanced institutional framework through its National Wellbeing Strategy 2031, which explicitly connects economic security with mental wellbeing and incorporates Islamic finance instruments as implementation mechanisms. The strategy is operationalized through a dedicated Wellbeing Council that includes representatives from financial regulatory authorities, health agencies, and religious institutions.



Funding Mechanisms and Resource Allocation

Table 2: Comparative Analysis of Islamic Finance Instruments Used for Mental Health Funding

| Islamic Finance Instrument | Indonesia | Malaysia | UAE | Turkey | Saudi Arabia | Pakistan | Egypt |
|--|-----------|---------------|---------------|---------|--------------|----------|---------|
| Zakat Allocation for Mental Health (% of total zakat) | 2.3% | 8.7% | 6.5% | 3.2% | 1.8% | 1.1% | 0.9% |
| Waqf Properties Dedicated to Mental Health Facilities | 4 | 23 | 18 | 11 | 7 | 3 | 2 |
| Mental Health Sukuk Issuances (2019-2024) | 0 | 3 | 2 | 1 | 0 | 0 | 0 |
| Corporate Social Responsibility from Islamic Banks for Mental Health (Million USD) | 3.6 | 12.4 | 15.7 | 8.3 | 6.9 | 1.8 | 2.2 |
| Takaful Products Covering Mental Health Treatment | Limited | Comprehensive | Comprehensive | Partial | Limited | Minimal | Minimal |
| Microfinance Programs with Mental Health Support Components | 2 | 9 | 5 | 6 | 1 | 4 | 3 |
| Qard Hasan (Interest-free Loans) Programs for Mental Health Patients (Million USD) | 1.2 | 5.8 | 4.3 | 3.5 | 2.1 | 0.8 | 0.6 |

Source: Compiled from Islamic Financial Services Board Report (2024), National Zakat Agencies



Annual Reports (2023), Islamic Development Bank Social Impact Assessment (2023), and researchers' primary data collection.

The data in Table 2 illustrates substantial variations in how Islamic finance instruments are utilized to fund mental health initiatives across OIC countries. Indonesia demonstrates limited application of these instruments compared to countries like Malaysia and the UAE, despite having significant potential through its extensive zakat collection and growing Islamic finance sector.

Malaysia's allocation of 8.7% of zakat funds toward mental health initiatives represents a substantial commitment that has enabled the development of specialized programs such as the Zakat Community Mental Health Centers in Kuala Lumpur and Putrajaya. These centers provide subsidized or free services to eligible beneficiaries and have served over 12,000 patients since their establishment in 2021 (Islamic Financial Services Board, 2024).

The UAE's comprehensive approach includes both zakat allocation and corporate social responsibility initiatives from Islamic financial institutions. The Dubai Islamic Economy Development Centre has pioneered a model where Islamic banks dedicate a portion of their CSR budgets specifically to mental health awareness and treatment programs, resulting in USD 15.7 million of funding between 2019 and 2024.

The absence of mental health sukuk issuances in Indonesia contrasts with Malaysia's experience, where specialized Islamic bonds have been used to finance the construction of mental health facilities and fund community outreach programs. The most recent Malaysian mental health sukuk, issued in 2023, raised RM 300 million (approximately USD 67 million) for expanding psychiatric services in underserved regions (Islamic Development Bank, 2023).

Another notable difference is in takaful (Islamic insurance) coverage for mental health treatment. While Indonesian takaful operators offer limited coverage, typically restricting benefits to severe psychiatric conditions requiring hospitalization, Malaysian and UAE providers have developed comprehensive products that include outpatient counseling, psychological therapies, and rehabilitation services. This difference significantly impacts accessibility of care, particularly for those with moderate mental health conditions that would benefit from early intervention.

The integration of mental health support with Islamic microfinance demonstrates an innovative approach to addressing the interconnection between financial stress and psychological wellbeing. Malaysia's nine documented programs in this category include initiatives like the Amanah Ikhtiar Malaysia's "Financial Resilience and Mental Wellbeing" program, which combines interest-free financing with psychological support and financial counseling for low-income entrepreneurs. Indonesia has only two similar programs, both operating at a small scale in urban centers.



Service Delivery Models and Implementation

The practical implementation of harmonized approaches reveals significant innovations as well as persistent challenges across OIC countries. Indonesia's Mental Health Law (UU No. 18/2014) acknowledges the importance of community involvement in mental health promotion and treatment but makes no explicit reference to religious institutions or Islamic economic entities as potential partners in service delivery. In practice, limited collaboration exists through informal arrangements rather than systematic policy frameworks.

Malaysia has developed more integrated service delivery models, exemplified by the Hospital Mesra Ibadah (Worship-Friendly Hospital) initiative, which incorporates Islamic spiritual care within mental health treatment protocols while being partially funded through waqf assets. This model recognizes the therapeutic potential of religious practices in psychological healing while leveraging Islamic economic instruments for sustainable financing.

The UAE's approach emphasizes technology-enabled integration through platforms like the "Salamat Al-Nafs" (Wellbeing of the Soul) digital application, which connects users to both mental health professionals and financial advisors operating according to Sharia principles. This initiative, supported by the Dubai Islamic Economy Development Centre, represents an innovative approach to addressing the interconnection between financial difficulties and psychological distress.

Turkey's Community Mental Health Centers in partnership with the Directorate of Religious Affairs demonstrate another implementation model where religious counselors work alongside mental health professionals in multidisciplinary teams. While primarily focusing on service integration rather than funding mechanisms, this approach recognizes the importance of religious and cultural congruence in mental health care delivery.

Cultural Integration and Public Perception

Public acceptance and cultural integration present both opportunities and challenges for policy harmonization. Research from Indonesia indicates significant public support for channeling Islamic charitable funds toward mental health services, with 78% of respondents in a 2023 survey expressing willingness to direct their zakat or sadaqah toward mental health initiatives (Badan Amil Zakat Nasional, 2023). However, persistent stigma surrounding mental health conditions continues to influence how these services are structured and presented.

The framing of mental health within Islamic conceptual frameworks has proven effective in several OIC countries. Malaysia's "Maqasid-based Mental Health" campaign explicitly connects psychological wellbeing with the higher objectives of Sharia, particularly the preservation of intellect (hifdh al-'aql). This framing has been associated with increased willingness to seek professional help and reduced self-stigma among religious communities.



The UAE's approach emphasizes the economic impacts of mental health, positioning mental wellbeing as an essential component of national productivity and prosperity. This framing aligns with both Islamic economic principles of sustainable development and contemporary public health approaches, facilitating broad-based support for integrated policies.

Policy Implications and Future Directions

The comparative analysis suggests several potential pathways for enhanced policy harmonization in Indonesia. First, institutional reforms could strengthen coordination between KNEKS, the Ministry of Health, the Ministry of Religious Affairs, and BAZNAS (National Zakat Agency) to facilitate more systematic integration of resources and expertise. Second, regulatory frameworks could be developed to incentivize Islamic financial institutions to direct portions of their CSR activities and financial products toward mental health initiatives.

From the perspective of *maqasid al-shariah*, Indonesia's limited integration of Islamic economic principles with mental health policy represents an underutilization of resources that could advance the preservation of intellect (*hifz al-aql*) and human dignity (*hifz al-nafs*). The sociocultural context of Indonesia, characterized by diverse interpretations of Islamic practice across different regions and ethnic groups, requires nuanced approaches that respect local variations while maintaining coherence with national policy frameworks. The Javanese concept of '*gotong royong*' (mutual assistance) and the Balinese-influenced emphasis on community harmony in mental health understanding could be leveraged to create uniquely Indonesian models of Islamic finance-supported mental health services.

The findings suggest that Indonesia's decentralized governance structure, while presenting coordination challenges, also offers opportunities for piloting region-specific approaches that could later inform national policy. For instance, provinces with stronger Islamic finance infrastructure, such as Jakarta and West Java, could serve as testing grounds for innovative funding mechanisms, while regions with traditional healing practices, such as Aceh and West Sumatra, could develop models that integrate Islamic economic support with culturally appropriate therapeutic approaches.

The successful models observed in Malaysia and the UAE offer potential templates for adaptation to the Indonesian context, particularly regarding zakat allocation guidelines, waqf development for healthcare facilities, and takaful product design. However, such policy transfer must account for Indonesia's unique decentralized governance structure and regional variations in both Islamic economic development and mental health needs.

The findings also suggest the importance of developing clearer operational guidelines for determining the shariah compliance of mental health interventions, particularly regarding novel therapeutic approaches and pharmaceutical treatments. Such guidelines would facilitate greater confidence among Islamic financial institutions in supporting mental health initiatives while ensuring cultural and religious appropriateness.



5. Conclusion

This research has examined the current landscape of harmonization between Sharia economic law and mental health policy in Indonesia compared with other OIC countries. The findings reveal both significant challenges and promising opportunities for strengthening this integration to address the complex relationship between economic wellbeing and mental health.

The comparative analysis demonstrates that Indonesia lags behind countries such as Malaysia and the UAE in systematically leveraging Islamic economic instruments to fund and deliver mental health services, despite having substantial potential through its extensive zakat collection system, growing Islamic banking sector, and large Muslim population. The limited application of instruments such as waqf, sukuk, and takaful for mental health purposes represents a missed opportunity for developing sustainable funding mechanisms in a context of constrained public health budgets.

At the institutional level, Indonesia has established foundational structures that could facilitate greater harmonization, particularly through KNEKS and BAZNAS. However, these institutions currently operate with limited coordination regarding mental health initiatives, resulting in fragmented approaches rather than cohesive policy frameworks. The experiences of Malaysia and the UAE suggest that high-level coordinating bodies with explicit mandates for cross-sectoral integration can significantly enhance policy coherence.

The analysis of service delivery models reveals innovative approaches across OIC countries that combine Islamic principles with contemporary mental health practices. These models, such as Malaysia's Hospital Mesra Ibadah and Turkey's religiously integrated community mental health centers, demonstrate the potential for developing culturally congruent services that may achieve greater acceptance and effectiveness in Muslim-majority contexts. Indonesia's limited implementation of such models represents another area for potential development.

From a theoretical perspective, this research contributes to understanding how maqasid al-shariah can provide a conceptual bridge between Islamic economic principles and mental health promotion. The preservation of intellect (*hifdh al-'aql*) and human dignity (*hifdh al-nafs*) as core objectives of Sharia align naturally with the goals of mental health policy, offering religious legitimacy for increased resource allocation toward psychological wellbeing.

For policymakers in Indonesia, several practical recommendations emerge: 1) Develop specific allocation guidelines for zakat funds toward mental health programs, particularly for vulnerable populations; 2) Create regulatory frameworks to facilitate the establishment of health-focused waqf properties and endowments; 3) Incentivize the development of takaful products with comprehensive mental health coverage; 4) Establish formal coordination mechanisms between Islamic economic institutions and mental health authorities; and 5) Invest in research to evaluate the effectiveness of culturally integrated mental health services.

Future research directions should include longitudinal studies on the effectiveness of programs funded through Islamic finance instruments, more detailed examination of



governance mechanisms to ensure appropriate use of religious funds, and exploration of digital platforms that could facilitate resource mobilization from Islamic sources for mental health initiatives.

The harmonization of Sharia economic law and mental health policy represents an emerging frontier with significant potential for advancing both fields. By developing integrated approaches that honor religious values while addressing contemporary mental health challenges, Indonesia and other OIC countries can work toward creating more comprehensive systems of human welfare that recognize the fundamental interconnection between economic justice and psychological wellbeing.

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