

The Effect of Al-Ghazali Therapeutic Consultation Module (KiTA) on Mental Health and Spiritual Intelligence among Students

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Abstract

Mental health problems among students, especially in universities, are getting worse and have become a national issue. The attendance statistics of IPTA students at health centres due to mental health problems show a sharp increase lately. Various intervention modules have been implemented to help shape student behaviour from various sides, but modules involving the role of academic advisors as mediators to help change students with mental health cases are very limited. Intervention strategies are important to help change behaviour among students who face mental health problems and further increase spiritual intelligence. Accordingly, intervention strategies are important to help change behaviour among students who face mental health problems. Therefore, this study examines the effects of al-Ghazali's therapeutic consultation module (KiTA) on mental health and spiritual intelligence among students. This module uses cognitive behavioural therapy (CBT) and the Al-Ghazali approach to improve positive behaviour among teenagers. This is important to help deal with mental health issues that are becoming more and more worrying lately and can further give strong and effective implications from the point of view of spiritual intelligence to students in the future. This study uses a quasi-experimental design conducted at Universiti Teknologi MARA Shah Alam Selangor. A total of 40 respondents were selected using purposive sampling. The

two measurement tools used are the Depression Anxiety and Stress Scale (DASS) and the Spiritual Intelligence Self-Report Inventory (SISRI 24). Data was analysed using descriptive and inferential statistics through SPSS. The results of the study collected on the treatment group got higher scores for good mental health and spiritual intelligence after receiving the KiTA intervention compared to the control group. The KiTA module conducted shows a positive effect in improving the level of mental health and good spiritual intelligence among students. This study contributes to consistent positive behaviour change among students. Therefore, the formation of this KiTA will be a guiding basis for a solid module sustainability intervention to be used by various parties, especially IPTA/IPTS, in helping to overcome the changes of students who have health problems.

Keywords: Mental Health, Spiritual Intelligence, Student, Al-Ghazali Approach, KiTA Module

Introduction

Almost half a million people in this country suffer from depression based on statistics from the National Health and Morbidity Survey (NHMS) conducted in 2019. The statistics include that 2.3 percent of the country's population aged 16 and above suffer from mental health. Mental health issues or problems as well as emotional stress are among the public health issues that have become increasingly important, especially after the COVID-19 pandemic. This is proven when mental health problems show an increasing trend with the statistics of individuals seeking support through the Psychosocial Support Service Helpline (MHPSS), which is an initiative under the National Mental Health Centre of Excellence, Ministry of Health Malaysia (KKM), increasing five (5) times for the year 2022 compared to 2020 (Daily News, 2022). Health Minister Datuk Seri Dr Adham Baba said the NHMS study in 2017 also found that suicidal behaviour among teenagers aged between 13 and 17 showed an increase in the spread of suicidal ideation by 10 percent compared to 7.9 percent in 2012.

This issue cannot be taken lightly, and efforts to detect, prevent, and respond need to be taken seriously. From the 9 cores of the National Security Policy 2021-2025, this mental health issue refers to the 8th core, which is People's Security, and one of the 153 items in the National Security Matrix is Strengthening People's Mental Health and Resilience.

Among students, mental health problems are found to be increasingly worrying, with the number of students who have suicidal ideation found to increase to 13.1 percent in 2022, involving more than 4,300 people, compared to 10 percent in the previous five years. Even not only in Malaysia, according to Biro, Adany, & Kosa (2023), in a previous study showing that the increase in mental health issues that occur among students, especially those who are in higher education centres around the world, is very worrying. This situation is caused by the unpreparedness this group in facing challenges or obstacles in their lives. Along with the development of technology and changes in the way of life, most students at the college level need to be better prepared to start a new life journey where self-reliance is the main thing (Pedrelli et al., 2020).

At the university, especially at Universiti Teknologi MARA Shah Alam, the statistics of student attendance at the Health Centre due to mental health problems showed a sharp increase in 2019 compared to the previous two years, as the data shows attendance at the UiTM Shah Alam Health Centre as a whole from 2017 to 2019 was as many as 295 students. According to the year, there is a sharp increase from 2017 to 2019. In 2017, the total attendance showed

as many as 43 students and continued to increase in 2018, making as many as 89 students, and then doubled in 2019, making as many as 163 students. Table 1.1 also shows that from 2017 to 2019, among the most mental illnesses that refer to the Health Centre is related to depression, where a total of 134 students experience the problem. Followed by anxiety disorders and stress problems. The most minority who suffer from mental health problems are dissociative and personality disorders, where only one student suffers from that problem according to their respective categories.

Based on the data, various efforts have been made by the university through various intervention modules that have been implemented to help shape the behaviour of students from various sides, but the modules involving the role of academic advisors as mediators to help change students with mental health cases are very limited. The involvement of an academic advisor is very important. This is because they play an important role in educating and as individuals who are close to students. Therefore, the involvement of academic advisors indirectly helps change students who are consistent with mental health problems. Al-Ghazali's Therapeutic Consultation Module (KiTA) is part of an effort to diversify intervention options that indirectly impact student change.

Based on this problem, there is a need to conduct a study on the effectiveness of Al-Ghazali's Therapeutic Consultation Module (KiTA) on spiritual intelligence and mental health among students. This problem gap is translated through this study, in which the KiTA Module based on Al Ghazali's approach, Therapy and CBT, is used as the basis for the formation of treatment techniques in addition to the application of elements of family functionality and mental health well-being as well as spiritual intelligence in the KiTA Module. This is important to help deal with mental health issues that are becoming more and more worrisome lately and can further provide strong and effective implications from the point of view of spiritual intelligence to students in the future.

With the construction of our module, we can indirectly benefit counsellors and psychologists not only in higher education institutions but can also be used by other government departments such as the Population Planning and Family Development Board (LPPKN), the School Counselling and Guidance Unit, as well as other agencies and institutions that deal with teenagers or young people who suffer from mental health.

Literature Review

The Effectiveness of Al-Ghazali's Approach in Spiritual Intelligence and Mental Health

According to al-Ghazali, tazkiyat al-nafs is an earnest effort to cleanse and purify the heart from reprehensible traits. In addition, tazkiyat al-nafs is a process of transition from a dirty heart, stained and polluted with sin, to a pure heart. For example, a heart that does not follow the rules of the Sharia needs to be purified into a heart that follows the demands of the Sharia; from a dirty heart to a clean heart; from the emotion of sadness to serenity; the nature of revenge is replaced by forgiveness, humility, control, trust, and so on (Mohd Sulaiman 1992). Important principles in tazkiyat al-nafs based on the Qur'an, hadiths, and practices of righteous Salafs such as sincerity, strengthening monotheism, sticking to the Qur'an and Sunnah, trust, and believing in Qada' and Qadr and the Hereafter (Basri et al. 2013).

Based on this explanation and the approach of Tazkiyat Al-Nafs in dealing with the problem of depression al-Ghazālī (2010), the process of tazkiyat al-nafs not only involves efforts to cleanse the soul from madhmūmah attributes (al-takhallī), but it also involves efforts to decorate the soul with attributes—mahmudah character (al-taḥallī). Al-takhallī is a process that requires a high effort of the opponent, which is the process of mujāhadat al-nafs by doing the recommended worship practices. Al-taḥallī, on the other hand, needs to go through a continuous training process through virtuous practices, and this process is called riyāḍat al-nafs. Individuals who experience problems in life will feel stressed and depressed because they are frustrated with the pressure of the problems faced in life. If they believe in fate and consider the test from God, they will be patient and grateful for the test they face (Siti Norlina 2018). Based on the description above, it shows that performing tazkiyat al-nafs involves two main processes, namely mujāhadat al-nafs and riyāḍat al-nafs.

Mujāhadat al-nafs is an earnest effort to cleanse the soul from reprehensible or madhmūmah traits (Basri et al. 2013). Mujāhadat al-nafs is a method to resist and control the lust and eliminate the reprehensible or madhmūmah traits that are found in oneself, such as envy, envy, anger, love of the world, takbur, and riak. Not only that, mujahadah is a condition to get guidance and guidance from Allah SWT (Fariza et. al. 2017).

It is also a method of eliminating madhmūmah attributes and things related to it so that Allah s.w.t fills his heart with the light of knowledge. In the book Iḥyā' 'Ulūm al-Dīn, al-Ghazālī (2000) states that Sufists obtain inspiration or the path by prioritising mujahadah, eliminating all reprehensible Al-Hikmah 12(1) 2020 behaviour, severing all ties with the world, and facing oneself with sincerity to Allah SWT. The mujāhadat al-nafs method is suitable to be applied to treat all heart diseases because it is done with the opposite or opposite method. For example, anger is treated with forgiveness, and arrogance is treated with humility (al-Ghazālī 2000). The process of purifying the soul (mujāhadat al-nafs) from these madhmūmah qualities needs to involve efforts to decorate the soul (riyāḍat al-nafs) with mahmudah qualities to purify the soul from reprehensible morals.

The next process of tazkiyat al-nafs is riyāḍat al-nafs. Riyāḍat al-nafs is an effort to train oneself to plant and decorate the soul with noble practices. Riyāḍat al-nafs needs to be done gradually and in stages. Starting with simple or small noble practices up to the difficult level. So much so that the difficult noble practice becomes easy because it has become a habit. In this process, al-Ghazali establishes faith, improves the charity of worship, and decorates the soul with the qualities of Mahmuda.

According to al-Ghazālī (2010), faith is an important aspect of human life because faith can have a positive effect on mental health. Faith is also the source of all goodness and a reflection of the noble components of Islam. Salasiah et al. (2015), stated that the process of establishing faith involves efforts to complete confidence in the six pillars of faith, including faith in Allah SWT, angels, messengers, the book, the Day of Judgement, and belief in qadha' and qadar. Then, the second aspect is to improve religious deeds. Noor Shakirah (2008), quotes al-Ghazali's view by stating that worship plays an important role in establishing faith and also helps a Muslim overcome the problems experienced in life. The problems faced are directly related to spirituality, because worship can connect a servant directly to His creation. Thus, the results of this discussion explain that the process of tazkiyat al-nafs contains two

important components, namely mujāhadat al-nafs and iyāḍat al-nafs. Both components are spiritual elements found in Sufism. Among the things that are emphasised is the implementation of worship, whether it is obligatory worship or circumcision. Worship recommended by Islam contains spiritual elements to treat heart disease.

In the aspect of spiritual intelligence, the religious aspect plays a large role in the development of the soul and spirit because it can shape a person's behaviour, actions, and decisions. This thing coincides with the nature of religion, which is one of the spiritual needs that always yearn for happiness and peace of mind. The psychological crisis that occurs among people in the era of globalisation can be overcome if people return to religious teachings, which is by performing tazkiyah al-nafs, or purification of the soul.

According to Che Zarrina and Nor Azlinah (2016), researchers from scholars and Sufi scholars complement each other in the meaning of tazkiyah al-nafs without any contradiction. Tazkiyah al-nafs means a persistent and earnest effort and process to cleanse and purify the soul from reprehensible traits. Said Hawwa (t.t.) explained further that it is a process of transition from a soul that is dirty, stained, and polluted with sins into a soul that is pure and clean. Therefore, Che Zarrina and Nor Azlinah (2016), say that the tazkiyah al-nafs approach needs to be symbolised as a serious effort in treating the heart in an integrated manner, followed by some practical approaches and spiritual practices. Among the examples of spiritual practices are prayer, fasting, zikr, praying, reading the Quran, and giving alms. Al-Ghazali is seen to present his views in stages in the aspects of mujāhadah al-nafs and riyāḍah al-nafs. It is hoped to be able to help the community in treating heart disease that is caused by neglecting the importance of spiritual practice and to be able to guide the community to practice it in daily life.

Al-Ghazali is seen to present his views in stages in the aspects of mujāhadah al-nafs and riyāḍah al-nafs. While Ibnu Qayyim is seen to present a general view only regarding the aspect of mujāhadah al-nafs. On the aspect of riyāḍah al-nafs, Ibnu Qayyim discusses the same aspects as al-Ghazali, namely faith, worship, and noble morals. But his view is not like al-Ghazali's view, which is so detailed (Zidni & Zaizul 2017). The comparison that exists between al-Ghazali and Ibnu Qayyim prompts the writer to discuss this topic in more detail by highlighting their works related to the concept of tazkiyah al-nafs. The researcher sees Al-Ghazali's approach as more thorough and detailed than Ibnu Qayyim, so the researcher takes Al-Ghazali's approach as the most appropriate approach in dealing with mental health cases.

In the aspect of mental health with a religious approach, various methods and ways to help individuals who face mental health problems and illnesses. The Islamic approach is also seen to have a good effect in dealing with mental health cases; the Tazkiyah al-nafs approach, according to al-Ghazali, is an effort to cleanse the human soul, heart, and self from the impurities of vile traits through the process of mujāhadah al-nafs (al-takhalli) and then decorate it with pure qualities through the process of riyāḍah al-nafs (al-tahalli), which requires patience because this process requires persistent effort and takes a long time (Salasiah 2014). Al-Ghazali's view is more detailed and clear. Approach of Mujahadah al-Nafs Al-Ghazali has a goal in the process of mujahadah al-nafs, which is to fight against the desires of lust and the temptation of the devil. Al-Ghazali (2000), and Ibnu Qayyim (1961 & 2001) divided lust into three types, namely nafs muṭmainnah, nafs ammārah, and nafs

lawwāmah. In this process, al-Ghazali emphasised the process of removing the reprehensible qualities in oneself through the specific method recommended by him.

According to Salasiah (2008), this method is suitable for treating all liver diseases because it is done with the opposite or opposite method. This can be understood through al-Ghazali's view in the book *Iḥyā' cUlum al-Dīn*, which mentions that every disease is treated with the opposite method; the darkness that dominates the heart occurs due to the sins committed, and there is no other method to eliminate that darkness except with the resulting light than good, and every evil is treated with good. Salasiah (2008), emphasised that everyone needs to examine the cause and identify the type of liver disease so that with that knowledge the person can use specific treatment methods that coincide with the problem at hand. The number of reprehensible traits listed by al-Ghazali is as many as 12 traits. Among them are rude speech, telling lies, swearing, bad thinking, anger, envy, arrogance, sadness, and disappointment, which al-Ghazali classifies as *Amrād al-Qalb* (disease of the heart). Among the examples of treatment is that anger is treated with forgiveness, pride is treated with humility, and so on.

Methodology

The research design is in the form of a quasi-experiment used in this research to see the difference in scores obtained through the pre-test and post-test for the experimental group and the control group. In this study, the population consists of UiTM students based on the records available at the PKK involving students with mental health problems. Therefore, 40 samples were selected for the treatment and control groups, i.e., 20 samples per group. The selection of students as a sample in the construction of this module because the statistics of the attendance of IPTA students in Malaysia to the Health Centre, especially among UiTM students with mental health problems, showed a sharp increase in 2017 compared to the previous two years. This research instrument has 84 items in two parts, namely demographics and spiritual intelligence and mental health, using the instrument The Spiritual Intelligence Self-Report Inventory (SISRI 4) built by King (2008). Data processing and analysis were analysed using the Statistical Package for Science (SPSS) Windows 23.0 computer software, which aims to see descriptive and inferential analysis.

Result

Mental Health

This analysis aims to compare the mean score that describes the level of mental health between the treatment and control groups for the pre- and post-test. Table 1 shows the pre-test mean for family functioning. Mean score for the treatment group ($M=68.75$) and standard deviation reading ($SD=1.86$). Meanwhile, the mean score for the control group ($M=69.85$) and standard deviation ($SD=2.00$). These results show that both groups have a low level of mental health during the pre-test.

Table 1

Mental Health Pre Level Test Mean

Group	N	Mean	Standard Deviation
Treatment	20	68.75	1.86
Control	20	69.85	2.00

Table 2 shows the post-test mean for mental health. The mean score for the treatment group (M=171.55) and standard deviation (SD=6.96). While the mean score for the control group was relatively low (M=65.30) and the standard deviation (SD=2.94).

Table 2

Mean Posttest Level of Mental Health

Group	N	Mean	Standard Deviation
Treatment	20	171.55	6.96
Control	20	65.30	2.94

Table 3 describes the level of mental health among students for the pre-test. The test score is divided into 3 levels which are high, medium and low. For the pre-test, all the samples which are 40 people (M= 1.990, SD= 69.30) which is 100% are at a low level. Whereas, for the post-test a total of 20 sample people (M=171.55, SD= 6.96) which is 50% (treatment group) who are at a high level and 20 sample people (M=65.30, SD= 2.94) which is 50% (control group) is at a low level of mental health. These results show that in general, the level of mental health among students is at a low level during the pre-test or before being given any intervention for the treatment and control groups, which is a score of 53 to 106.

Table 3

Pre Mental Health Levels among Students

Mental Health	Score	N	Percent	Mean	Standard Deviation
High	160-212	-	-		
Moderate	107- 159	-	-		
Low	53-106	40	100 %	69.30	1.990
Total	-	40	100 %	69.30	1.990

Table 4 describes the level of mental health among students for the post-test. The results show that the post-test, that is, after being given the intervention, there is an increase in the mean score for the KiTA treatment group, which is obtaining a score at a high level, which is a score between 160 and 212. Meanwhile, the control group is at a low level, which is a score between 53 and 106. This situation happened because the control group did not receive any treatment. This shows that after the intervention of the Family Therapeutic Consultation Module (KiTA) was given, the level of mental health became low among students in the treatment group. The control group was only given a pretest in the first week and a posttest in the last week, the sixth week. Factors that may contribute to the decrease in the mean for the control group are

due to the sample not having direct exposure to information and interventions on the importance of reducing mental health. In contrast to the treatment group that received an intervention to reduce mental health problems.

Table 4

Level of Post Mental Health among Students

Mental Health	Score	N	Percent	Mean	Standard Deviation
High	160-212	20	50 %	171.55	6.96
Moderate	107- 159	-	-		
Low	53-106	20	50%	65.30	2.94
Jumlah	-	40	100 %		

Spiritual Intelligence

This analysis aims to compare the mean score that describes the level of spiritual intelligence between the treatment and control groups for the pre- and post-test. Table 5 shows the pre-test mean for spiritual intelligence. Mean score for the treatment group (M=29.40) and standard deviation reading (SD=2.79). Mean score for the control group (M=31.10) and standard deviation (SD=1.41). This shows that both groups have a low mean score for spiritual intelligence.

Table 5

Spiritual Intelligence Pre Test Mean

Group	N	Mean	Standard Deviation
Treatment	20	29.40	2.79
Control	20	31.10	1.41

Table 6 shows the mean post-test test for spiritual intelligence. The mean score for the treatment group (M=73.10) and standard deviation (SD=4.66). While the mean score for the control group was relatively low (M=30.95) and the standard deviation (SD=4.04). These results show that in general, the level of spiritual intelligence among students with mental health cases is at a high level after post-treatment of the Family Therapy Consultation Module (KiTA) for the treatment group.

Table 6

Spiritual Intelligence Post-Test Mean

Group	N	Mean	Standard Deviation
Treatment	20	73.10	4.66
Control	20	30.95	4.04

Table 7 describes the level of spiritual intelligence among students with mental health cases for the pre-test. The test score is divided into 3 levels which are high, medium and low. For the pre-test, all the samples which are 40 people (M= 30.25, SD= 2.350) which is 100% are at a low level.

Table 7

Level of Pre-Spiritual Intelligence among Students Who Experience Mental Health Cases

Spiritual Intelligence	Score	N	Percent	Mean	Standard Deviation
High	66-96	-	-	-	-
Moderate	33-65	-	-	-	-
Low	0-32	40	100%	30.25	2.350
Total	-	40	100%	30.25	2.350

Meanwhile, Table 8 describes the level of spiritual intelligence among students who experienced mental health cases for the post-test which is N=20 (M= 73.10, SD= 4.66) which is 50% (treatment group) who are at a high level, while for control group, N=20 which is 50% (M= 30.95, SD= 4.04) are at a low level of spiritual intelligence. The score obtained by the control group shows that it is still at a low level since the control group did not receive any treatment.

The results of the pre-test as a whole show that both groups consisting of students with mental health cases have a mean score that shows a low level, which is a score between 0 to 32 for spiritual intelligence before receiving any treatment. However, after the post-test that is after being given the treatment, there was an increase in the mean score for the treatment group. This shows that after the Family Therapy Consultation Module (KiTA) treatment was given, the level of spiritual intelligence increased among students who experienced mental health cases for the treatment group, which is a score between 66 and 96. In contrast to the control group, the mean score showed that most of the control group samples were at the level low spiritual intelligence for pre and post tests. This is because the control group was not given any treatment.

Table 8

The Level of Post-Spiritual Intelligence among Students Who Experience Mental Health Cases

Intelligence Level Spiritual	Score	N	Percent	Mean	Sisihan Piawai
High	66-96	20	50 %	73.10	4.66
Modarete	33-65	-	-	-	-
Low	0-32	20	50 %	30.95	4.04
Total	-	40	100 %	-	-

Discussion

This study was conducted to see the effect of the Family Therapeutic Consultation Module (KiTA) on mental health among students. It is evaluated based on the difference in the effect on two groups, namely the control and treatment groups. The control group was not given

any treatment, while the treatment group was given intervention from the Family Therapeutic Consultation Module (KiTA). The results found that there is a difference in the effect of the KiTA Module on mental health between the treatment and control groups for mental health among students. There was an improvement in terms of the mean score for the treatment group after going through the Family Therapy Consultation Module (KiTA) treatment. This shows a change in the improvement of the level of mental health among students who experience mental health cases after receiving KiTA Module treatment. In addition, there was a significant difference for the pre- and post-test for the treatment group after going through the KiTA Module treatment.

At the pre-test stage, the sample from the treatment group showed a high level of mental health. After going through the treatment from the KiTA Module, the results of the post-test found that there was an increase in the change in the level of functionality among the samples of the treatment group. Therefore, there is a difference between the pre-test and the post-test of the treatment group for mental health among undergraduates. In contrast to the results obtained by the control group sample, the mean score of the control group did not show a pre- and post-test difference. These results show no change or improvement in the level of mental health for the control group since they did not receive any treatment or intervention. This finding is a positive and beneficial finding for students with mental health issues. This is because good mental health can increase the resilience of youth (Siti Hajar & Mohamad Yusoff, 2016). The need for teenagers, especially students with mental health cases, to have self-resilience can prevent themselves from continuing to get caught up in negative things or reckless behavior. This is because, teenagers are very easily influenced by their peers, the effect of peer influence can cause teenagers to do antisocial activities together because they are more comfortable with their peers (Mahmood Nazar & Mohammad Shahid, 2007). Mental health indirectly helps consistent change among students. This is because mental health and a person's self-concept are interrelated with each other which contributes to adolescent behavior (Henderson et al., 2006). Indirectly can help parents face the issue of students with mental health cases, the involvement of parents as the main family leader helps consistent changes in students with mental health cases because the process of adolescent moral education occurs through parental education will have an impact on the lives of teenagers (Rohana & Norhasni, 2013).

Teenagers are an easy group to get caught up in pressure, especially in studying at the University which is very challenging. This is because according to Azizi and Zainuddin (2010), based on Erik Erikson's developmental theory, at the age of 12 to 18 years, they try to establish their own identity and perception in the world, they aim to adapt to society if they fail, and they will doubt their role in society. Based on the statement, it clearly shows that teenagers need guidance and monitoring from family members, especially parents, so that they stay on the right track and behave in ways that are accepted by society. The family plays a role in developing well-being, nurturing and basic education for family members (Fahrudin, 2005). In this context, it is the role of family members, especially parents, who are the main pillars of a family in carrying out their responsibilities to their children when facing a problem such as mental health.

It is a common practice in the context of case management for students with mental health cases that parents fully expect the agencies or departments involved to make changes to their

children. The situation indirectly has a negative impact on the change of students who experience mental health cases. This is because, Nor Wahida (2017) stated that children who are not under the supervision of parents will find their peers to continue life and make peers as their role models. Therefore, the need for parents as the backbone of the family to help change students with mental health cases is very important because they have more time and authority with their children than anyone else. The involvement of parents in each task given through the KiTA Module uses therapeutic consultation which is used as the backbone of the intervention process in the KiTA Module. The role of parents as consultants indirectly helps the client system, which is students who experience mental health cases, to make consistent changes through the efforts and involvement of parents.

The importance of changes to mental health is supported by the results of a study on mental health and psychological well-being through the family conducted by Asmawati et al. Norahim (2015) on 231 mothers and fathers. The results of the study found that there is a significant relationship between changes in mental health and the psychological well-being of parents' support where the implication of the study clearly shows the importance of parenting skills in helping changes in mental health to improve the psychological well-being of a child. The findings of this study are similar to the previous study conducted by Amran, Fatimah and Khadijah (2014) regarding the cohesion factor (family functionality and parenting skills on psychological well-being. The study was conducted on 412 parents from Puspanita membership for a quantitative study and 21 people high school students for a qualitative study.

The results of the study found that the influence of cohesion factors (family influence) and parenting skills contribute to the psychological well-being of a family. Therefore, based on the findings, the Family Therapeutic Consultation Module (KiTA) applies the spiritual elements of spirituality in the intervention which ultimately results in a consistent change of students experiencing mental health cases. In order to ensure that spirituality can be improved among students who experience mental health cases, the involvement of parents indirectly, helping the therapeutic consultation process through the KiTA Module can be implemented and the objective of improving family functionality is achieved, which ultimately results in improving the functionality of the families of students who experience cases mental health that contributes to consistent changes among students who experience mental health cases. Jamaludin (2002) stated that the content of the intervention should be listed, selected and screened in order to be compatible with the study to achieve the recommended objectives. Therefore, this module as a whole forms an intervention network for students experiencing mental health cases through involvement with parents to improve family functionality and further help consistent changes among students experiencing mental health cases.

The Family Therapeutic Consultation Module (KiTA), is a module that emphasizes spiritual intelligence. Each task given in each intervention session has elements that help improve mental health changes. Elements of spiritual urgency are based on McMaster's Family Functional Model (Epstein, Bishop & Levin, 1978) which covers the dimensions of problem solving, communication, roles, responsiveness, affective involvement and forms of behavioral control. Each intervention in the KiTA Module applies the six dimensions of spiritual urgency based on the McMaster Family Functional Model. It aims to help improve change among students with mental health issues. The therapeutic consultation process is used as the basis

for the intervention process. The uniqueness of this module is that it requires the involvement of parents as consultants who deliver interventions to the client system (students with mental health cases). Children are a reflection of their parents. Children's daily lives are not directly affected by the attitude of the parents themselves (Norhaida et al., 2015) Therefore, the KiTA Module involves parents as mediators in the delivery of interventions because they are the closest individuals to students who experience mental health cases.

The importance of changes to mental health is supported by the results of a study on mental health and psychological well-being through the family conducted by Asmawati et al. Norahim (2015) on 231 mothers and fathers. The results of the study found that there is a significant relationship between changes in mental health and the psychological well-being of parents' support where the implication of the study clearly shows the importance of parenting skills in helping changes in mental health to improve the psychological well-being of a child. The findings of this study are similar to the previous study conducted by Amran, Fatimah and Khadijah (2014) regarding the cohesion factor (family functionality and parenting skills on psychological well-being. The study was conducted on 412 parents from Puspanita membership for a quantitative study and 21 people high school students for a qualitative study.

The results of the study found that the influence of cohesion factors (family influence) and parenting skills contribute to the psychological well-being of a family. Therefore, based on the findings, the Family Therapeutic Consultation Module (KiTA) applies the spiritual elements of spirituality in the intervention which ultimately results in a consistent change of students experiencing mental health cases. In order to ensure that spirituality can be improved among students who experience mental health cases, the involvement of parents indirectly, helping the therapeutic consultation process through the KiTA Module can be implemented and the objective of improving family functionality is achieved, which ultimately results in improving the functionality of the families of students who experience mental health cases that contributes to consistent changes among students who experience mental health cases. Jamaludin (2002) stated that the content of the intervention should be listed, selected and screened in order to be compatible with the study to achieve the recommended objectives. Therefore, this module as a whole forms an intervention network for students experiencing mental health cases through involvement with parents to improve family functionality and further help consistent changes among students experiencing mental health cases.

The Family Therapeutic Consultation Module (KiTA), is a module that emphasizes spiritual intelligence. Each task given in each intervention session has elements that help improve mental health changes. Elements of spiritual urgency are based on McMaster's Family Functional Model (Epstein, Bishop & Levin, 1978) which covers the dimensions of problem solving, communication, roles, responsiveness, affective involvement and forms of behavioral control. Each intervention in the KiTA Module applies the six dimensions of spiritual urgency based on the McMaster Family Functional Model. It aims to help improve change among students with mental health issues. The therapeutic consultation process is used as the basis for the intervention process. The uniqueness of this module is that it requires the involvement of parents as consultants who deliver interventions to the client system (students with mental health cases). Children are a reflection of their parents. Children's daily lives are not directly affected by the attitude of the parents themselves (Norhaida et al., 2015) Therefore, the KiTA

Module involves parents as mediators in the delivery of interventions because they are the closest individuals to students who experience mental health cases.

Therefore, the most significant contribution in this study is the construction of the KiTA Module, which uses a therapeutic consultation process that can have an impact on increasing spiritual intelligence among students who experience mental health cases. This module is very suitable to be implemented because it combines the basics with family structural theory, which is used as a reference to understand the concepts and needs of students to form an intervention so that the goal of increasing spiritual intelligence can be achieved through the intervention of the KiTA Module. In addition, the benefits of this module can apply affective communication skills in therapeutic consultation that can have a positive impact on the development of students who experience mental health cases as a client system. The formation of this module has given implications to other psychological and counselling practitioners as something very valuable because the findings of this experimental study are a new idea to multiply and expand future studies (Abdul Malek, 2004). The tasks and activities in this module are designed and adapted to help change mental health problems and improve spiritual intelligence and, at the same time, be able to understand each task and participate in the process comfortably and fun, but at the same time educate them to form new behaviours without repeating previous wrongdoings.

Conclusion

Overall, the Family Therapeutic Consultation Module (KiTA) has an impact on the level of family functionality and spiritual intelligence among students who experience mental health cases. The use of a structure based on the procedures that have been prepared indirectly helps the implementation of the KiTA Module intervention to run smoothly and makes it easier for counsellors to carry out sessions. In addition, counsellors who are energetic, efficient, and experienced in handling sessions with students experiencing mental health cases also help launch the implementation of interventions. The results of the study also show that there is an interaction between family functionality and spiritual intelligence with the respondents; this shows that the KiTA Module can be accepted by the respondents and understood by them throughout the implementation of the intervention. Therefore, in conclusion, the findings of this study help to be a starting point for the development of research and intervention in the field of counselling psychology so that it becomes a mechanism for the development of intervention and expertise for its practitioners.

Through this study, it indirectly contributes to the field of psychology and counselling, which is a social innovation that is beneficial not only to students who experience mental health cases but also to the development of knowledge and skills of practitioners in the field of psychology and counseling. Thus, the use of the KiTA Module is proven to be able to help psychology and counselling practitioners as well as the government to help students with mental health cases so that they are able to change their behaviour for the better and be accepted by society as a whole.

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