



PARENTAL RESPONSIBILITY FOR CHILDREN'S MENTAL HEALTH IN MUSLIM FAMILIES IN SINGAPORE: AN ANALYSIS BASED ON HIFZ AL-NASL THEORY

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ABSTRACT

Recent national data indicate a serious mental health crisis among youth in Singapore. The National Youth Mental Health Study conducted by the Institute of Mental Health reported that 30.6% of youths aged 15–35 experienced severe or extremely severe symptoms of depression, anxiety, and/or stress. In addition, suicide remains the leading cause of death among youths aged 10–29, with 314 suicide cases recorded in 2023 by Samaritans of Singapore. These statistics also include youths from Muslim families, indicating that religious identity alone does not prevent mental health disorders. This study examines parental responsibility for children's mental health within Muslim families in Singapore through the framework of Hifz al-Nasl, one of the objectives of Islamic law (*maqasid al-shari'ah*). Using an empirical juridical approach grounded in Islamic legal theory, this qualitative field research explores how parents understand and practice their responsibilities toward the psychological, emotional, and spiritual well-being of their children. The study finds that Hifz al-Nasl extends beyond the preservation of biological lineage to include mental and emotional protection necessary for establishing *sakinah* and *mawaddah wa rahmah* within Muslim families. The study recommends strengthening mental health literacy and faith-based parenting practices in Muslim households in Singapore.

Keywords: Responsibility, Mental Health, Children, Hifz al-Nasl, Singapore.

1. INTRODUCTION

Parenting styles provided by parents have a crucial influence on a child's growth and psychological well-being. The family is the primary environment, playing a key role in providing education, attention, and guidance to children, which forms the foundation for developing their attitudes, character, and personality. This responsibility not only impacts family life but also determines a child's ability to interact and develop within educational and social environments (Handayani & Lestari, 2021, p. 45). The family is also the primary and most fundamental environment for children in the process of character, emotional

development, and spirituality formation. A harmonious family atmosphere based on religious values significantly contributes to the development of a child's mental health, especially in the early stages of development. Various studies have shown that parenting styles within the family significantly influence a child's psychological well-being. Furthermore, an Islamic psychological approach is considered relevant in understanding child mental development because it emphasizes spiritual development, the values of monotheism, and morals as the primary foundations for a child's personality development (Nasution & Syahrin, 2017, p. 45).

However, mental health challenges among adolescents in Singapore have reached alarming levels. National data shows that more than one in three adolescents experience severe psychological distress, including depression, anxiety, and stress (Awaliyah & Rahman, 2025, p. 82). This finding reflects the increasing pressures associated with academic competition, job uncertainty, social media exposure, and urban living.

The impact of anxiety and stress has led many children to commit suicide (Jakaria et al., 2023, pp. 229-243). In Singapore, suicide is the leading cause of death among adolescents aged 10-29. This trend indicates not only clinical mental health issues but also deeper failures in emotional, familial, and social support systems. These statistics include adolescents from Muslim families, highlighting the need to examine how Islamic family structures address contemporary mental health challenges (Shafeeq, 2025). Islam recognizes emotional suffering and psychological distress as a real human experience. Imam al-Ghazali emphasized that a child is a trust entrusted to parents, making the moral, spiritual, and emotional education of children a primary responsibility of the family. Islam emphasizes the importance of parents providing for and nurturing their children (Ramadi, 2024, p. 122).

In today's modern era, mental health issues are gaining increasing attention in various segments of society. Several studies have revealed that inappropriate parenting patterns can impact the development of children's behavior, thinking patterns, and even intelligence (Jakaria et al., 2023, pp. 229-243). Parents with narcissistic personality tendencies are often unable to show empathy for their children and often use them as a means to fulfill their own personal interests and egos. This attitude often leads to the neglect of children's emotional needs, potentially hindering their optimal growth and development (Putri, 2025, p. 88).

This phenomenon requires in-depth study as it contradicts the principle of *maqāsid al-shari'ah*, which aims to realize the benefit and prevent various forms of damage and harm in human life (Al-Syatibi, 2004, p. 8). *Maqashid al-Shari'ah* is the philosophical foundation of Islamic law. This study uses a *Maqashid al-Shari'ah* approach, focusing on *Hifz Nasl*, which is the protection of offspring.

The purpose of this study is to analyze in-depth parental responsibility for children's mental health in Muslim families in Singapore based on the theory of *hifz al-nasl*, one of the main objectives of *Maqashid al-Shari'ah*. This study aims to understand the role of parents in maintaining, fostering, and protecting children's psychological and spiritual well-being amidst modern social challenges that affect the mental health of the younger generation. Therefore, the results of this study are expected to provide a theoretical and practical basis for strengthening Muslim family parenting patterns that focus on

protecting offspring, children's mental well-being, and the formation of harmonious and sustainable Islamic families.

2. RESEARCH METHOD

This research is an empirical legal study using a sociological and legal anthropological approach to understand the forms of responsibility of Muslim parents towards their children's mental health in the context of modern society, particularly in Singapore. This approach was chosen because it allows researchers to study social phenomena in depth through interpretation of various available empirical data (Moleong, 2018, p. 6), then linking it to the Islamic normative framework, especially the concept of *hifz al-Nasl* in the *maqāṣid al-syarī'ah*. The data sources in this study consist of primary and secondary data. Primary data are national mental health reports from the Institute of Mental Health Singapore, emotional crisis statistics from Samaritans of Singapore (Institute of Mental Health Singapore, 2023, p. 12), and various empirical studies on the relationship between parenting patterns and adolescent mental health. Secondary data are obtained from literature on *maqāṣid al-syarī'ah*, articles, and research reports.

Data collection techniques were conducted through document analysis of official institutional reports and an online survey to gain a broader picture of young Muslims' perceptions of family emotional support. The survey was conducted using Google Forms with Likert-type and short-answer questions addressing emotional security, parental empathy, family religiosity, and experiences of stress and psychological distress. Several indicators used included children's comfort in discussing mental health issues with their parents, family openness to mental health issues, parental empathetic responses, and the influence of religious teachings in helping children cope with emotional distress. The research data were analyzed using the thematic analysis method developed by Virginia Braun and Victoria Clarke (Braun & Clarke, 2013, p. 179). The concept of *Hifz al-Nasl* in this study is operationalized as an effort to maintain children's emotional well-being, create a psychologically safe family environment, build mental resilience through a religious approach, and prevent various forms of malice such as emotional distress, neglect, and psychological violence within the family. Thus, the empirical data analyzed is not only described socially but also evaluated normatively based on the primary goal of Islamic law, namely maintaining the continuity and quality of offspring. To maintain the validity of the study, triangulation techniques were used across data sources through comparisons between official institutional reports, academic research, and classical and contemporary Islamic literature. This study also pays attention to thematic consistency across sources and conducts a critical analysis of the social and cultural context of Muslim communities in Singapore (Denzin & Lincoln, 2018, p. 104).

3. RESULT AND ANALYSIS

A Portrait of Children's Mental Health Conditions in Muslim Families in Singapore

Singapore has a comprehensive legal framework for child protection, the most important of which is the Children and Young Persons Act (CYPA) Cap. 38, last revised in 2019 (effective 2020). This law defines a child in need of protection as one who has experienced abuse, neglect, or exploitation. Specifically, Section 5 of the CYPA prohibits a parent or guardian from committing or permitting the ill-treatment of a child, which

includes any act that causes pain, suffering, injury, or harm to health, including mental health (Children and Young Persons Act, 2020, p. 8).

For violators, penalties set out in Section 5 of the CYPA include a fine not exceeding SGD 8,000 and/or imprisonment not exceeding four years for a first offense. For subsequent offenses or those involving serious consequences, penalties can be significantly increased. The 2019 amendments explicitly expanded the scope of protection to include psychological and emotional harm, a development consistent with modern understandings of child well-being (Institute of Mental Health, 2022, p. 7).

In addition to the CYPA, the Child Development Co-Savings Act and the policies of the Ministry of Social and Family Development (MSF) also strengthen the child protection ecosystem. Programs such as Family Service Centers (FSC), Child Protective Services (CPS), and the Institute of Mental Health's (IMH) youth mental health initiative demonstrate the country's commitment to supporting children's psychological well-being systemically (Ministry of Social and Family Development, 2023, p. 1).

Survey Profile and Descriptive Statistics

This section presents an analysis of the findings of a survey conducted with 94 Muslim respondents in Singapore, integrated with the theoretical framework of Islam and Singapore's child protection regulations. The discussion is organized into four subsections: (A) the concept of child mental health from an Islamic perspective; (B) parental responsibilities based on the Maqasid Syariah perspective; (C) a snapshot of children's mental health in Muslim families in Singapore based on survey data and applicable regulations; and (D) an analysis of parental responsibility based on the theory of Hifz al-Nasl.

This online survey was conducted with 94 Muslim respondents in Singapore in April 2026. The survey instrument consisted of 10 statements with a Likert scale of 1–5 (1 = Strongly Disagree, 5 = Strongly Agree), covering aspects of family communication, emotional support, parental understanding, religiosity, stigma, and the pressure of expectations. Table 1 below presents a summary of descriptive statistics.

Table 1: Descriptive Statistics of Survey Results (N = 94)

Question	Mean (SD)	(%) Agree (4–5)	(%) Disagree(1–2)
Q1: Comfortable discussing mental health with parents	2.64 (1.12)	23.4%	47.9%
Q2: Mental health is discussed openly within the family	2.46 (1.11)	19.1%	56.4%
Q3: Parents understand depression/anxiety/stress	2.70 (1.08)	20.2%	39.4%
Q4: Feel emotionally safe at home	3.41 (1.17)	48.9%	20.2%
Q5: Parents respond empathetically during times of distress	3.30 (1.09)	47.9%	23.4%
Q6: Family supports during times of difficulty	3.45 (1.11)	52.1%	20.2%
Q7: Religious teachings help manage stress	3.51 (1.13)	53.2%	17.0%
Q8: Parents encourage professional help	2.80 (1.22)	26.6%	39.4%

Q9: Mental health is stigmatized within the family	3.11 (1.05)	30.9%	28.7%
Q10: Parental expectations contribute to stress	2.91 (1.24)	35.1%	38.3%

Note: Scale 1 = Strongly Disagree, 5 = Strongly Agree. The "% Agree" column represents a combination of responses 4 and 5; "% Disagree" represents a combination of responses 1 and 2.

Figure 1 below presents a visualization of the average scores for all survey statements:

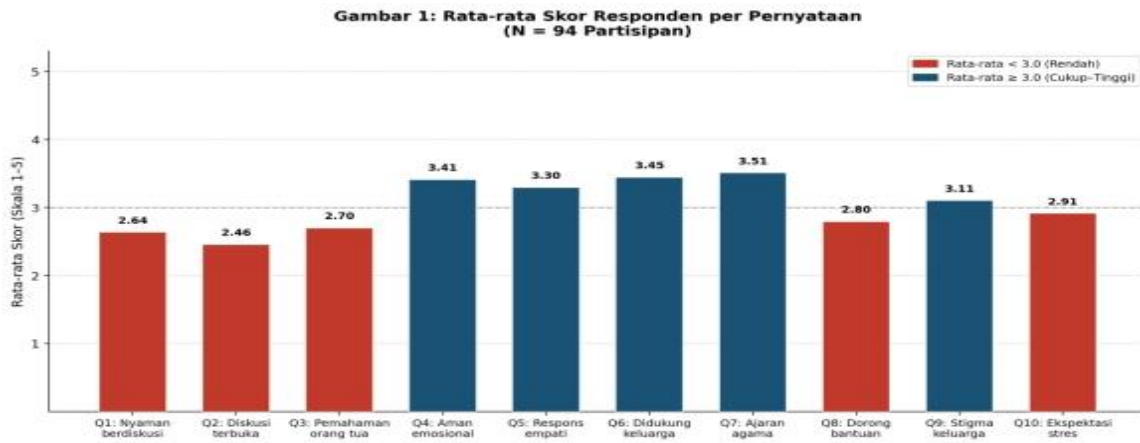


Figure 1: Average Respondent Score per Statement (N = 94)

Gaps in Communication and Mental Health Literacy

The most striking finding from this survey was the low scores on the communication and openness dimensions of families regarding mental health issues. Q1 (comfort in discussing mental health issues with parents) only scored an average of 2.64, with 47.9% of respondents giving a score of 1–2 (disagree). More concerning, Q2 (openness in discussing mental health within the family) scored the lowest average of all statements, at 2.46, with more than half of respondents (56.4%) stating that mental health issues were not discussed openly in their families. This reflects a significant gap between the normative role of parents in Islam, which demands open communication as a form of love, and actual practices in Muslim households in Singapore. Q3 (parental understanding of depression, anxiety, and stress) also scored low, with an average of 2.70, indicating a mental health literacy deficit among parents.

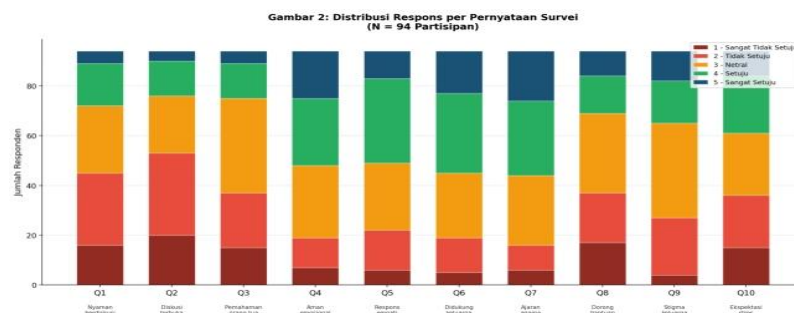


Figure 2: Distribution of Responses per Survey Statement (N = 94)

Family Strengths: Emotional Support and the Role of Religiosity

On the other hand, the survey identified several strengths within Muslim family systems in Singapore. The emotional support dimension (Q4–Q6) showed more positive scores: Q4 (emotional security at home) scored 3.41 on average, with nearly half of respondents (48.9%) giving it a high score; Q6 (family support during emotional difficulties) scored the second-highest (3.45), with 52.1% agreeing. Most notably, Q7 (religious teachings help manage stress) scored the highest overall (3.51), with 53.2% of respondents scoring 4–5. These findings indicate that religiosity serves as a significant buffering resource in the face of emotional distress. This is consistent with the psychology of religion literature, which shows a positive correlation between religious coping and mental health in Muslim populations (Koenig, 2012, p. 4).

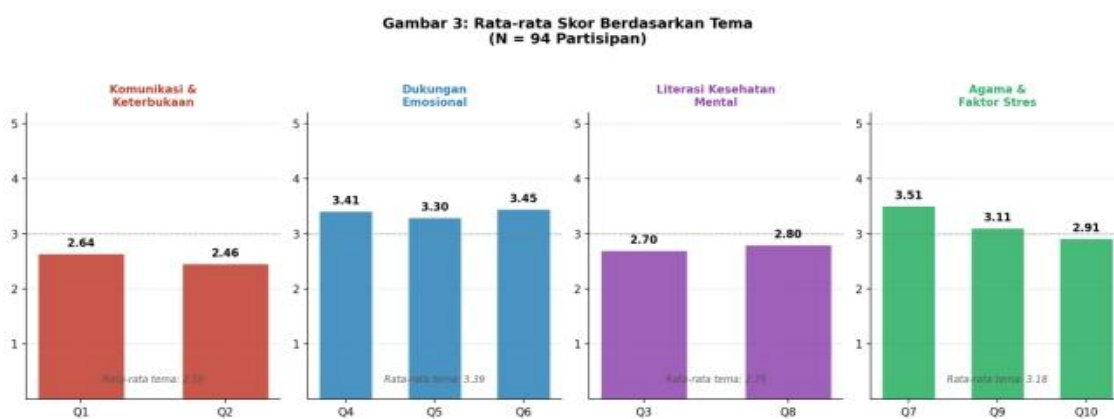


Figure 3: Average Score by Theme (N = 94)

Stigma and Pressure of Expectations: Hidden Risk Factors

Two risk statements in this survey—Q9 (mental health stigma in the family) and Q10 (parental expectations contribute to emotional stress)—show a pattern of concern. Q9 received an average score of 3.11, with 30.9% of respondents stating that mental health issues were stigmatized in their families. This figure indicates that stigma remains a significant barrier to seeking help and open communication.

Q10 (parental expectations contribute to stress) received an average score of 2.91, with 35.1% of respondents admitting that pressure from parental expectations contributed to their emotional stress. While not dominant, these findings serve as a reminder of the need to balance the drive for achievement common in Singaporean culture with maintaining children's psychological well-being (World Health Organization, 2021, p. 4).

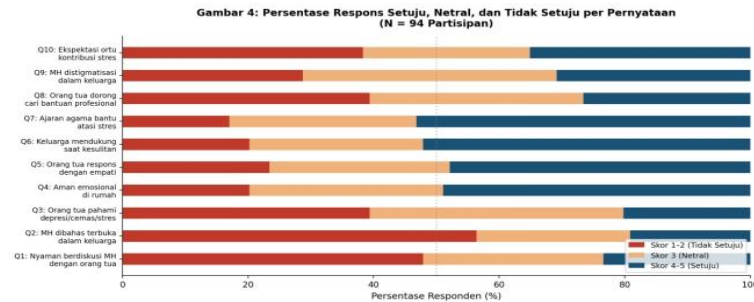


Figure 4: Percentage of Agree, Neutral, and Disagree Responses per Statement (N = 94)
The Concept of Children's Mental Health from an Islamic Perspective

Islam views humans as beings with interconnected physical, spiritual, and intellectual dimensions. Mental health, from an Islamic perspective, is not simply the absence of psychological disorders, but rather a state of inner balance that enables a person to optimally function spiritually. The Quran itself describes peace of mind as a divine gift, as Allah SWT says:

أَلَا بِذِكْرِ اللَّهِ تَطْمَئِنُّ الْقُلُوبُ

"Remember, only in the remembrance of Allah do hearts find rest." (Quran, Al-Ra'd: 28)

This verse indicates that peace of mind in Islam stems from a strong relationship with Allah. However, Islam does not ignore the psychological and social dimensions of mental health. Imam al-Ghazali, in his book *Ihya' Ulum al-Din*, describes a child as a sacred trust whose heart is like a clean, white sheet, ready to receive the character and values instilled in him by his parents:

الْوَلَدُ أَمَانَةٌ عِنْدَ وَالِدَيْهِ وَقَلْبُهُ الطَّاهِرُ جَوْهَرَةٌ نَفِيسَةٌ

"A child is a trust entrusted to his parents, and his pure heart is a precious jewel."

"A child is a trust entrusted to his parents, and his pure heart is a precious jewel." This concept implies that a child's mental health is highly dependent on the quality of the nurturing environment provided by their parents. Al-Ghazali also warned that any form of emotional distress experienced by a child constitutes a form of injustice:

وَكُلُّ مَا يُورِثُهُ الْخَوْفَ وَالْحُزْنَ فَهُوَ ظُلْمٌ فِي حَقِّهِ

"Everything that causes fear and sadness in a child is injustice committed against him."

Ibn Qayyim al-Jawziyyah, in *Tuhfat al-Mawdud*, also emphasized that parents have a moral and spiritual obligation to ensure their children grow up in an emotionally and spiritually healthy environment. According to him, failing to create a conducive psychological environment is tantamount to allowing a child to experience mental damage that will impact their life in this world and the hereafter.

In the context of contemporary Islamic psychology, scholars such as Malik Badri and Hasan Langgulung assert that true mental health in Islam encompasses four interconnected dimensions: spiritual balance (a healthy qalb), emotional stability (a controlled nafs), intellectual acuity (a clear 'aql), and healthy social integration within the community. All these dimensions must be met for a child to develop optimally in accordance with their purpose as God's vicegerent on earth.

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Parental Responsibilities in Protecting Children's Mental Health from the Perspective of Maqasid Sharia

This study focuses on *hifz al-nasl* in relation to parental responsibility for children's mental health. Al-Shatibi emphasized that the goal cannot be understood narrowly as mere biological preservation:

حَفْظُ النَّسْلِ لَا يَتِمُّ بِمُجَرَّدِ الْوِلَادَةِ

"The protection of offspring is not fulfilled solely through birth."

He further explained that the purpose of protection requires the fulfillment of conditions that enable comprehensive human well-being, including psychological stability, emotional resilience, and moral fortitude. Parents, in this framework, are not only providers of physical and biological needs, but also the primary protectors of a child's mental and emotional health.

This principle has profound implications: a child who is biologically present but psychologically devastated by chronic depression, excessive anxiety, or emotional trauma cannot be considered *hifz al-nasl* in the true sense of the word. Therefore, parental responsibility includes an active obligation to: Create an emotionally safe home environment (*al-bi'ah al-aminah*), communicate openly about the child's emotional difficulties, respond to the child's suffering with empathy (*rahmah*) and compassion (*mawaddah*), facilitate the child's access to professional help when needed, and integrate spiritual values without creating undue stress.

The concept of *wilayah* (guardianship) in Islamic family jurisprudence (*fiqh*) reinforces this argument. Parents, as guardians of the child, bear legal and moral responsibility for the child's comprehensive well-being. Contemporary jurists such as Yusuf al-Qaradawi and Wahbah al-Zuhayli agree that the obligation to provide maintenance in Islam is not

limited to material needs, but also encompasses al-nafaqah al-nafsiyyah, namely, meeting the psychological and emotional needs of children.

Analysis of Parental Responsibilities Based on the Theory of Hifz al-Nasl

The theory of Hifz al-Nasl is conventionally understood as the obligation to maintain the lineage through legitimate marriage and reproduction. However, analysis of this survey data requires a more expansive understanding. Based on the data, the majority of respondents indicated that their homes were physically safe and that their parents were generally able to provide basic emotional support (Q4–Q6). This reflects the fulfillment of hifz al-nasl at the level of daruriyyat (basic needs). However, at the level of hajiyyat (needs that support quality) and tahsiniyyat (improvement), the survey revealed significant deficits. The low scores in Q1, Q2, and Q3 indicate that many Muslim parents have not provided a conducive environment for mental health communication, an increasingly important requirement of the Hajj pilgrimage in the modern era (Al-Shatibi, n.d., p. 8).

Survey data indicates that parental mental health literacy is the most critical gap. 39.4% of respondents stated that their parents lacked an adequate understanding of depression, anxiety, and stress (Q3). Within the framework of Hifz al-Nasl, this lack of understanding is not simply a lack of knowledge but rather a structural barrier that prevents parents from fulfilling their obligation to protect their children. Al-Ghazali explicitly stated that neglecting children is a form of neglect.

The Duality of Religiosity: Strength and Risk

The survey findings on Q7 (religiosity as a coping mechanism) and Q9 (stigma within the family) reveal an interesting duality. On the one hand, religiosity has been shown to function as a powerful psychological protector. On the other hand, inappropriate religious approaches, such as interpreting mental disorders as a weakness of faith or the result of sin, can actually exacerbate stigma.

Within the framework of Hifz al-Nasl, healthy religiosity should be a source of resilience and healing (shifa'), not a source of shame or rejection. The Prophet Muhammad (peace be upon him) said: "Allah does not send down a disease but He also sends down its cure." (Narrated by Bukhari). This hadith provides a theological basis for accepting professional help as part of a sharia-permissible endeavor (Abu Zahrah, 1958, p. 366).

Q8 (parents encouraging children to seek professional help) only received an average score of 2.80, with 39.4% of respondents disagreeing. This indicates that Muslim parents in Singapore have not fully integrated seeking professional help as part of their Islamic responsibilities. Yet, Singapore boasts a comprehensive mental health service ecosystem, including the Community Health Assessment Team (CHAT), the Community Health Assessment Team (CHAT), and a growing number of mosque-based counseling services (Institute of Mental Health Singapore, 2022, p. 10).

From a Hifz al-Nasl perspective, failing to facilitate a child's access to professional help when needed can be categorized as negligence, contrary to the principle of la darara wa la dirar (no harm and no harm). The concept of emergency in Islamic jurisprudence also supports the use of all available means, including psychological therapy, to restore a child's mental health.

Based on an analysis of survey data and the theoretical framework of Hifz al-Nasl, this study formulates a hierarchy of Muslim parents' responsibilities in protecting their

children's mental health as follows: (Daruriyyat): Ensuring basic emotional security at home and providing an empathetic response to the child's suffering. (Hajiyyat): Establishing open communication about mental health issues and improving psychological literacy. (Hajiyyat): Encouraging and facilitating access to professional help without stigma. (Tahsiniyyat): Integrating constructive religious approaches as a source of resilience and healing. (Tahsiniyyat): Balancing academic/social expectations with maintaining children's psychological well-being.

This survey data indicates that while Muslim parents in Singapore generally meet the basic level of daruriyyat (emotional safety), there are still significant deficits at the hajiyyat level, particularly in terms of communication about mental health and psychological literacy. This deficit should be the primary focus of interventions within the Singaporean Muslim community.

These findings also have important implications in the context of Singapore's CYP. While the law sets minimum standards for protecting children from physical and psychological harm, the Hifz al-Nasl framework sets a higher standard: not only avoiding harm but actively creating conditions that enable children to develop psychologically, emotionally, and spiritually. This integration of state legal obligations and religious obligations is expected to encourage Muslim parents to move beyond mere legal compliance to genuine parenting responsibilities.

4. CONCLUSION

Based on theoretical analysis and survey data from 94 Muslim respondents in Singapore, this study draws four key conclusions that directly address the research questions. First, Hifz al-Nasl cannot be limited to biological preservation alone. According to al-Shatibi and al-Ghazali, true preservation of offspring requires the fulfillment of psychological, emotional, and spiritual conditions that enable the child to develop holistically. A child who is biologically present but experiences psychological damage cannot be considered "preserved" in the sense of maqāsid. Therefore, protecting a child's mental health is a religious obligation inherent in the concept of Hifz al-Nasl, not simply a parenting option. Regarding the question of how Muslim parents in Singapore understand and practice their responsibilities towards their children's psychological well-being, the survey data reveals a dual picture. On the one hand, the majority of respondents reported that their homes were relatively emotionally safe (Q4: mean 3.41) and that parents generally provided basic emotional support (Q6: mean 3.45). This suggests that obligations at the dārūrīyyat level are largely fulfilled. However, on the other hand, there is a serious deficit at the hajiyyat level: more than half of respondents (56.4%) stated that mental health issues are not discussed openly in the family (Q2), and almost half (47.9%) feel uncomfortable discussing mental health issues with their parents (Q1). This gap indicates that Muslim parenting practices in Singapore are not fully aligned with the normative demands of Hifz al-Nasl. Second, religiosity is the strongest psychological resource in Singaporean Muslim families, with Q7 (religious teachings help cope with stress) obtaining the highest average (3.51). However, this potential religiosity is not supported by adequate mental health literacy, Q3 (parents' understanding of depression, anxiety, and stress) only obtained an average of 2.70. This creates a paradox: parents who

are religious but are less able to recognize and respond appropriately to psychological disorders in children. Furthermore, the stigma that persists within some families (Q9: 30.9% agreed) and the pressure of parental expectations (Q10: 35.1%) are risk factors that need to be addressed within the Hifz al-Nasl protection framework. Third, the 30.6% of youth experiencing symptoms of depression, anxiety, and severe stress (Institute of Mental Health, 2023) cannot be separated from family dynamics. In this context, Hifz al-Nasl positions Muslim families as the first line of mental health protection, a responsibility now legally reinforced through the Children and Young Persons Act (CYPA) 2019, which explicitly covers psychological and emotional harm.

Overall, this study confirms that the gap between Islamic values emphasizing compassion, empathy, and comprehensive protection, on the one hand, and limited family communication practices and low mental health literacy, on the other, constitutes a real challenge facing Muslim families in Singapore. Bridging this gap through strengthening literacy, normalizing communication, and eliminating stigma is not only a social need, but a religious demand rooted in the maqāṣid al-sharī'ah itself.

References

- Al-Bukhari, Muhammad bin Ismail, 2002. *Sahih al-Bukhari, Kitab al-Tibb, Bab "Ma Anzala Allah Da'an Illa Anzala Lahu Shifa'an,"* no. hadis 5678 .Beirut: Dār Ibn Kathir.
- Al-Ghazali, Abu Hamid Muhammad. t.t. *Ihya' 'Ulum al-Din, Juz III.* Beirut: Dar al-Kutub al-'Ilmiyyah.
- Al-Jawziyyah, Ibn Qayyim. 1994. *Tuhfat al-Mawdud bi Ahkam al-Mawlund.* Beirut: Mu'assasah al-Risalah.
- Al-Syatibi, Abu Ishaq. 2004. *Al-Muwafaqat fi Ushul al-Syari'ah, Juz I.* (Beirut: Dar al-Kutub. Awaliyah, Siti Rodiah dan Taufik Rahman, 2025. "Peran Lingkungan Keluarga Terhadap Perkembangan Mental Anak: Tinjauan Psikologi Islam, Psychospiritual: Journal of Trends in Islamic Psychological Research Vol. 4, No. 2.
- Braun, Virginia dan Victoria Clarke. 2013. *Successful Qualitative Research: A Practical Guide for Beginners.* London: Sage Publications.
- Children and Young Persons Act. 2020. *Children and Young Persons Act Singapore: Government of Singapore.*
- Creswell, John W. 2014. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, 4th ed.* California: Sage Publications.
- Groves, Robert M. 2009. et al, *Survey Methodology, 2nd ed.* New Jersey: Wiley.
- Handayani, Dwi dan Sri Lestari. 2021. "Peran Pola Asuh Orang Tua terhadap Perkembangan Psikologis Anak," *Jurnal Pendidikan dan Psikologi Anak* Vol. 3, No. 2.
- Ibrahim, Abu Ishaq ibn Musa al-Shatibi. 2004. *Al-Muwafaqat fi Usul al-Shari'ah, tahqiq 'Abd Allah Darrāz, juz 2.* Beirut: Dār al-Kutub al-'Ilmiyyah.
- Institute of Mental Health Singapore, 2023. *National Mental Health Survey Report.* Singapore: IMH.
- Jakaria, dkk. Analisis Hukum Islam tentang Bunuh Diri dan Faktor-faktor Pemicunya: Ditinjau dari Psikologis, Sosial, dan Kesehatan Mental serta kaitannya dalam KUHP, *Triwikrama: Jurnal Ilmu Sosial, Vol. 2 No. 3 (2023), h. 229-243*
- Koenig, Harold G. 2012. *Religion, Spirituality, and Health: The Research and Clinical Implications, ISRN Psychiatry.*

- Ministry of Social and Family Development. 2023. Child Protective Service and Family Support Programmes, Singapore: MSF.
- Moleong, Lexy J. 2018. Metodologi Penelitian Kualitatif. Bandung: Remaja Rosdakarya.
- Muhammad, Abu Hamid bin Muhammad al-Ghazali. 2011. Ihya' 'Ulum al-Din, Juz III. Beirut: Dar al-Kutub al-'Ilmiyyah.
- Nasution, Muhammad dan Ahmad Syahrin. 2017. "Pengaruh Pola Asuh Keluarga terhadap Kesehatan Mental Anak," Jurnal Psikologi Islam Vol. 5, No. 1
- Norman K. Denzin dan Yvonna S. Lincoln. 2018. The Sage Handbook of Qualitative Research, 5th ed. California: Sage Publications.
- Putri, Amelia. 2025. "Kepribadian Narsistik Orang Tua dan Dampaknya terhadap Kesehatan Mental Anak," Jurnal Psikologi Keluarga Vol. 5, No. 2.
- Ramadi, Bagus. Fikih Munakahat: Teori dan Praktik serta Isu-isu Kontemporer, (Medan: Merdeka Kreasi, 2024)
- Shafeeq, Syarafana. 2025. "3Suicides Reported in Singapore in 2024, Remains Leading Cause of Youth Deaths," The Straits Times
- World Health Organization. 2021. Adolescent Mental Health. Geneva: WHO.