

COUNSELOR COMPETENCY IN MANAGING SUICIDE ATTEMPT CASES IN MALAYSIA

COMPETÊNCIA DOS CONSELHEIROS NA GESTÃO DE CASOS DE TENTATIVA DE SUICÍDIO NA MALÁSIA

Article received on: 11/12/2025

Article accepted on: 2/11/2026

Ame Husna Kamin*

*Universidade Kebangsaan Malaysia, Selangor, Malaysia
Orcid: <https://orcid.org/0009-0006-5261-7493>
amehusna@gmail.com

Salleh Amat*

*Universidade Kebangsaan Malaysia, Selangor, Malaysia
Orcid: <https://orcid.org/0000-0002-5687-3041>
sallehba@ukm.edu.my

Ku Suhaila Ku Johari*

*Universidade Kebangsaan Malaysia, Selangor, Malaysia
Orcid: <https://orcid.org/0000-0002-3353-6181>
kusuhaila@ukm.edu.my

Dharatun Nissa Puad Mohd Kari**

**University of Putra Malaysia, Selangor, Malaysia
Orcid: <https://orcid.org/0000-0002-7187-3146>
nissa@upm.edu.my

Yee Siew Kuan*

*Universidade Kebangsaan Malaysia, Selangor, Malaysia
Orcid: <https://orcid.org/0000-0001-7387-8242>
jessyyeesk@gmail.com

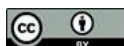
The authors declare that there is no conflict of interest

Abstract

This qualitative case study investigated the competency of 14 Malaysian registered counselors in managing clients with histories of suicide attempts. Participants were selected through snowball sampling based on two criteria: (i) registration with the Board of Counsellors Malaysia with a valid practicing certificate, and (ii) experience conducting at least seven counselling sessions with clients who had previously attempted suicide. Data were collected through in-depth interviews and analysed using ATLAS.ti 9, with thematic analysis applied to interview transcripts to generate themes aligned with the research objectives. The findings identified four main themes and 10 sub-themes related to counsellors' knowledge and understanding in managing suicidal ideation and suicide attempts. The first theme, knowledge, comprised four sub-themes: counselling ethics, abnormal psychology, contributing factors to suicide attempts, and

Resumo

Este estudo de caso qualitativo investigou a competência de 14 conselheiros registrados na Malásia no tratamento de clientes com histórico de tentativas de suicídio. Os participantes foram selecionados por meio de amostragem em bola de neve com base em dois critérios: (i) registro no Conselho de Conselheiros da Malásia com certificado de prática válido e (ii) experiência na realização de pelo menos sete sessões de aconselhamento com clientes que já haviam tentado o suicídio. Os dados foram coletados por meio de entrevistas aprofundadas e analisados usando o ATLAS.ti 9. com análise temática aplicada às transcrições das entrevistas para gerar temas alinhados com os objetivos da pesquisa. Os resultados identificaram quatro temas principais e 10 subtemas relacionados ao conhecimento e compreensão dos conselheiros no tratamento de ideação suicida e tentativas de suicídio. O primeiro tema, conhecimento, compreendeu quatro subtemas: ética do



professional networking. The second theme focused on basic counselling skills and their application. The third theme, experience, included personal experience and the experiences of others. The fourth theme highlighted counsellor attitudes, specifically responsibility and inquisitiveness. These findings offer stakeholders critical insights for improving suicide intervention and counseling effectiveness. Future research should build on this by exploring the lived perspectives of clients with suicidal ideation and prior attempts.

Keywords: Counsellor Competency. Suicide Attempt. Suicidal Ideation. Counseling Interventions.

aconselhamento. psicologia anormal. fatores que contribuem para tentativas de suicídio e networking profissional. O segundo tema focou nas habilidades básicas de aconselhamento e sua aplicação. O terceiro tema, experiência, incluiu a experiência pessoal e as experiências de outras pessoas. O quarto tema destacou as atitudes dos conselheiros, especificamente responsabilidade e curiosidade. Essas descobertas oferecem às partes interessadas insights críticos para melhorar a intervenção em casos de suicídio e a eficácia do aconselhamento. Pesquisas futuras devem se basear nisso, explorando as perspectivas vividas por clientes com ideação suicida e tentativas anteriores.

Palavras-chave: Competência do Conselheiro. Tentativa de Suicídio. Ideação Suicida. Intervenções de Aconselhamento.

1 BACKGROUND OF THE STUDY

Suicide is a leading cause of death among adolescents aged 10 to 18 and young adults aged 19 to 24 (Yalch, et al., 2014). In numerous studies, researchers have found that students with suicidal ideation are highly likely to make repeated suicide attempts. Over the past 35 years, the prevalence of suicide among the younger generation has continued to rise, increasing by 300% for males and 230% for females (World Health Organization, 2020). In 2016, the World Health Organization (WHO) reported that more than 800,000 people die by suicide every year, equating to one death every 40 seconds, while an additional 20 people are reported to attempt suicide. Comparatively, in 2010, the WHO reported nearly one million suicide deaths annually, with an estimated mortality rate of 16 cases per 100,000 population, or one death every 40 seconds.

Furthermore, the WHO noted that suicide rates globally have increased by 60 percent over the last 45 years. Suicide is among the top three leading causes of death for those aged 15–44 in several countries and is the primary cause of death in the 10–24 age group. These estimates do not include suicide attempts, which occur up to 20 times more frequently than completed suicides; this means an individual attempts suicide every three seconds (WHO, 2020). Additionally, suicide is the second leading cause of death worldwide among those aged 15–29 (WHO, 2020). Every suicide is a tragedy that impacts

families, communities, and entire nations, leaving long-lasting effects on those left behind.

Recently, Malaysia and the rest of the world have been profoundly impacted by the COVID-19 pandemic, which spread rapidly and left a significant mark on both the local population and the global community. The outbreak has resulted in numerous adverse effects on mental health. Within society, many individuals have experienced severe stress, extreme anxiety, and depression, which in some cases led them to resort to suicide as a tragic means of ending their suffering. Research by Chabra (2020) indicate that experts globally have warned that the ongoing COVID-19 pandemic can severely damage an individual's self-esteem, ultimately driving them toward suicidal behaviour.

Generally, suicide is an act performed by an individual intentionally and consciously with the aim of self-destruction or ending one's own life, resulting in death. Suicidal incidents typically occur among those facing significant mental or physical distress. The discourse on suicide encompasses suicidal behaviour, suicidal ideation, and suicide attempts. Durkheim (1897) defined suicide as any death resulting directly or indirectly from positive or negative act of the victim themselves, which they know will produce this result. Therefore, this study serves as an exploratory research aimed at determining counsellor competency in managing cases involving clients who have previously attempted suicide.

May and Klonsky (2013) stated that pain and despair are two key factors leading to suicide attempts. Therefore, in addressing these symptoms, studies regarding counsellor readiness at the initial stage and the competence of registered counsellors in handling suicidal tendencies are essential.

Counselling is a systematic process aimed at promoting individual well-being through education, prevention, recovery, and development. It guides individuals to identify personal resources to address the issues they face. Furthermore, counselling is a professional support service provided by counsellors to clients experiencing life challenges, aiming to foster personal growth. In this regard (Gerard, 2004), counsellors play a role in helping individuals through problem exploration and solution-oriented actions. The quality of the therapeutic relationship is the most significant factor contributing to client growth and well-being within a professional context.

Studies on competence in Malaysia are widely discussed in branches such as mental health, drug addiction, career, spiritual, marriage, and cross-cultural counselling (Mazidah Dagang et al., 2014; Siti Hajar et al., 2018). However, research on counselling for suicidal tendencies—specifically ideation and attempts—remains limited. Given that such cases are increasingly reported in the media and prevalent in society, the issue of suicide counselling competence must be researched. Consequently, counsellors require specific skills to ensure they remain prepared and competent in handling these cases

2 LITERATURE REVIEW

Suicide research in Malaysia remains relatively limited, and obtaining accurate records of suicidal incidents is challenging. Many cases are not classified as suicides, instead being categorized as "sudden death". Maniam (2010) noted that accurate data is difficult to acquire because most suicide cases in Malaysia are classified as deaths of unknown causes. This phenomenon is also observed internationally; Beacon (2017) reported that 10 to 30 percent of deaths recorded as accidents are actually suicides. Gunnell et al. (2013) emphasized that precise suicide data is crucial for ensuring that treatment and prevention programs are truly effective.

Rosnah (2011) reported 731 suicide deaths in Malaysia over a three-year period beginning in 2007, involving 545 male and 186 female cases. The National Suicide Registry Malaysia (NSRM), established in 2007, registered 731 cases from 2007 to 2009 (113 cases in 2007, 290 in 2008, and 328 in 2009). These reports indicate a rising trend in suicide cases within the country. Nor Hayati et al. (2012) reported an overall suicide rate of 1.18 per 100,000 population in 2009, a concerning situation particularly involving the younger generation. According to Nurul Sofiah, Noraini Abdul Raup, and Mohd Sufiean Hassan (2020), the primary driver of this increase is mental health disorders, which impair an individual's cognitive functions and emotional control.

Suicidal intent is driven by diverse factors ranging from psychosocial issues, such as depression and bereavement, to environmental stressors. Key environmental contributors include social isolation, peer victimization, academic disengagement, substance misuse, and identity-related conflicts. (Mohamad Faruli Johari, Siti Rozaina & Mariny Abdul Ghani, 2022; Siti Hajar Jamal, Salleh Amat & Nasrudin Subhi, 2019; Hong

Kok Pan & Aziz Shah, 2018; Ellis & Trumpower, 2008; Kitts, 2005; Rutter & Soucar, 2002). Among these, Peltzer and Pengpid (2012) and Maslow, Dunlap, and Chung (2015) identified mental health issues, academic stress, and unemployment as primary drivers of suicidal behavior. Consequently, specialized training and preparation for counselors facing suicide cases are vital. Early preparation is achieved through rigorous training and clinical experience (Christianson & Everall, 2009).

Counselor competency in managing such cases has become an increasingly discussed topic. Competency is a continuous process rather than a one-time achievement. Aida Nubailah Noor, Salleh Amat, and Abu Yazid Abu Bakar (2018) stated that counsellors with high self-efficacy and multicultural counselling competence perform their duties more effectively. Younnjung Gong (2003) identified knowledge, skills, and ethical adherence as key components of competency. The Korean Counselling Association (KCA) code of ethics adds professional attitude as a core component (Kim, 2002), a view supported by Remley and Herlihy (2013) who categorize competency into (i) knowledge, (ii) skills, and (iii) attitude. The 2009 CACREP standards define professional practice as encompassing practicums that provide the application of theory and skill development under supervision. However, Ame Husna, Salleh, Nadhirah, and Abu Yazid (2016) found that counsellors in Malaysia often lack initial readiness for suicide cases, as the overall level of knowledge regarding suicidal ideation and attempts remains low.

Competency is a fundamental component of counsellor education and training programs (Wannan & McCarthy, 2005). Developing such competency facilitates a strong collaborative relationship between counsellor and client, ultimately enhancing the effectiveness of sessions related to suicidal issues in Malaysia. McAdams and Foster (2002) reiterated that specialized training is essential for counsellors dealing with suicide. Early preparation through training and experience is consistently emphasized in the literature (Christianson & Everall, 2009). Furthermore, BACP (2018) and Banks and Diambra (2019) underscore that professional readiness, derived from the integration of knowledge and experience, is vital for ensuring the efficacy and safety of sessions involving suicide risk.

3 RESEARCH METHODOLOGY

This qualitative study employs a case study design. The case study approach was selected as it aligns with the research objective to explore the lived experiences of counsellors who have conducted counselling sessions with clients who have attempted suicide. The study involved 14 participants selected through a snowball sampling approach. Participants were chosen based on two primary criteria: first, they must be Registered Counsellors holding a valid Practicing Certificate from the Board of Counsellors Malaysia. Second, the counsellors must have conducted at least seven sessions with clients experiencing suicidal ideation or who have previously attempted suicide. Data were collected through in-depth interviews guided by a structured interview protocol.

4 RESEARCH FINDINGS

The study participants consisted of 14 Registered Counsellors practicing in various settings across Peninsular Malaysia. The demographic breakdown included 12 females and two males. All participants held a valid Practicing Certificate from the Board of Counsellors Malaysia. In terms of academic qualifications, one participant held a Bachelor's degree, eight held Master's degrees, and five were PhD holders. Their professional experience in the field of counselling ranged from eight to 23 years.

Competency is defined as the willingness, capacity, and ability to perform tasks efficiently and perfectly, possessing the necessary skills and expertise to execute them with precision and speed. The analysis of the data revealed four major themes comprising 10 sub-themes.

5 COUNSELLOR KNOWLEDGE

Data analysis reveals that counsellors must be knowledgeable in the areas of counselling ethics, abnormal psychology, suicide attempt factors, and professional networking. Regarding counselling ethics, the primary requirement is informed consent. Informed consent is a critical component that must be clearly understood by both the

client and the counsellor. It encompasses the ethics of confidentiality, which allows a counsellor to protect information shared during sessions except in cases involving criminal acts, such as the client intending to harm themselves or a third party. The following statement illustrates that informed consent is vital yet limited by ethical boundaries:

"Moving to crisis intervention meaning that I have to protect my client from committing suicide and I have to disclose. So I have a confidential limit" (R2).

Furthermore, counselling ethics dictate that referrals to other professionals must be made when the cases being handled are beyond the counselor's scope of expertise.

"So, I can refer the client to the psychology department for an assessment. If they present with certain symptoms, they must undergo psychological testing, and the psychology unit will refer them directly to the hospital. That is the standard practice in our office; we have handled cases like that before." (R9).

Next is the ethics of confidentiality. R4 stated that their office had established an informal protocol derived from counselling ethics: when a client discloses an intention to die by suicide, the counsellor must report the matter to the relevant authorities. If the client is a student, the report is made to the school principal and the client's parents. Furthermore, every counsellor should possess knowledge of abnormal psychology, particularly those managing cases related to mental disorders such as fits, phobias, depression, schizophrenia, anxiety, and insomnia. The analysis found that according to R1, counsellors must possess this knowledge to identify a client's condition before a hospital referral is initiated.

"There are various symptoms across different situations that require hospital referrals; sometimes, I need a deeper psychological understanding of these cases. Some clients exhibit abnormal behaviors or tendencies that are beyond their control. I seek specialized workshops on crisis counseling to gain the knowledge required for more in-depth identification of these issues" (R1)

Study participants also stated that as counsellors, it is essential to understand disorders stemming from mental health issues, such as phobias, depression, insomnia

(sleep disorders), and anxiety. Therefore, knowledge of the DSM-5 is vital to ensure counsellors understand the appropriate interventions and the underlying causes of these issues.

The next area of knowledge involves the factors contributing to suicide attempts. The results of the study's analysis identified three primary factors that drive an individual toward suicidal tendency: family factors, individual factors, and mental illness. Family factors refer to a lack of affection from the family and the family's persistent lack of trust in the individual, regardless of their actions. As stated by (R1).

"It involves family and peer factors. From what I have observed in the cases I've managed, I focus more on the family aspect—specifically, a lack of affection. Beyond just the lack of affection, there is also the issue of the family's lack of trust in their teenage children" (R1).

The second factor involves individual factors. These are identified as primary cause for suicidal actions, where poor time management leads to increased life stressors, subsequently driving the client to attempt suicide.

"The client expressed that they could no longer handle the problem alone and felt it would be 'better if I were dead'" (R9).

Other factors driving an individual toward suicide attempts include emotional and mental disorders stemming from academic pressure and lifestyle challenges. These issues can escalate into depression and schizophrenia. Furthermore, R9 stated that uncontrollable stress can ultimately lead to death.

"They experience stress and pressure in life. From what I've observed, the primary cause among my clients is overwhelmingly life pressure. Even when assessed using the DSM, the conclusion remains the same: they are unable to manage their stress, eventually deciding that it is 'better to die'" (R9).

The next area of knowledge concerns professional networking. Professional networking refers to the counsellor's ability to coordinate with relevant authorities during emergencies, such as the Civil Defense Force (APM), Fire and Rescue Department (Bomba), Police, Hospitals, and other related agencies. Study participants

emphasized that during a suicide attempt, counsellor's must be acutely aware of their surroundings while managing the session. There must be close collaboration between counselling units and hospitals, ensuring that counsellors know how to contact authorized personnel for immediate referral should an incident occur. Professional networking is vital in saving a client's life, as described by following study participant.

"You must be familiar with the procedures if such an event occurs. For instance, there was an attempted suicide at a government office, and we had to contact the fire department. First and foremost, you must be aware of the surrounding environment. We never know if someone might go to the restroom and force open a window to jump. They are constantly looking for ideas on how to carry out the act" (R9).

6 SKILLS

Skills refer to the proficiency and expertise in performing specific tasks. A key sub-theme identified under this category is basic counselling skills. These skills form the foundation used by counsellors to manage sessions and facilitate client insight. The basic counselling skills employed include rapport building, unconditional positive regard, questioning techniques, and paraphrasing.

Rapport building is among the primary and most critical skills when managing counselling sessions, particularly with clients experiencing suicidal ideation or attempts. During the rapport-building process, counsellors must establish a therapeutic environment so that the client feels comfortable and safe sharing their experiences, as noted by the study participants. When a client feels secure and begins to trust the counsellor, the problem exploration process becomes more seamless. Furthermore, counsellors must practice unconditional positive regard, accepting the client as they are, regardless of the circumstances. This is described by the study participant as follows:

"Regarding the strategies used, the first step was establishing rapport. I was very grateful that the student did not judge me; she was from Kuala Lumpur and did not wear a headscarf, whereas I wear a long tudung (hijab). Her openness was remarkable. She didn't care about my background—'who are you' didn't matter—as long as we could get along. That was the key to our rapport" (R3).

The next competency involves questioning techniques, ensuring that counsellors avoid asking incorrect or inappropriate questions. Counsellors must possess the skill to avoid "rapid-fire questioning" or presenting an excessive number of questions in quick succession, as this increases the likelihood of clinical errors. Furthermore, active listening skills are vital in supporting the client. This is particularly crucial because individuals with suicidal ideation or tendencies often do not share their struggles with others and find it extremely difficult to trust anyone unless they feel truly secure.

This process is supported by paraphrasing skills, which allow the counsellor to ensure they are on the right track and fully understand the client's expressions. Paraphrasing involves restating the client's words without altering the original meaning or adding subjective interpretations. R14 noted that counsellors can effectively use paraphrasing techniques during sessions to validate the client's narrative.

"We apply the counseling skills we have learned, such as confrontation, interpretation, and paraphrasing, to process the client's narrative." (R14).

Research findings also demonstrate that participants possess the skill to apply various counselling theories within their sessions. This step is utilized by counsellors to better understand the client and subsequently identify appropriate interventions for the case at hand. Theory serves as a fundamental guideline for counsellors when managing sessions with high risk client, involving both theoretical frameworks and specific therapeutic techniques. Among the theories applied are Gestalt, Cognitive Behavior Therapy (CBT), Rational Emotive Behavior Therapy (REBT), Person-Centered Therapy (Rogers), Reality Therapy, and Solution Focused Brief Therapy (SFBT). This is reflected in the following responses from the study participants.

"If no longer effective, I utilize drama. The client performs a role-play where they imagine they are speaking to their father. This is consistent with Gestalt techniques, such as psychodrama" (R11).

"In a CBT framework, I aim to eliminate automatic thoughts and replace them with alternatives; I also emphasize that suicide can happen anywhere" (R12).

"I usually employ REBT. I ask the client to list their irrational beliefs and then assign homework. Every time these irrational thoughts occur, I instruct them to document them" (R5).

Within the counselling process, various techniques are utilized to facilitate the management of client cases. Among these are specific therapeutic modalities. The research findings indicate that participants employ two particular therapies to support their clients: Art Therapy (drawing) and Dance Therapy.

"The activities I frequently utilize include art therapy, group exercises, and simulations, as well as play therapy and sand play. Once the client has expressed themselves, I use mahjong paper and a workbook for documentation" (R11).

"In the following session, I included them in a dance therapy program as part of the therapeutic intervention" (R11).

7 EXPERIENCE

The experiences encountered by counsellors significantly enhance their knowledge in managing cases of suicidal ideation and attempts. Two primary sub-themes emerged: learning from personal experience and learning from the experiences of others. Personal experience is gained through direct involvement in events or exposure to specific crises. One study participant shared that they learned from an experience where a case resulted in a completed suicide rather than just an attempt. This event profoundly impacted their colleagues; as the lead counsellor at the time, they were responsible for implementing crisis intervention to support the staff. Meanwhile, R4 stated that experience has taught them to be more cautious when questioning and exploring a client's issues.

"Based on my experience, I've found that when a client says, 'I feel like killing myself,' my reaction has evolved. The first time it happened, I didn't know how to respond, but now I can ask about the seriousness of their intent and what methods they have already attempted. I feel more confident in knowing the subsequent questions required to explore the client's issues deeply" (R4).

As for R6, their competency was developed through direct experience in managing suicide attempt and ideation cases, having specifically handled two such cases. The participant emphasized that achieving professional competency requires a combination of specialized training and clinical experience. They further shared their background in managing clients who had already progressed to a suicide attempt.

Furthermore, learning from the experiences of others who have conducted sessions involving suicidal ideation and attempts significantly aids counsellors in managing high-risk clients. Study participants suggested that counsellors should conduct site visits to organizations such as the Social Welfare Department or even public spaces like shopping malls to better understand the symptoms and environments where these issues occur. Such exposure helps counsellors identify practical solutions and intervention strategies, as illustrated in the following statement:

"We cannot simply wait to receive a client and then start learning. Instead, we can visit specialized centers to observe various behavioural issues and understand the nature of 'defiance.' To me, that is the best way to truly understand the students themselves" (R1).

8 COUNSELLOR ATTITUDE

Attitude refers to the positive personality traits demonstrated by participants when managing cases of suicidal ideation and attempts. The research findings indicate that attitude is a critical component of counsellor competency. This theme is categorized into two sub-themes: responsibility and proactive awareness. The results demonstrate that counsellors manifest these qualities through high levels of accountability and concern for their clients. As professionals, counsellors are expected to stay informed about current trends—particularly those that go viral on social media involving suicidal ideation and attempts. R1 emphasized that counsellors must be highly sensitive to client safety and remain proactive in keeping up with issues affecting the youth and current societal trends.

"A counselor must be alert to adolescent issues, particularly their developmental challenges. At this stage of life, if we do not provide adequate emotional support and address their needs, they become highly vulnerable to suicidal behavior when facing significant stress" (R1).

Counsellors who actively engage with international journals and conduct research on emerging national and global issues possess a significant advantage in terms of knowledge. This serves as a "value-added" professional quality, as it enables the counsellor to recognize subtle shifts in a client's condition and determine the most effective interventions. Furthermore, counsellors must remain consistently sensitive to the client's progress, monitoring changes over time to ensure that the techniques employed yield a positive and meaningful impact.

"During the session, I remain constantly alert to the client's words—to gauge, in a sense, their state of mind. If they continue to express suicidal intent, I evaluate whether the current approach is effective. If a strategy is not working, I will change to a different intervention"(R1).

Counselors must undergo specialized training to gain early exposure to the management of suicidal ideation and attempt cases. Furthermore, counsellors should actively attend workshops focused on these specific interventions and must be thoroughly prepared to manage safety issues within the clinical environment.

"That is one of the conflicts that arise. First, counselors must have the awareness to enhance their knowledge by pursuing further education, such as moving from a degree to a master's, or by attending specific workshops and reading. Sometimes we are reluctant to read, and that creates a gap; the quickest solution is to read, examine international case studies for guidance, and consult colleagues when we are uncertain" (R7).

9 DISCUSSION

This study aimed to explore the competency of counsellors in Malaysia regarding the management of suicide attempt cases. The findings indicate that participants require specialized training and standardized procedures to serve as guidelines for better management of such cases. Currently, the participants' level of understanding and knowledge in handling suicidal ideation and attempts is at a moderate level. Their management of these cases relies primarily on the basic counselling foundations learned during university and experiential knowledge, whether personal or observed. This aligns with Nurul Sofiah Ahmad Abd Malek, Noraini Abdol Raop, and Mohd Sufiean Hassan

(2020), who asserted that suicidal phenomena in Malaysia have reached a concerning level and require immediate intervention to prevent physical and emotional trauma to individuals and their families.

Suicide attempts are defined as self-destructive behaviours with the intent to die that do not result in death (Gündüz et al., 2016). Consistent with the findings of Kim et al. (2005), the factors driving suicide attempts often carry a strong familial component (Karaman & Durukan, 2013). A systematic review of suicidal risk factors among individuals with depressive disorders found an increased risk pattern when there is a family history of suicide (Hawton, Comabella, Haw & Saunders, 2013).

Participants also emphasized adherence to counselling ethics when managing high-risk clients. As professionals, counsellors must not accept cases beyond their expertise and should refer clients when necessary. Participants understood that they should only accept clients who are in a rational state and remain within ethical boundaries. According to Capuzzi and Cross (2009), counselling ethics are essential to ensure counsellors do not manipulate a client's social, financial, or racial status. Ethical knowledge ensures that practitioners maintain professional conduct (Solmonson, Roaten & Sawyer, 2011; Ieva, 2010; Johari Talib, 2009). In Malaysia, while the full implementation of the Counsellors Act 1998 (Act 580) and the Code of Ethics is still evolving, these references remain crucial for resolving professional dilemmas (Liliy Afzani & Norsuraya, 2018; Nurul Hasyimah, 2013).

Furthermore, clinical skills are a vital determinant of competency. Participants highlighted basic skills such as rapport building, unconditional positive regard, questioning, and paraphrasing. Counsellors must strive to create a conducive and reassuring environment. The goal of rapport building is to foster trust and security, enabling deeper self-disclosure and exploration. This is supported by Sharif and Roslee (2003), who noted that rapport encompasses the therapeutic atmosphere, physical appearance, and non-verbal cues. Rogers (1987) stated that unconditional positive regard allows clients to become more independent and open, while Corey (2005) defined it as accepting the client's feelings and behaviours without judgment (Patterson, 1985; Rogers, 1977).

Experience emerged as a key component of competency in this study. This contradicts the findings of McAdam, Foster, and Victoria (2000) and Ruhani (2017), who

argued that experience does not necessarily influence competency, suggesting instead that specialized training is the primary driver of readiness. However, this study aligns with Rafidah Aga (2013), who argued that practicum experience and case discussions—whether personal or shared—significantly influence a counsellor’s effectiveness in managing suicidal clients.

Finally, participants noted that a competent counsellor is one who is accountable to themselves and their clients. The paramount priority in managing suicide attempt cases is client safety. Counsellors who actively review international journals and emerging global research possess a distinct knowledge advantage. This proactivity allows them to detect subtle changes in clients and intervene effectively. When dealing with high-risk cases, counsellors must also prioritize their own safety and the safety of the clinical environment. This includes means restriction (removing sharp objects) and maintaining a robust professional network with the fire department, police, APM, hospitals, and psychiatrists for immediate emergency support.

Overall, the findings indicate that counsellors require extensive training and broad academic reading to effectively manage suicidal ideation and attempt cases in Malaysia. Currently, the level of knowledge regarding suicide attempts among Malaysian counsellors is considered relatively low. Consequently, allied professionals including psychiatrists, psychologists, counsellors, and social workers—must be provided with specialized training to better identify and treat high-risk individuals, particularly among the younger generation. It is the responsibility of counsellors to equip themselves with the necessary competencies. Simultaneously, counsellor education institutions bear the responsibility of integrating such specialized training into their academic programs.

A proficient counsellor is one who remains accountable to both themselves and their clients. The paramount priority in managing clients who have attempted suicide is the constant assurance of client safety. While support from family and friends is vital for individuals at risk of suicidal behaviour, it is often insufficient on its own; formal professional intervention is typically required. The Ministry of Health (MOH) has established 45 government hospitals nationwide providing psychiatric and mental health services, staffed by 224 psychiatrists and 12 clinical psychologists, to support individuals struggling with depression and suicidal intent.

Furthermore, counsellors should remain informed of current trends—particularly those that go viral on social media involving suicidal ideation and attempts. When frequently engaging with such high-risk cases, counsellors must prioritize both their personal safety and the safety of the client within the clinical setting. This involves maintaining a secure environment and establishing a robust professional network with emergency services—such as the fire department, police, APM, and hospitals—as well as fellow counsellors and psychiatrists who can be contacted during a crisis. A counsellor who is sensitive to the subtle changes shown by a client will be better prepared to listen to their narrative and facilitate a more effective recovery process.

10 CONCLUSION

Overall, counsellors possess foundational knowledge regarding the management of suicidal ideation and attempt cases, stemming from general university education and independent self-study following graduation. Most counsellors learn extensively through personal experience or the shared experiences of colleagues who have conducted sessions with clients exhibiting suicidal ideation or history of attempts. Exposure for counsellors regarding the management of suicidal tendencies is relatively limited compared to Western contexts. Consequently, there is a significant need to expand training, courses, and programs related to this issue to help counsellors master the knowledge and skills required to engage with such clients. In Malaysia, specialized fields such as career, marriage, and drug addiction counselling are explicitly taught during academic programs.

Therefore, counselling for the management of suicidal ideation and attempts must also be prioritized and emphasized to meet the needs of a society increasingly pressured by life's demands. In conclusion, suicide is a serious matter that requires immediate intervention. It is not merely a matter of mutual finger-pointing, but rather about identifying actionable solutions to address the issue. Steps that can be taken include enhancing counsellor skills through relevant workshops, further research, case discussions, and other professional development initiatives.

ACKNOWLEDGEMENT

The authors would like to express their gratitude to Faculty of Education, Universiti Kebangsaan Malaysia (UKM) for providing unwavering support for the publication of this article via research funds (Codes: GG-2024-077 and TAP-K007384)

REFERENCES

- Aida Nubaillah Noor, Salleh Amat, & Abu Yazid Abu Bakar. (2018). Efikasi sendiri kaunseling dan kecekapan kaunseling pelbagai budaya dalam kalangan guru bimbingan dan kaunseling sekolah menengah di Malaysia. *Jurnal Psikoedukasi dan Konseling*, 2(2), 14–22. DOI:10.20961/jpk.v2i2.16286
- Ame Husna Kamin, Salleh Amat, & Nadhirah Muhammad Arib. (2016). Kesediaan kaunselor dalam pengendalian kes-kes cubaan bunuh diri: Satu penerokaan awal. *Jurnal Psikologi dan Kaunseling*, 7, 29–40.
- Banks, B. P., & Diambra, J. F. (2019). Suicide response preparedness in counseling students: A study of knowledge, attitudes and stimulated behavior. *The Journal of Counselor Preparation and Supervision*, 12(1), Article 3.1-33. Retrieved from <https://research.library.kutztown.edu/jcps/vol12/iss1/3>
- Beacon Health Options. (2017). *We need to talk about suicide*. Beacon Health Options. <https://media.carelonbehavioralhealth.com/md2020/provider/papers/talk-about-Suicide.pdf>
- Capuzzi, D., & Gross, D. R. (2003). *Counseling and psychotherapy: Theories and interventions* (3rd ed). American Counseling Association.
- Chhabra, S. (2020). Psychological implications of COVID-19 pandemic: A wide spectrum of manifestations. *Journal of Evolution of Medical and Dental Sciences*, 9(33), 2386–2391. DOI:10.14260/jemds/2020/517
- Christiansen, E., & Larsen, K. J. (2012). Young people's risk of suicide attempts after contact with a psychiatric department - a nested case-control design using Danish register data. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 53(1), 16–25. DOI: 10.1111/j.1469-7610.2011.02405.x.
- Corey, G. (2005). *Teori dan praktek: Konseling & psikoterapi*. Refika Aditama, Trans.
- Durkheim, E. (1951). *Suicide* (Original work published 1897). Free Press.

- Ellis, T. E., & Trumppower, D. (2008). Health-risk behaviors and suicidal ideation: A preliminary study of cognitive and developmental factors. *Suicide and Life-Threatening Behavior*, 38, 251–259. <https://doi.org/10.1521/suli.2008.38.3.251>
- Gerard, J. M., & Buehler, C. (2004). Cumulative environmental risk and youth problem behavior. *Journal of Marriage and Family*, 66(3), 702–720. <https://doi.org/10.1111/j.0022-2445.2004.00048.x>
- Gong, Y. (2003). Counselor competence and the ethical practice of counseling in Korea. *Asian Journal of Counselling*, 10(1), 51–70.
- Gunduz, R. C., Halil, H., Doganay Ozguven, Y., Gursoy, C., Karagol, C., Cifci, A., Ayar, G., & Ozgun, S. (2016). Profile of suicide attempts in adolescents; demographic features, reasons and risk factors. *Turkish Journal of Pediatric Disease*, 3, 177–181. DOI:10.12956/tjpd.2016.195
- Gunnel, D., Bennewith, O., Simkin, S., Cooper, J., Klineberg, E., Rodway, C., Sutton, L., Steeg, S., Wells, C., Hawton, K., & Kapur, N. (2013). Time trends in coroners' use of different verdict for possible suicides and their impact on officially reported incidence of suicide in England: 1990-2005. *Psychological Medicine*, 43, 1415–1422. doi: 10.1017/S0033291712002401.
- Hawton, K., Comabella, C. C., Haw, C., & Saunders, K. (2013). Risk factors for suicide in individuals with depression: A systematic review. *Journal of Affective Disorders*, 147, 1–28.
- Hong, K. P., & Mohammad Aziz Shah Mohamed Arip. (2018). Inventori kecenderungan bunuh diri. *International Journal of Academic Research in Business and Social Sciences*, 8(2), 475–489.
- Johari Talib. (2009). Profesionalisme kaunselor sekolah rendah. *Jurnal Malim*, 10, 159–182.
- Karaman, D., & Durukan, I. (2013). Suicide in children and adolescents. *Current Approaches in Psychiatry*, 5(1), 30–47.
- Kim, B. H. (2002, October). *The development of codes of ethics for counselors* [Paper presentation]. 3rd Annual Convention of the Korean Counseling Association, Youngnam University, Korea.
- Kitts, R. L. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence*, 40(159), 621–628.
- Liley Afzani Saidi, & Norsuraya Hassan. (2018). *Pandangan kaunselor mengenai isu perundangan dan etika kaunseling di Malaysia*.
- Maniam, T. (2010). *Hidup atau mati: Masalah bunuh diri di Malaysia dari perspektif psikiatri*. Universiti Kebangsaan Malaysia.

- Maslow, K., Dunlap, K., & Chung, R. (2015). Depression and suicide in children and adolescents. *Pediatrics in Review*, 36(7), 299–310. doi: 10.1542/pir.36-7-299.
- May, A. M., & Klonsky, E. D. (2013). Assessing motivations for suicide attempts: Development and psychometric properties of the Inventory of Motivations for Suicide Attempts (IMSA). *Suicide and Life-Threatening Behavior*, 43(5), 532–546. <https://doi.org/10.1111/sltb.12037>
- Mazidah Dagang, Raja Zirwatul Aida Raja Ibrahim, & Azlina Abu Bakar. (2014). Counsellors' spiritual competence in Malaysia. *Asian Social Science*, 10(10), 182–187. DOI:10.5539/ass.v10n10p182
- McAdams, C. R., III, & Foster, V. A. (2000). Client suicide: Its frequency and impact on counselors. *Death Studies*, 22(2), 107–122.
- Mohamad Faruli Johari, Siti Rozaina Kamsani, & Mariny Abdul Ghani. (2022). Tingkahlaku mencederakan diri sendiri dalam kalangan remaja: Satu kajian konseptual. *Jurnal Pembangunan Sosial*, 25, 217–238.
- Mohamed Sharif, Roslee Ahmad, & Sulaiman Shakib Mohd Noor. (2003, June 14–15). *Kemahiran asas seorang kaunselor* [Paper presentation]. Seminar Antarabangsa Guru-guru Agama Singapura (PERGAS), Singapura.
- Nor Hayati Ali, Khairul Anuar Zainun, Norhalina Bahar, Jamaiah Haniff, Abdul Muneer Hamid, Mohamad Adam Buang, Mohd Shah Mahmood, & NSRM Group. (2012). Pattern of suicides in 2009: Data from National Suicide Registry Malaysia. *Asia Pacific Psychiatry*, 6(2), 217–225.
- Mat Rani, Nurul Hasyimah and Wan Jaafar, Wan Marzuki (2013) *Amalan etika dalam kalangan kaunselor di Malaysia*. In: Graduate Research in Education Seminar (GREduc 2013), 1 Dec. 2013, Faculty of Educational Studies, Universiti Putra Malaysia. (pp. 576-578).
- Nurul Sofiah Ahmad Abd Malek, Noraini Abdol Raop, & Mohd Sufiean Hassan. (2020). Peranan kesihatan mental sebagai moderator terhadap kecenderungan bunuh diri. *Jurnal Sains Sosial*, 5(1), 87–99.
- Patterson, C. H. (1985). *Respect (Unconditional positive regard): The therapeutic relationship*. Brooks/Cole.
- Peltzer, K., & Pengpid, S. (2012). Suicidal ideation and associated factors among school-going adolescents in Thailand. *International Journal of Environmental Research and Public Health*, 9(2), 462–473. DOI: 10.3390/ijerph9020462
- Rafidah Aga. (2013). *Isu profesional dan etika dalam kaunseling dan psikoterapi*. Penerbit Universiti Malaya.
- Remley, T. P., Jr., & Herlihy, B. P. (2013). *Ethical, legal, and professional issues in counseling* (4th ed.). Pearson.

- Rogers, C. (1987). The underlying theory: Drawn from experience with individuals and groups. *Counseling and Values*, 32, 38–45. DOI:10.1002/J.2161-007X.1987.TB00689.X
- Rosnah Abdul Rashid Shirlin. (2011, April 20). 731 bunuh diri dalam tempoh tiga tahun. *Sinar Harian*.
- Ruhani Mat Min. (2017). Kecekapan kaunselor: Kemahiran kaunseling dan hubungan terapeutik. *Jurnal Kaunselor Berdaftar*, 1(1), 1–9.
- Rutter, P. A., & Soucar, E. (2002). Youth suicide risk and sexual orientation. *Adolescence*, 37(146), 289–299.
- Salmonson, L. L., Roaten, G., & Sawyer, C. (2011). Emerging concerns regarding the hiring practices of school counselor: A Delphi study. *Journal of Professional Counseling: Practice, Theory and Research*, 38(2), 37–51.
- Siti Hajar Jamal, Salleh Amat, & Nasrudin Subhi. (2019). Kecenderungan cubaan membunuh diri dalam kalangan klien gay dan lesbian: Pengalaman kaunselor. *Jurnal Pendidikan Malaysia*, 44(1), 77–85. <https://ejournal.ukm.my/jpend/issue/view/1204>
- Wannan, J. & McCarthy, J. (2005). Improving lifelong guidance policies and systems: Using common European reference tools. Luxembourg: CEDEFOP
- World Health Organization. 2010. Suicide Prevention (SUPRE). Geneva: World Health Organization. https://www.who.int/health-topics/suicide#tab=tab_1
- Yalch, M. M, Hopwood, C. J., Fehon, D. C., & Grilo, C.M. (2014). The influence of borderline personality features on inpatient adolescent suicide risk. *Personality Disorder: Theory, Research, and Treatment*, 5(1), 75-82. DOI:10.1037/per0000027
- Younjung Gong. (2003). Counselor competence and the ethical practice of counseling in Korea. *Asian journal of counselling*. Vol 10(1), 51-70.

Authors' Contribution

All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

How to cite this article (APA)

Kamin, A. H., Amat, S., Johari, K. S. K., Kari, D. N. P. M., & Kuan, Y. S. (2026). COUNSELOR COMPETENCY IN MANAGING SUICIDE ATTEMPT CASES IN MALAYSIA. *Veredas Do Direito*, 23, e235132. <https://doi.org/10.18623/rvd.v23.5132>