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Suicide and Mental Health Crises in Malaysia: Multi-stakeholder Perspectives on Counselling Support Challenges

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ABSTRACT

Suicide has been a significant public health concern worldwide, and Malaysia faced a similar challenge regarding its prevalence following the onset of the COVID-19 pandemic. Malaysian mental health care and support have previously been reported as inadequate (Parameshvara Deva, 2004), and the lack of support services continues to persist. Limited access to mental health services, stigma surrounding psychological issues, and a lack of awareness have contributed to the increasing burden of suicidality (Rathod et al., 2017; Wainberg et al., 2017). The scarcity of psychosocial support and resources has raised concerns about the sustainability of community psychology. These issues motivate researchers to explore counselling and psychosocial challenges in community settings to address this problem. The research aims to explore challenges to suicide related counselling support and crisis response in Malaysia, as experienced by registered counsellors, suicide survivors and caregivers of suicide survivors. Using a case study design, the study conducted semi-structured individual interviews to gather data. A purposive sampling method was employed to recruit 18 informants, including ten registered counsellors, survivors of suicide attempts, and caretakers of suicide survivors. The data analysis process revealed emerging themes, including cultural stigma and barriers, limited suicide-specific resources, constraints in delivering counselling support, demanding job tasks and caseloads, as well as the absence of coordinated crisis response initiatives. These findings highlight the need to expand counselling support services and resources within communities, as well as to refine public health policies on suicide prevention in Malaysia.

1. INTRODUCTION

Suicide is conceptually defined as "an act with a fatal outcome which the deceased, with the knowledge and expectation of a fatal outcome, had planned and carried out with the intention of bringing about the changes desired by the deceased" (WHO, 2012). Suicidal behaviour encompasses a wide range of thoughts, actions, and intentions directed toward ending one's life, such as suicidal ideation, suicide planning, and suicide attempts (Silverman et al., 2007). Likewise, suicide-related behaviours include any acts of self-harm, whether direct or indirect, in which the individual intends or plans to end their life or seeks to put an end to persistent psychological distress (O'Carroll et al., 1996, p. 247). Suicide rankings have placed it as

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the 10th leading cause of death in America, raising significant public health concerns (Hedegaard et al., 2020). Between 2019 and 2021, emergency room visits were frequently attributed to self-harm behaviour among youths, showing that the increasing prevalence of suicidal behaviours and self-injury among young adult females has been observed (Gaylor et al., 2023). Various risk factors contributing to suicidal behaviours have been identified, including economic and social influences (Ahmad Mir & Saini, 2023). The rise in suicide rates across countries, combined with the negative implications of such thoughts and plans, has led to a high demand for professional preparation and readiness among counsellors, primarily through practical suicide prevention training. While much previous literature highlights the increase in suicide prevalence, variation in risk factors and profound evidence-based interventions, offering professional support in this area would have negative implications for counselling practitioners in managing related cases.

Preventive strategies pose challenges in counselling practice; practitioners and trainees both encounter difficulties discussing these issues with clients. Among the challenges are increased stress and anxiety among practitioners (Elston et al., 2020; Scupham & Goss, 2020), having low to moderate self-efficacy levels when working with clients exhibiting self-harm and suicidal behaviours (Labouliere et al., 2018; Osteen, 2018) and feeling less confident in their own scope of work, primarily in delivering interventions tailored to suicidal clients (Elston et al., 2020). Such feelings were due to the inadequacy of educational course offerings related to suicidal prevention and management, both in graduate courses. This could lead to expanding the gap in professional competency in suicidal issues (Love et al., 2020; Scupham & Goss, 2020). Without professional competence in this area, counsellors may feel incompetent, which significantly affects both their professional reputation and their ability to prepare for service delivery.

2. LITERATURE REVIEW

2.1 Proficiency in Managing Suicidal Behaviours

Beneficial experiences in suicide intervention and prevention derive from competent counsellors, who stem from proper training, supervision, and regulated emotional states (Labouliere et al., 2018). Confidence and competence in providing crisis support to clients exhibiting suicidal tendencies are essential for the effectiveness of counselling services (Elston et al., 2020). Support services for suicide prevention and intervention encompass risk factor screening, implementation of evidence-based interventions, and the cultivation of therapeutic relationships (Schmidt, 2016). Conducting suicide assessments and delivering counselling support alongside relevant interventions further facilitates ongoing therapeutic engagement (McAdams & Foster, 2000; Schmitz et al., 2012). For suicide prevention training aimed at mental health and social work professionals, integrated approaches have been incorporated into various gatekeeper training programmes, such as QPR training, which stands for Question, Persuade, Refer. This training includes screening for behavioural indicators, using questioning techniques to assess risk, and providing psychoeducational support for crisis clients and individuals seeking assistance or alternative supports (QPR Institute, 2023; LivingWorks Education, 2020). Similarly, the Response programme utilises a school-based framework to address suicide prevention, involving the assessment for suicidal signs, offering empathetic interaction, articulating concerns and discomfort, providing therapeutic support, consulting psychoeducation, and referring for professional assistance (Hawgood et al., 2022). These trainings incorporate elements such as awareness of suicidal behaviours, crisis intervention and management techniques, and referral networking. Ultimately, these components promote stigma-free approaches, thereby supporting community-based strategies for suicide prevention. The programmes have shown strong outcomes, including increased competence among mental health professionals and counsellors (Cramer et al., 2013). Training in this area aims to educate about the signs and signals of suicidal risks and provide referral opportunities for crisis intervention approaches and therapeutic alliances with clients (Cimini et al., 2014; Indelicato et al., 2011). These elements are vital for professional helpers, such as counsellors, to better support community members vulnerable to suicidal behaviours and to enhance their overall wellbeing.

2.2 Suicide prevention components

The American Counselling Association and the American School Counselling Association (2018) have developed comprehensive components to help counsellors manage suicidal issues in school settings, comprising three major dimensions: prevention, intervention, and postvention. This initiative aims to support the mental health intervention process at schools by adhering to policies and procedures in response to suicidal behaviours, while also working collaboratively with parents, school administrators, and referral services. The initiative at the school level is not only intended for preventive measures but also to extend the suicide prevention strategy promoted by other organisations, such as the American Foundation for Suicide Prevention (AFSP). Attending training courses and acquiring emotional management skills may enhance counsellors' self-efficacy and preparedness. The integration of the suicidal crisis scope and curriculum syllabus programs helped to facilitate counsellors in delivering the services and, at the same time, protecting them from losing another life involving clients with severe suicidal ideation (Labouliere et al., 2018).

2.3 Suicide Prevention Challenges

School counsellors were previously found to have limited or no training in preparing them for suicide prevention (Allen et al., 2002). Years later, the course was introduced in graduate and additional training programmes, but not all reported enrolling in such courses (Wachter, Morris, & Barrio Minton, 2012). The pattern of omitting crisis and suicide prevention from counsellors' graduate studies has led them to feel inadequately equipped to address issues related to suicidal behaviours (Gallo, 2018). School counsellors reported a lack of training in suicide screening and crisis intervention (Wachter, Morris & Barrio Minton, 2012; Springer et al., 2020), thereby affecting their ability to effectively screen students at risk of suicide (Gallo, 2018). Lack of confidence and competence can negatively affect clients (Elston et al., 2020). Previous research indicates many counsellors possess only average self-efficacy in suicide prevention (Labouliere et al., 2018; Osteen, 2018), which can hinder their performance, cause them to overlook critical warning signs of suicide (Elston et al., 2020), and affect their mental health (Scupham & Goss, 2020) if such services are not taken seriously. Despite the recent implementation of the course in counselling graduate programmes, school counsellors reported experiencing personal issues related to professional relationships and psychological well-being at work (Gallo et al., 2021; Haugen et al., 2021). Although counsellors have undergone training and gained practical experience in managing suicidal behaviours, additional training in suicide prevention is essential to enhance their continuous professional identity development and better manage work-related anxiety (Becnel et al., 2021). This issue is especially relevant for advocacy within graduate programmes for suicide prevention and assessment training, as recommended by the Accreditation Council for Education in Counselling and Related Educational Programmes (CACREP, 2015).

2.4 Suicide Related Support in the Malaysian Context

Suicide-related help-seeking and service delivery in Malaysia are shaped by a distinct legal, cultural, and service context. Attempted suicide was a criminal offence under Section 309 of the Penal Code, punishable by up to a year in prison, a fine or both, until the Dewan Rakyat passed an amendment bill to remove it in May 2023 (Soo, 2023), and the repeal was reported as taking effect in September 2025 (The Sun, 2025). The reviewed literature indicated that suicide attempts in Malaysia have been studied over four decades, and this work still forms part of the local evidence base. The stigma and discrimination ultimately showed that they are repeatedly described as one of the barriers to care that prevent the help-seeking process (Hanafiah & Van Bortel, 2015). Financial constraints were also indicated as another issue affecting help-seeking for suicidality in Malaysia after discrimination (Chua et al., 2026). Despite this growing work, to our knowledge, the existing studies from the Malaysian context have focused mainly on help-seeking, stigma and cross-sectional studies; with little is known regarding the challenges within suicide related counselling support itself, as experienced by the counsellors who deliver the support and the suicide

survivors and caregivers who received the support. Henceforth, this research addresses that gap by exploring the challenges to suicide related counselling support and crisis support from three perspectives.

Recognising the need to understand and explore the matter more thoroughly, the researcher sought additional insights into challenging practices among counsellors and professional training in suicide prevention within the counselling field. This study aims to investigate issues related to suicide support in counselling by identifying challenges encountered by multiple stakeholders in providing assistance to address suicidal cases in Malaysia.

3. METHOD

This research employed a case study research design (Stake, 1995; Yin, 2018) to explore the challenges in suicide-related counselling support in Malaysia. This design was chosen because it involved a real-life organisational setting and a community with multiple contexts as the unit of analysis (Yin, 2018). Given the research question, "What are the challenges encountered by multiple stakeholders in providing assistance to address suicidal cases in Malaysia?", the research design utilises a collective case study approach for the researcher to gain insights into how counsellors, survivors and caregivers in Malaysia who experience such case and manage the suicidal case. A case study approach is the most suitable research design for this undertaking, as the data collected illuminate the specific case, provide a comprehensive understanding of suicidal behaviours and their management, and highlight the essential phenomenon under study. According to Yin (2018), this design helped identify the issue under study within professional and real-world settings.

The research recruited eighteen informants, primarily registered counsellors for data collection, followed by suicide survivors and survivors' caregivers. The remaining informants included suicide survivors and caregivers of suicide survivors, who served as part of the data triangulation process for this research. The researchers selected the above-mentioned informants due to their primary practice in counselling, their work addressing suicide-related cases for registered counsellors, and their experience of suicidal episodes and receiving counselling support throughout their recovery process for suicide survivors and suicide's caregivers. The informants were recruited through purposive sampling based on set specific criteria and on a voluntary basis.

Data collection involved a series of in-depth interviews, allowing the researchers to explore informants' lived experiences thoroughly. The researchers audio-recorded the interviews, transcribed them, and later translated them for analysis. To help informants understand the study's purpose, researchers briefed them before the interview. Consent was obtained in advance due to the sensitive nature of the topic and background. During interviews, if participants felt uncomfortable or showed signs of psychological distress, they were informed they could withdraw at any point (Savin-Baden & Major, 2013). As the researchers, one was also a registered counsellor who is trained to provide emotional support whenever participants showed signs of distress while answering questions and the interviews were stopped if necessary. This research received approval from the IIUM Research Committee before data collection commenced.

For analysis, the researchers generated themes through thematic analysis (Braun & Clarke, 2006), including reading the transcribed data verbatim, selecting relevant keywords, coding selected phrases, creating categories, establishing themes and sub-themes, and refining these themes and sub-themes. This analysis approach yielded meaningful findings based on the informants' responses. The data obtained from informants in this study were validated through a reflexive and member-checking process designed to ensure accuracy and minimise bias (Lincoln & Guba, 1985). This process allowed participants to review and confirm their contributions (Leung, 2015). Likewise, appointed experts reviewed the generated themes to enhance their validity.

4. FINDING & DISCUSSION

This study delineates the participants' profiles and the principal themes meticulously extracted. Table 1 presents the profiles.

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Table 1. Summary of informants' details

Participant ID	Gender	Category of informant
SSR1123	Female	Individual with suicidal behaviour experiences
SSY1223	Male	Individual with suicidal behaviour experiences
SSN0324	Male	Individual with suicidal behaviour experiences
SSDA0524	Male	Individual with suicidal behaviour experiences
CGZ1223	Male	A caregiver who has helped someone in a suicidal crisis
CGAM0124	Female	A caregiver who has helped someone in a suicidal crisis
CGMH0524	Female	A caregiver who has helped someone in a suicidal crisis
CRNF1024	Female	A school counsellor who has experienced helping a client in a suicidal crisis
CRHS1124	Male	Private firm counsellor who has experience helping clients in suicidal crisis
CRMI0624	Female	Healthcare-based counsellor who has experience helping clients in suicidal crisis
CRDH0924	Female	Healthcare-based counsellor who has experience helping clients in suicidal crisis
CRASZ1024	Male	Community-based counsellor who has experience helping clients in suicidal crises
CRFR0624	Female	Community-based counsellor who has experience helping clients in suicidal crises
CRK0724	Female	Organisation-based counsellor who has experience helping clients in suicidal crisis
CRAF1024	Male	Correctional counsellor who has experience helping clients in suicidal crises
CRAS0624	Male	School counsellor who has experience helping clients in suicidal crises
CRNMK0624	Female	College counsellor who has experienced helping a client in a suicidal crisis
CRAA0624	Male	School counsellor who has experience helping a client in a suicidal crisis

The generated themes show that counsellors face challenges related to cultural considerations, resource availability, support services, job responsibilities, and crisis management. These themes reflect limitations and constraints that hinder counsellors from addressing this issue.

4.1 Theme One: Cultural Stigma and Barriers

Counsellors are encountering challenges related to cultural issues concerning suicidal behaviours. Cultural stigma, taboo, and values have been observed to constrain this work. Informants have disclosed that they have experienced such difficulties when managing related issues with suicidal clients within their respective agencies.

> *This issue was once considered taboo; suicide in PKP was almost equally accepted. People were either open about it or didn't discuss it. The public tends to avoid talking about mental illness (CRK0724, DU55).*

> *For me, using the phone can sometimes be ineffective. He does not understand. I once called Befrienders, and I felt I couldn't understand what he said. Also, the person who called me was Chinese. Not to be racist, but Chinese people sometimes have their own slang or accent. Sometimes, English is the same. Therefore, communication is not very effective. When I talk, he seems to say... I understand what he is saying, but he does not get it. He does not understand what is in my heart. Understanding is enough, just understanding (SSY1223, DU229, DU233).*

The findings suggest that cultural stigma, linguistic nuances, and socio-cultural norms serve as background factors and active barriers that influence help-seeking behaviours, communication processes, and the effective delivery of counselling interventions. As highlighted by CRK0724 and SSY1223, taboos, language, and cultural obstacles may eventually result in emotional disconnection and impact the therapeutic experience. This underscores the urgent need for counsellors to be culturally responsive, demonstrating sensitivity to cultural differences, linguistic diversity, and individual clients' differences.

4.2 Theme Two: Limited Suicide-Specific Resources

Another constraint faced by counsellors in managing suicidal behaviour issues is the availability of counselling resources. Resources are often unavailable for counsellors' reference, restricting access to guidelines and slowing their work. This lack of resources creates a gap for counsellors in their profession, especially when their tasks rely on manuals or guidelines for interventions to be provided to clients.

It should be used for everything, but I do not believe everyone is alert. In all kinds of emergencies, there is a clear flow, so a counsellor plays a role, such as during a disaster—considering the type of radiation involved, like PFAs—and clarifying our responsibilities. He is managing it. Suicide has been too common for a long time; it should be addressed, right? If it is like a ward, and the patient suddenly tries to climb out, right? He's present. (CRMI0624, DU134)

We do not have a special module for suicidal issues, but we have guidelines from the crisis team for that topic. So, it is more about training for these counsellors specifically; there is none, but the general training is how to handle it (CRK0624, DU114)

In terms of specific guidelines, the private sector does not have them. In the public sector, there is indeed a reason, I think it is due to the risk. Additionally, close to the hospital itself, there is a comprehensive team. I mean in terms of medical, legal, and in terms of National safety health, we have various teams" (CRDH0924, DU201)

This theme highlighted limitations in counselling resources and reflected a broader structural gap in the accessibility of suicide-specific processes, training competencies and intervention models. This is due to the availability of other crisis-related responses, together with their protocols and guidelines, while competency and guidelines for suicidal behaviours remain fragmented. This has been confirmed by CRMI0624, CRK0624 and CRHD0924, which reported a lack of dedicated training modules, guideline flows and structured support systems for counsellors' crisis processes. This finding discussed the need to establish comprehensive, context-specific and accessible resources to guide counsellors with a systematic workflow and opportunities for inter-agency collaboration to improve responses and service delivery.

4.3 Theme Three: Constraints in Delivering Counselling Support

Challenges encountered by counsellors are primarily related to service delivery. This limitation highlights the deficiency in skills and knowledge possessed by counsellors when addressing sensitive issues such as suicidal behaviours, consequently impacting the quality of counselling services provided to clients. Such issues not only affect clients' well-being but also undermine counsellors' professionalism.

What he meant was that he missed the point; he got the wrong address. So maybe if it was around that moment, the counsellor knew that he missed the point, and the client's ideation towards suicide increased, how could the counsellor have supposed to counter his mistake earlier (SSY1223, DU208)

Even if he is receiving treatment, if he feels the need for a counselling session at school, there is no problem; we will continue, but we will only provide emotional support. In terms of treatment, it cannot be implemented (CRAS0624, DU153)

We struggle most of the time to figure out what is next. What to say. What is next to do? So, as every time I attend to him, I am walking on thin ice. (CGZ1223, DU18)

Suicide if we want to say that the patient has suicide ideation, we always get it. However, the primary goal of most counsellors or psychological officers will be to maintain a distance or avoid the cause. It requires much documentation (CRDH0924, DU448-449)

The finding revealed obstacles faced by counsellors, including operational issues, preparation problems, unclear roles, and intervention skills gaps. The informants SSY1223, CGZ1223, CRAS0624 and CRDH0924 highlighted the uncertainty that can cause counsellors to hesitate, make mistakes, and be less involved in offering emotional support or avoiding risks. These issues stem from the absence of clear guidance and targeted skills training.

4.4 Theme Four: Demanding Job Tasks and Caseloads

In the field of professional therapy, informants indicated that counsellors face demanding responsibilities. They not only deliver counselling but also manage administrative duties and support clients' emotional well-being simultaneously. These duties can lead to burnout and demand that counsellors be flexible and adaptable to effectively meet the demands of their roles.

> *For example, I attended a course and had only 3 days' worth of cases left. Imagine having only 3 or 4 cases for one day. If I had a 3-day course, how many cases would I have lost over the past three days? (CRASZ0624, DU190)*

> *Our cases are increasing, meaning the number of cases that the client referred to and also voluntarily came to meet with the counsellor is rising. If you follow, We Clock in around the same time. Five hundred cases per month, yes, that is a hundred cases per month, so it is basically hectic. (CRAF1024, DU37)*

> *For example, we see three clients who are in crisis. Moreover, we have referred them to all of them. Where do they still need talk therapy? And when we ask, 'Okay, as long as you see who we can finish in the system, right?' So, say my name. And he will say it is hard to see me because I am always in full session. That answers back what I said earlier—that we need more. Post this post for many more. Because, indeed, I cannot make myself available for him at that rate. At that time, on that date, at that time, date and time… (CRNMK0624, DU79)*

As stated by CRASZ0624, CRAF1024 and CRNMK0624, the findings suggested that demanding job tasks can cause counsellors to experience workload burdens and job strain due to complex case management, increased client volume, and confusing administrative duties. While counsellors can manage this pressure, it can create tension between adhering to ethical processes and providing therapeutic care, which requires counsellors to be ready and well prepared. As a result, such situations may lead to emotional and compassion fatigue, impacting counsellors' well-being, especially when managing heavy caseloads and developing treatment plans.

4.5 Theme Five: Absence of Coordinated Crisis Response Initiatives

In addition to job demands, counsellors face challenges related to crisis responses prepared by the respective organisation or institution where the informants are employed. These initiatives are vital for counsellors and clients to ensure comprehensive services that address the clients' issues. Without these initiatives, clients might have to visit multiple offices without receiving appropriate, tailored help.

> *The Ministry of Education can see that counselling is more structured. That is why the ratio of counsellors is also in schools. In other institutions. There is none. It is like this counselling. No centralisation gives power, so people listen to you. I do not understand. I do not know; there is no uniformity. So, it is not easy (CRNMK0624, DU8)*

> *The one online earlier is from our observation. We hear the voice of the client, and if they speak through tele-video, we can see their facial features. So, sometimes, before we made the video earlier, he had emailed us first; my wife was in a very stressed state. I was in a state where I wanted to hurt myself. (CRK0724, DU44)*

The findings noted the lack of structured crisis documents and initiatives, which undermines the continuity, accessibility, and effectiveness of suicide prevention interventions discussed by CRNMK0624 and CRK0724. Both informants mentioned the absence of specified frameworks, procedures, and coordination, leading to fragmented counselling services and leaving clients with unclear and inconsistent support. Although some adaptive efforts are in place, recent practices remain largely informal and vary between counsellors and settings. This lack of uniformity can weaken crisis response delivery and increase counsellors' workload. It underscores the need to propose a centralised and contextually grounded suicide

crisis response to ensure coordinated care, effective services, and organisational support can be provided appropriately and efficiently.

All in all, the above sheds light on the challenges faced by counsellors concerning suicidal behaviours. The study examined the challenges faced in providing suicide-related counselling from the perspectives of counsellors, survivors, and caregivers. Key themes include cultural stigma and barriers that hinder client-counsellor interactions, as well as limited resources, heavy workloads, and insufficient crisis response systems, reflecting organisational and systemic problems. Overall, the findings suggest these barriers stem not primarily from counsellors' skills or professionalism but from broader working conditions. The results imply that improving the system and environment could be more effective than focusing solely on increasing counsellor training. Since stigma, taboo, and language barriers are key concerns, these findings align with Malaysian studies where mental health professionals identified stigma and discrimination as major obstacles to care access (Hanafiah & Van Bortel, 2015).

Participants' experiences also revealed that self-stigma and negative encounters hinder help-seeking (Chua et al., 2016). Consistent with prior research, this study highlights that cultural stigma affects counselling services and survivors' and caregivers' accounts. Additionally, the limited resources and absence of clear guidelines hinder counsellors' effectiveness. To address this, suicide-specific guidelines should be further developed, incorporating targeted training, supervision, and support, as recommended in Western contexts (Tyler et al., 2024; Shannonhouse et al., 2017).

Taken together, constraints on delivering support have been noted as another challenge, as informants described limits on their roles to emotional support. However, it is shown that the constraints may be rooted in misunderstandings by caregivers and suicide survivors, who were uncertain about the counsellors' competency and role limits. These elements can enhance the existing scope of work by planning and implementing strategies for counsellors. By equipping counsellors with relevant skills and knowledge to address suicidal individuals, these strategic elements can later alleviate the worries associated with inexperienced counsellors dealing with suicidal clients, which, at the same time, enhances the results of suicide prevention and intervention situations. Relevant bodies need to participate in holistic efforts to turn the identified challenges into practical strategies that can be implemented at the community level. At the same time, the findings helped propose components that could be embedded in a practical, realistic, comprehensive competency framework for both existing and trainee counsellors, and to support professional development for emerging counsellors.

5. CONCLUSION

This research explored the components that best fit a competency framework for counsellors in addressing clients with suicidal related behaviours. The findings led to a proposed set of elements that are believed to support counsellors in this specialisation field. The elements are divided into generic and practical components for counsellors to incorporate into their counselling practices dealing with suicidal clients. These findings are informed by and build upon past research, which has demonstrated the efficacy, preparedness, and confidence of counsellors in working with clients at risk of suicide (Tyler et al., 2024; Elston et al., 2020; Shannonhouse et al., 2017). These findings altogether supported the findings that preparing counsellors with relevant education and skills facilitated their competency in counselling practices and engaged better with the suicidal clients.

This research contributed to the body of knowledge on counselling supports in the context of suicidal crisis, suicide prevention and intervention. As suicide rates continued to fluctuate in Malaysia, the relevant authorising board shall observe to facilitate counsellors' challenges following the recent trend and updates on suicidal behaviour patterns and the targeted population. Research found that equipping counsellors with adequate knowledge and skills, along with consistent supervision on suicide, sustained their competency for three to six months after training (Foster et al., 2017; Shannonhouse et al., 2018). However, competency alone, without addressing these challenges, can hinder counsellors from maintaining their competency in this specialisation. After all, competency, followed by evidence-based interventions, is believed to be

valuable for counsellors to deliver effective services to those with suicidal issues, but if the obstacles persist while trying to provide their best intervention, the services can be less effective. This area gives room for the counselling profession to consider delivering effective help for their clients with suicidal behaviours, as well as highlighting essential aspects to their respective organisations to address such barriers in a more professional and effective manner.

Consistent with Knox et al. (2006), training sessions and supervisors should prioritise preparing students for the emotional toll of working with at-risk individuals and the consequences of a client's loss. A holistic strategy like this guarantees that counsellors are equipped to handle the complex dimensions of suicide prevention, increasing their confidence and proficiency in supporting those in distress. This level of readiness ensures that counsellors in Malaysia are equipped not only with evidence-based interventions but also with flexible coping mechanisms to reduce intense emotional reactions when engaging with clients contemplating suicide. Boards of counsellors or relevant authorities can improve training and supervision to help counsellors become familiar with relevant approaches, expand their skills, and better understand how to manage difficult scenarios.

Given the growing importance of addressing suicide-related cases and intervention within the counselling profession, existing challenges must be revisited and addressed through comprehensive strategies. Lang et al. (2013) emphasised that integrating suicide prevention training into counselling education fosters a comprehensive understanding of suicide while strengthening students' attitudes, beliefs, comfort, and confidence when intervening with suicidal individuals. Structured, expert-led training has demonstrated clear benefits in preparing future counsellors for this critical responsibility. In Malaysia, counsellors' professionalism, counselling support services, and crisis counselling programmes are essential avenues for effective intervention, ensuring the necessary skills and knowledge are applied with confidence. However, professionals must address identified challenges before delivering services. Since counselling professionals frequently encounter individuals experiencing suicidal thoughts, empowering them to provide timely and effective support without barriers should be a national priority.

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7. CONFLICT OF INTEREST STATEMENT

The authors agree that this research was conducted without any self-benefits, commercial or financial conflicts, and declare no conflicts of interest with the funders.

8. AUTHORS' CONTRIBUTIONS

Nur Syuhada Mohd Munir: conceptualised the central research idea, provided the theoretical framework carried out the research, wrote and revised the article, anchored the review, revisions and approved the article submission. **Nur Syuhada Mohd Munir**, **Haniza Rais** and **Ainol Madziah Zubairi:** designed the research. **Haniza Rais** and **Ainol Madziah:** supervised the research progress.

9. DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES

This manuscript was developed with the assistance of Claude AI to improve language, grammar, clarity, academic writing style, and the organisation of the manuscript. The tool/service supported the author(s) in reviewing and refining the content, and the authors assume full responsibility for the final version submitted for publication.

9. DATA AVAILABILITY/ SUPPLEMENTARY MATERIALS

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

10. ETHICS STATEMENT

Informed consent was obtained from all participants, and data anonymity was strictly maintained throughout the study.

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