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**DEVELOPMENT OF COUNSELLING PROFESSION IN MALAYSIA: THE
CURRENT POST PANDEMIC TREND**

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ABSTRACT

The counselling landscape in Malaysia has undergone a major transformation in comparison to when it was first introduced, decades ago. Previously, attending a counselling session is associated with having a mental breakdown or disorder. Concerted efforts were employed by the government agencies, Board of Counsellors and non-governmental associations to reduce the stigmatization and encourage help-seeking behavior. A life changing experience occurred during the COVID-19 pandemic that has impacted the whole world and Malaysia was not exempted. It has opened the eyes of many people from various walks of life to seek help during the pandemic. Studies have shown that the technological advancements and wide usage of electronic devices during the pandemic has enabled helping professionals to reach out to the people via social media. Telehealth was set up and medium of providing online counselling were vastly employed. However, the ethical conduct and competency level of counsellors need to be upskilled to assist in providing a therapeutic. Although the landscape of counselling profession is changing and thriving, the counselling profession needs to be adequately equipped with skills that includes multicultural perspective in addressing current issues faced by the community.

Keywords: Development of counselling profession, Counsellor education and training, Counsellor Act 1998 (Act 580), Post pandemic, Online counselling, Malaysia

INTRODUCTION

Counselling in Malaysia is influenced by various factors, such as the sociocultural context, the religious beliefs, the legal system, and the educational system of the country. Counselling in Malaysia also reflects the diversity and complexity of its population, which consists of various ethnic groups, such as Malays, Chinese, Indians, and others. Each ethnic group has its own values, norms, traditions, and languages that may affect the counselling process and outcome. Therefore, counsellors in Malaysia need to be culturally competent and sensitive to the needs and preferences of their clients.

Counselling in Malaysia is a relatively young profession that has undergone significant development and transformation since its inception in the 1960s. The field of counselling in Malaysia was heavily influenced by the counselling profession in the United States during its inception. The historical development of counselling services in Malaysia are divided into four stages (See & Ng, 2010) as depicted in Table 1.

Table 1:

Historical development of counselling services in Malaysia

Stage	Year	Development
1	1960s-1970s	marked by the introduction of school guidance and counselling services by the Ministry of Education, influenced by the American model of counselling. The main focus was on academic and career guidance for students.
2	1980s-1990s	expansion of counselling services to other settings, such as higher education institutions, government agencies, non-governmental organizations, and private sectors. The main focus was on personal and social counselling for various client groups.
3	2000s-present	witnessed the establishment of professional bodies and associations, such as the Malaysian Counselling Association (PERKAMA), the Board of Counsellors Malaysia (LKM), and the Malaysian Association of Psychotherapy (MAP). The main focus was on enhancing the professional identity, standards, and ethics of counsellors in Malaysia

- 4 Way forward involve further challenges and opportunities in Malaysia, which includes addressing the multicultural and multifaith issues, integrating indigenous and Western approaches, developing evidence-based practices, and advancing research and publications.
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The future outlook of the counselling development in Malaysia focuses on addressing the multicultural perspectives, as mentioned in Stage 4 and these are also known as the indigenous approaches to counselling. It gives priority to the context which incorporates local culture, values, beliefs, and practices of the Malaysian people, especially the major ethnic groups such as Malays, Chinese, Indians, and others. Indigenous approaches to counselling aim to be more culturally relevant, sensitive, and responsive to the needs and preferences of the clients, as well as to respect their worldview and identity.

Some examples of indigenous approaches to counselling in Malaysia are listed in Table 2.

Table 2:

Indigenous approaches to counselling in Malaysia

No.	Indigenous Approach
1.	Islamic counselling
2.	Chinese cultural counselling
3.	Indian cultural counselling

Islamic counselling: This is a counselling approach that is based on the principles and teachings of Islam, an official religion of Malaysia and the majority faith of the Malays and other indigenous groups. Islamic counselling integrates the Quran, the Sunnah (the sayings and actions of Prophet Muhammad pbuh), and other Islamic sources of knowledge and guidance into the counselling process. Islamic counselling also emphasizes the role of spirituality, morality, faith, and submission to Allah in coping with life challenges and achieving well-being.

Chinese cultural counselling: This is a counselling approach that is based on the cultural values and traditions of the Chinese community in Malaysia, which is the second largest ethnic group in the country. Chinese cultural counselling incorporates the concepts of Confucianism, Taoism, Buddhism, and other Chinese philosophies into the counselling process. Chinese cultural counselling also considers the influence of family, social harmony, face-saving, collectivism, and other cultural factors on the clients' issues and goals.

Indian cultural counselling: This is a counselling approach that is based on the cultural values and practices of the Indian community in Malaysia, which is the third largest ethnic group in the country. Indian cultural counselling draws on the concepts of Hinduism, Buddhism, Sikhism, and other Indian religions

into the counselling process. Indian cultural counselling also takes into account the impact of caste, karma, reincarnation, dharma (duty), and other cultural aspects on the clients' problems and solutions.

These are some of the indigenous approaches to counselling in Malaysia that have been developed or adapted by local counsellors and researchers. However, there are still some challenges and limitations in applying these approaches, such as the lack of empirical evidence, theoretical integration, ethical guidelines, and professional recognition. Therefore, more research and training are needed to enhance the quality and effectiveness of these indigenous approaches to counselling in Malaysia.

RESULT AND DISCUSSION

Counsellor Act 1998 (Act 580)

To ensure that the professionalism of a counsellor is maintained and upheld to the highest standard, the Counsellor Act 1998 has been developed and the functions of the Board of Counsellors are outlined as follows:

- a) supervise the provision of counselling services;
- b) assess the need for counselling services in Malaysia;
- c) regulate the training of counselors and determine the type and the level of counselling that will be held in Malaysia;
- d) determine the qualifications that qualify a person to be registered under this Act;
- e) determine the standard of counselling training programs;
- f) make recommendations to the Government in relation to the standards of counselling services;
- g) register qualified counsellors;
- h) regulate the fees chargeable by registered counsellors for the counselling services offered;
- i) appoint members of the Board to be members of any board, committee or body established for any purpose related to the counselling profession;
- j) regulate the conduct of the counselling profession, including establishing a code of ethics for the counselling profession; and
- k) to take actions on any matters deemed necessary to ensure it function effectively

Counsellors Education and Training

Counsellor education in Malaysia is offered at various levels in public and private universities. For example, Universiti Malaya, a public university offers both undergraduate and postgraduate counselling programmes. On the other hand, Open University Malaysia, a private university offers a Master of Counselling program that is accredited under the National Accreditation Board of Malaysia issued by Malaysia Qualification Agency (MQA). There are other public and private universities that offers similar programs.

Sequentially, training of counsellors is available on different platforms. One of the main players that is responsible for establishing and maintaining a register of counsellors and regulating the practice of counselling in Malaysia is the Board of Counsellors. It helps to organize, manage and ensure that all Registered Counsellors adhere to the Code of Ethics which provides guidelines to counsellors in their everyday practice. Meanwhile, PERKAMA International (Persatuan Kaunseling Malaysia Antarabangsa) is a non-profit organization that officially represents professional counsellors in various practice settings. It plays a crucial role as the driving force for professional counselling in Malaysia. Currently, it has more than 1000 members and regularly organizes counselling training workshops and conferences. However, training of counsellors is not limited to only LKM and PERKAMA. Various other platforms are accessible for counsellors, preservice counsellors and students such as private institutions, training bodies certified and approved by LKM. It is pertinent to ensure that all counsellors are competent and professionally trained in accordance to the Code of Ethics and Counsellors Act 1984.

Perception Towards Counselling In Malaysia

Counselling is still an emerging profession in Malaysia and the professional identity development in the Asian region is slowly recognized by members of the community. Previously, counselling in Malaysia was feared by many due to the stigmatization experienced by those seeking help. Some people may think that going to counselling associates with having a mental “illness” or signs of weakness and indicating vulnerabilities. As a consequence, feeling judged by others for seeking help. These negative beliefs and emotions prevent many people from getting the support required and resulted in a worsened condition on their mental health. However, many have realized that counselling is not something to be ashamed of. It is a sign of strength and courage to reach out for help when going through a difficult time. Studies have indicated that counselling can help an individual cope with various challenges, such as addiction, trauma, grief, anxiety, depression, and many more. It can also improve self-esteem, hope, and well-being. Studies have found that many have benefitted from counselling sessions especially during and post pandemic.

Covid-19 Pandemic

The COVID-19 has impacted the whole world for nearly two years since it was announced as pandemic by the World Health Organization (WHO) on 11 February 2020. The COVID-19 pandemic has had a significant impact on people’s lives, creating a disproportionate and devastating outcome on people from various walks of life. It is particularly detrimental to members of those social groups in the most vulnerable situations, including people living in poverty situations, older persons, persons with disabilities, youth, women and indigenous peoples (Wong et al., 2021). The pandemic has heightened human suffering, undermined the economy, affected the lives of billions of people around the globe, and significantly

detrimental to the health, economic, environmental and social domains. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty.

Sequentially, the COVID-19 pandemic has had a significant impact on people's mental health. Physical distancing due to the COVID-19 outbreak can have drastic negative effects on the mental health of people especially the elderly, disabled individuals, people living alone, women, and students (Aziz, Nor & Shah, 2022; Sundarasan et al., (2020). Physical isolation at home among family members may contribute to having a serious mental health risk. It can cause anxiety, distress, and induce a traumatic situation (Lahav, 2020). COVID-19 can also result in increased stress, anxiety, and depression among people already dealing with mental health issues. A change of behaviour can be observed such as getting easily irritated and angry (Aziz, Nor & Shah, 2022).

To minimize the mental health consequences of the COVID-19 pandemic, the World Health Organization (2020) recommends that countries apply a whole of society approach to promote, protect and care for mental health, including through social and financial protection to safeguard people from domestic violence or impoverishment, and by communicating widely about COVID-19 to reduce fear and stigma. WHO Member States have recognized the impact of COVID-19 on mental health and are taking action. WHO's most recent pulse survey on continuity of essential health services indicated that 90% of countries are working to provide mental health and psychosocial support to COVID-19 patients and responders alike.

Malaysia is not exempted from being hit by the pandemic and the first COVID-19 case was reported on 24 January 2020 in Malaysia. The spread of the virus increased dramatically in March 2020 due to the second wave infections of COVID-19, resulting in the government imposing the Phase 1 of lockdown (known locally as Movement Control Order (MCO)) (Vimala, Kee & Azmawaty, 2021). The nation has experienced different phases of MCO, namely Conditional MCO, Restricted MCO and Recovery MCO. At that juncture, a lot of activities were restricted and work on site is no longer allowed except for emergency and essential services. The government has taken stringent measures to ensure the safety of the citizens.

The movement control order (MCO) in Malaysia is a series of measures implemented by the Malaysian government to contain the spread of COVID-19 in the country. The MCO was first imposed on 18 March 2020 and has been extended and modified several times since then. The MCO restricts the movement of people and activities across the country, except for essential services and purposes (Kalok, Sharip, Hafizz, Zainuddin & Shafiee, 2020). The MCO also requires people to wear masks, practice social distancing, and follow standard operating procedures (SOPs) to prevent infection.

The MCO is divided into four phases based on the National Recovery Plan (NRP), which outlines the criteria and indicators for each phase. The phases are:

- Phase 1: Strict lockdown with only essential economic sectors allowed to operate. No social activities or interstate travel allowed. Only two people per household can go out for necessities within a 10 km radius.

Phase 2: Slightly relaxed lockdown with some additional economic sectors allowed to operate. No social activities or interstate travel allowed. Only three people per household can go out for necessities within a 10 km radius.

Phase 3: Recovery phase with most economic sectors allowed to operate with strict SOPs. Some social activities and interstate travel allowed for fully vaccinated individuals. Up to six people per household can go out for necessities within a 10 km radius.

Phase 4: Normalization phase with all economic sectors allowed to operate with new norms. All social activities and interstate travel allowed for fully vaccinated individuals. No limit on the number of people per household going out for necessities.

At present, Malaysia is in the endemic phase in Malaysia whereby COVID-19 is no longer considered a pandemic, but a manageable disease that is part of the normal life of the population. The endemic phase was declared in April 2022, by the former Prime Minister Datuk Seri Ismail Sabri Yaakob on 8 March 2022. The endemic phase is part of the government's "Reopening Safely" plan, with the aim to restore normalcy and economic activities after almost two years of battling COVID-19. The endemic phase will entail the following changes:

1. Most COVID-19 restrictions will be lifted, including business operating hours, social distancing, capacity limits, and interstate travel.
2. Face masks will remain mandatory in public places, especially indoors and crowded areas. Update: This has been lifted at the time of preparing this article.
3. MySejahtera check-ins will still be required for entry into premises, but exceptions are given to open areas that are not crowded and have no large gatherings. Update: This is no longer mandatory.
4. Vaccination will still be encouraged and facilitated for those who have not received their doses or booster shots.
5. Testing and tracing will still be carried out to monitor the situation and detect any new outbreaks or variants. Update: testing and tracing has come to a halt however, monitoring and detecting of new outbreaks are still ongoing under the Ministry of Health.
6. Quarantine and isolation will still be imposed for those who are infected or exposed to COVID-19.
7. SOPs and guidelines will still be issued and updated by the relevant authorities to ensure public health and safety. Update: This is very much dependable on the current situation.

The transition to the endemic phase was based on several indicators, such as the high vaccination rate, low ICU bed utilisation, low percentage of severe infections, and no new significant dangerous variants. The transition to the endemic phase does not mean that COVID-19 is gone or harmless. It means that COVID-19 is under control and can be dealt with using existing health systems and resources.

Therefore, people are still advised to remain vigilant and follow the recommended precautions to prevent new outbreaks.

The Eye Opener: Importance Of Counselling Services

News and media reports emphasised the effect of lockdown and COVID-19 on the emotional wellbeing of the people and the realization of an increase in domestic abuse and violence cases especially among women (Sediri et al., 2020). In fact, this resulted in the Women, Family and Community Development Ministry and Board of Counsellors Malaysia in establishing and promoting their 24-hour Talian Kasih (Tele-health) to provide psychological support to those affected by the lockdown order. The Women's Aid Organization also reported a 14% increase in hotline calls since the lockdown began in the country. The helping professionals in Malaysia has responded positively to assisting many Malaysians who experienced the mental health issues during the pandemic COVID-19.

Due to the MCO restrictions imposed by the government, the telehealth online counselling has been a popular method to reach out. Telehealth also known as online counselling is the use of technology to provide mental health services remotely. It allows clients to receive counselling services from the comfort of their own homes or other locations. Telehealth counselling can be conducted through video conferencing, phone calls, or text messaging (Nguyen, Gruber, Fuchs, Marler, Hunsaker & Hargittai, 2020). It is a convenient way for people to access mental health services without having to travel to the counsellor's office due to the restrictions imposed.

Online counselling has benefited many and some of the advantages are as follows:

- (a) Convenience: allows clients to receive counselling services from the comfort of their own homes or other locations.
- (b) Accessibility: can help people who live in rural areas or who have mobility issues access mental health services.
- (c) Affordability: can be less expensive than traditional in-person counselling.
- (d) Privacy: can provide a greater sense of privacy for clients who may feel uncomfortable going to a therapist's office.

Some of the disadvantages are:

- (a) Technical difficulties: Technical issues such as poor internet connection or malfunctioning equipment can disrupt the counselling session.
- (b) Lack of personal interaction: may not provide the same level of personal interaction as traditional in-person counselling.
- (c) Confidentiality concerns: Confidentiality can be more difficult to maintain in telehealth counselling because of the potential for technical breaches.
- (d) Limited services: may not be appropriate for all types of mental health issues.

Telehealth counseling can be as effective as traditional in-person counseling for many people. A study published in the *Journal of Affective Disorders* found that telehealth counseling was as effective as in-person counseling for treating depression. Another study published in the *Journal of Telemedicine and Telecare* found that telehealth counseling was effective for treating anxiety disorders. However, it is important to note that telehealth counseling may not be appropriate for all types of mental health issues.

CONCLUSION

At present, there is an impending need to provide a guideline for online counselling since the usage of technology has been easily accessible and widely used as a mode of communication. More people are going online and find comfort and privacy in having conversations with their counsellors via online platform. It is therefore vital to note that online counselling should be considered to supplement traditional mental health counselling services. If online counselling can be effectively developed, it can help reach underserved individuals with mental illness that are isolated. However, online counselling will not replace the conventional face-to-face counselling but rather will complement the latter services to improve access to counselling. The counsellors are to be equipped with the know-how of conducting sessions online coupled with improved competency and skills.

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