

Enhancing the Competency of School Counsellors in Clinical Mental Health Counselling

Samsiah Mohd Jais, Mohammad Nasir Bistamam, Norazam Abdullah, Mohammad Aziz Shah Mohamed Arif, Siti Farhana Che Ismail, Nurul Hasyimah Mat Rani

To Link this Article: http://dx.doi.org/10.6007/IJARBSS/v10-i1/6983

DOI:10.6007/IJARBSS/v10-i1/6983

Received: 23 December 2019, Revised: 19 January 2020, Accepted: 30 January 2020

Published Online: 09 February 2020

In-Text Citation: (Jais et al., 2020)

To Cite this Article: Jais, S. M., Bistamam, M. N., Abdullah, N., Arif, M. A. S. M., Ismail, S. F. C., & Rani, N. H. M. (2020). Enhancing the Competency of School Counsellors in Clinical Mental Health Counselling. *International Journal of Academic Research in Business and Social Sciences*, *10*(1), 378–391.

Copyright: © 2020 The Author(s)

Published by Human Resource Management Academic Research Society (www.hrmars.com) This article is published under the Creative Commons Attribution (CC BY 4.0) license. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this license may be seen at: <u>http://creativecommons.org/licences/by/4.0/legalcode</u>

Vol. 10, No. 1, 2020, Pg. 378 - 391

http://hrmars.com/index.php/pages/detail/IJARBSS

JOURNAL HOMEPAGE

Full Terms & Conditions of access and use can be found at http://hrmars.com/index.php/pages/detail/publication-ethics



Enhancing the Competency of School Counsellors in Clinical Mental Health Counselling

Samsiah Mohd Jais¹, Mohammad Nasir Bistamam², Norazam Abdullah³, Mohammad Aziz Shah Mohamed Arif⁴, Siti Farhana Che Ismail⁵, Nurul Hasyimah Mat Rani⁶

^{1,2,4,5,6} Faculty of Human Development, Sultan Idris Education University, Malaysia ³Education Office of Johor Bahru District, Johor Bahru, Malaysia Email: samsiah@fpm.upsi.edy.my, nasir.b@fpm.upsi.edu.my, azamppdjb@gmail.com, aziz.shah@fpm.upsi.edu.my, fana cheismail93@yahoo.com, hasyimah@fpm.upsi.edu.my

Abstract

The issue of mental illness in Malaysia that has markedly increased as more individual seeks treatment for mental health issues ranging from mild mental disorders to severe mental disorders such as schizophrenia. Concerns of mental health problems for children and adolescents who are still attending school have also been voiced by the Johor State Council of Counsellors and the District Education Office (Johor) because there are no counsellor education institutions in Malaysia offering specialized mental health counselling training so far. Recently, Clinical Mental Health Counselling (CMHC) module developed by researchers at Sultan Idris Education University has proven to have good validity and reliability through research. As such, the District Education Office of Johor has recommended that clinical mental health counselling be provided to school counsellors to improve the efficiency of mental health counselling practices in schools. In this paper the findings of training workshop conducted at various schools in Johor will be reported with i) Stage One, which includes conducting a training and transfer of knowledge and skills to Graduate Intern (GI) in two aspects namely the understanding of CMHC module and the operation of the module; and ii) Stage Two, which includes the implementation of CMHC module training program, where GI with the supervision and guidance of the Academia implemented the CMHC training program among participants consisting of 50 school counsellors within Johor district. The content of training involves three modules: i. healthcare workshop lifelong mental health, ii. workshops and training on DSM-5 and psychopharmacology and iii. workshops and training on clinical mental health counselling, personal care as well as legal and ethical issues in mental health.

Keywords: Mental health, Clinical Mental Health Counselling, Self-Care, Counsellor, Module

Introduction

Mental illness in Malaysia has markedly increased as more individuals seeking treatment for mental health issues ranging from mild mental disorders to severe mental disorders such as schizophrenia. A survey by the National Mental Health Morbidity Survey in 2105 (New Straits Times, September 26, 2016) has found that about 4.2 million out of 14.4 million Malaysians over the age of 16 were suffering from mental health problems. An estimated of 3 million out of 26 million Malaysians including children suffer from mental and emotional disorders, 6 people commit suicide every day, 2500 people a year and 50,000 cases of suicide attempts each year (Samsiah et al., 2015; Khalid, Islam & Ahmed, 2019). Concerns about mental health problems among school-aged children and adolescents have been voiced by the Johor State Council of Counsellors and the Johor District Education Office (PPD) since there are no counsellor education institutions in Malaysia is offering specialized training in clinical mental health counselling so far.

Hence, clinical mental health counselling training using the Clinical Mental Health Counselling (CMHC) module is designed specifically for counsellors to improve the efficiency of clinical mental health counselling practice. This module aims to provide participants with an understanding of mental health phenomena, disorders and mental disorders, diagnoses, symptoms, necessary skills and best practices of mental health counselling. The transfer of knowledge and skills in conducting mental health counselling through the Clinical Mental Health Counselling module is proposed to be implemented to school counsellors in the state of Johor. This program was conducted in collaboration with the approval of the Johor District Education Office. A Graduate Intern (GI) and 50 school counsellors from various districts in Johor Bahru will benefit from this program.

The program involves five (5) stages;

Stage One - Conduct training and transfer of knowledge and skills to Graduate Intern (GI) mainly in two aspects namely in understanding and implementing CMHC module.

Stage Two - Implementing the CMHC module training program, where GI with the supervision and guidance of academicians, implemented CMHC training program toward 50 school counsellors from various schools in the state of Johor. This stage involves three phases;

i. Workshop and training in mental health across lifespan

- ii. Workshops and training on applying Diagnostic Statistical Manual of Mental Disorders (DSM-5) and psychopharmacology.
- iii. Workshops and training on clinical mental health counselling, self-care and legal and ethical issues in mental health.

Stage Three: School counsellors will conduct a series of mental health counselling sessions for students / clients presenting with symptoms of mental health disorders with the monitoring of GI and academicians.

Stage Four and Five: Gathering and compiling of program results and impact information and report writing. The academia, GI and officer from Johor Bahru Education Office are responsible for completing this task.

Community Problem statement

Recent data in Malaysia in relation to a survey conducted in 2015 by the National Mental Health Morbidity Survey (NMHMS) (New Straits Times, September 26, 2016), has found that 4.2 million out of 14.4 million Malaysians over the age of 16 were suffering from health problems mentally. The NMHMS also showed a statistically significant increase in cases of mental disorders from 1996 (by 10.7%), 2006 (by 11.2%) and by 2015 (by 29.2%). In terms of psychiatric services, statistics in 2013 showed that about 400,227 mental patients sought psychiatric help in government hospitals - a 15.6 percent increase compared to 346,196 patients in 2012. In addition, an estimated of 3 million out of 26 million Malaysians including children with mental and emotional disorders, 6 people commit suicide every 2500 people a year and 50,000 cases of suicide attempts each year. Suicide cases in Malaysia are similar to those in developed countries of the United States (Samsiah et al., 2015).

Concerns about mental health problems among school-aged children and adolescents have been raised by the Johor State Council of Counsellors and the Johor District Education Office (PPD). Currently there are no counsellor education institutions in Malaysia yet offering specialized mental health counselling training. As such, the Johor State Council of Counsellors and the state PPD have recommended that clinical mental health counselling be provided to school counsellors involving several districts in Johor Bahru to improve the efficiency of mental health counselling practices especially in schools in the state of Johor.

In order to offer effective counselling, a counsellor must be competence in identifying, assessing, diagnosing and carry out the intervention. If a counsellor does not possess the expertise to a particular problem of a client, the counsellor must refer to the expert related to that particular problem. In the context of mental health, prompt detection is essential so that client can be treated immediately. If the counsellors in local communities are well-trained in regards to skills and knowledge on mental health, this will contribute positively to the clients involved because early psychology assistance can be provided at once. Through this program the Johor State Council of Counsellors is expecting more school counsellors in Johor to have strong mental health counselling and clinical knowledge related skills.

Counsellors and those involved in the helping profession often find it difficult to identify the actual or hidden symptoms that a client may have during a counselling session. This is due to factors such as skills, knowledge and inadequate experience. This situation is further exacerbated by factors such as shame and negative stigma given to those who suffer from mental disorders and trauma. This makes counsellors difficult to explain to their clients. Therefore, it is very important for counsellors to deepen and equip themselves with the knowledge and skills of mental health counselling whether through short courses, training, workshops, forums and so on.

Literature Review

A study by Jia & Zhang (2017); Alzgool (2019); Umrani, Ahmed & Memon (2015); Muhammad, Saoula, Issa & Ahmed (2019) aimed to understand the characteristics of rural adolescent suicide with major depression in China and the relationship of these events to Confucian values and negative life events. A total of 90 rural suicides with major depression among victims aged 15 to 34 and life were matched by the same gender control, age (within 3 years), and residential area. Confucian values appear to be a protective factor for men but a risk factor for suicide-related women with major depression. This study suggests that more attention should be paid to Confucian values in the prevention of suicide.

Yee and Sharazad (2017) have conducted a research to study the effects of resilient mediators on the relationship between family functioning and depression among adolescents from single parent families. The participants were 232 adolescents from single parent families, ages 13 to 18. Data were collected from 8 secondary schools in the Klang Valley using a set of questionnaires consisting of Family Adaptability and Cohesion Evaluation Scales III, The Resilience Scale and Beck Depression Inventory-II. Pearson correlation analysis showed that all the variables in this study correlated with each other. The results show that resilience is significantly associated with the relationship between family suitability and depression. However, resilience is partly mediated by the relationship between family cohesion and depression. Strong emotional ties among family members can be a significant social support for family members. When adolescents have adequate social support from their families, it will foster a process of resilience. Therefore, family cohesiveness has a stronger relationship with resilience than family suitability which emphasizes family leadership, rules and roles. This shows that adolescents from single parent families need to be helped to strengthen and build their resilience despite living in non-functioning families to reduce their tendency to depression.

In the context of behavior and mental health problems commonly encountered by adolescents, a study by Ferlis et al. (2015) was conducted to explore the types of strategies that can overcome daily obstacles and depression practiced by secondary school students in Sabah. Specifically, the survey was conducted to 1) compare the types of strategies and depression based on gender and student education level, 2) the relationship between the type of action strategies and depression levels. A total of 2746 students from 13 to 19 years old from 18 secondary schools in Sabah were selected as respondents. The Adolescent Coping Scale (ACS) (1993) was used to measure student depression levels. The collected data were analyzed using descriptive statistics (frequency, percentage, mean and standard deviation) while the unpaired t-sample and Pearson correlation were used to test the

inferential statistics. The results show that there are differences in the types of coping strategies between gender and education level (i.e., middle and upper middle class). The results also indicate that there is a significant relationship between coping strategies and students' depression levels and some implications and suggestions are proposed in this work.

Samsiah and colleagues (2014) noted that critical events such as death, accidents, natural disasters, domestic violence and abuse leave various psychological effects on victims such as depression, traumatic stress, anxiety, and in the long run can lead to 'acute stress reaction' by showing unhealthy emotional, cognitive, behavioral and physiological reactions. The effects of these traumatic events leave scars that may remain for some individuals or victims. Victims of traumatic events who are not provided with immediate physical or psychological help can worsen the condition, causing serious Post Traumatic Stress Disorder (PTSD) and some suffering from depression and despair because they do not find a solution. In this regard, professional assistants such as counsellors and guidance teachers should be equipped with the knowledge, skills and techniques / strategies for dealing with cases of mental disorders because the services provided, whether effective or ineffective, will have a significant impact on the well-being of victims / client.

The roles of school counsellors are important beside the psychiatrists and medical practitioners who are treating patients with mental disorders. Moreover, the school counsellors are the main helper to assist clients so that they could achieve and maintain their psychology wellbeing and positive mindset after the traumatic events. As such, counselling services is an essential alternative which could help an individual achieve a healthy state of mind and emotion. Besides, counselling also enable a person to realize the importance of maintaining a good mental health as in congruent with the objectives of Health Ministry of Malaysia as well as the objectives of the World Health Organization (WHO). Furthermore, a competent counsellor can also help the students / clients regain their emotional stability; thus, enhance mobility (Samsiah et al., 2014).

In other words, counsellors must equip themselves with knowledge and skills on mental health and trauma whether through formal or informal education (short term course, training, workshops, forum, etc). As a result, Samsiah et al. (2014) have invented a clinical mental health counselling module to enhance the counsellors' competency in handling mental health issues particularly due to traumatic experience. The CMHC can serves as a guideline to the counsellors while conducting counselling sessions for clients with mental helath issues. This MHTC module has been chosen to enhance the knowledge transfer program.

Objectives and Expected Results

This program aims to:

- 1. Carry out a clinical mental health counselling knowledge transfer program to counsellors in schools identified by the District Education Office (PPD) of Johor.
- 2. Increase the efficiency (awareness, knowledge and skills) of school counsellors on positive and negative mental health as lifelong learning.

- 3. Increase the efficiency (awareness, knowledge and skills) of school counsellors on psychotropic drugs, pharmacokinetic psychology and drug non-compliance.
- 4. Increase the efficiency (awareness, knowledge and skills) of school counsellors in identifying psychopathological symptoms and making diagnoses using DSM-5.
- 5. Increase the efficiency (awareness, knowledge and skills) of school counsellors in conducting clinical mental health counselling sessions.
- 6. Increase the competence (awareness, knowledge and skills) of school counsellors on legal and ethical issues of mental health counselling and counselling
- 7. To assist the District Education Office (PPD) of Johor and schools to tackle mental health problems among secondary and lower secondary students by improving the efficiency of school counsellors
- 8. Improve coping skills of clients / students with mental disorders to prevent more serious mental health problems.
- 9. Improve GI skills transfer knowledge and skills of clinical mental health counselling to program participants (school counsellors).

Project expected outcomes:

- 1. School counsellors in Johor have high knowledge and skills in the importance of mental health care.
- 2. School counsellors in Johor are effective in identifying early symptoms of mental disorders and diagnosing based on DSM-5.
- 3. School counsellors in Johor are effective in conducting clinical mental health counselling sessions specifically for school students.
- 4. Graduate Intern (GI) is effective in conducting clinical mental health counselling based on the CMHC module covering aspects of lifelong mental health, pharmacological psychology, psychopathology and DSM-5, mental health counselling, legal and ethical issues and personal care.
- 5. Client / student mental health level can be improved through clinical mental health counselling intervention conducted by school counselor in Johor.

Types of knowledge transferred in this program are:

- i. Awareness and knowledge of positive and negative mental health throughout life.
- ii. Knowledge and skills of psychotropic drugs, pharmacokinetic psychiatry and drugs noncompliance
- iii. Ability to identify early symptoms of mental disorders and diagnose based on DSM-5
- iv. Ability to conduct mental health counselling sessions for clients with mental disorders
- v. Awareness and knowledge of legal and ethical issues and counselling

Methodology of Program Implementation

The program is implemented through workshop. There are four workshops in the program implementation which include:

A. GI Workshop and Training for school counsellors

- Lifelong Mental Health
- Psychopharmacology
- Psychopathology and DSM-5
- Mental Health Counselling
- Legal and Ethical issues; Personal care
- B. Implementation monitoring by GI and the academicians
 - Mental Health Across Lifespan
 - Psychopharmacology
 - Psychopathology and DSM-5
 - Mental Health Counselling
 - Legal and Ethical issues; Personal care
- C. Outcome Assessment / Program Outcome

Outcome assessment is seen in terms of improving the school counsellor's awareness, knowledge and skills towards knowledge transferred during workshops and clinical mental health counselling sessions at school settings.

The outcome assessment of the workshops is measured by:

- i. Pre and post examination of participants
- ii. Participant's self-report form and
- iii. Observation of participants' counselling sessions by the academy

Evaluation of client / student coping skills

- i. DASS Exam (Scale of depression, anxiety and stress) or
- ii. Mental Wellness Test, and
- iii. Power Testing
- iv. Student interviews by GI and the Academicians.

Result and impact of the program

Results and impact of the program are evaluated based on the following criteria:

- i. Human Capital Development (marketability of the graduates GI)
- ii. Results and impact to the school counsellors as the targeted community
- iii. Results and impact to the students / clients identified as having mental health problems and will be assisted with mental health counselling services
- iv. Rewards to the Public Institute of Higher Learning or IPTA (recognition to the academicians)

Human capital development

This program involves one (1) GI. This program has not only increased the competency level of the GI who is also a master degree scholar in terms of knowledge and skills of general counselling, but has also increased her level of competency in specified counselling knowledge. Moreover, the Knowledge Transfer Program has also enhanced her skills and knowledge in clinical mental health counselling; therefore, better equipped a graduate for the working world and directly increased her

marketability value. Table 1 below shows the results and impact on the GI after she has undergone the knowledge transfer program.

No.	Program results on GI	Program impact on GI
1.	The Graduate Interns (GI) who is also a postgraduate scholar is able to increase her knowledge	The Graduate Intern is competent in managing crisis intervention.
	and possess clinical skills about mental health counselling to better prepare herself to enter the working world with higher confidence and skills level; hence, directly increased her marketability value as counsellor whether in private or public sectors.	The Graduate Intern is competent in managing clinical mental health counselling.
2.	The Graduate Intern is able to manage the real situation in workplace whether handling, discussing or training as well as monitoring the local community which shows symptoms of early mental health problems.	 The Graduate Intern is competent in managing workshops on: i. Mental health across lifespan ii. Psychopharmacology iii. Psychopathology and DSM-5 iv. Clinical mental health counselling v. Legal and ethics issues; Self-care
3.	The Graduate Intern is able to cultivate practical and higher level of soft-skills while handling crisis and trauma cases in critical situation such as assessing, communication skills, critical thinking, problem-solving skills, leadership skills, teamwork, long-term learning, ethics and professional morale, etc.	The Graduate Intern is able to demonstrate higher level of soft-skills such as: i. Self-leadership ii. Communication Skills iii. Problem-Solving Skills iv. Critical and Creative Thinking

Table 1: Results and impact of KTP program toward Graduate Intern (GI)

Results and impact to the school counsellors as targeted community

This program involves one GI and 50 school counsellor teachers from various schools in Johor Bahru who would directly be benefited from this knowledge transfer program. Besides, identified students who suffered from mental health issues would also gain benefits through the clinical mental health counselling sessions and program at schools provided by the school counsellors at respective schools.

The results and impact of this program towards the community could be observe in three (3) aspects, namely GI's competency in transferring knowledge to the community, counselling teachers' competency in managing mental health and trauma counselling, and the traumatized victims as the community members. Both monitoring processes include the fieldwork monitoring and program outcomes monitoring are still ongoing until May 2017; therefore, the results and impact towards the community could only be evaluated objectively by looking into two aspects, namely GI's competency and counselling teachers' competency.

Table 2 below shows the results and impact towards the counselling teachers as the community after they have undergone this knowledge transfer program.

No.	Program results on community	Program impact on community
1.	 The Graduate Intern (GI) competency level has increased in managing CMHC module which involves: Mental health across lifespan Psychopharmacology Psychopathology and DSM-5 Clinical mental health counselling Legal and ethics issues; Self-care 	The GI could deliver awareness on mental health issues. The GI could deliver knowledge on side effect of psychotropic drugs, compliance on treatment and consultation with mental health professionals. The GI could deliver knowledge on abnormality, mental disorders and diagnosis using DSM-5. The GI could demonstrate the ways to apply mental health counselling.
2.	The school counsellors' awareness toward mental health counselling and clinical skills have increased.	The school counsellors have knowledge and skills to conduct programs related to mental health issues and provide mental mental counselling to the students at their respective schools.

 Table 2:
 Results and impact of KTP program toward community

3.	The knowledge and skills of school counsellors in applying DSM -5 in mental health counselling and psychopathology have increased.	The school counsellors' knowledge and skills in integrating DSM-5 in mental health counselling, identifying symptoms, diagnosing and making treatment plan have increased. The knowledge on
		abnormality, etiology, and continuum of human emotion, cognitive and behavior in relation to mental disorders have increased.
4.	The knowledge and skills of school counsellors in psychopharmacology, legal and ethics issues and self- care have increased.	The school counsellors are knowledgeable in types of psychotropic drugs, identifying side effects of psychotropic drugs and consultation with mental health professionals. The knowledge on mental health counselling ethics and self-care have increased.
5.	Program results to the identified students /clients with mental health problems / issues - could not be objectively evaluated yet because the monitoring for both fieldwork and outcome processes are still ongoing until May 2020.	Program impact to the identified students / clients with mental health problems / issues – could not be objectively evaluated yet because the monitoring for both fieldwork and outcome processes are still ongoing until May 2020.

Results and impact to the students / clients as targeted community

The results and impact of this program towards the identified students / clients as targeted community are evaluated by observing the mental health counselling session and documentation. However, the results could not be objectively evaluated yet because the monitoring for both fieldwork and outcome processes are still ongoing until May 2020.

Table 3: Results and impact to the students / clients as targeted community

No.	Program results to the students/clients	Program impact to the students/clients
1.	/clients with mental health problems / issues – could not be objectively evaluated yet because the monitoring for both	Program impact to the identified students /clients with mental health problems / issues – could not be objectively evaluated yet because the monitoring for both fieldwork and outcome processes are still ongoing until May 2020.

Rewards to the Public Institutes of Higher Learning or IPTA (Recognition to the Academicians) This program involves three (3) academicians. After the implementation of knowledge transfer program in Johor Bahru, the academicians have received recognition through the results and impact as indicated in Table 4 below.

Table 4:	Recognition results and impact to the academicians	
No.	Recognition results to the academicians	Recognition impact to the academicians
1.	Becomes registered Service Provider in clinical mental health counselling and recognized by Council of Malaysia Counsellor in the following aspects:	Invited as trainers to conduct intensive and short-term workshop from Ministry of Education, Ministry of Health, Public Institution of Higher Learning, State Government Secretary, Royal Malaysian Police (PDRM), NGO and others.
	lifespan	(PDRM), NGO and others.
	 Psychopharmacology in counselling 	Competent in managing consultation services
	 Psychopathology and DSM-5 	in issues related to mental health in counselling.
	 Clinical mental health counselling 	
	 Crisis and trauma counselling 	
	 Legal and ethics issues 	
	 Self-care and support system 	

Conclusion

The Knowledge Transfer Program which was implemented through the Clinical Mental Health Counselling Module to the school counsellors in Johor Bahru has benefited various parties with huge outcomes and impact such as the development of human capital, targeted community and rewards to the public institution of higher learning. The results and impact to the development of human capital has increased the marketability value of our graduates through higher level of competency in managing and transferring knowledge and skills while conducting the clinical mental health counselling. As for the community, this program has enhanced the competency level of the school counsellors in managing mental health problems in schools and community as a whole. Furthermore, identified students with mental health problems have benefited a lot when their school counsellors have assisted them in alleviating the symptoms mental disturbances. Besides, this program has also led to rewards to the public institution of higher learning especially to the Sultan Idris Education University whereby the academicians involved in this program have received recognition as consultants in the field of mental health counselling.

Acknowledgement

This programme has been carried out under Knowledge Transfer Programme Grants (UPSI/KTP/057007-2019-001-01) provided by Ministry of Education Malaysia .

The authors would like to extend their gratitude to the Research Management and Innovation Centre (RMIC), Sultan Idris Education University (UPSI) and Education Office of Johor Bahru District.

Corresponding Author

Samsiah Mohd Jais Department of Psychology and Counseling, Universiti Pendidikan Sultan Idris, samsiah@fpm.upsi.edu.my

References

- Alzgool, M. (2019). Nexus between green HRM and green management towards fostering green values. *Management Science Letters*, 9(12), 2073-2082.
- Bahari, F. B., @ Ismail, R., Endalan, L. M., @ & Lajuma, S. (2015). Strategi daya tindak remaja sekolah dan hubungannya dengan kemurungan. Jurnal Psikologi Malaysia 29 (1) (2015): 21-38.
- Department of Statistics Malaysia. (2011). Population Distribution and Basic Demographic Characteristics. Kuala Lumpur, Malaysia:
- Fadhli, M. Y., Riyanti, S., Balkish, M. N. (2012). Methodology of the national school-based health survey in Malaysia. Asia Pacific Journal of Public Health. 26:9S-17S.
- Harrison, G. G., Tirado, M. C., Galal, O. M. (2010). Backsliding against malnutrition. Asia Pacific Journal of Public Health; 22(3 suppl):246S-253S.
- Jais, S. M., Bistamam, M. N., Arif, M. A. S. M. (2015). Reliability of trauma and mental health counselling module. (2015). International Journal of Education and Research. 3(5), 329-340
- Jais, S. M., Bistamam, M. N., Arif, M. A. S. M., Khan, Rahmatullah K. A. W., Sipon, S. (2014). Pembinaan model integrasi kesihatan mental dan trauma sebagai strategi peningkatan kecekapan amalan kaunseling kesihatan mental dan trauma di Malaysia. Fundamental Research Grant Scheme (FRGS). Universiti Pendidikan Sultan Idris, Tg. Malim Perak.
- Jais, S. M., Bistamam, M. N., Arif, Mohammad A. S. M., Ismail, N. (2015). Kesan modul Kaunseling Kesihatan Mental dan Trauma terhadap kecekapan amalan kaunseling dalam kalangan kaunselor di Malaysia Geran Penyelidikan Universiti (GPU). Universiti Pendidikan Sultan Idris, Tg. Malim Perak.
- Jia, Cun-Xian & Zhang, J. (2017). Confucian values, negative life events, and rural young suicide with major depression in China. Journal of Death and Dying. Vol. 76(1) 3–14.
- Khalid, N., Islam, D. M. Z., & Ahmed, M. R. M. (2019). SENTREPRENEURIAL TRAINING AND ORGANIZATIONAL PERFORMANCE: IMPLICATIONS FOR FUTURE. *Humanities & Social Sciences Reviews*, 7(2), 590-593.
- Linson, C. C., Sudhakar, C., & Aras, R. Y. (2014). Adolescent's knowledge of suicide prevention, identification depression signs, suicide clues and reporting suicidal risk among selected high school students. BFUNJ, Volume 7, Number 2. 9 Mental Health of Malaysian Students Cause of Worry: Health Ministry (New Straits Times, 18/2/2018).
- Muhammad, K., Saoula, O., Issa, M., & Ahmed, U. (2019). Contract management and performance characteristics: An empirical and managerial implication for Indonesia. *Management Science Letters*, *9*(8), 1289-1298.

- Riethmayer, J. (2002). Working with the impact of trauma. In D. Bass & R. Yepp (Eds.), Terrorism, trauma, & tragedies: A counsellors' guide to preparing and responding (pp. 27-31). Alexandria, VA: American Counselling Association.
- Umrani, W., Ahmed, U., & Memon, P. (2015). Examining the absorptive capacity construct: A validation study in the Pakistani banking context. *Management Science Letters*, 5(12), 1053-1058.
- United Nations DoEaSA. (2012). World Population Prospects, the 2010 Revision. New York, NY: United Nations, Department of Economic and Social Affairs.
- Warshaw, C., & Barnes, H. (2003). Domestic violence, mental health and trauma: Research highlights. Child Welfare Information Gateway, USA. World Health Organization. (2005). Nutrition in adolescence: issues and challenges for the health sector: issues in adolescent health and development. Geneva, Switzerland: World Health Organization.
- Wasik, B. H., Ramey, C. T., Bryant, D. M., & Sparling, J. J. (1990). A longitudinal study of two early intervention strategies: Project CARE. Journal of Child Development 61: 1682 1696 (atas talian) http://www.proquest.umi.com/pqdweb (25 Julai 2001).
- Yee, N. Y., & Sulaiman, W. S. W. (2017). Resilience as mediator in the relationship between family functioning and depression among adolescents from single parent families. Akademika. 87(1), April 2017:111-122