

Chapter 2

Counseling Chinese Communities in Malaysia: The Challenges and Needs in Mental Health Service Deliverance

Rachel Sing Kiat Ting

Monash University Malaysia, Malaysia

Pei Lynn Foo

Penang Association of Counselling and Psychology, Malaysia

ABSTRACT

This chapter presents the experiences of Chinese in Malaysia (CIM), in the context of mental health services. As the second largest ethnic group in Malaysia, CIM is diverse in its dialectic subculture, education, generation, geography, and degree of assimilation to the mainstream culture. The chapter introduces the ecological characteristics of CIM and how they shape the unique psychological challenges. Though CIM are known for their multilingual ability, strong work ethics, emphasis on education, and family piety, the clashes between tradition and modern values, the marginalized position in the Malaysian political arena, the stereotype of overachiever in education, and the “brain drain” movement of young elite CIM, have all caused a strain in CIM families as well as individuals. Moreover, they face both external and internal barriers in getting quality mental health care. It is therefore imperative to promote a mental health discipline that is open to serve CIM, as well as being sensitive to its cultural and historical backdrop.

INTRODUCTION

In the recent two decades, the discipline of psychology in Asia is arriving at its golden age of development due to waves of globalization, modernization and westernization. Since the publication of the *Handbook of Chinese Psychology* (Bond, 1996), Chinese psychology is deserving much attention in the arena of cross-cultural psychology and cultural psychology. In 2010, there is an updated edition on the Handbook and the chapters expanded from 32 to 40 (Bond, 2010). Many recent empirical researches

DOI: 10.4018/978-1-5225-6073-9.ch002

Counseling Chinese Communities in Malaysia

on the Chinese population have been included in the handbook, which demonstrated that psychological research among this population could confirm, verify and be adapted from certain existing theories from Western psychology. Nevertheless, most of the studies cited in those chapters were based on Chinese populations from Hong Kong and Taiwan, as these regions have a longer history in establishing local psychological disciplines. Overall, there is a scarcity of psychology publications and literatures on Chinese immigrants or diasporas in other regions or societies.

The Chinese people have a long history of migrating overseas. Due to acculturation and assimilation, overseas Chinese espouse multiple identities that add to the richness in manifestation of Chinese personalities. The diverse and multidimensional identities among overseas Chinese can be explored through identity conflict and integration in the experiences of acculturative stress and socio-cultural adaptation, cultural competence mediated by coping strategies, personal and situational factors, social support (i.e. in the context of ethnic communities & host cultures), and the roles and interpersonal relationships within the foundation of the Chinese family (i.e. the concepts of family harmony and filial piety) over time and generations (Ward & Lin, 2010). The voices of Chinese immigrants speak of the evolution of Chinese culture in new lands, as well as their hybridized identities as overseas Chinese. As a pioneering effort, the authors of this paper endeavor to expound upon the experiences of Chinese in Malaysia (CIM), in the context of mental health services. In comparison to Hong Kong and Taiwan, psychology practice is considered to be in its infancy stage in Malaysia. While academic psychology has existed since the late 1970s, applied psychology disciplines have surfaced only in the past 30 years (Ng, Teoh & Haque, 2003).

The Chinese as the second largest ethnic group in Malaysia with a population of 6,650,000 (23.4%) (Department of Statistics, 2016), is also diverse in its dialectic subculture, education background, generation gap, residential areas, and exposure to the amalgamated mainstream Malaysian culture. The aim of this chapter is to introduce the ecological characteristics of CIM and how they shape the unique needs of mental health among CIM. The objective is to empower mental health practitioners to be culturally sensitive and competent in providing services to the CIM community. Due to their unique migration history and settlement in Malaysia, CIM are known for their multilingual ability, strong work ethics, emphasis on education, and family piety. Their relative absence in the political arena, ethnic identity crisis, mistrust towards governmental system, and lack of solidarity have made them vulnerable to psychological stressors. In recent years, there is a rise in awareness of mental health issues among CIM in the public arena through promotional efforts of NGO services, religious groups, para-counselors, and social media. However, there is still stigma towards mental illness that creates barriers for CIM to seek help, especially among the less Westernized and urbanized populations. Since not all lower class CIM could afford private mental health services and deem such services as priority, many CIM rely mainly on family network or strong relational ties as emotional support. From the practitioners' standpoint, many trained counselors or service providers are not fluent in using Mandarin or other Chinese dialects in providing counseling. Moreover, even when there is an ethnic or language match between the counselors and counselees, the former often found that translation of Western psychological concepts a challenge in the counseling room with CIM, and do not necessarily possess multicultural competency. The uncritical transposition of the Euro-American values embedded in Western psychology also contributes to potential cultural clashes in the counseling room with the more traditional CIM (e.g. assigning labels such as "over-enmeshment" to CIM families). This struggle is quite obvious as Malaysia is an ex-colonized country struggling to find its multiracial-multicultural identity after 60 years of claimed independence from British influence. It is therefore imperative to produce a mental health discipline that is open to

Counseling Chinese Communities in Malaysia

serve the CIM population, as well as being sensitive to its cultural and historical backdrop. This chapter will end with practical suggestions for CIM mental health trainers, researchers and practitioners in service delivery, education and policy making.

A BRIEF MIGRATION HISTORY OF CIM

Malaysia has a multi-ethnic naturalized population of about 28.4 million that is made up of three major ethnic groups. The largest ethnic group is the Malays at 68.6%. Those of the Chinese descent make up about 23.4% of the total population (about 6.65 million, which is roughly the size of Hong Kong's population). The Indian ethnic group makes up about 7.0% of the population and the remaining 1.0% consists of the aboriginal people as well as mixed ethnicities (Department of Statistics Malaysia, 2016).

Historically, the Chinese have been settling in Malaya since the days of the Malacca Sultanate, when the Straits of Malacca was a major trading route in the 15th century AD. Many Chinese traders settled and integrated into the Malayan culture since then. The second large wave of Chinese entering Malaysia was after Penang was founded in the late 1700s; many of them were planters, traders and tin miners. The influx of Chinese became more established after the founding of Singapore in the early 1800s, expanding their trade to include manufacturing, banking, and timber trading (Tan, Ho & Tan, 2005).

Due to trading and mining, CIM have been instrumental in the economic development of Malaysia as it is now, especially with regards to commerce and industry. A British administrator in Malaya was quoted as saying,

Under present conditions, the Chinese are the bone and sinew of the Malay states. They are the labourers, the miners, the principal shopkeepers, the capitalists, the holders of the revenue farms, the contributors to almost the whole of the revenue; we cannot do without them (Tan, Ho & Tan, 2005).

Reinforced by the British policy to keep the different ethnic groups in separate sectors, CIM had been seen as leading in business and trading, while Malays dominated the politics and government administration, whereas Indians provided blue-collared manpower (Fu, 2007). As a result, CIM tend to be seen as being on a higher scale with regards to socioeconomic status as compared to other ethnic groups (Fu, 2007). In 1971, the New Economic Policy (NEP) was introduced to eradicate poverty as well as to eliminate racial differences in economic function and geographical location. It was also a vehicle to boost Malay entrepreneurship by encouraging Malays to venture into business. In spite of its controversial implementation, which resulted in decreased Chinese participation in economic activities, the CIM still flourished in business ventures (Fu, 2007).

Traditionally, economic strength of the CIM is very much related to its community leadership. Many community leaders were successful merchant-entrepreneurs or *towkays*. Some of these leaders were conferred formal leadership status, and named *Kapitan Cina* (Chinese Captains) by the Malays. These *Kapitans* were instrumental in building the Chinese community, in the areas of infrastructure and trading, as they were also appointed to State Councils. Apart from that, "secret societies" were also instrumental in leading the Chinese communities, especially during the early British colonial times. By the end of the 1800s, the Kapitanship was abolished by the British and secret societies were banned. Instead, the secret societies resorted to underground activities that still managed to keep the Chinese economy afloat (Pan, 2006). Influenced by the Confucian work ethics, the early Chinese settlers were known to be very

Counseling Chinese Communities in Malaysia

hardworking with strong determination that lasted generations until today, leading to the stereotype of CIM being the most entrepreneurial people. Today, many CIM have ventured into and demonstrated success in various contemporary vocational areas. They also make up the bulk of the population in most urban areas of Malaysia today (Carstens, 2005; Heng, 2006).

UNIQUENESS OF CIM

According to the theory of ecological rationality (Todd & Gigerenzer, 2012; Sundararajan, 2015), human cognition and emotion are shaped by the ecological system we are embedded in. Even among the same Chinese tribe, such as the Yi ethnic minority group, there could be differences in semantic expression of emotions, explanation of suffering, and help-seeking behavior due to different religious practices and beliefs (Ting & Sundararajan, 2017). This theory could explain why CIM are different from other racial groups in Malaysia, as well as Chinese from other countries. We would describe four major environmental factors as having decisive influence on CIM in this section—language, cultural practices, education, and political status.

Language

With regards to language and culture, although most are conversant in the Malay language which is also the national language, each ethnic group in Malaysia still retains most of their original traditions and mother tongue. In addition, most Malaysians are familiar with the English language, which can be traced back to the long history of British colonization. Such multilingual ability is a uniqueness of CIM as compared to the Chinese elsewhere such as Taiwan, Hong Kong, Indonesia and Thailand. Tan (2005) estimated that there were approximately 5,365,875 number of Chinese dialect speakers in 2000, comprising of 94.27% of overall CIM (i.e. 24.45% of the total 2000 Malaysian population)¹ (Department of Statistics, 2001). Though not all CIM could read and write Chinese characters, most of them are fluent in one dialect or more at conversational levels, depending on their education, origin, and exposure. There are also significant differences in the way the Chinese language and dialects are spoken among the CIM. Influenced by the Malay and English languages, the CIM develop their own unique Chinese dialects, such as the Penang Hokkien which is unique and distinct to the northern peninsular region (Ong & Tan, 2017).

Cultural Practice

While most CIM retain their Chinese identity and traditions in their acculturation process, there exist some degrees of differences in the CIM cultural practice compared to those of Mainland China, Taiwan, and Hong Kong. Some traditional festivals celebrated by the Chinese community in Malaysia are no longer widely celebrated in Mainland China after the Chinese Cultural Revolution. This is especially true of certain regional rites and rituals that continue to be celebrated by the CIM. For example, for wedding ceremony in the Cantonese community, elaborated rituals and gift-exchanges are observed between the engaged families. The Chinese New Year, especially the reunion dinner on Chinese New Year eve and the 15th day, are still highly emphasized (Tan, 2005).

Counseling Chinese Communities in Malaysia

More importantly, the ability to preserve their language and cultural practice enable CIM in general to preserve their identity as Chinese, unlike their counterparts in Indonesia and Thailand where national identity precedes ethnic identity. In fact, many CIM still identify themselves as “Chinese,” even if they are already acculturated Malaysians for more than a generation (Ang, 2013). For this group of CIM, their healing methods for mental health problems would also strongly tie to the folklore beliefs and practices, such as shamanism or traditional Chinese herbal treatment (*Zhong yao*) (Chang, Tam & Mohd Suki, 2017; Edman & Koon, 2000).

Education

Tan (2000) divided CIM into three major categories based on their education: Chinese-educated, English-educated, and Malay-educated, and he predicted that the second group will disappear as its boundary with the third group becomes gradually blurred with increased shared characteristics. He postulated that the internal diversities of CIM by education have implications on their cultural identities and even political orientation. The mass media they are exposed to also differentiates their level of acculturation and worldviews, with the English-educated CIM more susceptible to Western ideologies (such as democracy), whereas those who are Chinese-educated may know more about the historical facts and cultural values of ancient China. Not surprisingly, the English-educated CIM have remained politically prominent. This difference in educational background would also influence their worldview towards mental illness as well as help-seeking methods.

Socio-Political Status

Given economic strength and recognized leadership, CIM do possess some political influence in the ruling parties as well as the opposition, compared to other ethnic minority groups. Case in point is the state of Penang which has been under the governance of DAP (former opposition party prior to GE14) Chinese chief ministers since 2008 (Banyan, 2013). However, the ethnic Malays still hold the dominant political power in the country and the political involvement of CIM is decreasing (Freedman, 2000). The recent Penang floods debacle in which the plight and appeal for federal aid became political fodder and contention underlines the challenges faced by the minority opposition party (FMT Reporters, 2017).

In terms of inter-racial relationship, CIM seem to prefer to remain within their own race, forming racial cliques at schools and at workplaces. Due to the ethnic-based political structure in Malaysia, ethnocentric sentiments remain entrenched within each ethnic group thus discouraging meaningful inter-racial interaction. As evident in the university students’ campaign against having different races to share rooms in hostels (Ng, 1999), which shows that there is still a strong pull towards keeping to one’s own racial-ethnic group, leading to a lack of inter-racial understanding. This sociopolitical atmosphere is caused by the oversea immigration trend among CIM since 1980s, and those who remained in the country are faced with psychological insecurity as a racial minority. In fact, rising racial tension can be seen in recent years due to some right-winged ethnic Malay groups’ rhetoric on “Ketuanan Melayu” (“Malay Supremacy” in English), and delegation of the ethnic Chinese as “Pendatang” (i.e. immigrants) and second-class citizens which further harmed positive inter-racial relations (Han, 2015).

According to Minkov and Bond (2017), the main predictors of national differences in happiness (i.e. subjective well-being, SWB) are closely connected to “national economic development, democratization, and increasing social tolerance” among different ethnic groups of a nation. Hence, taking the current

Counseling Chinese Communities in Malaysia

socio-political challenges faced by the CIM into consideration, it is understandable that in comparison to the other ethnic groups in Malaysia, CIM have been found to have the lowest level of happiness and SWB (Minkov & Bond, 2017).

DIVERSITIES AMONG CIM

Despite much shared experience among the CIM, there exists much diversity among the population. Different scholars also have different taxonomy to differentiate CIM depending on their educational backgrounds, history of immigration and acculturation, language/dialect spoken, and geography of residence. Knowing these subcultures will help counselors better engage with their CIM clients as well as conceptualizing their struggles in a cultural-inclusive perspective.

Cultural Identity

According to Tan (2007), the CIM are broadly categorized into two groups. The first group, constituting 85% of CIM, builds their cultural identity around three pillars: the Chinese-medium schools (currently about 95% of Chinese children study in Chinese schools; there are around 1,300 national and independent Chinese schools across the country), the Chinese newspapers (nine in West Malaysia and eight in East Malaysia) and the Chinese ethnic corporations (including more than 7000 registered cultural heritage, industrial and business associations). They are typically independent business people, whose main concern is political stability for good economic returns. The second group, constituting the remaining 15% of CIM, consists of those who speak mainly English and are non-Chinese educated. Many are Christians, Peranakan, and members of Lion's or Rotary Clubs. This group is often stereotyped by the first group as the "banana" (i.e., yellow skin [Chinese race], white core [pro-Western culture]) (Tan, 2007).

The main difference between the two groups is that the second group does not share the three cultural pillars as part of their identity. Even though some are sending their children to Chinese schools now, this is done more for practical rather than cultural reasons. The two groups differ in their choice of media (English / Malay newspapers vs. Chinese newspapers), which indirectly results in very different perspectives and reactions to sociopolitical events within the country. Inevitably, because of different interests and worldviews, the two groups tend to associate minimally with each another, which further reinforces their prejudice and stereotype of the other party.

Nonetheless, despite their differences in cultural beliefs and identification, Tan (2007) suggested that both groups of CIM ultimately share one mutual concern -- fairness and justice for all people in the country. With general economic stability over generations leading to less hunger for survival, there is also increased interest in ancestral identity among the contemporary CIM (Fu, 2007). However, in recent years, the wealth gap has been increasing among the CIM community, yet not much attention has been paid to the marginalized CIM from lower socio-economic background (FMT Reporters, 2017).

Degree of Assimilation and Acculturation

According to Tan (2000), CIM could be divided into two broad categories — the more assimilated "Peranakan Chinese" and the so-called "Pure Chinese." The former group refers to the Malay-speaking Chinese, including the Baba in Malacca, and Malay-acculturated Chinese from the rural areas of Kelantan and

Counseling Chinese Communities in Malaysia

Terengganu. The origin of this group could be traced back to the 19th century, where interracial marriage occurred between the early Chinese settlers and Malays in those areas. The second group refers broadly to the Chinese who settled in Malaysia in the later stage, and who kept the kinship among themselves. What differentiates them from the first group is that they would never speak Malay among themselves. Their interaction with Malays is more confined to economic exchange (Tan, 2000).

Earlier research on acculturation also showed that those who were able to reach the “integration stage” in the acculturation process tended to have better mental outlook and subjective well-being than those who were stuck in the “marginalized status”. Lin and Ting (2014) studied returning oversea Chinese from Southeast Asia to Mainland China during the 1950s, in terms of their re-entry acculturation experience. Many of them experienced cultural shock and disillusionment after returning to China as they lacked language fluency of Mandarin Chinese and still preferred the customs of their original host country (e.g. Thailand, Indonesia, Myanmar). This experience is likely similar to CIM, who although self-identify as “pure Chinese”, have already adopted the host country’s values and living practices. That is why CIM call themselves as “hua ren” (華人) rather than “Zhong guo ren” (中國人), where the former connotes overseas born Chinese and the latter entails the political nationality as Mainland Chinese.

Nevertheless, there is much variation in the degree of acculturation among CIM and their self-identified status in the society, which manifests as much nuances and complexities in the CIM’s identities. For instance, in a preliminary study on psychotherapists in Malaysia (Ng, 2007), when participants were asked whether they would be considered “a member of a social, cultural or ethnic minority” in Malaysia, more Chinese considered themselves as part of the mainstream (60%) than not – a stark contrast with the Indians (about 75% considered themselves a minority), even though both the Chinese and Indians were historically migrants and generally considered the minorities by census. Yet, what makes the CIM very much distinguished from Chinese in other countries is still their hybridized identity shaped by the pluralistic Malaysian culture with the regional social-cultural experience of being Chinese. Bonn and Tam (2015) supported this premise and found that the CIM group carries its own unique cultural values on happiness overlapping with the values from Malays and Mainland Chinese groups respectively.

Dialect Groups

Early Chinese settlers in Malaya were mainly from the Guangdong and Fujian provinces in China. A report by Heng (2006) categorized these settlers into five major dialect groups, with the largest group being the Hokkien (37%), follow by the Hakka (22%), and then the Cantonese (19%), the Teochew (12%) and the Hainanese (4%). The geographical distribution of these groups was not random due to chain migration. The Hokkiens and Teochews mainly settled on the northern and southern coasts, whereas the Hakka and Cantonese settled in the inland regions. In Sarawak, East Malaysia, the Fuzhou and Hakka dialects are more prevalent in most inland and coastal regions, leaving Kuching to be predominantly Hokkien. In Sabah, the Chinese community is largely Hakka, followed by Cantonese and Hokkien (Tan, 2005; Ghazali, 2012). There is also certain bonding within each dialect group due to similar custom, cuisine and heritage.

Geographical Locations

Due to its political backdrop and geographical distance, Chinese in East Malaysia also forms a unique culture and community that is distinctive and different from the Chinese in West Malaysia (Chin, 1981).

Counseling Chinese Communities in Malaysia

Sabah and Sarawak joined Malaysia as a country in 1963, after West Malaysia claimed its independency in 1957. Prior to independence, both were under the ruling of British governors and the Malay Raja (king). Due to the discrepancy in political history, East Malaysians usually do not possess an affiliation with their nationality as strongly as those from West Malaysia (“Civil movement”, 2013; “GE 13: Movement”, 2013; Rintod, 2013).

The Chinese first came to Sarawak as traders and explorers in the 6th century. Today, they make up 29% of the population of Sarawak and comprise of communities built from the economic migrants of the 19th and early 20th centuries (Hing & Tan, 2000). The first Chinese migrants worked as laborers in the gold mines at Bau or on plantations. Through their clan associations, business acumen (*kongsi*) and work ethics, the Chinese rapidly dominated the commerce sector. There were times of riots with British and Holland colonizers early in the history due to discrimination and oppression. Waves of immigration were agreed upon by the British governor, Charles Brooke, in 1901. Though there was mistrust between the local government and the Chinese immigrants during the communist war in China, the majority of the Chinese abided by the rules of the new Malaysian government, formed in 1963. Today, Chinese are amongst the most prosperous ethnic groups in Sarawak (Chin, 1981).

PSYCHOLOGICAL RESILIENCE OF CIM

After introducing the socio-economic status and ecological system of CIM, this section focuses on the psychological resilience of CIM, as well as resources they inherited from the historical and cultural contexts.

Business Vitality

As illustrated above, CIM has a history of success in entrepreneurship and as a leader in economic development. They have a high visibility in business, both nationwide and internationally. Therefore, though they do not hold much political power, their contribution to the Malaysian economy has been widely acknowledged. This also gave them certain leverage and voice over the mainstream political structures (Gomez, 1999).

Strong Adaptability

CIM has a history of resiliency through immigration and differentiation from China by building a new home and identity in a new land. Within a century, the Chinese have grown into the second largest ethnic group in Malaysia, and its contribution to the nation is undeniable. In spite of all the hardship at the beginning of the 20th century, CIM are able to adapt to the new country and be flexible about their roles in the Malay government.

Family Values

The strong family lineage and concept of filial piety have kept the Chinese families intact. According to the Population and Housing Census 2010 in Malaysia (Department of Statistics Malaysia, 2011), CIM have the lowest divorce rate among all the racial groups. This shows family resilience in facing

Counseling Chinese Communities in Malaysia

life challenges, as well as their values of integrity of family as a social unit. Moreover, filial piety is still highly emphasized in the CIM, and it serves as a protective factor for the aging population, as children are expected to take care of the elderly (Simon, Chen, Chang & Dong, 2014). The elder siblings are also expected to take care of the younger siblings. The Confucius hierarchy for the family continues to be passed on through generations. Many researchers have established that the tight networks among blood-tie relationships have served as a buffer against social oppression and marginalization (Ng, Bhugra, Mcmanus & Fennell, 2011; Yeh, Yi, Tsao & Wan, 2013). These networks are even more evident in rural areas, where most of the CIM siblings and relatives stay together in the same neighborhood. In many cases as evidenced in clinical practices, when there is mental illness in the CIM family, all the family members feel obligated to take care of the ill-member, hence decreasing the burden of the social welfare system.

Emphasis on Education

Compared to other ethnic groups, CIM have a reputation of high investment on education for their next generations. Chinese parents usually work very hard to save enough money for their children's post-high school education. In spite of the racial profiling at public education, Chinese parents always try to send their children to foreign countries for better opportunities in education. Private Chinese associations or societies would also sponsor some distinguished students through donations and scholarships. In fact, great pride is bestowed upon young students who excel in academic achievements even at the elementary school levels.

Strong Work Ethics

The strong work ethics among CIM is a continuation of the "survival" mentality since centuries ago, and coined by scholar as high "Confucius dynamism" (Hofstede, 2003). This strong work ethics is not only reflected in the common business sector, but also among mental health professionals in the health care domain as well.

PSYCHOLOGICAL CHALLENGES OF CIM

Despite many strengths and resilience embedded in the CIM community, the clashes between tradition and modern values, the marginalized position in the Malaysian political arena, the stereotype of over-achiever in education, and the "brain drain" movement of young elite CIM, have all caused a strain in CIM families as well as individuals (Sukumaran, 2017). According to the 2015 Malaysia National Health and Morbidity Survey, both CIM adult and children population have seen a significant increasing trend in mental health problems from 1996 to 2015 (Ahmad et al., 2015; Ministry of Health Malaysia, 2015). This section presents more specifically how different age cohorts of CIM face specific external pressures that could add to the mental burden of the individuals. We hope the readers would not generalize or pathologize the problems by stereotyping CIM, but to see their personal responsibilities and solutions in the midst of these social dilemma.

Counseling Chinese Communities in Malaysia

1. Children: Pressures of Achievement (Overachievement/Perfectionism)

In the past decade, the increase of mental health problems among the child and adolescent population in Malaysia has become a significant concern. According to a study comparing data from the Malaysia National Health and Morbidity Survey (NHMS) from 1996, 2006 and 2011, the prevalence of mental health problems among children and adolescents (between the ages of 5 to 15 years) saw an increase of 49.2% across 1996 to 2011. Mental health challenges among preschool aged children (5 to 6 years old) almost doubled in the decade spanning 1996 to 2006 (Ahmad et al., 2015). The latest 2015 Malaysia NHMS highlighted that Malaysian children struggled especially with emotional, conduct, hyperactivity, peer and social problems (Ministry of Health Malaysia, 2015). From the literature reviewed, depression among Chinese children could be associated with family factors, social factors, age and gender, ethnicity and culture, and physical (or body) factors (Zgambo, Kalembo, He & Wang, 2012).

In general, although Ahmad et al. (2015) found that the prevalence of mental health problems among children of Chinese ethnicity was lowest compared to other ethnic groups from 1996 to 2011, mental health problems among CIM children saw an exponential increase of 366.7% from 1996 to 2006. In 2015, the NHMS placed CIM children group second in the prevalence of mental health problems (Ministry of Health Malaysia, 2015). Many CIM children struggle with psychological distress especially pertaining to anxiety, depression and even suicide (Alphonsus, 2012). For the CIM, the pressure to excel and achieve began at a young age, and is invariably closely tied to the Chinese family's interests. Hence, failure to achieve and meet high standards not only reflected poorly on the individual child but impacted the concept of the Chinese family's face, image, pride and integrity. For CIM, such achievement-oriented upbringing and emphasis on family interests served as a double-edged sword for children – especially in the absence of adequate parental and social support, familial and household stability, and positive coping resources – the pressures and stress early in life precipitate significant challenges with mental health adaptability in young children which are unfortunately carried into the later years in life² (Alphonsus, 2012; Bernama, 2016; Zgambo, Kalembo, He & Wang, 2012). In fact, research has shown that academic and achievement-oriented stress could actually be carried until the college stage where CIM have been found to have relatively higher levels of stress but lower coping skills in comparison to other ethnic groups (Mazlan, Bahari & Ardillah, 2012).

2. Adolescents: Addiction Problems and Pressures From Authoritarian Parents

As Malaysia goes through the wave of industrialization and modernization under the 2020 vision³, college students are widely exposed to the most advanced information and technology globally through internet browsing and video gaming. The younger generation has a subculture of their own with a myriad of cultural exposure that is very different from their parents. The identity crisis of CIM teenagers surfaces in their choice of friendship, dating relationship and career path, as parental authority is still prevalent among CIM (Chen & Liew, 2015). While the traditional CIM parents expect them to be “obedient and filial” children, not many teenagers today can conform to such social norms and expectations. As a matter of fact, in a survey among 2927 secondary schoolers, CIM students were found to have the highest depression rate among all ethnic groups (55%), which is associated with low academic performance and alcoholism (Latiff, Tajik, Ibrahim, Abubakar & Ali, 2016). Similar results were shown in another

Counseling Chinese Communities in Malaysia

research in Sarawak, where CIM adolescents had the highest depressive rate among all ethnic groups (Ghazali & Azhar, 2015). Suicidal ideation is also higher in CIM adolescents (7.9%) in comparison to their Malay counterparts according to a survey done in Sabah (Ahmad & Cheong, 2014).

In the counseling room, the therapists might see many CIM teenagers who are having trouble with their parents. Behavioral problems and teenage delinquency are rising as substance abuse becomes prevalent in Malaysia (Singh, Yap, Redpath & Allotey, 2017). According to a survey conducted in Penang (Guan & Rahimi, 2015), self-hurt behavior has also become prevalent for CIM teenagers (56.81%), especially among female students (33.72%). For children who come from families with lack of emotional support (e.g. single parents, absent father figures), their need for mentoring and emotional regulation become the goal of therapy. As mentioned before, many CIM families engage in entrepreneurship and business management, and therefore it is quite common among CIM families for many fathers to be travelling frequently between places while the mothers and grandparents are the housemakers. These “migrant worker” families were quite common in the first and second generation of CIM, and thus created a unique family structure where the grandparent figures became prominent in parenting. The gap between the grandparent generation and the teenager world creates difficulty in mentoring and behavioral monitoring, even though the former could serve as supportive figures for the family. Hence the lack of moral guidance and supervision of parents are quite common in the “high work ethic” CIM families. Many teenage clients in therapy complained that the parents provided only their material needs but neglected their emotional needs. The challenges in working with CIM teenagers would be to reconstruct the family system to make it more flexible and reciprocal using their perceived language of love.

3. Adults: Family Differentiation

As briefly introduced before, though familism is a strong protective factor for CIM against psychological distress, it could also serve as a stressor when the family lacks resources to cope with acculturative and assimilation stress from the mainstream culture. As Malaysia is still a commonwealth country, it is constantly being impacted by globalization and Western values. Though CIM have been persistent in keeping their cultural heritage, the hybridized cultural identity could be clashing with traditional social norms. For example, many CIM adult clients complaint about the enmeshment and interference of their parents in their daily life decisions and not respecting their boundaries and privacy. It is quite common for unmarried adults to still stay with their parents until they get married. Some traditional CIM also value multigenerational living under the same roof (三代同堂) as a sign of prosperity for the family clan. With this kind of living structure, one could imagine the possible conflicts that could occur between in-laws, and those who seek individuation from the family of origin. Studies have identified that post-natal depression and suicide among CIM women could be perpetuated by the unsupportive family system such as lack of support from the husband or due to in-law conflicts (Yusuff, Tang, Binns & Lee, 2014). Having to struggle with the patriarchal family system (e.g. in-law problems) makes CIM married women more vulnerable to mental illness especially depression (Arifin, 2015).

From the first author’s clinical practice in the past 10 years, many depressed CIM adults found it suffocating for not being able to be recognized as an “individual,” and expected at the same time to be loyal to the family. Issues with authority figures are always a challenge the adult CIM have to work through in the therapy room. Finding their own voice in the traditional Chinese household would be a life-long challenge due to the pressure of being the “perfect child”. For example, career choice is often a battle seen in the therapy room when CIM parents insist on the career choice for their young adult children

Counseling Chinese Communities in Malaysia

especially sons who carry the family names. More often, the top career choice for their children is the medical profession or computer sciences which could guarantee a secure financial income and white-collar class. However not many CIM students could thrive through competitive programs like medical school, but they are “forced” to honor the parental wish for choosing a career path that is “good for them.” This observation is confirmed by several studies which found that parental authority still plays a key factor for individuals of Chinese descent in determining their career goal (Chen & Liew, 2015; Tang, 2002).

Moreover, Mak and Chen (2010) expounded that strong Chinese cultural values pertaining to the maintenance of the family’s “face” and interpersonal harmony could inversely contribute to ineffective coping and adaptability. Research have shown that Chinese adults who uphold stronger preference for familial “face” concerns were more likely to report higher levels of psychological distress. The effort invested towards interpersonal dynamics within the family can be psychologically taxing and distressing especially in the event of failure to sustain interpersonal harmony among family members (Mak & Chen, 2010). Hence, CIM who carry strong adherence to the concepts of the Chinese family’s face, interests and harmony are more susceptible to sociotropic cognitive vulnerabilities and psychological distress which in turn precipitate challenges with mental health problems.

4. Older Adults: Somatic Complaints and Empty-Nest Syndrome

Many less acculturated CIM older generation still believe in Chinese traditional medicines in interpreting mental problems and healing of ailments. The popular belief in “shen jing shuai ruo” (神经衰弱), translation of neurasthenia, is still pervasive among CIM older adult circles⁴. Older generation CIM would rather equate mental problems such as mood disorder or anxiety disorder as “shen jing shuai ruo” as it is thought to be a “neurological condition” of their mental problems. It serves the function of destigmatizing mental illness, as well as matching the traditional philosophy of mind-body unison (Kleinman, 1982). It has been argued that Westerners conceive depression as an intra-psychic, existential experience, whereas in Chinese and many other non-Western societies, it is most frequently experienced somatically and in terms of interpersonal dysfunction (Chan, 1990; Kleinman, 1982; Watters, 2011). In her dissertation, Ting (2008) showed that Chinese individuals, when using Chinese language, tended to use discourse that was interpersonally focused (e.g., feeling critical of others) in projecting depressive feelings rather than abstract emotional discourse that was intrapersonal (e.g., feeling lonely). The challenges for aging adults then become their inability to express their pain through internal affective language but manifested through somatic and concrete descriptions instead. Their losses and grieves might not be understood by the mental health practitioners or taken seriously by their family members if emotions are being expressed rather indirectly with somatic symptoms (Mak & Chen, 2010; Ting, 2008). The somatization and interpersonal projection of emotional dysfunctions often times do not overlap with Western diagnostic categories for mental disorders (Mak & Chen, 2010).

Another unique phenomenon surfacing in the CIM community is the “international family” constellation, where younger elite CIM migrated to other countries as Permanent Residents in the foreign lands while still carrying Malaysian citizenship. These kinds of global families normally happened in the middle upper class CIM families where the parents encouraged their children to pursue higher education in more developed and immigrant-friendly countries (e.g. Australia, New Zealand, Singapore, Taiwan)⁵. Most of their children continue to stay on in those developed countries for better living and stable subsistence as the Malaysian government provides limited chance or promotion for CIM (Ward & Hewstone, 1985). This trend of re-migration is also known as the “second wave diaspora among CIM” (Ling, 2008; Tan,

Counseling Chinese Communities in Malaysia

2005). However, this creates a vacuum in the CIM community where the aging cohort lacks support from the younger cohort. Many older adults might suffer from empty-nest syndrome with loneliness and depression as their children and grandchildren are not around, which conversely goes against the cultural tenets of filial piety and family ethics (Simon, Chen, Chang & Dong, 2014).

BARRIERS IN RECEIVING MENTAL HEALTH SERVICES

Though CIM displays a relative low rate of mental problems (24.2%), compared to other races in Malaysia, the ratio is still quite high among the CIM community (Krishnaswamy et al., 2012). The ratio of seeking mental health services is quite low for CIM, hence we need to explore further the barriers hindering them from seeking and receiving quality mental health services in Malaysia. Some barriers listed below are internally oriented, but the major barriers lie externally in the scarcity of resources in meeting the heterogeneous needs of CIM.

Shame in Psychopathology

Though there is an increased awareness of mental health among CIM, there is still stigma towards mental illness and seeking help from mental health professionals⁶. The belief of “never air your laundry outside the family” is still prevalent among CIM. They would usually cover up the pathology of individuals within the family through social isolation, in order to avoid “face losing” or “shame”. The stigma towards mental illness and the implication of personal and familial failure, weakness and shame invariably result in low help-seeking behavior and service utilization (Hwang, 2006; Mak & Chen, 2010). Therefore, the delay in seeking help often times exacerbates the symptoms of targeted patients, and consequently demands a lot of case management and crisis intervention from mental health professionals. Another reason for treatment delay is due to financial reasons. Besides financial concerns and affordability, some CIM are reluctant to pay a professional fee to seek help from “talk therapy.” Many still prefer pro bono or low fee service from non-profit organizations. Those cases that are being seen by the counselors in community usually are chronic, psychotic, low-functioning and severely-ill. Yet they expect a “quick fix” or “magic pill” in one session. The concept of an ongoing treatment plan is still foreign.

Cost-Benefit Concern

Unlike other countries, where mental health services are covered through managed care or insurance plans, most mental health providers in Malaysia are not included in the welfare systems. Hence, the clients have to pay out of their own pockets should they seek private or community psychologists. Governmental clinics or hospitals have very limited positions for clinical or counseling psychologists, and instead largely depend on social workers who might not have the relevant training, background or experience to manage serious mental health cases. Psychiatrists mainly adopt a medical and biological model in approaching the patients. Hence, private counseling centers become the major sources of mental health referral. However, many lower class CIM cannot afford a costly long-term treatment plan. They would rather opt for other forms of treatment, such as traditional herbal medicines for symptom relief (Chang, Tam & Mohd Suki, 2017; Chen, 1981).

Counseling Chinese Communities in Malaysia

Preference for Ethnic Match

From our clinical experiences, if they have a choice, CIM tend to seek private and Chinese-based professionals rather than government agencies catering to a Malay majority. Even within the government setting, where services are more affordable to most people, Chinese clients have been known to ask for Chinese service providers. Reasons for this tendency include language and sociocultural familiarity, and underlying mistrust towards “the others”. According to multicultural counseling research in the United States (Sue, 1998), ethnicity match does not predict the efficiency of therapeutic outcome, but would reduce the dropout rate and prolong the length of the treatment among ethnic minority clients. Ironically, due to the stigma of mental illness, seldom would Chinese parents encourage the new generations to pursue a career in the mental health profession, which contributes to the enormous gap between the demand and supply of CIM mental health service delivery.

Lack of Mandarin and Dialect Speaking Practitioners

Though CIM are educated in the Malay and English language, most of their mother tongue are still Chinese dialects (e.g. Cantonese, Hokkien). Research found that interventions conducted in clients’ native language were two times more effective (Griner & Smith, 2006). In order to facilitate greater emotional congruence in the counseling room, we need more Mandarin and Chinese dialect speaking mental health professionals who are able to serve the non-Malay and non-English speaking CIM population effectively. With regard to Chinese psychologists in Malaysia, to date it is estimated that up to 56.6% (77 out of 136) of known active clinical psychologists in the country are of Chinese descent⁷. Fortunately, compared to the data collected between 2004-2005 by Ng (2005), the ratio of CIM clinical psychologists has actually increased almost doubly (from 37% to 56.6%). However, the Chinese representation in the registry of the Malaysian Counseling Association is only about 12.7% (907 out of 7157) (Lembaga Kaunselor Malaysia, 2016). With such a limited number of CIM psychologists and counselors serving the whole community of CIM (ratio=1:6758), one could imagine the gap of services in the system.

Lack of Developed Inventories Used for Mental Health Screening and Diagnosis

Most psychological instruments are predominantly in English and normed on Western populations (such as in the United States, United Kingdom or Australia). As such, assessment services in Malaysia are still largely culturally and linguistically biased. The lack of Chinese translated and locally normed tools for intelligence and personality testing have been a dilemma, as many competent CIM researchers and psychologists are English speaking and not fluent in Mandarin. This leaves the Chinese-speaking CIM population underserved and unfairly assessed.

Lack of Multicultural Competence

Not all institutions that train mental health professionals emphasize on multicultural competency training and include it as core coursework. Moreover, the multicultural modules that are adopted by current Malaysian postgraduate programs are often times heavily reliant on the Western model of multicultural

Counseling Chinese Communities in Malaysia

diversity; hence, adequate understanding and contextualization of the unique history, challenges and issues of Malaysia's multicultural setting and communities are invariably overlooked in the training of mental health professionals. As counseling is still a young profession, and not many culturally competent senior CIM counselors or therapists are available, the younger generation of mental health professionals often lack supervision and role models, leaving them to stumble their way in gaining more clinical and educational experience (Ching & Ng, 2010; Haque, 2005).

Lack of Regulation on Mental Health Professions

Many of the "counselors" in the Chinese non-profit counseling centers, who have limited training and experiences as para-counselors or volunteers, are not registered with PERKAMA. This could be risky to the clients, especially CIM who are less exposed to the mental health professions. There is a lack of regulatory boards to govern uncertified "therapists" or "psychologists", which leaves the less educated CIM an easy target for scamming or exploitation⁸ (The British Psychological Association, 2006).

Lack of Research Funding in the Area of Chinese Psychology in Malaysia

Our feeble effort might be the first formal document in this aspect. Up till date, there is no registered Chinese journal for psychology in Malaysia. There are some local peer-reviewed journals, but the publishing language is mainly in English or Malay. On the other hand, most of the Chinese-speaking NGOs choose to publish their own books and magazines in Mandarin, which could be disseminated to wider readership among the Chinese community. The gap between scholarly work and popular psychology has also hindered the dissemination of appropriate and updated information about mental health to CIM who are fluent in Mandarin only.

Uneven Distribution of Mental Health Services

Most mental health services are concentrated in big cities, such as the Klang valley and Penang (Ng, 2006). There are hardly any counseling services in rural areas or small cities. It is not convenient for people from suburban settings to seek professional counseling. This has become a problem in terms of availability and accessibility of mental health services, especially to those living outside of the city areas, which understandably have lower awareness and greater stigma on mental health issues. In terms of the mental health profession, East Malaysia is still at the infancy stage of development, due to the uneven distribution of resources in governmental sectors. There is limited literature or research conducted in terms of the mental health prevalence and needs among Chinese in East Malaysia. To the authors' knowledge, there is only one clinical psychologist and less than five psychiatrists in the whole Sarawak state; furthermore, most of them reside in big cities. Moreover, most of these mental health professionals are not Chinese and usually would not be conversant in Mandarin or Chinese dialects either. In practice, the mental health professionals working under the government services will rotate to the smaller towns once a month only and would have a very long waitlist of patients which significantly diminishes the quality of care rendered to patients.

Counseling Chinese Communities in Malaysia

Lack of Family Therapists

According to a survey, the mental health profession in Malaysia is dominated by individual-oriented therapists who practice individual therapy (Mohamed & Rahman, 2011; Ng, 2006). Family therapy or other modes of therapy are not as widely practiced due to a lack of training opportunities grounded in the Malaysian context. However, as we have learned, CIM is thickly embedded in familism as well as how mental problems and solutions are perceived and managed. Through the lens of family systems, one could reframe mental illness or psychological struggles in a more dynamic and sensitive language reflected through a multigenerational and familial structure. Aside from the individualistic approach to counseling, mental health practitioners should receive further training in family systems theory or even community psychology (Ching & Ng, 2010), and adopt it to the CIM context. Otherwise, CIM clients would be blinded to their communal resources and be isolated in the therapy room.

SUGGESTIONS FOR FUTURE MENTAL HEALTH DEVELOPMENT

In this section, a blueprint is delineated with the objective and strategy to advance the mental health profession and practice for CIM. The ultimate goals are twofold: First, CIM would be able to access effective and culturally sensitive mental health services; Second, local practitioners will be empowered to take part in discovering a Chinese psychology that is indigenous for CIM. To achieve these goals, the following are some strategies and plans of action in the near future:

1. Indigenizing Research Epistemology and Methodology

While reviewing and researching empirical studies related to CIM, the authors found that ethnicity was seldom a major factor addressed in the literatures. The CIM group was often used as the “comparison group” to the Malay group, and the findings of those papers were also interpreted from the lens of the dominant group where CIM culture was left invisible or not taken seriously. While many anthropologists and sociologists have studied the diversity of CIM in length, Malaysian psychologists are still behind in building a suitable theoretical framework to explain the ethnic differences and uniqueness in our own country. To date, most of the psychological models employed by Malaysian psychologists are either direct translation or importation from developed Western countries. The discipline of psychology practices occur almost exclusively in the Euro–American tradition. There is little awareness of the need to indigenize psychology to fit into the local CIM culture and needs.

International psychologists like Gulerce, Lock and Misra (as cited in Gergen et al., 1996), wondered whether there should be a universally acceptable conception of psychology. These psychologists noted that the journals in their respective countries (i.e., Turkey, New Zealand, and India) seem to differ little from American psychological publications in the methodologies utilized, the issues addressed, or the paradigms adopted. Failure to appreciate cultural particularity tends to result in local phenomena where minority psychologists imitate American models of psychological research (Sundararajan, Misra & Marsella, 2013). In fact, Mohanty (1988) had referred to the replication of Western psychology by Indian psychologists as “Yankee Doodling.”

Counseling Chinese Communities in Malaysia

While indigenous psychology may well include non-local wisdom (e.g. scientific methodology), members of the host culture should decide what is to be imported or contextualized in the local culture. Indigenous psychology not only should be built on the collaboration between anthropologists, psychologists, historians, and sociologists, it should also be constructed on relationships of mutual respect and empowerment between the researchers and the lay leaders of local communities. In contrast, mainstream psychology is culturally bound in that it serves and benefits the people in a Western context. It exports the products of psychology to minority cultures through the processes of colonization, commercial exchange, globalization, and westernization. Mainstream psychology's failure to recognize the limitations of Western theories, and the fantasy of creating a universal psychology have not only disempowered the recipients in underdeveloped societies, but also destroyed the shelter built by the traditions of those cultures (Dueck, Ting & Cutiongco, 2007).

It is hoped that indigenous research for CIM would address the social phenomena of CIM, study the psychological concepts espoused by CIM, and develop measurement tools or scales to assess the concepts coherent and pertinent to the CIM community. The mixed method research approach would be best utilized to explore and identify the key factors contributing to mental health issues of CIM and to validate the best treatment approaches. Pedagogical efforts are needed to invest in research topics concerning the wellbeing of CIM, as well as establishing reliable funding agencies to support such efforts. More awareness on the importance of indigenous psychology in the Malaysian mental health field could also promote similar cultural sensitivity towards other ethnic groups as well.

2. Enhancing Multicultural Competency in Training and Education

It is highly recommended that higher education institutions mandate multicultural therapy as core coursework in counseling training programs. For counselors who are providing services to CIM community, it would be imperative to have a clear understanding of CIM culture and subcultures through reading and cultural immersion experiences. Since it is not possible to train multilingual staff, it is more realistic to train multiculturally competent therapists in post-graduate programs. Even if there is an ethnic and language match between the CIM counselors and counselees, there might be values differences due to education background and upbringing (Tan, 2007). For example, a Chinese-educated therapist may not readily empathize with the unique experiences of English-educated Chinese. With multicultural competency, a good counselor will first examine his/her own biases and values toward different groups of CIM. Multicultural competency training would not only include close supervision of intern counselors working with CIM, but also help trainees work through their own cultural stereotypes and counter-transference challenges with various clients.

Besides having cultural sensitivity towards different groups of CIM, a competent counselor would also be trained with therapy skills that are specific to dealing with frequently seen problems among CIM. For example, cognitive-behavior therapy was found to be preferred and effective for Chinese American community (Chen & Davenport, 2005), due to its education and didactic elements. For those CIM clients who prefer a more practical approach and quick fix, a solution-focused approach would be essential. For those CIM clients dealing with family conflicts, therapeutic skills in conducting family sessions would be necessary. Furthermore, knowledge about CIM community resources and traditional wisdom would help the counselors to facilitate referrals for more traditional CIM. As many CIM still practice folk religions (e.g. Taoist) and ancestral worship, counselors also need to have some basic knowledge of these local practices, aside from the common spirituality and religions practiced by CIM.

Counseling Chinese Communities in Malaysia

Another unique socio-political atmosphere for the mental health profession in Malaysia is its “thickness” in religion. Considering the Islamic backdrop in Malaysia, some Islamic psychologists have taken on a leading role in integrating Islamic teaching into psychological practice (Haque & Masuan, 2002). It was found that religious-based therapy serves as a catalyst to recovery from anxiety disorders among religious Malay patients (Razali, Aminah & Khan, 2002). Some CIM mental health practitioners have already started integrating their religious faith into their research and practice, such as mindfulness and meditation for Buddhist therapists, and prayers and scriptures for Christian therapists (Ting & Ng, 2012). Counselors are encouraged to talk to different religious leaders in the CIM community for wider exposure. Academicians could also study the effects of such integrated therapeutic approaches for empirical evidence based therapy.

3. Empowering CIM Community to Take the Lead in Mental Health Service Delivery

It is highly encouraged for the next CIM generation to pursue a career in the mental health profession due to the great need among its own community. In the past, many CIM parents insisted for their children to pursue medicine or law as the symbols of achievement and success, which contributed to the current shortage of CIM mental health professionals. Careers in the mental health field are also associated with the stigma of mental illness. However, there is a turn in the last decade, where greater visibility of psychology and mental health practices among CIM can be seen. The establishment of Chinese counseling centers and associations, coupled with the blossoming of counseling seminars and various continued education courses, have led to a wider acceptance and understanding of counseling and mental health within the Chinese society. More CIM are expressing interest in psychology and counseling courses. These demands further stimulate the expansion of psychology departments in some private institutions in Malaysia (EduAdvisor, 2017).

Many textbooks and literature in counseling/psychology have been translated into Mandarin in Taiwan, Hong Kong and China, and CIM counselors could also benefit from such overseas resources by accessing first-hand knowledge from their counterparts in other countries. There is also more interchange with Taiwan counselors to bridge in such developing skills through intensive training and workshops. Some CIM counselors/therapists have started to publish their own works, as well as contribute to newspaper/journal columns (such as *Sinchew Daily* and *Guangming Daily*). Online media exposure such as to radio station interviews could also help to destigmatize the mental health field, as well as promoting the social status of counselors.

In addition, CIM counselors/therapists have a privilege which other racial groups might not have. Ng (2006) found that a substantial number of Chinese therapists (though not all) speak at least one Chinese language/dialect – 70% speak Mandarin, 60% speak Cantonese, 47% speak Hokkien, 16% speak Hakka, and 2% speak Hinoi or Teochew. In addition, most, if not all, CIM therapists are able to speak and write in English and Malay (Ng, 2006). This is an advantage for CIM therapists who can also reach out to non-Chinese clientele, without the need for translators. Unlike other racial groups who are usually monolingual or dual-lingual, multilingual CIM therapists have wider access and flexibility to the general Malaysian population.

Counseling Chinese Communities in Malaysia

4. Building a CIM Friendly Society Through Advocacy and Public Policy

In ensuring quality services not only to CIM but to the general public, we need to continue to ensure the presence of regulatory boards and enforcement of clinical ethics in mental health service delivery. All Malaysian citizens, including CIM, should have equal access to mental health services in the public arena. The counselor registration requirement stipulated by the *Counsellors Act* in Malaysia has a certain positive influence towards the quality control of counselors in Malaysia. The mass media including magazines, television and radio programs very often interview people in the mental health profession, which gives the profession more exposure to the public. This is certainly a reflection of the mental health need in the society, where people are beginning to seek help in this area. The government sectors should also ensure diversity among employed mental health practitioners (e.g. psychiatrists, counselors, psychologists) to serve the diverse CIM population. Many trained CIM clinical psychologists or counselors were actually “drained” to foreign country such as Australia and Singapore as they found current employment in Malaysian governmental sectors not available. Though there is no overt racial oppression and discrimination towards CIM, the implicit racial quota in the government system could be unfair to CIM mental health practitioners. It is urged that all mental health professionals, regardless of ethnic backgrounds, to come together to share resources in the community and promote inter-racial harmony.

Considering the current trend of racial segregation and tight knit CIM community, mental health professionals could utilize community-based services to promote mental health awareness and services to this population. Instead of practicing from an individualistic model, community psychology could help in destigmatizing and demystifying psychotherapy, building a safety net of preventive measures, and decreasing the prevalence of mental illness among CIM. There is also the advantage of mobilizing peer-mentoring groups—such as parenthood groups, adolescent mentoring programs, support groups for family/caretakers of the severely mentally ill, among the CIM community. In rural areas where mental health resources are scarce, the training of lay counselors and peer counselors who come from diverse backgrounds would be a high priority. It is anticipated that local counselors would be able to reach out to the CIM family units in a more culturally appropriate manner than external consultants.

CONCLUSION

Despite the mushrooming number of studies on the mental health of ethnic minorities in the United States over the past three decades (Sue & Sue, 2003), Chinese diaspora remains a novice population to be studied by psychologists and mental health workers. The public slogan of “Satu Malaysia” (One Malaysia) promoted by the Malaysian government with the intention to unite the nationalities, has not been encouraging towards ethnic comparison studies. Emphasizing national identity over ethnic identity is a political strategy that encourages assimilation and reduces tension between multiple races. Yet, if these efforts are not balanced by celebrating diversity under the umbrella of nationality, cultural heritage would be watered down, and the identity of any ethnic group would be compromised. We advocate for a moderate public policy to embrace the diversity within CIM, as well as a mental health field that fosters more peaceful dialogue between CIM and other racial and ethnic groups. Henceforth, this chapter is a feeble attempt to start tackling the complicated mental health issues faced by a heterogeneous group like the CIM. We adopt a psycho-social approach in understanding the diversity and uniqueness of this group, as well as how mental health needs are shaped by the political atmosphere in Malaysia. We ad-

Counseling Chinese Communities in Malaysia

dress the barriers faced by CIM in getting quality mental health care and services, as well as methods in overcoming these barriers. It is our belief that the mental health profession could promote the welfare of the CIM community by modeling harmony, modesty, justice and peace within and between the mental health professionals.

ACKNOWLEDGMENT

We want to acknowledge the contribution of Dr. Alvin Ng and Dr. Wai Sheng Ng to the initial draft of this paper.

REFERENCES

- Ahmad, N., Cheong, S. M., Ibrahim, N., & Rosman, A. (2014). Suicidal ideation among Malaysian adolescents. *Asia-Pacific Journal of Public Health, 26*(5), 63–69. doi:10.1177/1010539514540746 PMID:25005932
- Ahmad, N., MuhdYusoff, F., Ratnasingam, S., Mohamed, F., Nasir, N. H., MohdSallehuddin, S., ... Aris, T. (2015). Trends and factors associated with mental health problems among children and adolescents in Malaysia. *International Journal of Culture and Mental Health, 8*(2), 125–136. doi:10.1080/17542863.2014.907326 PMID:26000035
- Alphonsus, A. (2012, June 18). Chinese youths top suicide list. *Free Malaysia Today*. Retrieved from <http://www.freemalaysiatoday.com/category/nation/2012/06/18/chinese-youths-top-suicide-list/>
- Ang, I. (2014). Beyond Chinese groupism: Chinese Australians between assimilation, multiculturalism and diaspora. *Ethnic and Racial Studies, 37*(7), 1184–1196. doi:10.1080/01419870.2014.859287
- Arifin, M., Roshaidai, S., Cheyne, H., & Maxwell, M. (2015, June). Postnatal depression across cultures: A qualitative study in Malaysia. *Paper presented at NMAHP Research Unit Mini Conference 2015*, Glasgow, Scotland.
- Banyan. (2013, April 28). Malaysia's close-fought election: The Penang effect. *The Economist*. Retrieved from <https://www.economist.com/blogs/banyan/2013/04/malaysias-close-fought-election>
- Bernama. (2016, September 12). Mental health of Malaysian students cause of worry: Health Ministry. *The New Straits Times*. Retrieved from <https://www.nst.com.my/news/2016/09/172683/mental-health-malaysian-students-cause-worry-health-ministry>
- Bond, M. H. (Ed.). (2006). *Handbook of Chinese Psychology*. New York: Oxford University Press.
- Bond, M. H. (Ed.). (2010). *The Oxford handbook of Chinese psychology*. New York: Oxford University Press. doi:10.1093/oxfordhb/9780199541850.001.0001
- Bonn, B., & Tam, C. L. (2015). Imagining a good life in Malaysia and China: Cultural beliefs among Mainland Chinese, Malaysian Chinese, and Malay University students. *Asian Journal of Social Psychology, 19*(2), 145–153. doi:10.1111/ajsp.12120

Counseling Chinese Communities in Malaysia

- Carstens, S. A. (2005). *Histories, cultures, identities: Studies in Malaysian Chinese worlds*. Singapore: Singapore University Press.
- Chan, D. W. (1990). The meaning of depression: The Chinese word associations. *Psychologia*, 33, 191–196.
- Chang, M. L., Tam, A., & Mohd Suki, N. (2017). Moderating effect of races towards consumers' feeling of TCM usage. In *Handbook of Research on Leveraging Consumer Psychology for Effective Customer Engagement*. doi:10.4018/978-1-5225-0746-8.ch020
- Chen, L.-S., & Liew, S.-A. (2015, February). Factors influencing career decision making difficulties among graduating students from Malaysian private higher educational institutions. In *Proceedings of the 8th Asia Pacific Business Research Conference*, Kuala Lumpur, Malaysia.
- Chen, P. C. Y. (1981). Traditional and modern medicine in Malaysia. *Social Science & Medicine. Part A: Medical Psychology & Medical Sociology*, 7, 127–136. doi:10.1016/0271-7123(81)90032-8
- Chen, S. W. H., & Davenport, D. S. (2005). Cognitive-Behavioral therapy with Chinese American clients: Cautions and modifications. *Psychotherapy (Chicago, Ill.)*, 42(1), 101–110.
- Chin, J. M. (1981). *The Sarawak Chinese*. NY: Oxford University Press.
- Ching, M. S., & Ng, K. M. (2010). Counseling in Malaysia: History, current status, and future trends. *Journal of Counseling and Development*, 88(1), 18–22. doi:10.1002/j.1556-6678.2010.tb00144.x
- Civil movement to call for self-government, nationhood for Malaysia's Sarawak. (2013, April 15). *Nationalia Aureli Argemí*. Retrieved from <https://www.nationalia.info/new/9822/civil-movement-to-call-for-self-government-nationhood-for-malaysias-sarawak>
- Department of Statistics, Malaysia. (2001). Population and Housing Census 2000. In *Distribution and Basic Demographic Characteristics Report*. Retrieved from <http://www.statistics.gov.my/English/pageDemo.htm>
- Department of Statistics, Malaysia. (2011). *Population Distribution and Basic Demographic Characteristic Report 2010*. Retrieved from https://www.dosm.gov.my/v1/index.php?r=column/cthemByCat&cat=117&bul_id=MDMxdHZjWtk1SjFzTzNkRXYzcVZjdz09&menu_id=L0pheU43NWJwRWVSZklWdzQ4TlhUUT09
- Department of Statistics, Malaysia. (2016). *Current Population Estimates, Malaysia, 2014 – 2016*. Retrieved from <https://web.archive.org/web/20160812014710/> https://www.statistics.gov.my/index.php?r=column%2FcthemByCat&cat=155&bul_id=OWlxdEVoYlJCS0hUZzJyRUcvZEYxZz09&menu_id=L0pheU43NWJwRWVSZklWdzQ4TlhUUT09
- Dueck, A., Ting, S.-K., & Cutiongco, R. (2007). Constantine, Babel, and Yankee Doodling: Whose indigeneity? Whose psychology? *Pastoral Psychology*, 56(1), 55–72. doi:10.1007/11089-007-0082-1
- Edman, J. L., & Koon, T. Y. (2000). Mental illness beliefs in Malaysia: Ethnic and intergeneration comparisons. *The International Journal of Social Psychiatry*, 46(2), 101–109. doi:10.1177/002076400004600203 PMID:10950358

Counseling Chinese Communities in Malaysia

EduAdvisor. (2017). *Find and compare psychology degree courses in Malaysia*. Retrieved from <https://eduadvisor.my/psychology-degree-institutions/>

FMT Reporters. (2017, November 17). Report: Chinese community has the biggest income gap. *Free Malaysia Today*. Retrieved from <http://www.freemalaysiatoday.com/category/nation/2017/11/17/report-chinese-community-has-the-biggest-income-gap/>

FMT Reporters. (2017, December 8). MP censures Najib for ‘insensitive’ remark about Penang floods. *Free Malaysia Today*. Retrieved from <http://www.freemalaysiatoday.com/category/nation/2017/12/08/mp-censures-najib-for-insensitive-remark-about-penang-floods/>

Freedman, A. L. (2000). *Political participation and ethnic minorities: Chinese overseas in Malaysia, Indonesia, and the United States*. New York: Routledge.

Fu, C. Q. (2007). *A different Chinese. Petaling Jaya, Malaysia*. Malaysia: Strategic Information and Research Development Centre.

GE13. Movement wants full autonomy for Sarawak. (2013, April 14). *The Star Online*. Retrieved from <https://www.thestar.com.my/news/community/2013/04/14/ge13-movement-wants-full-autonomy-for-sarawak/>

Gergen, K. J., Gulerce, A., Lock, A., & Misra, G. (1996). Psychological science in cultural context. *The American Psychologist*, *51*(5), 496–503. doi:10.1037/0003-066X.51.5.496

Ghazali, K. (2012, November 2). National identity and minority languages. *UN Chronicle*. Retrieved from https://web.archive.org/web/20121102173228/http://www.un.org/wcm/content/site/chronicle/home/archive/issues2010/un_academic_impact/national_identity_and_minority_languages?ctnscroll_articleContainerList=1_0&ctnlistpagination_articleContainerList=true

Ghazali, S. R., & Azhar, A. (2015). Depressive symptoms, gender, and ethnicity: An exploratory study among cross ethnic adolescents in Sarawak, Malaysia. *Malaysian Journal of Youth Studies*, *13*, 141–152.

Gomez, E. T. (1999). *Chinese Business in Malaysia: Accumulation, Ascendance, Accommodation*. Psychology Press.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy (Chicago, Ill.)*, *43*(4), 531–548. doi:10.1037/0033-3204.43.4.531 PMID:22122142

Guan, T. E., & Rahimi, C. A. (2015). Prevalence of self-hurt behaviour among Chinese adolescents in Malaysia. *International Journal of Humanities, Arts and Social Sciences*, *1*(2), 108–113.

Han, B. (2015, November 10). Malaysia’s Chinese diaspora: The other side of the story. *The Diplomat*. Retrieved from <https://thediplomat.com/2015/11/malysias-chinese-diaspora-the-other-side-of-the-story/>

Haque, A. (2005). Mental health concepts and program development in Malaysia. *Journal of Mental Health (Abingdon, England)*, *14*(2), 183–195. doi:10.1080/09638230500059997

Haque, A., & Masuan, K. A. (2002). Religious psychology in Malaysia. *The International Journal for the Psychology of Religion*, *12*(4), 277–289. doi:10.1207/S15327582IJPR1204_05

Counseling Chinese Communities in Malaysia

Heng, P. K. (2006). Patterns of Chinese settlement. In L. Pan (Ed.), *The encyclopedia of the Chinese overseas* (2nd ed.). Singapore: Editions Didier Millet.

Hing, L. K., & Tan, C.-B. (Eds.). (2000). *The Chinese in Malaysia*. New York: Oxford University Press.

Hofstede, G. (2003). *Culture's consequences: comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). CA: Sage Publication.

Hwang, K. K. (2006). Constructive realism and Confucian relationalism: An epistemological strategy for the development of indigenous psychology. In U. Kim, K. Yang, & K. Hwang (Eds.), *Indigenous and cultural psychology: Understanding people in context*. New York: Springer. doi:10.1007/0-387-28662-4_4

Kleinman, A. (1982). Neurasthenia and depression: A study of somatization and culture in China. *Culture, Medicine and Psychiatry*, 6(2), 117–190. doi:10.1007/BF00051427 PMID:7116909

Krishnaswamy, S., Subramaniam, K., Jemain, A. A., Low, W. Y., Ramachandran, P., Indran, T., & Patel, V. (2012). Common mental disorders in Malaysia: Malaysian mental health survey, 2003–2005. *Asia-Pacific Psychiatry*, 4(3), 201–209. doi:10.1111/j.1758-5872.2012.00180.x

Latiff, L. A., Tajik, E., Ibrahim, N., Abubakar, A. S., & Ali, S. S. B. A. (2016). Depression and its associated factors among secondary school students in Malaysia. *The Southeast Asian Journal of Tropical Medicine and Public Health*, 47(1), 131–141. PMID:27086434

Lembaga Kaunselor Malaysia. (2016). *Laporan Tahunan 2016 Lembaga Kaunselor*. Retrieved from <https://www.lkm.gov.my/kpwkm/uploads/files/LAPORAN%20TAHUNAN%20 LEMBAGA%20 2016%20%20.pdf>

Lin, R. K., & Ting, R. S. K. (2014). Acculturation process of returned overseas Chinese refugees from Southeast Asia: A textual analysis on 10 returned overseas Chinese cases in Zhuba Overseas-Chinese farm, Xiamen. *Hua Ren Yan Jiu Guo Ji Xue Bao*, 6, 1–26. (in Chinese)

Ling, H. S. (2008). Negotiating Malaysian Chinese ethnic and national identity across borders. Unpublished Master thesis. Retrieved from https://etd.ohiolink.edu/rws_etd/document/get/ohiou1226957088/inline

Mak, W. W. S., & Chen, S. X. (2010). Illness behaviour among the Chinese. In M. H. Bond (Ed.), *The Oxford handbook of Chinese psychology* (pp. 421–439). New York: Oxford University Press.

Mazlan, L. B., Bahari, F., & Ardillah, F. (2012). Stress and coping skills among university students: A preliminary research on ethnicity. *Southeast Asia Psychology Journal*, 1, 31–37.

Ministry of Health Malaysia. (2015). *National health and morbidity survey 2015 volume II: Non-communicable diseases, risk factors & other health problems*. Retrieved from <http://www.iku.gov.my/images/IKU/Document/REPORT/nhmsreport2015vol2.pdf>

Minkov, M., & Bond, M. H. (2017). A Genetic component to national differences in happiness. *Journal of Happiness Studies*, 18(2), 321–340. doi:10.1007/10902-015-9712-y

Mohamed, Z., & Rahman, A. (2011). Counseling practitioners in Malaysia: Socio-Demographic profile and theoretical approaches in counseling process. *International Journal of Business and Social Science*, 2(22), 184–188.

Counseling Chinese Communities in Malaysia

- Mohanty, C. T. (1988). Under Western eyes: Feminist scholarship and colonial discourses. *Feminist Review*, 30(1), 65–88. doi:10.1057/fr.1988.42
- Mpofu, E., & Conyers, L. M. (2004). A representational theory perspective of minority status and people with disabilities: Implications for rehabilitation education and practice. *Rehabilitation Counseling Bulletin*, 47(3), 142–151. doi:10.1177/00343552040470030301
- Ng, M. N., Bhugra, D., Mcmanus, F., & Fennell, M. (2011). Filial piety as a protective factor for depression in survivors of childhood abuse. *International Review of Psychiatry (Abingdon, England)*, 23(1), 100–112. doi:10.3109/09540261.2010.544645 PMID:21338305
- Ng, L. O. (2007). A brief study into the awareness of the field of clinical psychology among medical and health science professionals in Malaysia. *Malaysian Journal of Health Sciences*, 5, 23–30.
- Ng, L. O. (2008). Clinical psychology update: Challenges for practice and training [Unpublished manuscript].
- Ng, L. O., Teoh, H.-J., & Haque, A. (2003). Clinical psychology in Malaysia: A brief overview. *ASEAN Journal of Psychiatry*, 6, 11–16.
- Ng, S. (1999, August 15). Students react to hostel policy. *The Star*. Retrieved April 26, 2004, from <http://thestar.com.my/news/storyx1000.asp?file=/1999/8/15/education/15lasaro&sec=>
- Ng, W. S. (2005). *Psychotherapists in Malaysia: A preliminary study of clinical psychologists*. [Unpublished doctoral Clinical Research Project completion of the Doctor of Psychology].
- Ng, W. S. (2007, August). Cultural identity of psychotherapists in Malaysia. *Paper presented at the World Mental Health Congress*, Hong Kong Polytechnic University, Hong Kong.
- Ong, K. H., & Tan, J. (2017). Penang Hokkien on life support. *Penang Monthly*. Retrieved from http://penangmonthly.com/article.aspx?pageid=7412&name=penang_hokkien_on_life_support
- Pan, L. (Ed.). (2006). *The encyclopedia of the Chinese overseas* (2nd ed.). Singapore: Editions Didier Millet.
- Razali, S. M., Aminah, K., & Khan, U. A. (2002). Religious–cultural psychotherapy in the management of anxiety patients. *Transcultural Psychiatry*, 39(1), 130–136. doi:10.1177/136346150203900106
- Rintod, L. (2013, May 30). Working towards reinstating Sarawak’s sovereignty. *Free Malaysia Today*. Retrieved from <http://www.freemalaysiatoday.com/category/nation/2013/05/30/working-towards-reinstating-sarawaks-sovereignty/>
- Simon, M. A., Chen, R., Chang, E., & Dong, X. (2014). The association between filial piety and suicidal ideation: Findings from a community-dwelling Chinese aging population. *The Journals of Gerontology: Series A*, 69(Suppl. 2), 90–97. doi:10.1093/gerona/glu142 PMID:25378454
- Singh, S. K., Yap, K.-H., Reidpath, D. D., & Allotey, P. (2017, August). Binge drinking and associated risk behaviours among youth in three ethnic groups in Malaysia. *Paper presented at 31st annual conference of the European Health Psychology Society*, Padua, Italy, August 29th-September 2.

Counseling Chinese Communities in Malaysia

- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *The American Psychologist*, 53(4), 440–448. doi:10.1037/0003-066X.53.4.440 PMID:9572007
- Sue, D. W., & Sue, S. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley and Sons.
- Sukumaran, T. (2017, May 20). What's causing Malaysia's ethnic Chinese brain drain? *South China Morning Post*. Retrieved from <http://www.scmp.com/week-asia/politics/article/2095012/whats-causing-malaysias-ethnic-chinese-brain-drain>
- Sundararajan, L., Misra, G., & Marsella, A. J. (2013). Indigenous approaches to assessment, diagnosis, and treatment of mental disorders. In F. A. Paniagua & A.-M. Yamada (Eds.), *Handbook of multicultural mental health: Assessment and treatment of diverse populations* (pp. 69–88). London, UK: Elsevier Inc. doi:10.1016/B978-0-12-394420-7.00004-7
- Sundararajan, L. (2015). *Understanding Emotion in Chinese Culture: Thinking Through Psychology*. New York: Springer International Publishing. doi:10.1007/978-3-319-18221-6
- Tan, C.-B. (2005). Chinese in Malaysia. In M. Ember, C. R. Ember, & I. Skoggard (Eds.), *Encyclopedia of Diasporas: Immigrant and refugee cultures around the world* (pp. 697–706). New York, USA: Springer. doi:10.1007/978-0-387-29904-4_72
- Tan, J. (2007, October 28). 马来西亚的华人:一个族群,两种观点 [Malaysian Chinese: One Ethnicity, Two Perspectives]. *Sin Chew Jit Poh* [Sin Chew Forum].
- Tan, L. E. (2000). Chinese schools in Malaysia: A case of cultural resilience. In Lee, K. H. & Tan, C. B. (Eds.), *The Chinese in Malaysia* (pp. 228-254).
- Tan, T. J., Ho, W. F., & Tan, J. L. (2005). *The Chinese Malaysian contribution*. Kuala Lumpur: Centre for Malaysian Chinese Studies.
- Tang, M. (2002). A comparison of Asian American, Caucasian American and Chinese college students: An initial report. *Journal of Multicultural Counseling and Development*, 30(2), 124–135. doi:10.1002/j.2161-1912.2002.tb00484.x
- The British Psychological Association. (2006). Disciplinary notice: Edward Chan. *The Psychologist*, 19(10), 619–620.
- Ting, S.-K. (2008). *Who am I talking to: The effect of language on bilingual Chinese expression of self-concept and depressive emotion*. Germany: VDM Verlag Dr. Muller.
- Ting, R. S. K., & Sundararajan, L. (2017). *Culture, Cognition, and Emotion in China's Religious Ethnic Minorities: Voices of Suffering among the Yi*. Palgrave MacMillan Publication.
- Ting, S.-K., & Ng, L. O. (2012). Use of Religious Resources in Psychotherapy from a Tradition-Sensitive Approach: Cases from Chinese in Malaysia. *Pastoral Psychology*, 61(5-6), 941–957. doi:10.1007/s11089-011-0365-4

Counseling Chinese Communities in Malaysia

Todd, P. M., & Gigerenzer, G. (2012). *Ecological rationality: Intelligence in the world*. OUP USA. doi:10.1093/acprof:oso/9780195315448.001.0001

Ward, C., & Hewstone, M. (1985). Ethnicity, language and intergroup relations in Malaysia and Singapore: A social psychological analysis. *Journal of Multilingual and Multicultural Development*, 6(3-4), 271–296. doi:10.1080/01434632.1985.9994207

Ward, C., & Lin, E. (2010). There are homes at the four corners of the seas: acculturation and adaptation of overseas Chinese. In M. H. Bond (Ed.), *The Oxford handbook of Chinese psychology* (pp. 657–677). New York: Oxford University Press. doi:10.1093/oxfordhb/9780199541850.013.0039

Watters, E. (2011). *Crazy Like Us: The Globalization of the American Psyche*. NY: Free Press.

Yeh, K. H., Yi, C., Tsao, W., & Wan, P. (2013). Filial piety in contemporary Chinese societies: A comparative study of Taiwan, Hong Kong, and China. *International Sociology*, 28(3), 277–296. doi:10.1177/0268580913484345

Yusuff, A. S. M., Tang, L., Binns, C. W., & Lee, A. H. (2014). Prevalence and risk factors for postnatal depression in Sabah, Malaysia: A cohort study. *Women and Birth; Journal of the Australian College of Midwives*, 28(1), 25–29. doi:10.1016/j.wombi.2014.11.002 PMID:25466643

Zgambo, M., Kalembo, F., He, G., & Wang, H. (2012). Depression among Chinese children and adolescents: A review of the literature. *International Journal of Child, Youth, and Family Studies*, 4(1), 442–457. doi:10.18357/ijcyfs34.1201211543

KEY TERMS AND DEFINITIONS

Acculturation: The process of social, psychological and identity change resulting from migrating to another culture (i.e. original and host cultures).

Assimilation: The process whereby a minority group gradually adapts to the customs and attitudes of the prevailing culture.

Chinese in Malaysia: Naturalized Malaysians of Chinese descent, mostly descendants of Chinese who arrived in various waves of immigration.

Indigenous Psychology: The scientific study of human behavior and mind that is native, that is not transported from other regions, and that is designed for its people. It involves understanding each culture from its own frame of reference, including its own ecological, historical, philosophical, and religious or spiritual contexts.

Mental Health: A person's condition with regard to their psychological, cognitive, emotional, and social well-being.

Multicultural Competency: The ability to understand, communicate with and effectively interact with people across cultures.

Psychological Challenges: Difficulties or obstacles that affect the individual's mental status.

Resilience: The ability to recover quickly or adjust easily to life difficulties, misfortune or adversities.

Counseling Chinese Communities in Malaysia**ENDNOTES**

- ¹ Estimated breakdown of Chinese dialect speakers based on available official data from the 2000 Population and Housing Census of Malaysia.
- ² See interview from Kwanghua Newspaper on November 1, 2015 on <http://www.kwongwah.com.my/?p=39671>
- ³ Wawasan 2020 was proposed as vision for Malaysia to realize the dream of becoming a developed country.
- ⁴ Neurasthenia is a term that denotes a condition with symptoms of fatigue, anxiety, headache, heart palpitations, high blood pressure, neuralgia, and depressed mood, by early neurologist George Miller Beard in 1869. It is currently a diagnosis in the World Health Organization's International Classification of Diseases (and the Chinese Society of Psychiatry's Chinese Classification of Mental Disorders). However, it is no longer included as a diagnosis in the DSM-5 by the American Psychiatric Association.
- ⁵ Stanford University's Asia Pacific Brain Drain Project highlighted Malaysia as one of the countries most affected by brain drain. The full report can be accessed at <https://cs.stanford.edu/people/eroberts/cs181/projects/2010-11/BrainDrain/Malaysia.html>
- ⁶ Investigation into the Mental Health Support Needs of International Students with Particular Reference to Chinese and Malaysian Students, September 2011, University of Nottingham.
- ⁷ Estimated breakdown based on active clinical psychologists registered under the Malaysian Society of Clinical Psychology (MSCP) as provided by the 2017 MSCP committee.
- ⁸ Guang Ming Daily reported on an alleged misrepresentation of an infamous 'psychotherapist' among CIM on 11 November 2009; the alleged 'psychotherapist' also received a formal disciplinary misconduct reprimand from the British Psychological Association for false claims on his qualifications and certification.