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**COMPARING CHARACTERISTICS, PRACTICES AND EXPERIENTIAL
SKILLS OF MENTAL HEALTH PRACTITIONERS
IN NEW ZEALAND AND SINGAPORE:
IMPLICATIONS FOR CHINESE CLIENTS AND COGNITIVE BEHAVIOUR
THERAPY**

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ABSTRACT

This study compared the characteristics, self-reported practices and experiential skills of mental health practitioners (MHPs) in New Zealand and Singapore with the aim of benefiting both nations in managing the mentally ill. A mixed-research design was used consisting of a mail questionnaire survey and a structured interview. For each country, mail questionnaires were sent to 300 MHPs, namely, counsellors, psychiatrists, psychologists, psychotherapists, and social workers, while structured interviews were held with 12 MHPs. Potential participants were drawn from available electronic or printed publications on counselling and psychotherapy services in both countries. Those drawn from individual listings of MHPs were systematically sampled, whereas those drawn from organisational listings of MHPs were sampled by way of estimation.

Despite the relatively low response rates of 20% to 27% from the participants of the mail questionnaire, the major findings were supported and augmented by those from the structured interviews in the combined analysis of results. Results were categorised into personal, professional and practice characteristics of MHPs. Personal characteristics included demographic characteristics. Professional characteristics included training characteristics, primary job affiliation and use of Western therapy models and interventions. Practice characteristics were sub-divided into five categories: practice setting; diagnostic system and assessment procedures; client and caseload; gender/ethnic match; and experiential skills.

Similarities in personal and demographic characteristics between MHPs of both New Zealand and Singapore were found with respect to gender, ethnicity, and language ability. Differences in these characteristics were found with respect to age range and religious affiliation. Similarities in professional characteristics between MHPs of both

countries were found with respect to country of therapy training, qualification in therapy, number of years of supervised training received, and use of Western therapy models and interventions. Differences in these characteristics were found with respect to primary job affiliation, availability of clinical psychology programmes, years of experience in therapy, and registration of practice. Similarities in practice characteristics between MHPs of both countries were found with respect to relevance of therapy models, focus of practice, diagnostic system and use of assessment procedures, clients seen, clients' presenting problems, and gender/ethnic match. Differences in these characteristics were found with respect to preferences of therapy models, and average number of sessions per client. Similarities in experiential skills between MHPs of both countries were found with respect to handling of self-disclosure, religious or spiritual issues, and traditional healers.

Implications for Chinese clients and cognitive behaviour therapy were discussed, as well as limitations of the study.

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5. Abstract on paper titled, "Cognitive behaviour therapy in New Zealand and Singapore: From a doctoral study and personal experience", was presented and published (in a book of abstracts) in the 1st Asian Cognitive Behaviour Therapy (CBT) Conference: Evidence-based Assessment, Theory and Treatment, The Chinese University of Hong Kong, Hong Kong, 28-30 May 2006 299
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