CLERGY & COUNSELLORS: MENTAL HEALTH CARE IN SINGAPORE

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# Table of Contents

**Acknowledgments** ii

**Table of Contents** v

**Summary** ix

**Chapter 1 Introduction** 1

1.1 Introduction

1.2 Overview of social science research in health

1.3 Relationship between various sectors in health care

1.4 Referrals as a tool to understand relationship between sectors

1.5 The relationship between the professional and traditional sector as seen through clergy referral practices

1.6 Research aims

1.7 Justification for sampling Christian clergy

1.8 Overview of Christianity in Singapore

1.9 Significance

1.10 Chapter Outlines

**Chapter 2 Literature review and theoretical framework** 36

2.1 Overview of chapter

2.2 Competition between professional groups

2.3 Review of literature on referral behavior

2.4 Analysis of literature on clergy referral practices

2.5 Theoretical approaches to understanding referral behavior

2.6 Literature on the etiology of emotional and mental problems
2.7 Literature on professional behavior

2.8 Summary of hypotheses in theoretical model of referral intentions

2.9 Theoretical literature on criteria for specific referral partner

Chapter 3 Methodological Issues

3.1 Overview of Chapter

3.2 Research on clergymen’s referral patterns

3.3 Methodology for counsellor survey

Chapter 4 Cultural construction of mental problems and its determinants

4.1 Overview of chapter

4.2 Prominent models used by the professional and traditional sector

4.3 Factor analysis of items in clergymen etiology models

4.4 Measurement of treatment models

4.5 Etiology and treatment model correlation

4.6 Summary of findings

4.7 Comparison of variables to endorsement of etiology and treatment models

4.8 Discussion

Chapter 5 Clergy & counselling: the professional dimension

5.1 Overview of chapter

5.2 Professional role of local clergymen

5.3 Professional competence

5.4 Professional ideology

5.5 Professional networks

5.6 Discussion
Chapter 6 Relating across the sectors: clergy referrals 202

6.1 Overview of chapter

6.2 Actual referrals

6.3 Referral likelihood based on presenting issues list

6.4 Referral intentions through case scenarios

6.5 Univariate analysis of referral intentions

6.6. Etiology and treatment models and referral intentions

6.7 Multivariate analysis of referral intentions

6.8 Discussion

Chapter 7 When clergymen have to refer: preferences and criteria 252

7.1 Overview of chapter

7.2 Choosing between psychiatry and psychological counselling

7.3 Choosing the right professional

7.4 Importance of social linkages, homophily and interprofessionality as referral criteria seen through interviews

7.5 Importance of social linkages, homophily and interprofessionality as referral criteria seen through survey data

7.6 Multinomial logistic regressions to identity predictors of referral criteria

7.7 Discussion

7.8 Conclusion

Chapter 8 The professional sector and its relationship to clergy 287

8.1 Overview of chapter

8.2 Clergy and the development of the counselling field in Singapore
8.3 Counsellors’ rating of clergy’s competence in mental health issues

8.4 Views of counseling professionals to religious issues

8.5 Discussion

8.6 Conclusion

Chapter 9 Conclusion

9.1 Overview of chapter

9.2 Key findings

9.3 Main conceptual contribution to the literature

9.4 Other conceptual and methodological contribution to the literature

9.5 Implications of study to the relationship between allopathic and complementary medical practitioners

9.6 Future trends in mental health care provision

9.7 Policy implications of study

9.8 Prospects for future studies

Bibliography

Appendix A – Pilot study questionnaire

Appendix B – Actual questionnaire

Appendix C – Questionnaire for counselor study
Summary
Clergy & Counsellors: Mental health care in Singapore

This study, a contribution to the sociology of health and the sociology of professions, attempts to understand the relationship between the professional and traditional sector of mental health care in Singapore. While Christian clergymen have traditionally provided emotional and mental health care to many populations, their jurisdictional authority to provide such help has been challenged with the rise of the mental health profession. However, instead of being marginalized as would have been expected by Abbott’s (1984) theory of professions, in Singapore and in the United States Christian clergymen continue to be a popular option for Christians seeking help, making them influential gate-keepers to the professional sector. This is partly because the etiology and subsequent treatment models used by Christian clergy fit with the cultural beliefs of the Christian population.

This study examined the practice of referrals to understand the extent of collaboration and competition between the two sectors. By exploring the forces which hinder or promote referrals between clergy and mental health professionals, a model was developed using survey data from a representative sample of 213 Singaporean clergymen and complemented by qualitative interviews. The focus of the data collection was to understand how the cultural construction of mental health problems and aspects of professional dynamics, notably professional role identity, professional competence, professional networks and professional ideology affected referral practices. The research found that these variables were important as were demographic variables and religious conservatism. These variables also impacted
how strongly clergymen felt that three criteria, homophily, interprofessionality and social linkage, arguably determinants of inter-professional trust, were important to their choice of a specific mental health professional should such referrals be warranted.

On a macro level this study argues that the different constructions of mental problems and aspects of professional behavior, particularly perceived professional competency and professional ideology, offer possibilities for some clergymen to reclaim their jurisdictional rights over the care of mental and emotional problems. This research also found that instead of competition and conflict between the two sectors, there was in fact collaboration seen in the willingness by non-clergy mental health professionals to make referrals to these religious professionals for certain kinds of problems. This can be explained by the involvement of the Christian church in the rise of the professional non-psychiatric mental health sector in Singapore and the strong presence of Christians in the local mental health field. Yet at the same time, it appeared that the non-religious sector still asserted their authority by calling for more supervision of clergy counselling and a division of labour where less complicated mental and emotional problems could be handled by clergy.