

On the development of psychology profession in Northern Ghana

Emmanuel Dziwornu

Lecturer

Department of Psychological Medicine and Mental Health

School of Medicine

University of Health and Allied Sciences

Ho

Email: edziwornu@uhas.edu.gh

Peter Mintir Amadu

Assistant Lecturer

Department of Clinical Psychology

School of Medicine

University for Development Studies

Tamale

Email: pmintir@uds.edu.gh

Seth Oppong

Professor

Department of Psychology

University of Botswana

Botswana

Email: oppongs@ub.ac.bw

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Abstract

The history of psychology in Ghana has received research attention. However, documentation of regional or provincial history of psychology in Ghana has not received enough scholarly attention. In a resource-constrained setting, the least developed areas are often neglected, especially in terms of service provision and historical research. It is important that the progress of psychology in Northern Ghana, one of the least developed regions in Ghana, is examined to inform public policy decisions. In this paper, we discuss the history of psychology and its practice in Northern Ghana. We present the

challenges faced by the profession in the region and some recommendations for improvement.

Keywords: history of psychology, psychology practice, Northern Ghana, mental health

Introduction

The history of psychology in Ghana, in general, has received scholarly attention (Asante & Oppong, 2012; Oppong et al., 2014; Oppong, 2017). In addition, histories of certain subfields of psychology in Ghana have also been documented. For instance, the histories of clinical psychology (Danquah, 2014), health psychology (de-Graft Aikins, 2018), community psychology (Akotia & Barimah, 2007), school psychology (Danquah, 1987), guidance and counselling (Essuman, 1999), psychological testing and assessment (Oppong et al., 2022), educational psychology (Nyarko, 2014), and industrial/organizational (I/O) psychology (Oppong, 2022, 2013) have all been documented. In addition, Oppong (2017) has called attention to the need to diversify the history of psychology to move away from the focus on contributions of males to include contributions of female to psychology. In response to this call, Quashie and Akotia (2023) have edited an autobiographical volume that outlines the contributions of female psychologists to the development of psychology in Ghana. However, there has not been a focus on regional histories of psychology in Ghana. By regional history, we mean history of the profession of psychology covering a geographical location so divided for the purposes of administration of (local) government within a nation-state. In this sense, we may also refer to such histories as regional histories. Perhaps, we need to admit that there shall never be a preferred term to describe such histories.

The practice of psychology in Ghana has achieved significant success over the years (Dziwornu & Oppong,

2023) and has contributed to the development of the economy, education, and health since its introduction (Oppong, 2022, 2017, 2013). Arguably, psychological services have been expanded to cover a greater part of the country. However, some geographical regions of the country have not benefited enough from the growth of the field. Notable among them is Northern Ghana which has seen less of psychology practice in particular and mental health in general (Eaton & Ohene, 2016). Generally, there has been limited mental health service in Northern Ghana over the years (Adu-Gyamfi, 2017; Atakora et al., 2020; Xu et al., 2019). The region also continues to record accounts of undesirable treatment of residents of the so-called witch camps who are usually persons with neurodegenerative conditions related to aging such as dementia and mental illnesses such as schizophrenia (Azongo et al., 2020; Darkwah et al., 2021). This is what Azongo et al. (2020) described as a lesser-known violence against people in this part of the country. In this vein, the residents of Northern Ghana have limited access to many services including psychological care until recent times.

It is important that with limited resources, and a relatively low development, the strides made over the years in northern Ghana need to be highlighted especially regarding mental health and psychology practice. As a result of the need for regional histories and the limited development of psychology in that region, we seek to present a historical account of the development of the discipline and profession of psychology in Northern Ghana. In this paper, we also highlight the challenges and make recommendations for future actions. In this paper, we use the term ‘Northern Ghana’ to refer to the geographical area that covers the five (5) administrative regions (Northern, North-East, Savannah, Upper East, and Upper West regions) (see the Map 1). The Northern part of Ghana was one of the four territories of the then Gold Coast (currently known as Ghana) (de-Graft Aikins, 2018). To reiterate, we state that the aim of this paper is to 1) present a historical account of the development of

the psychology profession in northern Ghana, 2) highlight the challenges for the profession in the northern region, and 3) make recommendations.

Growth of Psychology at the National Level in Ghana

Psychology has a long past but a relatively short history in Ghana (Asante & Oppong, 2012; Oppong, 2017; Mate-Kole, 2013). Being taught in different forms in schools for centuries, the practice of psychology blossomed only in contemporary times in Ghana particularly following the establishment of the Ghana Psychology Council in 2013 (Dziwornu et al., 2017; Oppong, 2017). A number of institutions of higher education teach and/or train interested students in psychology (Oppong et al., 2014). A major success for the practice of the discipline occurred when the Mental Health Act, 2012 (Act 846) was enacted and the Ghana Psychology Council under Part Five of the Health Professions' Bodies Regulation Act, 2013 (Act 857) was established (Dziwornu et al., 2016).

Currently, psychologists practise in diverse sub-fields such as clinical, clinical health, social, Industrial/Organizational (I/O), educational, counselling, health, and sports psychology (Dziwornu & Oppong, 2023). The pioneering sub-fields were clinical and counselling psychology and were followed by social/community, educational, and I/O psychology (Akotia & Barimah, 2007; Essuman, 1999, Nyarko, 2014; Oppong et al., 2022). There is still a lack of training for most of the sub-fields in Ghana except for clinical, social/community, I/O, counselling, developmental, measurement and evaluation, and educational psychology (Dziwornu & Oppong, 2023).

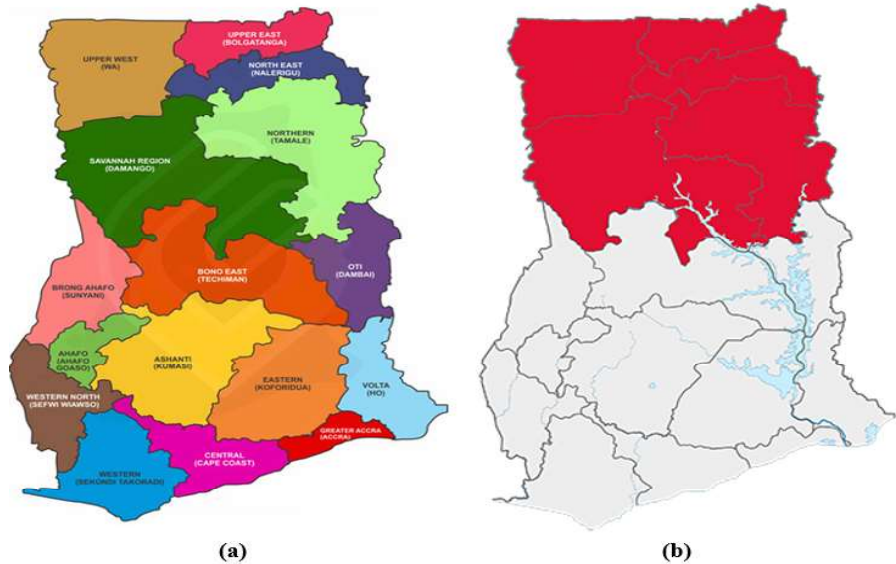


Figure 1: Geographical Area representing Northern Ghana

Note: The shaded portion in (b) represents Northern Ghana.

Psychology practice in Ghana has been also extended to private institutions and facilities. Private hospitals now hire and provide the service to their clients (Dziwornu et al., 2017). For-profit organisations and non-profit ones also hire psychologists whereas private universities currently train psychologists in some sub-fields (Dziwornu & Oppong, 2023; Oppong, 2022, 2013). Private and public basic and secondary educational institutions provide counselling and educational psychological services to students (Essuman, 1999). Apart from mainstream government health facilities that have hired psychologists, other government agencies such as the prison service, the police service, and the armed forces also hire psychologists. Thus, generally, the awareness about the practice of psychology has improved significantly in Ghana (Dziwornu & Oppong, 2023).

History of Psychology in Northern Ghana

Psychology in Northern Ghana was initiated through the establishment of teacher and nurses' training colleges around the 1940s and 1970s respectively. However, Islamic scholarship arrived in Northern Ghana with the study of philosophy and physiology in early 1700s (Oppong, 2017). For instance, the Mande scholarly community from Timbuktu arrived in Dagbon (in Northern Ghana) around 1700 C.E. (Dumbe, 2013) and the university town of Moliyili (outside Yendi) was founded in the 1700s (Lauer, 2013). These Islamic scholars brought the study of philosophy and physiology from the University of Sankore at Timbuktu (established in 989 C.E.) (Oppong, 2017). Therefore, Northern Ghana had encounters with the precursors of modern psychology – philosophy and physiology.

General mental health services such as psychiatry and community psychiatric nursing were expanded to Northern Ghana under the Ministry of Health, particularly through the community mental health programme following the passage of the mental Health Act in 2012 (Zambang, 2021). Immediately after, the Ghana Psychology Council was established under the Part five of the Health Professionals Regulatory Bodies Act, 2013 (Act 857), creating room for the Ministry of Health to recruit psychologists into the health sector. This was conceived to enhance mental health agenda in general and particularly promote the community mental health programme by placing psychologists at the district levels for easy access in communities. Prior to this, psychologists were not available in the health system since provision was not made for their recruitment, creating a human resource gap for mental health delivery across the country including the north. There were a few private mental health facilities such as the Shekhinah Clinic for the poor and destitute, established in 1991 by the late Dr. David Abdulai (Zambang, 2021). This clinic still offers free medical care including mental health care to the poor and destitute or the ones they call the 'forgotten ones'. BasicNeeds Ghana, a

non-governmental organization (NGO) that works to improve the lives of individuals living with mental illness and epilepsy, has also promoted the practice of psychology in Northern Ghana for years. This NGO (BasicNeeds Ghana) aims at providing community-based mental health interventions, livelihood support, and advocacy (Yaro, 2015).

Over the years, I/O psychologists travelled to provide services to organisations in the region. In the early 2000s, the University for Development Studies (UDS) appointed an I/O psychologist as a faculty member. A little after that, specifically after the passage of the Mental Health Act in 2012 and the creation of the Ghana Psychology Council (GPC) in 2013, two (2) clinical psychologists were hired for the regional hospitals in the Upper East and Upper West Regions in 2012. Unfortunately, the one posted to the Upper West Regional Hospital in Wa resigned after a few months to return to school in the same year. The other psychologist at the Upper East Regional Hospital in Bolgatanga also resigned after three (3) years for further studies. A year after their recruitment, the Tamale Teaching Hospital hired its first clinical psychologist in 2013. This psychologist in turn became the only clinical psychology practitioner in the entire Northern Ghana, serving for six (6) continuous years. Noteworthy is the fact that this psychologist operated for five (5) and half years without a specific consultation room dedicated for psychological practice. In his sixth year, three (3) fresh master-level graduates in clinical psychology were hired to join him, two (2) of whom were posted to the Tamale Teaching Hospital and the other to the Upper East Regional Hospital. In addition, two (2) clinical psychologists were hired for the Upper West (Regional and Municipal Hospitals) in Wa, and one (1) clinical psychologist at the Northern Regional Hospital in Tamale (popularly called the Tamale Central Hospital) in 2021. In 2020, the University for Development Studies (UDS) hired two members of staff with a background in psychology to teach at its School of Medicine. The UDS incorporated psychology modules in the curriculum for the training of medical practitioners.

These developments drastically transformed hiring and placement of psychologists at health facilities in the region. There have been social media campaigns and talks, seminars, and trainings. NGOs also utilise the services of psychologists to implement their projects and interventions in the region. Other government agencies such as the Ghana Police Service, Ghana Immigration Service, and Ghana Prison Service have also called for greater engagements and collaborations with psychologists in the region.

One of the most significant events is the establishment of a private psychology practice in the region; this private practice is incorporated as Total Life Enhancement Centre Ghana (TOLECGH). Arguably, TOLECGH is the first private psychology clinic in Northern Ghana, established in June 2018, with accreditation from the Ghana Psychology Council (GPC) in 2020. This is a psychology organisation that aims at promoting and advocating for better psychological health and services for the people in Northern Ghana.

Similarly, Ghana Psychological Association (GPA) began to extend its activities to the region. Annual programmes such as Psychology Week were and are still celebrated by the GPA representatives in the region through awareness creation on the role of psychology, and the presentation of psychological problems, media engagement, distribution of flyers, and screening exercises. In 2019, 2020, 2021, and 2022, the GPA's Psychology Week was celebrated in Northern Ghana along the national celebrations in Accra (the capital of Ghana) in collaboration with TOLECGH, the Tamale Teaching Hospital, and the Tamale Nurse' and Midwifery Training College. For instance, the 2022 celebration was observed in collaboration with TOLECGH and the New Life College. Current psychology-related activities in Northern Ghana include advocacy programmes such as awareness creation in schools, banks, hospitals, and religious organisation, psychological interventions for individuals and organisations, engagement with community leaders, and

capacity-building workshops for health professionals. With support from the Centre for Social and Development Reform (CSDR), TOLECGH provides psychological services to prison inmates and ex-convicts in Tamale as part of CSDR's project titled *Harnessing Opportunities for Prison and Ex-convicts (HOPE+)* project. The clinical psychology practitioners in Northern Ghana, in collaboration with the private psychology organisation, are implementing activities in the areas of peacebuilding using the mental health and psychosocial support (MHPSS) model supported by Coginta Ghana and funded by the European Union.

In 2021, the GPA received a seed grant from the American Psychological Association (APA) to implement an intervention that seeks to improve the psychological wellbeing of residents of the so-called witch camps in Northern Ghana (Darkwah et al., 2021). The proposed intervention seeks to utilise a “blend of creative, indigenous cultural strategies with conventional psychosocial approaches to provide intervention primarily for the women who live in the witch camps and then for the communities where the practice occurs.” (Darkwah et al., 2021, para. 5). This approach has been dubbed “Psychosocial Plus approach” and it combines *Expressive Art Therapy* and provision of other psychosocial support with basic needs provisions that responds to the sustenance needs (Darkwah et al., 2021).

Disaster interventions have also been led by the GPA in the region. These include provision of psychological intervention to affected banking sector workers following the banking sector crisis in 2019; crisis intervention for a drowning disaster on the Oti River involving students of the St. Charles Lawga R/C School at Saboba; crisis intervention for sodomised boys in Salaga in the Savannah Region in 2021; COVID-19 psychosocial support in 2020/21; the de-escalation of a clash between community members and the Ghana Police Service following an electricity disconnection exercise in 2021; and the provision of psychological support for Police Officers of

Zuarungu Command following the shooting and killing of two Police Officers by armed robbers in the Upper East Region in 2021.

A Growing Profession in Northern Ghana

Psychology has made significant gains in Northern Ghana. Some of these gains are discussed in this section. To begin, psychologists have been hired by three (3) of the regional hospitals in the region. The region initially had problem with retention of psychologists. However, there is currently low staff turnover among psychologists in Northern Ghana. The challenge of having only one person for the entire region has also been addressed. This means that the challenge of persons requiring clinical psychological services who had to travel to the south of the country or Tamale (at least at the time when there was only one psychologist based at the Tamale Teaching Hospital) has equally been resolved.

The presence of psychology in the region reflects in the collaborations with governmental and non-governmental organisations. Psychologists are recommended to and by individuals and groups or organisations regularly in the region. For example, during the COVID-19 pandemic in Ghana, psychologists provided psychosocial support to the public in Northern Ghana (Dziwornu & Opong, 2023). Besides, psychologists are called upon during other disasters for psychosocial support and to conduct training programmes for Ghana Prisons Service and sensitisation programmes for the Ghana Police Service. The request to conduct capacity-building activities for health workers, teachers, media personnel, bankers, and educational institutions and the media is worth mentioning here as well. Recognition of the role and contribution of psychologists during the COVID-19 pandemic have dramatically enhanced the practice. For instance, the Office of the President of the Republic of Ghana, through the Tamale Teaching Hospital, presented a certificate of honour

to the resident psychologist at the hospital for his contribution during the COVID-19 pandemic. The psychologist was among other health professionals who were recognised.

The establishment of a private psychology practice in the region also represents a significant progress. This affords the region the opportunity to choose between mainstream government services or a private service. This opportunity used to be available only in the southern part of the country. As such, some services that come in handy through private practitioners were lacking in Northern Ghana for a long time. In this respect, this development has significantly contributed to expanding access to mental health services in Northern Ghana. There is also an increased awareness and recognition of the role of psychology in delivering total health to individuals in the region. Though slow, people are beginning to recognise psychology as a health profession, and this reflects in the increasing caseloads at the various facilities with psychologists. Institutional and professional referrals as well as self-referrals have increased over a space of a decade in the region. This shift in perception of the utility of psychology has helped reduce stigma surrounding mental health and encouraged individuals to seek professional help. This can be attributed to the extensive awareness creation through the media and GPA celebrations. Initially, the stigma of mental health negatively affected psychological health-seeking in the region. However, the commitment shown by the few psychologists in the region has led to an increase in the number of clients seen at the government facilities and in private practice. These clients are often recommended either by their employers, their attending physicians, or a (current or previous) beneficiary of psychological service to see psychologists.

Challenges of a Growing Profession

There remains a long way to go to fully develop the practice of psychology in Northern Ghana. There has been an unequal access to psychological services and unequal economic

development in Ghana (Abdulai et al., 2018; Songsore, 2011). Southern Ghana tends to have increased access to social amenities including health facilities and has higher socioeconomic development compared to Northern Ghana. However, there are shared challenges across the country. The challenge of poverty and social exclusion associated with low socioeconomic development impacts access to health even where the services are available (Xu et al., 2019). This challenge has led to a situation where less resources are allocated to psychology practice in facilities/institutions in the region.

Another major challenge is the increasing but limited acceptance and utilisation of psychological services by the residents in Northern Ghana; in other words, there is still stigma associated with seeking mental health services in the region. One can still find people who make statements such as “I am not mad” when referred to see a clinical psychologist. This affirms the prevalence of decreasing but relatively high levels of stigma associated with mental health in Ghana, in general and Northern Ghana, in particular. Many individuals and communities still view mental illness as a sign of weakness, wickedness, spiritual affliction, or a taboo subject. This discourages people from seeking professional help and hinders the acceptance and utilization of psychological services. Furthermore, the low level of mental health literacy is impacting negatively the gains made in the perceived utility of psychological services. Thus, concerted effort is still needed to be directed at supporting individuals to appreciate mental health services more and to accept psychological interventions.

Limited human resource is a challenge in Northern Ghana. Generally, there is a national mental health human resource challenge (Atakora et al., 2020) leading to poor knowledge and awareness of mental health among the population. Objective: The overall aim of this study was to provide a systematic description of mental health services in Ghana. Methods: A snowball technique was used to select a total of 42 mental health

professionals from six hospitals for interviews. A structured questionnaire was used for data collection. Results: Major findings of this study include inadequate human and material resources; poor knowledge of mental health among the population; weak coordination between general practitioners and mental health professionals; inadequate mental health services in schools and prisons. Additionally, 54.8% of respondents reported limited mental health educational materials, and most schools (54.8%). However, compared with the numbers recorded in other parts of the country, Northern Ghana is woefully under-resourced. Currently, there are five (5) administrative regions in Northern Ghana. As stated earlier, there was a time when only one (1) psychologist served the entire region. Presently, Savannah and North East Regions (the two newly created regions) are without a psychologist. In any case, one (1) psychologist in an entire region is not adequate, creating room for stress, inefficiency, and limited growth for the profession. This also limits access to psychological services, especially in remote and rural areas. Unfortunately, no institution trains psychologists in Northern Ghana, limiting access to psychology education. There is limited availability of continuous professional development programmes in Northern Ghana (except for online/virtual programmes) given that there are fewer professionals in the region.

In addition, limited funding is making the practice of psychology in particular and mental health in general challenging in the region. Efforts towards supporting psychology practice by government, NGOs, and international organisation will go a long way towards making the service readily available and accessible. Related to funding is the issue of lack of motivation. As most of the townships and cities in the region are relatively deprived, it becomes difficult to get professionals to accept posting to such places and may require some motivational packages or incentives to get them to accept appointments and retain them in the region.

Directions for the Future

Some suggestions to improve the service in Northern Ghana are presented in this section. First, there is the need for strong partnership and collaboration between psychology bodies (GPC and GPA), the Mental Health Authority (MHA), and other organisations particularly those with vested interest in Northern Ghana (particularly the Northern Development Authority) to promote psychological services to the benefit of the region. By this, the GPA and the GPC are also encouraged to visit the region regularly and conduct exercises to announce their existence/presence. This can include monitoring projects and hosting of conferences and other events. The World Mental Health Day, the GPA Psychology Week, and other notable celebrations such as the World Suicide Prevention Day, and World Bipolar Day should be observed in the region where free services will be rendered to people and organisations.

With respect to motivation, more needs to be done to incentivise the professionals in the region. Psychologists' salary should be renegotiated with government, with special case made for those who accept posting to Northern Ghana to attract and retain them in the region. We need to acknowledge some efforts by GPA to lead such negotiations. For instance, representatives of GPA National Executive Committee met with GPC on issues of employment and salaries of psychologists in Ghana (GPA, 2023). This meeting was not held specifically to address the concerns we raised in this paper *per se*, but it represents a significant progress towards addressing the concerns of lack of motivation among psychologists in Ghana. These discussions should be expanded to include the special needs for posting to Northern Ghana. For example, psychologists posted to Northern Ghana could be given free accommodation, a 13th month allowance (similar to what is done for the medical doctors in the country), extra-duty allowances, shorter period to qualify for study leave, and prompt approval of applications for study leave.

Furthermore, there is the need for continued but increased collaboration with NGOs in the region to make psychological services readily available for their projects' beneficiaries. This should be done with the view that psychological impact of trauma-related events, which these NGOs are addressing, linger on for a very long time. Perhaps, an important issue is that government agencies, NGOs, and other civil society organisations (CSOs) in the region should engage licensed professionals to minimise and prevent reputational damage to the profession – a situation that negates the gains made in terms of improved perceived utility of psychology by the few practitioners in the region. The GPC may also need to actively monitor the activities of practitioners in the region to ensure that organisations hire or engage the services of only licensed psychologists in the region.

Also, more undergraduates with psychology background should be posted to Northern Ghana for their national service. Of course, this should come with some basic motivational provisions such as accommodation to whip up their interest and encourage them to accept the posting. This can be facilitated through the Psych Corp programme which prepares such graduates for national service particularly in health facilities and communities. These personnel will be attached to psychologists in the respective facilities where they can learn and assist the few professionals in the field in the region. This will also expose such young ones to the region and reduce their reluctance to work there in the future. Their presence will enhance psychology activities such as GPA's psychology week celebrations, mental health month celebrations and outreaches in the region. Thus, the GPA, GPC and Psych Corp should collaborate and utilize channels at the national service secretariat in order to achieve this goal.

Finally, continued extensive public education, campaigns, and sensitisation programmes must be rolled out by national mental health organisations such as GPA and MHA to address issues of stigma and other negative perceptions people may hold

about the profession in the region. When this yields the desired results and people begin to avail themselves for the service, a special service charge regime could possibly be implemented for them to enable the service providers to meet the costs associated with providing psychological services in the region. This will also mean that more psychologists will have to be deployed to the region for the sensitisation exercises and the much-needed psychological services.

Conclusion

Clearly, the practice of psychology in Ghana is beginning to blossom. However, some regions of the country may have been left behind. It may be the case that, years after the country achieved considerable progress in psychology practice, we then will notice a disparity in access, and struggle to close the gaps in access to health services. There are several challenges that Northern Ghana is faced with in respect of expanding access to psychological services. These challenges have been noted to include poverty and social exclusion, limited human resources, lacking funding support, and decreasing but relatively higher levels of stigma. Addressing these challenges requires a multi-faceted approach involving government support, increased funding, community engagement, advocacy efforts, and collaborations with other well-meaning organizations. It is crucial to promote the importance of psychological health, reduce stigma, to improve mental health literacy, and to expand access to quality psychological services in Northern Ghana. Northern Ghana is known to be often left behind in instances such as economic growth, infrastructure development, and health. Psychology practice must not suffer the same fate in the region. There are some concerted efforts to overcome some of these challenges. However, zeal, commitment and support are required to realise the goal of improved mental health infrastructure (facilities, supplies, and qualified human resources including psychologists) in the region. Therefore, it is imperative

that the Government of Ghana, GPA and its members, and other well-meaning organisations collaborate to increase access to psychological services. Towards this end, GPA will need to step up its efforts and reach out to Northern Ghana more often.

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