



Some Notes on the Proliferation of Selected Private Psychology Centres in the Greater Accra Region of Ghana, 1983-2021

Nadir Abdulhadi Nasidi^{1*}, Elizabeth Anorkor Abbey², Usman Bakari³

¹Department of History, Ahmadu Bello University, Zaria, Nigeria

² Department of Psychology, University of Ghana

³Department of Guidance and Counselling, Taraba State University, Jalingo, Nigeria

*Corresponding author: nanasidi@abu.edu.ng

Abstract

Since the introduction of psychology as an institutionalised course worthy of study at the University of Ghana in 1963, it continues to gain ground, especially through the proliferation of private psychology centres across the country. Drawing from both primary and secondary sources in the form of oral interviews with psychologists and written documents, this paper traces the historical development of some private psychology centres in the Greater Accra Region of Ghana. The paper identifies understanding the core psychological conditions of cases, clients' misunderstanding of the role of psychologists, lack of patronage, and referral inconsistencies as the major challenges debilitating against private psychology centres in the study area. Apart from the fact that there is a total absence of fully-fledged public psychology centres in Ghana, the study concludes that there is a strong need for societal orientation about psychology services by constituted authorities.

Keywords: Psychology Centres, History, Greater Accra, Counselling.

1. Introduction

Psychology as a formal field of study began to emerge in Ghana in the early 1960s. Despite the fact that psychology was first introduced as a course of study at the University of Ghana in 1963, the discipline is still evolving (Danquah, 1987; Agbodeka, 1998). The main reason behind the introduction of psychology as an academic discipline into the University's curriculum was to address the growing 'pressures that accompany rapid political, economic and social changes in a developing country like Ghana' that 'would cause many human problems for whose solution psychological teaching and research can be directly relevant' (Agbodeka, 1998). In the initial stage, psychology was taught as a subsidiary course at the Department of Sociology of the University of Ghana. With the establishment of the Department of Psychology in May 1965, it became a full-fledged course.

Over there years, psychology and its teaching in Ghana were developed due to both the individual and collective efforts of some professionals. In the 1970s for instance, Prof. Fishian, Mr. Bulley, Prof. Danquah, Dr. Adamako, and Mr. Banaman established the Counselling and Placement Centre on Legon campus (Danquah, 1982; Danquah, 2000; Mensah-Sarbah, 2005). This Centre provides services to many people with anxiety, examination challenges, relationship issues, etc. At a more personal level, these early Ghanaian psychologists contributed immeasurably to the development of psychology, its

teaching, and the proliferation of psychology facilities across the country. For example, Samuel Danquah was responsible for the introduction of psychology at Kwame Nkrumah University of Science and Technology in 1976, as well as the mounting of BA and MPhil programmes at the Methodist University, which were accredited in 2004 by the National Accreditation Board (N.A.B) (Mensah-Sarbah, 2005).

Other scholars who played significant roles in the teaching and professionalisation of psychology as an academic discipline in Ghana were; Dr. Araba Safah Dedeh and Prof. Angela Ofori-Atta. The former taught psychology at the University of Ghana for many years, she also took the gown to the town by airing a radio talk show about psycho-social issues affecting Ghanaian societies. The latter on the other hand, also taught psychology, as well as developed the ethics of professional practice, especially for clinical psychologists that were approved by the Academic Board of the University of Ghana.

The first Ghanaian professional psychologists also laid the foundation for the proliferation and development of private psychology centres in Ghana. In 1983 for instance, Dr. Frederick Phillips (1946-2018) established his private psychology centre named Progressive Life Centre to provide psycho-social solutions to many clients across the country. From that time onwards, the Ghanaian psychological landscape has witnessed the evolution and development of many other private psychology centres, especially in Accra, the capital city.

In the 1970s and the 1980s, there was an increasing interest in the application of psychological knowledge to solving social issues such as education, healthcare, and

community development. This reason paved the way for the evolution and expansion of applied fields such as educational psychology, clinical psychology, and counseling.

Though many scholars such as Akotia & Barimah (2006), Akotia & Barimah (2007), Asante & Oppong (2012), Mate-Kole (2013), Oppong et al (2013), and Ofori-Atta & Anum (2014) have written extensively on the history of psychology and its practice in Ghana, there are no existing works on the historical development of private psychology centres in the area of study let alone the country at large. Through a selective survey and analysis, this paper, therefore, traces the historical development of private psychology centres in the Greater Accra Region of Ghana from 1983-2021. The choice of private psychology centres for this study is informed by the fact that the Ghanaian government does not have fully fledged psychology centres that render psycho-social services to people though it has psychologists operating under hospitals and some departments.

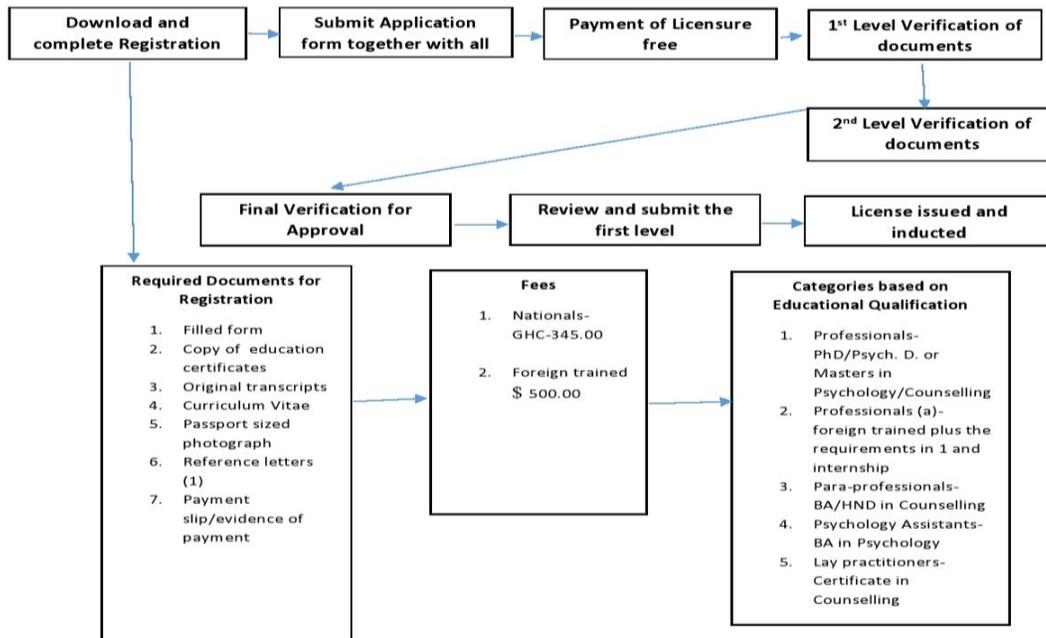
Though professional Psychology began to develop in Ghana in the 1960s, three national laws viz.; the Domestic Violence Act, 2007(Act 732), the Mental Health Act 2012 (Act 846), and the Health Professions Regulatory Bodies Act, 2013 (Act, 857) have clearly shown the historical development and the official recognition of professional psychology in Ghana. According to Bekoe (2016), the Domestic Violence Act 2007 (Act 732), as well as the National Policy and Plan of Action for the Implementation of the Domestic Violence Act 'were the first to recognize the role played by psychologists in the well-being of both victims and perpetrators of domestic violence' in Ghana.

In recent years, there has been increased interest in indigenous psychology and culturally

sensitive approaches to psychological research and practice. This development led to the establishment of psychology bodies in Ghana. For example, the creation of the Ghana Psychology Council (GPC) under Act 857 of the Parliament of the Republic of Ghana in 2013 was an important milestone in the history of professional psychology in Ghana. Section 115 (1) of the Health Professions Regulatory Bodies Act, 2013 (Act 857) laid the foundation for the establishment of the GPC with section 116 of the same Act specifying the object of the Council thus '.....to secure in the public interest the highest standards in the training and practice of psychology' (Bekoe, 2016).

Some of the responsibilities of the Council include; (1) regulating the training and practice of psychologists, therapists, and lay practitioners (2) assessing of facilities and content of programmes for the training of psychologists (3) ensuring the pre-registration training of newly qualified psychologists, therapists, para-professionals and lay practitioners (4) conduction of examination for foreign-trained psychologists, para-professionals and lay practitioners (5) compilation and record-keeping of registered practitioners (6) licensing of corporate bodies and their premises (see fig. 1) and (7) performing any other functions that are ancillary to the objectives of the Council (Ghana Psychology Council, 2022).

Figure 1: Ghana Psychology Association Registration Process (©Nadir A. Nasidi, 2023)



The activities of the GPC were made easy since the establishment of the Ghana Psychological Association (henceforth, GPA) in 2000, which is the single largest and oldest association of practitioners and researchers in the field of psychology in Ghana. This association was also registered by the GPC under the Vide Act 857 (Ghana Psychological Association, 2022). Apart from transforming the general understanding and acceptance of and access to psychological support services in Ghana, GPA also ensures the development of robust, inclusive, and relevant psychological support systems for psychologists in the country.

Since the official release of a standing register of professional psychologists, para-professionals, and lay practitioners in 2016, GPC and GPA have continued to register a

large number of members. The yearly gazettes released now covered the period of seven (7) years (2016-2022) (see fig. 2). This development surfaced due to the growing number of not only psychologists in the country but also as a result of the establishment of many private psychological centers/facilities across the country. This also shows the overwhelming societal acceptance of such support systems due to many psycho-social problems affecting the people of Ghana.

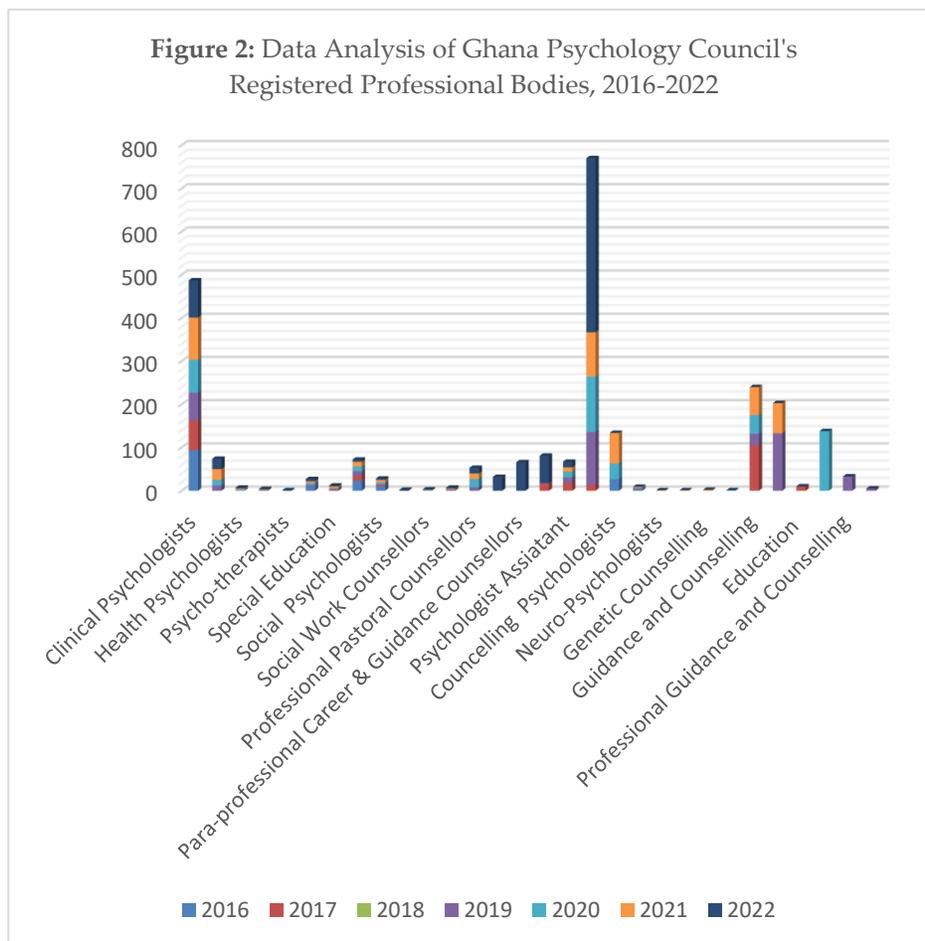


Figure 2 shows the representation of different professional bodies registered under the GPA. Over the years from 2016 to 2022, thirty (30) professional bodies registered with the Council. The Council also recorded the highest number of registered members, especially

the lay practitioners in Ghana as exemplified in the year 2022. The registration by Clinical psychologists has been variably constant without much significant difference across the years. Some professional bodies that participated in the first-ever induction ceremony include Clinical psychologists, which recorded the highest number of participants followed by counselling psychologists. The first induction ceremony also witnessed the participation of Industrial and Organisational psychologists and Social psychologists.

Some professional bodies that first registered with the Ghana Psychology Council in the year 2022 include Paraprofessionals, Career and Guidance Counsellors, Para-Professionals, and Professional Career and Guidance Counsellors. The council, however, has recorded lower registration over the years as indicated in fig. 2 from professional bodies such as health psychologists, community psychologists, Psychotherapists, neuropsychologists, genetic psychologists, mental health counsellors, and social work counsellors.

2. Materials and Methods

This research relies heavily on both primary and secondary data. While the former deals with face-to-face oral interviews with psychologists, especially those who own private psychology centres in the Greater Accra Region of Ghana, the individual websites of the selected private centres, as well as the annual gazettes of the GPC, the latter includes written documents ranging from books, and journal articles to unpublished theses/dissertations.

In the collection of data, certain gadgets such as mobile phones, and computers were used

to record oral interviews and transcribe them. Besides, Excel App 2013 was also deployed to analyse data covering the period of seven years (2016-2022). Through this means, the researchers were able to trace the rise and fall of the number of registered psychology professionals, para-professionals, and lay practitioners in Ghana.

For the sake of confidentiality in relation to the personal information about the informants, this study uses pseudo names in the form of abbreviated appellations of the selected private psychology centres in place of their real names. This is put in place due to the ethical consideration adopted in this study. The pseudo names are; PLC, OWC, CPSPD, and DWC.

3. Review of Related Literature

Many scholars have written extensively on psychology and its teaching in Africa, as well as the role of psychologists in addressing psycho-social problems throughout the continent. For instance, Nwoye (2001) provides a follow-up to Kaslow's article on the evolution of family therapy practice in sub-Saharan Africa discussing the evolution and development of family therapy in black Africa. The article highlights the need for foreign partners to understand the story of the evolution of family therapy in sub-Saharan Africa, contributing to a better understanding of family therapy practice in the region. However, the author does not provide a detailed analysis of the challenges faced by family therapy practitioners in sub-Saharan Africa, thereby, leaving gaps in the discussion.

Also, Lawrence (2014) presents an exploratory mixed-methods research study undertaken to explore Black African parents' engagement with a UK EPS, discussing the

key themes pertinent to educational psychology practice and suggesting implications for an educational psychology practice. The article is well-supported by relevant evidence, contributing to a better understanding of educational psychology practice. However, the study's small sample size limits the generalisability of the findings, leaving room for further research on the topic.

Meanwhile, Bojuwoye (2006) presents an analysis of African environmental realities to which training programmes in psychology must respond, providing suggestions for the development of appropriate training and practice modalities that may be geared toward effective healthcare service delivery in Africa. The article contributes to a better understanding of the under-utilisation of psychological services within healthcare systems in many parts of Africa, but it does not explore the challenges of implementing the suggested training and practice modalities.

In another study, Van der Merwe (2019) explores partnership opportunities between traditional healing and counselling psychology services in South Africa, highlighting the potential benefits of collaboration for clients. The article is well-argued and supported by relevant evidence, contributing to a better understanding of the potential benefits of traditional healing and counselling psychology services collaboration. However, the author does not discuss the challenges of implementing such collaborations, leaving room for further research on the topic.

In addition, Okete and Shiroya (1982) discuss the development of psychology in many African universities, highlighting the challenges faced by the field's slow development.

The article is well-argued and supported by relevant evidence, contributing to a better understanding of the challenges facing the development of psychology in Africa. The article, however, was published over 30 years ago, and the field has evolved since then, leaving room for an updated analysis of the topic. Chireshe et al. (2006) on the other hand, describe and evaluate community psychology in Zimbabwe, highlighting its applications in the context of various challenges facing the country. The article is informative, contributing to a better understanding of community psychology services in Zimbabwe. The study's focus on Zimbabwe limits the generalisability of the findings to other countries in Africa, leaving room for further research on the topic.

Kyei et al. (2020) explore the experiences of clients accessing assisted reproductive technology (ART) services in Ghana, identifying major challenges commonly experienced by participants and recommending the integration of counselling units in the ART centers. The article is supported by concrete evidence, contributing to a better understanding of the challenges facing clients accessing ART services in Ghana. However, the study's focus on Greater Accra limits the generalisability of the findings to other regions in Ghana.

From the foregoing, it can be deduced that though many scholars have written on different aspects of psychology, its teaching, and challenges in Africa and in Ghana, the focus of this study, there are little or no scholarly works on the proliferation and roles of private psychology centres in Ghana. On this basis, therefore, this paper traces the historical development of private psychology centres in the Greater Accra Region of

Ghana, as well as the important services they render to the people of the country with particular reference to the area of research.

4. The Proliferation of Private Psychology Centres in the Greater Accra Region

Because of the growing nature of psychology as a discipline in Ghana in terms of the availability of many experts in the field, as well as the pressing societal need for psychosocial services, especially in the capital city, many private centres began to emerge in the 1980s to the present. This study, therefore, traces the historical development, contributions, and challenges of the following selected private psychology centres in the Greater Accra Region of Ghana.

Progressive Life Center

The Progressive Life Center (PLC) was initially established in Canada and the United States of America by Dr. Frederick Phillips (1946-2018), a clinical psychologist who dedicated his career to child welfare and family development. PLC is a 501 (c)(3) nonprofit organisation and is licensed as a child placement agency in the State of Maryland, the State of Delaware, and the Commonwealth of Pennsylvania. In addition, PLC is accredited by the Council on Accreditation.

When PLC took off in Canada and America, it began with one programme and a staff capacity of five people. During that time, the centre provided community-based mental health services with a culturally and spiritually based approach to adjudicated African American youth and their families in Washington, DC (PLC, 2023). From 1983 to the

present, PLC has nearly 100 staff in offices in the District of Columbia; Baltimore, MD; Prince George's County, MD; Philadelphia and York, PA; and Newark, DE (PLC, 2023).

Based on the request of the late Professor Samuel Danquah, one of the pioneer Ghanaian psychologists, however, a branch was founded in Ghana in 1983. This was due to the growing societal need for psycho-social services, especially on issues relating to the challenges of infertility in society, anxiety, depression, and marital problems to mention, but just a few (PLC, 2023). Through this process, the centre has over the years served in helping individuals and families recognise and maximise their inner resources and strengths, enhance their relationships, and function harmoniously in broader environments (PLC, 2023).

PLC also has a long history of developing a rich tapestry of behavioural and mental health services for vulnerable children, youth, and families. The demise of Prof Danquah in 2018 as the sole proprietor of the centre, was finally closed down. However, PLC also has a functional website (<https://progressivelifecenter.org/about-us/>) linking it up with prospective clients in Canada and the U.S.A.

OHaD Wellness Centre

OHaD Wellness Centre was established in 2016 as a registered limited liability company under the Registrar General's Department of Ghana (OWC, 2023). The Centre was established to render counseling services to people with infertility and other psycho-social problems in Ghana and conduct research in the area of reproductive health. The primary goal of OHaD Wellness Centre is to provide counselling to manage the psycho-

social problems of people who are undergoing medical treatment for infertility. OHaD also offers counselling on various psycho-social problems such as panic attacks, depression, stress, anger management, etc. that may impede the health and well-being of people in general (OWC, 2023).

After the establishment of the centre, it received many demands from corporate organisations requesting the counselling of their employees with psycho-social problems that were impeding their work progress. These demands yielded the design of the Employee Well-being Assistance Programme (EWAP) to provide emotional support for employees in such organisations (OWC, 2023). After a number of these organisations hired OHaD to coach their personnel using this programme, their leaders also started demanding its services, which led to the design of the Executive Well-being Assistance Programme (EWAP), appropriate for people in executive institutions.

The organisation's primary goal is to provide psycho-social management of infertility to people undergoing medical treatment for infertility. As a general goal, they offer general psycho-social counseling for people who are struggling with general mental health problems (OWC, 2023). Though their main motive was to deal with infertility issues, they also got more clients with other psychological problems, including anxiety, and depression, research coaching for graduate students, and well-being programmes for cooperating organisations (OWC, 2023).

OHaD has a staff strength of eight (8) workers, four (4) licensed Psychologists on part-time bases, an administrator, and a research team. The centre equally veered more into

research to aid organisations to take research seriously and to encourage people to develop a special love for research. The motive is to expand the facility to include SPA so that clients get the needed support in relation to that (OWC, 2023).

Other cases the centre is currently grappling with include rendering psycho-social services to people suffering from hepatitis, anger issues, and how to manage it, including special counselling sessions for people with HIV/AIDS, infertility, and depression challenges. The most common case the centre deals with comes from clients suffering from panic attacks (OWC, 2023).

According to OHaD (2013) the major challenge affecting the progress of the centre apart from low societal awareness about the relevance of psychologists, many people do not want to pay for psychological services. This is because such people saw nothing special in paying for a 'mere' discussion referring to psychological sessions. OHaD has a website (<https://ohadgh.org/about-us/>) through which they advertise their numerous psycho-social services to the large community, especially in the Greater Accra Region of Ghana.

Center for Psychological Services and Professional Development

Established in 2019, the Centre for Psychological Services and Professional Development is operated by a group of licensed psychologists with a wide range of expertise. The centre provides bespoke professional psychological services (CPSPD, 2023). According to CPSPD (2023), its professionals have 'extensive expertise and experience in major psychological problems and professional development'. CPSPD addresses many psychosocial issues, especially the ones related to interpersonal affairs. Like many other

psychology centres in Ghana, CPSPD was established to provide psychological services to Ghanaians. It has a total number of six (6) staff, which include three (3) clinical psychologists, one (1) administrative worker, a community psychologist, and a neuropsychologist (CPSPD, 2023).

The services they render include; individual psychotherapy, couple therapy, relationship counseling, family and child services, as well as career assessment. Other important services the centre provides cut across counselling sessions given to people dealing with mental health issues such as depression, anxiety, interpersonal issues, grief, anger, trauma, communication barriers, financial difficulties, parenting, emotional disturbances, lack of trust, and routine conflicts (CPSPD, 2023). For instance, the centre helps two people involved in a romantic relationship gain insight into their relationship, resolve conflict and improve relationship satisfaction using a variety of therapeutic interventions. Like other private psychology facilities across the Greater Accra Region of Ghana, many people feel they do not have to pay for psychological services. That is why whenever they enquire about charges for certain psychological services, they leave without getting the need for psychosocial support (CPSPD, 2023). The clients patronising the private psychology centres are mostly people who belong to the upper class with strong financial standing. Apart from the fact that this group of people is sometimes not consistent in adhering to the required therapy sessions, they tend to seek more psychological services when the crisis resurfaces. In most cases, with follow-up, they normally give excuses to their counsellors, one of which is that they are out of town (CPSPD, 2023).

CPSPD also has a functional website (<https://www.psyproghana.com/>). Therefore, many clients read about the centre and its services before contacting it for any of the psychological therapies.

Delight Wellness Consult

Delight Wellness Consult was set up in 2021. Some of the major reasons that necessitated the establishment of the centre are; (1) the mother of the founder suffered from dementia before she passed on and as a psychologist, she believes the management her mother received was not adequate and thus, developed a great passion to reach out to society with a view to providing psycho-social services (2) as a church leader, the founder gets to resolve a number of cases regarding women, issues in marriage, and sometimes, congenital beds/effects. Through that, she decided to contribute her own quota to the development of mankind (3) her practicum at the university further opened her eyes to see many psycho-social areas that have not been given adequate attention to deal with cases and hence, establishing a centre would help and (4) apart from the practicum, she has not encountered opportunities to deal with cases on her own with some degree of freedom and thus, in terms of assessment, case formulation, diagnostics, and management that the department at the University of Ghana could not factor into consideration could be realised in a private centre (DWC, 2021).

DWC also solicits the psychological support of many professionals, especially from the University of Ghana to come and render therapeutic sessions with many clients. In terms of permanent staffing, DWC has 3 clinical psychologists, a driver, and an administrator

who is also a counsellor and a cleaner (DWC, 2023). This is coupled with the visits of professional psychologists on per timely basis.

Some of the cases treated in DWC include; marital issues, substance abuse, depression, bipolar, childhood challenges, and developmental issues. It also deals with works related to suicide across all age categories.

Like other centres in the study area, DWC experiences certain challenges hindering its efficiency. For instance, those who really seek psychological help are people who have in one way or the other, dealt with religious/cultural influences and wanted psychological assistance. DWC (2023) affirms that the major challenges confronting the centre are:

1. Difficulties in understanding the core conditions of cases, and vulnerabilities. Sometimes, psychological tools are very long and a bit stressful.
2. The tedious nature of writing psychological reports and presenting cases, which are no doubt time-consuming.
3. Lack of understanding of the roles of psychologists by many clients. Hence, they normally think that psychological services have to do with conversations and so, they do not understand why they should pay for such services.
4. Referral inconsistencies as many clients either fail to honour therapeutic sessions by not coming or go to another psychology centre(s) without any referral.

DWC also has a functional website (<https://delightwellnessconsult.com/>), through which it advertises its numerous services to the larger society. The availability of contacts in the

form of e-mail addresses and phone numbers on the website also added visibility to the centre.

Conclusion

This paper traced the historical development and proliferation of four selected private psychology centres in the Greater Accra Region of Ghana from 1983-2021. It is established that these centres provide a number of psycho-social services to many Ghanaians such as depression, anxiety, marital issues, suicidal ideation, infertility, and mental health conditions among others. The paper also identified understanding the core psychological conditions of cases, clients' misunderstanding of the role of psychologists, lack of patronage, and referral inconsistencies as the major challenges debilitating against private psychology centres in the study area. It is also discovered that clients patronizing private psychology centres are mostly from the upper class.

The paper revealed that despite the presence of many private psychology centres in the area of study, very few register with either the GPC or the GPA. This problem is evident in the inability of the GPC to provide a comprehensive list of registered centres from 2016 to the present even upon request.

At the individual level, the data analysed in this paper showed that while many professionals, and para-professionals register with the GPC, there is a serious drop in the number of those registering over the years. Lay practitioners' registration, however, seems to be on the rise. This fluctuation making many psychologists, not in good standing may have emerged due to the high registration charges by the GPC. Besides,

psychologists also began to question the activities of the GPC, especially in advancing the cause of psychology practice, which is not in tandem with the annual dues they receive. Despite the obvious weakness of the GPC in properly handling its members, it played a significant role in transforming the general understanding and acceptance of and access to psychological support services in Ghana. GPA on the other hand, also ensures the development of robust, inclusive, and relevant psychological support systems for psychologists in the country.

References

- Agbodeka, F. (1998). *A History of University of Ghana: Half a Century of Higher Education (1948-1998)*. Accra, Ghana: Woeli.
- Akotia, C. S. & Barimah, K. B. (2006). Community Psychology in Ghana: Challenges, Successes and Prospects. *Journal of Psychology in Africa*, 16(2), 173-176.
- Akotia, C. S. & Barimah, K. B. (2007). History of Community Psychology in Ghana. In S.M. Reich, M. Riemer, I. Prilleltensky & M. Montero. (Eds). *International Community Psychology*. New York, USA: Springer, 407-414.
- Asante, K. O. & Oppong, S. (2012). Psychology in Ghana. *Journal of Psychology in Africa*, 22(3), 473-476.
- Bekoe, A.A. (2016). The Legal, Policy and Institutional Contexts for Psychological Practice in Ghana. *Ghana International Journal of Mental Health*, Vol. 6 & Vol. 7, 145-157.
- Bojuwoye, O. (2006). Training of Professional Psychologists for Africa: Community Psychology or Community Work? *Journal of Psychology in Africa*, 16(2), 161-166.

<https://doi.org/10.1080/14330237.2006.10820117>.

Chireshe, R., Kasayira, J. M., Mudhovozi, P., Mapfumo, J., & Gwandure, C. (2006).

Community psychology in Zimbabwe: Past, Present and Future. *Journal of Psychology in Africa*, 16(2), 197–202.

<https://doi.org/10.1080/14330237.2006.10820123>.

Danquah, S. A. (1987). School psychology in Ghana. *Journal of School Psychology*, 25(3), 247-253.

Danquah, S.A. (1982). The Practice of Behaviour Therapy in West Africa: The Case of Ghana. *Journal of Behaviour and Experimental Psychology*, 13, 5-13.

Danquah, S.A. (2000). The Role of the Biopsychosocial Approach in the Modern Psychology and Nutrition. *Ghana Journal of Psychology*, 1, 7-16.

Dickson, E. (2001). A Study of Demographic Characteristics and Psychosocial Functioning of Women who Report at the General Hospitals for Treatment. MPhil Dissertation, Department of Psychology, University of Ghana, Legon.

Ghana Psychological Association (2022). About GPA. <https://gpaghana.org/>.

Ghana Psychology Council (2022). Brief on Ghana Psychology Council. <https://ghanapsychologycouncil.org.gh/>.

Kyei, J. M., Manu, A., Kotoh, A. M., Meherali, S., & Ankomah, A. (2020). Challenges Experienced by Clients Undergoing Assisted Reproductive Technology in Ghana: An Exploratory Descriptive Study. *International Journal of Gynecology and Obstetrics*, 149(3). <https://doi.org/10.1002/ijgo.13132>.

Lawrence, Z. (2014). Black African Parents' Experiences of an Educational Psychology Service. *Educational Psychology in Practice*, 30(3), 238–254.

<https://doi.org/10.1080/02667363.2014.919249>.

Mate-Kole, C. C. (2013). Psychology in Ghana Revisited. *Journal of Black Psychology*, 39(3), 316-320.

Mensah-Sarbah, C. (2005). An Evaluation of Various Contributions of the Nation's Clinical Psychologists to Health Care in Ghana from 1972-2005. MPhil Dissertation, Department of Psychology, University of Ghana, Legon, 97-108.

Nwoye, A. (2001). History of Family Therapy: The African Perspective. *Journal of Family Psychotherapy*, 12(4), 61–77. https://doi.org/10.1300/J085v12n04_05.

Ofori-Atta, A. L. & Anum, A. (2014). Psychology in Ghana: A Review of Research and Practice. In *Changing Perspectives on the Social Sciences in Ghana*. London, UK: Springer, 75-93.

Okete J . E . Shiroya, S. (1982). The Social and Cultural History of Eastern Africa. *Journal of Eastern African Research & Development*, Vol . 12, Essays On the Social and Cultural History of Eastern Africa, Gideon W., pp. 12, 13–20.

Oppong, S., Asante, K. O. & Kumako, S. K. (2013). History, Development and Current Status of Psychology in Ghana. In C. S. Akotia and C.C. Mate-Kole (Eds). *Contemporary Psychology: Readings from Ghana*. Accra: Digibooks Ghana Ltd, 1–17.

Van der Merwe, P. (2019). Traditional Healing and Counselling Services Partnership in

Multicultural South Africa: A Multiple Case Study. *Journal of Psychology in Africa*, 29(6), 638–644. <https://doi.org/10.1080/14330237.2019.1695077>.