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PSYCHOLOGISTS IN GHANA: ANALYSIS OF THE STANDING REGISTER

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ABSTRACT

The maiden register of the Ghana Psychological Council published in September 2015 represents the first national official standing register of psychologists in Ghana. Drawing on this maiden register, this paper presents a seminal analysis of the distribution of psychologists in Ghana in terms of categories of specialisation, gender composition, areas of employment, location of practice, and institutions of training. A copy of the gazette of registered psychologists was obtained from the office of the registrar of the Ghana Psychological Council and quantitative content analysis was conducted on the list of registered mainstream psychologists. Among other things, the analysis shows that there are 166 (largely Ghanaian-trained) psychologists categorised into six main subfields in the country. Females represent the majority in terms of gender composition. Colleges/polytechnics/universities are the main areas of employment; the practising locations of 69.9% of the psychologists are in Accra, with no psychologist registered from the Brong-Ahafo and Upper East regions. Despite the challenges with the maiden register of psychologists in Ghana, the register does provide a good database for reflections on the availability, diversity and distribution of psychologists in Ghana.

Keywords: Accra, Brong-Ahafo, Gazette, Ghana, Ghana Psychological Association, Ghana Psychological Council, Psychologists, Register

The teaching of psychology in Ghana began at the university level in 1963 at the University of Ghana, Legon in Accra (Agbodeka, 1998; Danquah, 1987). At the meeting of the Senate Committee on Colleges Overseas in Special Relation at the University of London on June 10, 1960, it was thought that, “pressures that accompany rapid political, economic and social changes in a developing country like Ghana would cause many human problems for whose solution psychological teaching and research can be directly relevant” (Agbodeka, 1998, p. 177). This was the reasoning behind the introduction of *psychology* as an academic discipline into the curriculum of the University of Ghana (then the University College of the Gold Coast affiliated with the University of London, UK). Initially, psychology was taught as a combined psychology-sociology course in the Department of Sociology of the University. It became an independent academic discipline when the Department of Psychology was established at the University of Ghana, Legon in May 1967. The historical evolution, training, scope of practice, challenges and opportunities for growth and development of psychology in Ghana have been exhaustively discussed elsewhere (see Asante & Oppong, 2012; Mate-Kole, 2013; Oppong, Asante & Kumako, 2013; Ofori-Atta & Anum, 2014).

As can be said of many emerging economies – which also bear the greatest portion of the global burden of mental health problems (Funk, 2011), the involvement of government in the development of psychology (and the expansion of mental health services, in general) to Ghanaians have been minimal (Asante & Oppong, 2012). Against this backdrop, psychology in Ghana has witnessed some ‘agitation’ within the past decade and a half as psychologists and psychiatrists (and other allied professionals) had to relentlessly push for the passage of the mental health bill into law (now the Mental Health Act 2012, Act 846). This success has been described as “a major milestone in addressing mental health as a public health issue and also in the protection of the human rights of people with mental disorders in Ghana” (Doku, Wusu-Takyi & Awakame, 2012, p. 241). The Mental Health Act 2012 (Act 846) acknowledges psychologists in Ghana as one of the major frontline mental health care provider groups in the country. In keeping with the provisions and spirits of Act 846 and Act 857 (*Health Professions Regulatory Bodies Act, 2013*), the governing board of the Ghana Psychological Council (GPC) was constituted and inaugurated on May 30, 2015. The object of the GPC is to secure in the public interest the highest standards in the training and practice of applied psychology. Among other things, the core functions of the GPC include compiling and keeping registers of registered psychologists, therapists and lay practitioners; and the registrar of the council shall publish the list of persons on the register yearly in the *Gazette*. The most recent (which is also the first national official standing) register of psychologists, therapists and lay practitioners in Ghana was published in the *Gazette* on September 29, 2015. It further represents an authoritative database which provides information about (but not exclusive to) the names, addresses, dates of registration and specialties of psychologists, therapists and lay practitioners in good standing for the specified period. According to *Part 5* of the *Health Professions Regulatory Bodies Act*,

2013 (Act 857) of Ghana, a psychologist “is a person who holds at least a primary qualification of PhD or Psych. D. or an M. Phil; MA or MSc in psychology from an accredited psychology programme or from an institution recognised by the Board.”

This paper seeks to provide a seminal analysis of the distribution of psychologists in Ghana (on the maiden register) across five predefined thematic domains: categories of specialisation, gender composition, areas of employment, location of practice, and institutions of training. It further makes recommendations for decentralising and streamlining the registration process of psychologists in Ghana. Although the analysis cannot go beyond the data contained in the register, findings of the analysis can be informative as to the current distribution of psychologists in Ghana thereby providing the basis for: 1) monitoring changes in the distribution in future registers; 2) efforts aimed at increasing the numbers of psychologists (in a bid to close the disproportionate professional-client gap); and 3) diversifying the specialisations of psychologists to meet the diverse psychological health needs of the country.

METHOD

Like many other West African countries, Ghana is characterised by language, ethnic and religious heterogeneity. Burkina Faso, Togo and Côte d’Ivoire share borders with Ghana to the north, east and west respectively. The Gulf of Guinea occupies the southern frontier (Quarshie, Osafo, Akotia & Peparah, 2015). There are ten administrative regions (and three major cities: Accra, Kumasi and Takoradi) with Accra as the national capital city and the seat of government. Ghana’s population, according to the 2010 Population and Housing Census conducted by the Ghana Statistical Service (GSS, 2013), stands at 24,658,823 of which females account for 51.2%. Greater Accra (16.3%) and Ashanti (19.4%) regions have the greater share of the population. According to the census, two in every five persons in Ghana are less than 15 years old. Thus, Ghana’s population is described as largely youthful (i.e., predominantly composed of children, adolescents and youth) (GSS, 2013). However, a recent population projection by the Ghana Statistical Service indicates an increase to 27,670,174 (GSS, 2016).

Data for this study was drawn from the most recent and maiden register of psychologists in Ghana compiled by the GPC (Ghana Gazette, 2015). The register presents categories of specialisation in rows followed by a columnal outline of the name; postal address/current place of work; qualification and awarding institution/university; and dates of qualification and registration of each psychologist. A copy of the gazette of registered psychologists was obtained from the office of the registrar of the GPC and a quantitative content analysis (Bos & Tarnai, 1999; Kondracki, Wellman, & Amundson, 2002) was conducted on the list of members. For ethical reasons, the researchers ensured anonymity by excluding members’ names and other direct identity information (e.g., names and addresses of places of work, positions held at places of

work etc.) from the analysis of this paper. The analysis followed the four-stage approach to textual data analysis by Burnard (1999).

At the first stage, the researchers surveyed the register to map out plausible manifest content or explicit themes (Bos & Tarnai, 1999; Kondracki et al., 2002). In the next two stages, the researchers discussed and built consensus on the final set of explicit themes (supported by the content of the register) to be included in the research report. Driven by the basic goal of the study, the analysis focused on only the list of registered mainstream psychologists (to the exclusion of paraprofessionals, lay practitioners, psychologist assistants, and provisional members). The analysis was organised around five explicit thematic domains: categories of specialisation, gender composition, areas of employment, location of practice, and institutions of training. *Gender* (male or female status) was ascertained based on the first (and where provided, middle) names of each psychologist; *areas of employment* were ascertained based on the names of the affiliated workplace or institution (e.g., Accra Psychiatric Hospital was categorised under *Hospitals/Clinics*); *location of practice* categorisation was done based on addresses of current place of work provided. Finally, *institutions of training* were categorised into *African* (e.g., University of Ghana, Stellenbosch University and so forth), *North American* (e.g., Washington University, Brock University and so forth) and *European* (e.g., Norwegian University of Science and Technology, University of Birmingham and so forth). Finally, Microsoft Excel 2010 was used to compute frequencies and percentages and for proportional analysis of the quantitative components of each selected explicit theme.

RESULTS

Categories of Specialisation

Overall, the register showed 166 trained mainstream psychologists practising in Ghana. The register categorises these psychologists into six subfields of specialty: clinical psychology, sports psychology, counselling psychology, educational psychology, industrial and organisational psychology and social psychology (see Table 1).

Table 1: Categories of Specialisation

Category	Frequency (n)	Percentage (%)
Clinical Psychologists	94	56.6
Counselling Psychologists	27	16.3
Industrial & Organisational Psychologists	23	13.9
Educational Psychologists	10	6.0
Social Psychologists	10	6.0

Sports Psychologists	2	1.2
Total	166	100

Comparatively, clinical psychologists constitute the majority (56.6%) representing more than half of all registered psychologists in the country during the period. Counselling psychologists (16.3%), and industrial and organisational psychologists (13.9%) were not significantly disproportionate from each other. The same can be observed regarding the educational psychologists (6.0%) and social psychologists (6.0%). Sports psychologists were the smallest group registered (1.2%) during the period.

Gender Composition

Across the board, females represented about 59.6% (and 40.4% males) of all psychologists registered during the period. There were 99 female and 67 male psychologists registered during the period. As shown in table 2, compared to males, there were more female clinical psychologists (64.9%:35.1%), counselling psychologists (70.4%:29.6%), and social psychologists (60.0%:40.0%). There were no gender differences between educational and sports psychologists, although there were more male (69.6%) industrial and organisational psychologists than females (30.4%).

Table 2: Gender Composition of Categories of Specialisation

Category	Frequency	Category (n) Percentage (%)	Population (N=166) Percentage (%)
Clinical Psychologists (n=94):			
Male	33	35.1	20.0
Female	61	64.9	36.8
Counselling Psychologists (n=27):			
Male	8	29.6	4.8
Female	19	70.4	11.4
Industrial & Organisational Psychologists (n=23):			
Male	16	69.6	9.6
Female	7	30.4	4.2
Educational Psychologists (n=10):			
Male	5	50.0	3.0
Female	5	50.0	3.0
Social Psychologists (n=10):			

Male	4	40.0	2.4
Female	6	60.0	3.6
Sports Psychologists (n=2):			
Male	1	50.0	0.6
Female	1	50.0	0.6
Total	166	–	100

Areas of Employment

This domain focused on categorising the distribution of the registered psychologists based on where they worked (e.g., schools, hospitals, universities etc.). As shown in Table 3, six main areas of employment were ascertained.

Table 3: Areas of Employment

Area	Frequency (n)	Percentage (%)
Colleges/ Polytechnics/Universities	92	55.4
Hospitals/Clinics	23	13.9
Other Human Services	9	5.4
Business/Industry/Government	6	3.6
Schools	4	2.4
Private practice	3	1.8
Unspecified	29	17.5
Total	166	100

The majority of the registered psychologists (55.4% : n=92) were registered as working in colleges/ polytechnics/universities (where they provide academic, administrative and student services); 13.9% (n=23) worked in clinics/hospitals; 5.4% (n=9) were engaged in other human services (including working with the police and non-governmental organisations such as churches); and 3.6% (n=6) were employed in business/industry/government (e.g., working with banks, government ministries, agencies or departments) during the period.

Location of Practice

The location of practice domain was concerned with ascertaining the distribution of the registered psychologists across the ten geographical regions of Ghana during the period. The analysis showed a highly disproportionate distribution (see Table 4). Of the 166 registered psychologists across the country, 116 (representing 69.9%) practised in Accra. Twenty-three (13.9%) were located in the Central region; thirteen (7.8%) in the Ashanti region; four (2.4%), three (1.8%) and two (1.2%) were located in the Eastern, Western and Volta regions respectively. There was only one psychologist (0.6%) located in each of the Northern and Upper West regions. No psychologist was registered from the Brong-Ahafo and Upper East regions. The practising locations of three (1.8%) registered psychologists were not indicated on the register.

Table 4: Location of Practice

Region	Frequency (n)	Percentage (%)
Ashanti	13	7.8
Brong-Ahafo	0	0.0
Central	23	13.9
Eastern	4	2.4
Greater Accra	116	69.9
Northern	1	0.6
Upper East	0	0.0
Upper West	1	0.6
Volta	2	1.2
Western	3	1.8
Unspecified	3	1.8
Total	166	100

Institutions of Training

This theme sought to assess, more generally, the distribution of the registered psychologists in terms of their institutions of training. As shown in Table 5, the institutions were organised according to their continental location (i.e., African, European, and North American).

The majority of the registered psychologists, 129 (representing 77.7%), were trained in African institutions (76.5% {n=127} by Ghanaian institutions and 1.2% {n=2} by South African institutions). Twenty-one (12.7%) had their training in Europe (specifically, at UK, Norwegian and German based institutions) and 14 (8.4%) had been

trained by North American (US and Canadian) institutions. The training institutions of two psychologists were not specified in the register.

Table 5: Institution of Training

Institution	Frequency (n)	Percentage (%)
African	129	77.7
European	21	12.7
North American	14	8.4
Unspecified	2	1.2
Total	166	100

DISCUSSION

The analysis has shown that there are six main, largely Ghanaian-trained, categories of psychologists in the country; females represent the majority in terms of gender composition; and colleges/ polytechnics/universities are the main areas of employment. The practising locations of 69.9% (n=116) of the psychologists are in Accra, with no psychologist registered in the Brong-Ahafo and Upper East regions.

Previous publications on psychology in Ghana (e.g., Asante & Oppong, 2012; Oppong *et al.*, 2013) note seven categories of psychologists (industrial, clinical, social, developmental, educational, community, and counselling psychologists) in Ghana. The register shows the availability of an additional category of psychologists in Ghana, sports psychologists. However, conspicuously missing from the categories of psychologists on the register are developmental psychologists and community psychologists. Like developmental psychology, the field of community psychology can boast of just a few professionals in the country, although community psychology in Ghana is acknowledged as one of the fast-developing subfields of psychology in Africa (see Akotia, 2010; Akotia & Barimah, 2006, 2007; Lazarus *et al.*, 2006). The absence of developmental psychologists and community psychologists on the maiden register could be due (but not limited) to three reasons. First, in the aftermath of the publication of the register, some duly registered and fee-paid professionals complained of omissions of their details. For example, the first author (ENBQ), who was registered as a community psychologist with the council during the period could not locate his name on the register and later had to draw the attention of the registrar of the council to the anomaly. Secondly, the register categorises psychologists who have different specialities for their master's degrees and PhDs based on their PhD specialities/qualifications. For instance, one of the renowned pioneers of community psychology in Ghana, has a master's degree in

community psychology and a PhD in social psychology. The register places this person under the social psychologist's category. The implication of this criterion therefore is that, trained community (or developmental) psychologists with PhDs in different areas of psychology are not categorised under *community psychologists* (or *developmental psychologists*, as the case may be) in the register. Finally, it is also possible that some trained developmental psychologists and community psychologists in the country had not actually registered with the GPC, which automatically meant a non-appearance of their names and professional details in the maiden register published in the gazette.

The predominance of females in the register of psychologists shows a reversal of the known trend, that is, the male predomination of psychologists in Ghana (Oppong & Asante, 2012). Since the majority of the psychologists were trained in Ghana, a possible reason for the high female numbers could be attributed to a number of gender-related advocacy programmes run at both governmental and institutional levels over the past few decades. These programmes have seen many more females enter previously male dominated domains. We can also speculate that the rise in the number of female faculty members in the psychology departments of educational institutions in recent times is a motivation for many young women to enter the field.

The preponderance of colleges/ polytechnics/universities as the main areas of employment of psychologists in Ghana supports the previous findings (e.g., Akotia, 2010; Akotia & Barimah, 2006, 2007; Bojuwoye, 2006; Danquah, 1987; Mpofu, Peltzer, Shumba, Serpell, & Mogaji, 2005; Obot, 1996) that, in Ghana, and generally in most African countries, (the few available) psychologists work in academic settings to (among other things) help train more psychologists. This explanation is further corroborated by the finding that 76.5% (n=127) of all the registered psychologists have been trained in Ghanaian institutions (where the few available practising psychologists work as academics and trainers). As observed by Feldman (2011), most psychologists work in academic settings, allowing them to combine the three major roles played by psychologists in society: teacher, scientist, and clinical practitioner.

The observation that disproportionately more psychologists were registered from Accra may be explained mainly in terms of proximity advantage. Prior to the compilation of the maiden register, public announcements through newspaper publications, TV and radio were made inviting all trained psychologists (and paraprofessionals, lay practitioners, psychologist assistants, among others) practising in the country to submit their details and to pay registration fees to the newly legally constituted regulatory body, the GPC. However, the submission of details and payment of registration fees were done manually at a designated office in Accra, the national capital. Practically, the need for 'unplanned' long distance travel to Accra might have been a disincentive to psychologists who were located in the extreme under-served rural communities in the farther regions and those who were staying briefly outside the country during the period. Thus, compared to trained-but-unregistered psychologists practising outside Accra, it was a short distance travel for those working in Accra to hand in their registration forms

at the designated office of the GPC. Quite apart from the above observation, it is also possible that the relatively large number of psychologists in the Greater Accra region, followed by the Central Region (as shown in table 4) could be due to the demand for psychological services by the three public psychiatric hospitals of Ghana, which are all located in these two regions (two in the Greater Accra Region, and one in the Central Region). Additionally, the location of the two main public universities in Ghana offering psychology programmes at both undergraduate and postgraduate levels in these two regions can also be implicated in this skewed distribution.

This finding throws some illumination on the long-held view by some scholars that psychologists may be gravitating towards areas where there may be relatively strong public acceptance of psychological services (Louw, & Machedze, 2015; Mpofo *et al.*, 2005; Robiner, 1991). From this viewpoint, we argue that given the concentration of all the public psychiatric hospitals and all the universities offering psychology programmes in the Greater Accra and Central Regions, psychological services may have been better accepted in these two regions than in other regions. One of the reasons may also be the periodic psychological extension services within the catchment areas of these institutions. Thus a human ecological framework in investigating the geographic distributions of professionals such as psychologists in future studies may provide rich insights that may be critical to issues bordering on mental health policy and funding.

LIMITATIONS

The list of mainstream psychologists provided on the maiden national register may not be exhaustive owing (but not limited) to a number of reasons which incidentally represent limitations to this paper. First, the centralised location of the registration point in Accra limited the number of psychologists who could have otherwise registered with the GPC and consequently have their details on the maiden register. Again, as mentioned earlier, some duly registered and fee-paid members were not on the register due to omission errors in the compilation process. Finally, the authors' informal discussions with some unregistered psychologists in the aftermath of the publication of the maiden register revealed that some trained psychologists did not register with the GPC because they misconstrued their membership of the Ghana Psychological Association (GPA) to be the same as being automatically registered with the GPC.

RECOMMENDATIONS

The setting up of regional registration points or offices for future manual registrations will be helpful. This would help decentralise the process and ease the workload on the sole Accra office. Additionally, setting up an online platform for the purposes of registration and payment of fees would be helpful (e.g., the British Psychological Society and the American Psychological Association predominantly use this medium for higher efficiency and security). Among other benefits, the online platform could help

reduce the errors, for example, typos, omissions, misprints, *inter alia* associated with the manual entries and the paperwork done by clerical staff. An online platform could help make the registration and fee payment processes easily accessible to psychologists practising in Ghana who are temporarily outside the country during the registration period.

Despite the challenges with the maiden register of psychologists in Ghana, it can be said with a good degree of confidence that the register does provide a good database for reflection on the availability, diversity and distribution of psychologists in Ghana. It is hoped that the database will serve as a reference point for rigorous estimation of psychologists working in various sectors of the country. For example, a recent World Health Organisation - Assessment Instrument for Mental Health Systems (WHO-AIMS) survey revealed that only 19 (1.6%) out of 1,177 trained mental health staff in health facilities across Ghana were psychologists (Roberts, Asare, Mogan, Adjase, & Osei, 2013). This low figure is also confirmed by the maiden national register of psychologists and indicates that mental health facilities in the country are underserved by psychologists while the sector faces huge workforce deficits (Fournier, 2011; Roberts et al., 2013). The implication is that people are left with no choice but to patronise the mental healthcare services provided by traditional healers and religious faith healers – who already bear most of the burden of healthcare in Africa (Atindanbila, 2011; Bojuwoye, 2006; Marshall, 1998; Osafo, 2016; UNESCO, 1994). Although the new Mental Health Act of Ghana (Act 846) seeks to address these gaps through the mainstreaming of psychologists in the health sector in general, it seems that policies deliberately aimed at increasing the numbers of psychologists across the country are also needed. One way to accomplish this is for the underserved Metropolitan Municipal and District Assemblies (MMDAs) to institute incentive packages in the form of scholarships and grants for the training and continuing education of psychologists. This is likely to attract many psychologists into such under-served areas as well as attracting more young people into the field.

Further, this paper hopes that trained practising-but-unregistered psychologists in Ghana particularly those located in regions other than Accra would make every effort to get registered with the GPC as this would facilitate (among other things) their mobilisation and placement to emergency situations like national disasters such as the June 3, 2015 flood and fire disaster in Accra which claimed over 160 lives and rendered scores of people psychologically distressed (GPA, 2015). More so, it is envisaged that the GPC, through its monitoring and regulation functions, will periodically publicly update the register showing members in good standing thereby expunging quack psychologists from the system. Ultimately this will strengthen government and public trust and confidence in the contributions and work of psychologists in Ghana.

Finally, given that the register of psychologists doubles as a directory for the public to verify and/or contact available practising psychologists, the GPC may consider including on future registers certain additional specific demographic information about each psychologist. These include (but not exclusive to) gender; nationality; age; geographic location of work (e.g. name of city, town, suburb etc.); language (i.e.,

Ghanaian languages spoken and/or written by the psychologists other than English); email address, telephone number; and practising status (i.e., practice only, teaching/research only, or both). The inclusion of these specific details is recommended as best registry practice for professional bodies of mental health (Lin, Nigrinis, Christidis & Stamm, 2015; Psychological Society of South Africa, 2016).

BIOGRAPHICAL NOTES



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