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Articles and statements

## Post-recruitment Issues Regarding Clinical Psychologists in Ghana: the Elephant in the Room?

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### **Abstract**

Psychology, though having a relatively long history in Ghana is still at its budding stage. Clinical psychologists in Ghana began to be recruited into the health sector following the passage of Act 587 in 2013. After the Ministry of Health began to formally recruit clinical psychologists, majority of regions in Ghana can boast of a psychologist. Notwithstanding this initiative, there are some challenges that need to be addressed in order to enhance the practice of clinical psychologists in the health sector. Challenges discussed in this paper include; administrative, institutional and qualification issues. These issues, though offered little attention currently, affect the overall psychological practice and the quality of life of the general population.

**Keywords:** Clinical Psychology, Ghana, Health Sector, Post-Recruitment Issues, Practice.

### **Introduction**

Clinical psychology is the branch of psychology that is very much associated with health in terms of assessment, diagnosis and treatment (Plante, 2005). The field of clinical psychology is comprehensive and systematic. This creates the opportunity for an 'all-inclusive' or holistic model for the health sector so as to cater for health conditions that are typically lifestyle and psychologically based (The American Psychological Association [APA], 2000). Illness and disease perceptions have largely been influenced by a relativist approach that insists on a lifestyle dimensions, cultural beliefs than a biomedical basis to disease control and prevention in present day Ghana (Sarfo, & Ofori, 2016). Consequently, this creates the need for psychologists, especially clinical and health psychologists to bring their expertise into the field of health for a better and rigorous management at all levels in Ghana (Atefoe, & Nuworza, 2015).

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Health as defined by the World Health Organization [WHO] (1948) is explicit in terms of its comprehensiveness and not simply the “*absence of disease or infirmity*”. To this end, the biopsychosocial approach to health is widely used, and both been endorsed and adopted by the WHO (WHO, 2002). This climaxed the imminent urgency for the need of clinical psychological practitioners in Ghana. Accordingly, the thrust of the matter was the final inculcation of the first batch of clinical psychology practitioners into mainstream health care service.

Undoubtedly, the concern about psychology in Ghana and Africa as a whole is growing not only among psychologists but among the populace who stand to benefit from psychological services. In Ghana, one of the sectors that witnesses obvious benefits from the discipline of psychology is the health sector. Long before now, clinical psychology was introduced into Ghana and West African by Professor S. A. Danquah at the Department of Psychology, University of Ghana, Legon (Asante, & Oppong, 2012; Danquah, 1982). This commenced both the health benefits of psychology and a revolution of the appreciation of the psychological dimensions to diseases in Ghana. Nonetheless, it was until 2013 that Ghana’s Ministry of Health began to formally recruit clinical psychologists, in accordance with Act 857 (Health Professionals Regulatory Bodies Act, 2013).

In 2012, twenty-five (25) job positions were created in the Ministry of Health for clinical psychologists in Ghana (de-Graft Aikins, Ofori-Atta, Anum, & Dzokoto, 2014). It was with heavy relief that the profession and enlightened Ghanaians welcomed the decision of the government of Ghana to recruit the first batch of clinical psychologist in 2013. This is because the role of the clinical psychologist in health care delivery is not only about the efficiency but also cost effectiveness (Atefoe, & Nuworza, 2015; Romanow, & Marchildon, 2003; Sarfo, 2014). In addition, the pluralistic role of the clinical psychologists in the long term is also attributed to their ability to reduce extra costs that would have involved the recruitment, housing and payment for other health care specialists such as counsellors and health consultants. It is worthwhile to note that the conceptualization of health and illness as biopsychosocial is beneficial- scientific and practical. It will help individuals to reduce the risk of developing major medical problems, receive more effective treatment, and reduce the cost of healthcare when they seek treatment from an interdisciplinary team including psychologists (Wahass, 2005).

Comparatively, the health sector viewed through the lens of a thriving organization like any other ‘living system’. With its input and output resources from an organizational behaviour perspective, it can be challenged with the biggest question of its readiness / preparedness to incorporate raw materials which are in the form of the readily available clinical psychologists into its structural systems for a best fit practice. Since the introduction of psychology in Ghana, there seems to be a lack of any appreciable form of public sector recruitment of clinical psychologists. A thorough review of anecdotal evidence seems to show that on individual basis, these professionals could secure jobs either with private organizations or even with the state in various capacities. In 2012 however, the Act was passed to enable the Government of Ghana to recruit clinical psychologists into the public health sector (Health Professionals Regulatory Bodies Act, 2013). Consequently, the first cohort of clinical psychologists was recruited in 2013. This recruitment attempted to place clinical psychologists in all regional hospitals. Therefore, for the first time in the history of Ghana, psychologists were introduced to Ghanaian health seekers in their mainstream health care centres in the ten regional capitals in Ghana.

### **Brief history of clinical psychology in Ghana**

Psychology in Ghana started in 1967 as an independent field, particularly taught as a higher education course at the University of Ghana (Asante, & Oppong, 2012). Along the line, graduate and doctoral programmes began to be offered. Currently, the programmes offered at the post graduate level in the University of Ghana Department of psychology include social psychology, industrial / organizational psychology and clinical psychology. Other universities in Ghana such as the University of Cape Coast and the University of Education, Winneba as well as other private universities run psychology courses at various levels.

Following after Ghana, Professor Danquah similarly extended the discipline of clinical psychology to other parts of West Africa like Nigeria. Currently, clinical psychology can be said to be playing a vibrant lead in the field of psychology in Ghana. In terms of qualification, one is required to possess at least, a master’s degree in clinical psychology in order to be licensed as a

valid practitioner in the country. Specializations such as health and counselling psychology have also identified closely with the field of clinical psychology in Ghana. It is for this reason that the current recruitment requirements stipulate that one with a master's degree in clinical, health or counselling psychology could be accepted into the health sector. *[It must however be noted that this prescription does not make clinical psychology, health psychology and counselling psychology analogous specialties].*

Over the years, a number of clinical psychologists who graduate in Ghana have taken up several different roles within the Ghanaian public and private sectors. The graduate programme offered in clinical psychology includes a one year course work and a one-year practicum that takes place in selected health facilities in the country plus research. There is a year's internship after graduation which the graduate must undertake with a recognized clinical psychologist in a recognized institution *[and must provide evidence of clinical supervision from the said licensed and practicing clinical psychologist]*. Afterwards, there is the requirement to get licensed as a professional member with the Ghana Psychological Council *[this was introduced in 2012 following the passage of the Act]*. Currently, the University of Ghana and University of Cape Coast offer master's programme in clinical psychology and clinical health psychology respectively.

### **The Role of clinical psychology in Health Care**

Clinical psychology aims to reduce psychological distress and to enhance and promote psychological well-being. The clinical psychologist in the general hospital uses the skills: to relieve pain and reduce stress, to improve health with medical advice and to help patients and family members cope with chronic illness *[family counselling]*. The work of the clinical psychologist in these facilities may be independently executed, or as a part of a multidisciplinary team in a hospital setting. As mental health specialists, clinical psychologists would render service through mental health units and psychiatric hospitals. Also, clinical psychologists may function as behavioural health providers and help manage the behavioural dimensions of the physical health and illness. They provide clinical and health services to both inpatient and outpatient units including patients who visit the hospital on self-referral basis. The services of the clinical psychologist cut across several health conditions especially with the behavioural / life style conditions (Atefoe, & Nuworza, 2015).

Specifically, clinical psychologists help manage adult patients with chronic and or lifestyle diseases like lung diseases, heart diseases (Denollet, & Brutsaers, 2001; Atefoe, & Nuworza, 2015), cancer, HIV / AIDS and diabetes mellitus (Britneff, & Winkley, 2013; Sarfo, 2014). Most of these patients could be at high risk for psychological problems. The clinical psychologist also helps in the management of children with a variety of diseases and symptoms. Soons and Denollet (2009) have divided the children's condition into four primary groups: (a) children with psychosomatic disorders, headache, sleep problems, eating disorders, encopresis, enuresis and constipation; (b) children with chronic medical diseases, like chronic obstructive pulmonary disease [COPD], diabetes; (c) children with suspected developmental disorders; and (d) children with acquired brain damage. Again, the psychologist will refer adult patients with suspected or confirmed brain damage, like stroke, dementia, epilepsy, brain tumours for neuropsychological assessment and treatment. The clinical psychologist would work by helping the medical specialist in making differential diagnosis, investigating cognitive functioning (e.g. concentration and memory) and providing treatment to enhance functioning and general wellbeing (Soons, & Denollet, 2009).

In addition, clinical psychologist in the general hospitals in Ghana could help manage patients who present with somatic complaints (especially in the absence of a clear medical cause; e.g. functional headache, pain in the stomach or general bodily pains). The psychologist's intervention will help the patient gain insight into their condition and provide them with better and newer ways of coping. This becomes very important because it will save patients from moving from one medical facility to the next in an unending search for cure (Atefoe, & Nuworza, 2015). Practically, at the dental clinics patients could utilize the services of a psychologist to learn techniques *[e.g. distractions, systematic desensitization and relaxation training] for reducing dental anxieties and fears and also help in the management of halitophobia using psychotherapeutic techniques* (Atefoe, & Nuworza, 2015).

The traditional function of the clinical psychologist to manage psychiatric patients with primary psychiatric conditions, like anxiety disorders, phobias, panic disorders, depression,

personality disorders, Posttraumatic Stress Disorder [PTSD] could be enhanced. Patients could be referred by psychiatrists where they are available, psychiatric nurses and other healthcare professionals. At the moment all regional and district general hospitals in Ghana have a psychiatric unit but not all of them have clinical psychologists and psychiatrists. Ghana had a little over 18 psychiatrists serving a population of over 25 million people before 2014 (Ministry of Health, 2013). The situation has created the much needed attention for high quality care to be delivered to the large number of individuals in need of mental health services, especially those found in rural areas (WHO, 2011).

The limited supply of mental health professionals has led to some clients / patients seeking only spiritual healing rather than conventional treatment by clinical psychologists in either the general hospital or the psychiatry facilities. With the availability of clinical psychologists in major hospitals, there may be a decrease in the heavy reliance on spiritual attributions as underlying causes of psychological disorders by the populace which seem to be the state of African traditional socialization (Ministry of Health, 2013; Sarfo, 2014).

Although the psychotherapeutic, assessment, and consulting services of clinical psychologists in health facilities in Ghana have traditionally been psychiatric in function, as the profession grew, psychological services began to be offered in other medical departments such as neurology, paediatrics, sickle cell, dental, oncology, burns and plastic surgery and gynaecology in hospitals in Ghana. This development occurred in not too many years ago although most countries have been have adopted the services of the clinical psychologist in these specialized medical settings for decades (Finger, Boller & Tyler, 2010; Hermann-Lingen, 2011). From a practical perspective, experiences on the field required that clinical psychologists on internship at the Burns and Plastic Surgery Centre at the Korle-Bu Teaching Hospital in Ghana were required to undertake crisis management for disaster related psychopathology among victims and the psychological pain family members went through. Very common cases that were managed included PTSD, Acute Stress Disorder, somatization problems and body dysmorphic problems. Notably, roles of clinical psychologists in accident and emergency situations are expanding (Rosser, 2008). Some common direct services that the psychologist at the trauma centre provides to patients include psychological assessments [e.g., *mental status examinations, suicidal risk assessment, danger to others evaluations*], assistance in adjusting to critical medical conditions [e.g., *psychoeducation regarding illness management*], individual and family counselling regarding adjustment to medical conditions and life style changes, case consultation with primary care physicians regarding cultural and psychological aspects of various symptoms, and liaison with other medical specialties like psychiatry, social welfare, physical therapy (Kwok, Tori, & Rainer, 2013).

### **Clinical psychology in the health sector: Challenges emerging Adaptation and adoption challenges**

Since the introduction of the discipline of psychology in Ghana, government support has been low (Asante, & Oppong, 2012). This is evident in a host of delayed actions over the years. For example, the passage of the psychology act took several years to be passed, the reluctant journey to the eventual success in recruiting clinical psychologist into the health sector. There is the possibility of facilitating a process of training clinical psychologists in pharmacology so as to supplement the limited psychiatric personnel in the country. At the moment, the Kintampo Rural Health Training School in collaboration with the University of Winchester in the UK is training medical assistants to acquire degree in Clinical Psychiatry to enable them prescribe psychoactive medication (The Kintampo Project, 2010). This opportunity has not been extended to clinical psychologists in the country.

Another difficulty is the lack of appropriate recognition and acceptance of the field of clinical psychology by the health fraternity. Due to lack of knowledge or appreciation of the salient role of the clinical psychologists, most health professionals continually seem to disregard the eminent need of the clinical psychologists in diagnosing and managing diseases in the present health care system. They fail to refer patients, and practically can be seen to view the discipline as a threat to their profession. This is typically seen in the way some medical practitioners in particular tend to break bad news to patients when the services of a skilled professional clinical psychologist could be sought to do due diligence to such crisis emergencies.



Asante and Oppong (2012) noted that the theoretical undertone of psychology in Ghana as well as other Africa countries has been western in nature. This sadly affects the level of effectiveness of the interventions and practices that take place on the continent. What must be clear to the African continent and Ghanaians in particular is that even the western world identifies differences among themselves and adapts concepts to suit them. For instance, Danquah, Asare, and Naeeder (2014) advocated that just like other countries such as Germany, Russian, New Zealand, India, Thailand, Greece and Iran have done, Ghana should endeavour to train clinical psychologists in psychopharmacology in order to supplement for the fewer psychiatrists available in the country. In Germany for instance, psychologists who work in the general hospitals see 0.37% of all newly referred patients (Soons, 2006). Since the incorporation of clinical psychology into the public health sector in Ghana, a number of issues have evolved that need to be critically looked at in order to fine-tune the way forward. These issues can be grouped under structural and qualification challenges.

### ***Administrative challenges***

It takes at least a master's degree to qualify to practice as a psychologist in Ghana. This means that all clinical psychologists recruited in Ghana must have at least a master's degree. It takes a total of seven years to complete such training. This is because one must have a four year first degree, a two year master's degree and a one year internship before licensing for practice (Asante, & Oppong, 2012). This is a considerable amount of effort to acquire such a specialized skill in order to function in the country. However, the placement of the clinical psychologist on the new pay structure [i.e. *the single spine salary structure as practiced in Ghana*] puts the psychologist at a disadvantage such that health professionals with similar qualifications are better placed than the clinical psychologist. The market premium for the clinical psychologist in the health sector is equally far below that of equivalent professions. In as much as the job is not just about the money, the money undeniably has motivational and subsistence value (Adusei, Sarfo, Manukure, & Cudjoe, 2016).

Apart from not receiving the due remuneration, clinical psychologists hired into the various health facilities barely had the appropriate office accommodation for practice. At least there was an ad-hoc arrangement to convert some spaces into offices for the newly recruited professionals in some facilities. However, appropriate arrangement in terms of office for consultation / therapy and assessment were non-existent. It is practically inappropriate for the clinical psychologist to share a consulting room with other health care providers since the psychologist handles rather very sensitive and confidential information from patients as compared to other professionals. Interaction with these professionals shows that even the ad-hoc arrangements were not conducive for engagement of the help of assistants or interns. This is simple because the assistants may not have space to work within. Meanwhile, these practicing clinical psychologists are to serve as prospective clinical supervisors to the upcoming clinical psychologists during their mandatory clinical internship program (Mayne, Norcross, & Sayette, 2000).

From our experiences in the field and in the health sector, it is not too clear which job description is being used within the health sector for the clinical psychologist. At best, the clinical psychologist knows their role in health care delivery. However, as an employee of a ministry / agency or a sector, job description must be clearly delineated by the Ministry of Health. This will define appraisal after a period of work. There is the need to consolidate the role of the psychologist in the Ghanaian health sector at all levels considering the occupational hazards that the job presents.

### ***Institutional challenges***

The inauguration of the board of the psychology council in Ghana, and as such the birth of the Ghana Psychological Council came without an office accommodation. It is therefore practically impossible to locate the council and make suggestions, inquiries and complains. Due to this 'quasi existence', the fall outs include poor coordination of council activities, inability to recruit and utilize staff, and the inability to implement regulations, protect and monitor members. In addition to the council, there is the Ghana Psychological Association which has been active for some time now. However, there seem to be little being done from this angle in terms of influencing policy and membership regulation. Ideally speaking, the association must be the mouth piece of the practitioners;

negotiating conditions of service, salaries, and sanctions. This would have promoted the interest of psychology and expose the populace to the great services psychology can offer in the country.

Until now, most private health insurances do not seem to understand the timeless and dire need of infusing mental health treatment into their insurance schemes. Thus, subscribers who seek psychological care are always made to pay in cash. This hinders the promotion of psychological and mental health and also disregarding the urgency of mental illness. The National Health Insurance Scheme [NHIS] which pays for mental health also pays the least claims for the services of a clinical psychologist. Eventually, psychological service that falls under specialist services ends up a less income generator for healthcare facilities. This makes these health facilities conclude that the service is not worth providing since not so many people are seen on daily basis. In private health facilities where the National Health Insurance and other insurances are not accepted for psychological services, clients tend to pay more for the service since these facilities treat clinical psychology as a specialized service which attracts higher charges. The phenomenon defeats the import of the definition of health by the World Health Organization [i.e. *a state of complete physical, mental, and social well-being*] (WHO, 1948). At the moment, ethical guidelines for professional psychological practice in Ghana are absent. At best, the profession uses the APA codes of ethics. However, it is important to note that some of the clauses in the APA codes of ethics are peculiar to the United States of America (Leach, & Harbin, 1997). Thus, there is the need for adaptation in order to suit the Ghanaian context. This places the onus on the council and the association to work towards the drafting of a code of ethics for psychological practice in Ghana.

### ***Qualification and practice challenges***

Training required for qualification to practice as clinical psychologist is very crucial. As described above, it is mandatory for one to be duly qualified in order to be licensed to practice across the world. Though well accepted and understood, some individuals still attempt to practice as psychologists in various parts of the world without the required qualification.

One of such challenges in Ghana is that some individuals, either intentionally or unintentionally avoid the internship component of the training requirement for qualification in Ghana. This means that such people will only complete a course work and practicum. A strict regulation of appropriate internship and its completion seems non-available, thereby leaving this stage of the training to individual discretion.

Closely related to the above is the lack of supervision and evaluation of psychological centres in the country. A number of private practitioners have set up centres for consultation and psychotherapy. It is unclear how they received approval/licensure for private practice/operation. The law establishing the Ghana Psychological Council stipulates that thorough inspection must be conducted before approval is given for a psychological centre to be operated ([Health Professionals Regulatory Bodies Act, 2013](#)). Granted that some existed before the passage of the law, it is not clear whether they are being monitored and evaluated. When properly done, this will prevent the opportunity for unlicensed practitioners and thereby saving the image of the noble profession.

Another qualification challenges involves streamlining other specialists who also come in to be trained as clinical psychologists. This is contributing to unemployment because once other health or medical practitioners also acquire the specialization they tend to block the recruitment of psychologists who might have undergone rigorous training from the undergraduate levels to the masters and terminal degrees. The solution is streamlining the requirements for the admission of people into the clinical program. At best, certificate courses could be organized by stake holders such as GPA for medical or health practitioners who are interested in understanding the principles of clinical psychology.

Another disturbing challenge is the recruitment of counselling and health psychologists into the health sectors at the hospitals as a substitute for clinical psychologists. Indeed, the presence of health and counselling psychologists in the health sector will be an added advantage for the system; however, the role of the clinical psychologist in health care delivery differs from that of the counsellor and health psychologist. The counsellor or health psychologist could not be a substitute for clinical psychologist in health facilities.

Continuous professional development opportunities such as conferences, seminars and workshops constitute an invaluable component of the professional competence development process. With other professional groups in Ghana such as the Ghana Medical and Dental Council

[MDC], such activities are requirements for renewal of licenses. These professional groups accredit courses, conferences, seminars and workshops with allotted credits (MDC, 2016). These eventually culminate into the required credit needed for the renewal of licensure. This must be the model for clinical psychological practice in Ghana.

### **Implications**

#### ***Implication for the health sector***

The presence of these challenges has serious implications for the health sector in Ghana. The life of the citizenry in every country resides in their health sector. Arguably, many other sectors contribute to the overall life of people. However, at the forefront is what happens within the health sector. It is therefore important to carefully consider and monitor what goes on in this all important sector. An inability to curb these challenges could amount to endangering the lives of citizens. There will be the opportunity for unqualified individuals to try their unwarranted skills on the precious lives of people seeking health. This will result in deterioration of health and increase in related complications.

Supplying the wrong persons to the health sector will amount to paying money to the wrong people. Already, the government of Ghana spends huge sums on salaries of health workers. It is therefore necessary to recruit the right professionals who will be worth their salaries. It is therefore necessary for the health sector to diligently scrutinize individuals applying for employment into the health sector as clinical psychologists. The right people must be recruited in order not to render the health given to clients ineffective. This is likely to reduce the 'healer shopping' phenomenon and its lingering but devastating spiritual attributions of disease and illness perception.

#### ***Implication for the growth of psychology in Ghana and Africa***

If any profession should be careful in Ghana, it is the profession of psychology since the understanding of the actions of the profession is not well understood in the country. If the challenges are left unresolved, the unpopularity of psychology will deepen thereby rendering the profession ineffective in the country.

The output of the various professions counts significantly towards the premium placed on them. Using the wrong people will produce poor output. In effect, the market premium of the clinical psychologist in the Ghana health sector is bound to worsen than it stands. Recruiting a health psychologist instead of a clinical psychologist into a hospital in Ghana will fulfil the adage of 'putting a square peg in a round hole.'

Psychology in Ghana needs to enforce the needed law in order to prevent unqualified individuals from practicing. There is the need for strong monitoring. The council and association must be up and doing and collaborate at various levels in order to achieve a common goal. Continuous development programmes must be regularly organized and made compulsory for licensing. There is the need for codes of ethics to guide the practice of clinical psychology in the country.

It is heart-warming to state that a great deal of institutional effort has made the presence of psychology in general to be felt in Ghana till date. For instance, the parliament of Ghana has commendably acted in the promotion of psychology in the country. Similarly, the ministry of health has also supported the call for psychology in the country. This is evident in the recruitment of clinical psychologists into the health sector and the inauguration of the Ghana Psychological Council Board. Regardless of these and the promising attitude so far, there still remains the need for some crucial issues to be addressed.

### **Compliance with ethical standards**

This paper is written with total cognizance of all ethical considerations. Efforts were made to avoid the disclosure of individuals at the helm of affair whatsoever. As much as possible, this paper only analyses the current state of affair of the practice of clinical psychology in the health sector in Ghana. Necessary documents were reviewed. This paper presents the views of the authors, though some discussions with our colleagues [anonymised] were also utilised.

### Conflicts of interest statement

The authors declare that they do not have any conflict of interest.

### References

- Adusei, H., Sarfo, J. O., Manukure, P., & Cudjoe, J. (2016). "If I should stop teaching now, where will I go?" Turnover intentions among high school teachers in Ghana. *European Journal of Contemporary Education*, 17(3), 263-271.
- American Psychiatric Association (APA) (2000). *Guidelines on hospital privileges for psychologists: credentialing and bylaws*. Washington: The American Psychological Association.
- Asante, K. O., & Oppong, S. (2012). Psychology in Ghana. *Journal of Psychology in Africa*, 22(3), 473-478.
- Atefoe, E. A., & Nuworza, K. (2015). Creating a space for clinical psychologists in healthcare system in Ghana: Is it necessary? *Journal of Advocacy, Research and Education*, 3(2), 99-103.
- Britneff, E., & Winkley, K. (2013). The role of psychological interventions for people with diabetes and mental health issues. *Journal of Diabetes Nursing*, 17, 305-310.
- Danquah, S. A. (1982). The practice of clinical psychology in West Africa: The case of Ghana. *Journal of Behaviour Therapy and Experimental Psychiatry*, 13, 5-13.
- Danquah, S. A., Asare, M., & Naeeder, M. (2014). Why Ghanaian clinical psychologists also be trained to prescribe selected psychoactive medication. *Social Journal of Psychology*, 1(2), 1-2.
- De-Graft Aikins, A. Ofori-Atta, A. L., Anum, A. & Dzokoto, V.A. (2014). Psychology in Ghana: A review of research and practice. In Agyei-Mensah, S., Ayee, J.A. & Oduro, A. (Eds.), *Changing perspectives on the social sciences in Ghana*. Dordrecht: Springer.
- Denollet, J., & Brutsaers, D. L. (2001). Reducing emotional distress improves prognosis in coronary heart disease: 9-year mortality in a clinical trial of rehabilitation. *Circulation*, 104, 2018-2023.
- Finger, S., Boller, F., & Tyler, K. L. (2010). *History of clinical neurology*. Edinburgh: Elsevier.
- Health Professionals Regulatory Bodies Act (2013). *Act 587*. Accra
- Herrmann-Lingen, C. (2011). Steps towards integrated psycho-somatic medicine—The example of psychocardiology. *Journal of Psychosomatic Research*, 70(2), 111-115.
- Kwok, W. O., Tori, C. D., & Rainer, T. H. (2013). New roles for psychologists in medical settings: Direct services in a Hong Kong Accident and Emergency Department. *Open Journal of Medical Psychology*, 2, 69-76.
- Leach, M. M., & Harbin, J. J. (1997). Psychological ethics codes: A comparison of twenty-four countries. *International Journal of Psychology*, 32(3), 181-192.
- Mayne, T. J., Norcross, J. C., & Sayette, M. A. (2000). *Insider's guide to graduate programs in clinical and counseling psychology (2000-2001 ed.)*. New York: Guilford.
- Medical and Dental Council (2016). *CPD Policy 2016*. Accra: Medical & Dental Council. Retrieved on 01-04-2016 from: [mdcghana.org/revise-cpd-policy-2016/](http://mdcghana.org/revise-cpd-policy-2016/)
- Ministry of Health (2013). *The mental health system in Ghana*. Accra: Ministry of Health.
- Plante, T. G. (2005). *Contemporary clinical psychology (2nd ed.)*. New Jersey: John Wiley & Sons, Inc.
- Romanow, R. J., & Marchildon, G. P. (2003). Psychological services and the future of health care in Canada. *Canadian Psychology*, 44(4), 283-295.
- Rosser, S. B. R. (2008). Working as a psychologist in the medical reserve corps: Providing emergency mental health relief services in Hurricanes Katrina and Rita. *Professional Psychology: Research and Practice*, 39(1), 37-44.
- Sarfo, J. O. (2014). Role of clinical neuropsychologists in the evaluation and management of diabetes mellitus in Ghana: A position statement. *Journal of Advocacy, Research and Education*, 1(1), 37-40.
- Sarfo, J. O., & Ofori, P. K. (2016). Diabetes in West Africa: Using meta-ethnography to synthesise qualitative studies in Ghana, Cameroon and Nigeria. *European Journal of Medicine*, 12(2), 54-63.
- Soons, P. H. G. M. (2006). Psychologen in de somatische gezondheidszorg. In A. A. Kapteijn, R. Buenderman, J. Dekker, & A. Vingerhoets (Eds.), *Handboek medische psychologie* (pp. 45-74). Bohm, Stafleu van Loghum: Houten.



Soons, P., & Denollet, J. (2009). Medical Psychology Services in Dutch General Hospitals: State of the Art Developments and Recommendations for the Future. *Journal of Clinical Psychology in Medical Settings*, 16, 161–168.

The Kintampo Project (2010). *Curriculum for degree in clinical psychiatry - Developing mental health services in Ghana*. Hampshire, UK: Hampshire Partnership NHS Trust.

Wahass, S. H. (2005). The role of psychologists in health care delivery. *Journal of Family and Community Medicine*, 12(2), 63–70.

World Health Organization (1948). *Constitution of the World Health Organization*. Geneva: WHO.

World Health Organization (2002). *The World health report*. Geneva: WHO.

World Health Organization (2011). *WHO-Aims report on mental health system in Ghana*. Accra Office: WHO.