

## Opportunities for growing psychology due to the COVID-19 pandemic in a non-Western context: the case of Ghana in West Africa

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### Abstract

There appears to be a gap between the potential and actual impacts of psychology on the African continent in general and particularly in Ghana. Meanwhile, psychology is an essential health service in emergency/pandemic situations. During the COVID-19 pandemic, psychology has become a significant channel for the promotion of wellbeing in many communities worldwide. This paper presents an account of how psychology in Ghana gained prominence by seizing the opportunity provided by the COVID-19 pandemic to provide the required psychosocial support the country needed in the hard times. The essence is to provide exemplars for countries where psychology is dormant and underutilised to make gains for the citizenry and the profession.

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## Introduction

The first two cases of confirmed coronavirus (COVID-19) infection were announced in Ghana on 12th March 2020 by the Minister of Health on the country's television station (Duncan, 2020, Serwaa et al., 2020). Anecdotal evidence suggests that this broke many hearts and threw the country into instant fear/panic. There was even more fear for vulnerable groups such as the aged as age was a significant risk factor for COVID-19 mortality in the West (Gyasi, 2020). The numbers began to multiply in days. Soon, news of the death from COVID-19 was reported (Serwaa et al., 2020). Schools were closed by the government and stricter restrictions such as the lockdown of some major cities and closure of borders followed (Nyabor, 2020). There was a 14-day mandatory quarantine for people arriving from across Ghana's borders. All these were done following the World Health Organisation (WHO) protocols (WHO, 2020). This produced agitations and panic among the returnees. Ghana recorded over 109,000 COVID-19 cases with over 880 deaths as at the time this paper was written. Restrictions have been relaxed as recoveries have been impressive over the months.

Even though psychology has existed for decades in Ghana and its awareness on the rise, there is still a lot to do to attain the recognition it deserves (e.g. Oppong Asante & Oppong, 2012; Mate-Kole, 2013). A department dedicated to the study of psychology at the University of Ghana, Legon was first established in 1967, ten years after Ghana attained independence (Oppong Asante & Oppong, 2012). Notwithstanding, psychology was introduced for several years as part of educational training in the colonial era (Oppong, 2017). Currently, in Ghana, psychology has become one of the major social science courses of study at the university level, with three public and three private universities running undergraduate psychology programmes or its applied fields (Oppong, 2016; Oppong et al., 2014) while a private college offers an executive certificate in counselling. In addition, the same public universities and a postgraduate private university offer postgraduate training in clinical psychology, social psychology, industrial and organizational psychology, counselling psychology, developmental psychology, educational psychology, and educational assessment or psychometrics. Psychology is taught in all medical schools, teacher and nurse training colleges and within some specialist training institutions in Ghana including seminaries. Fields of psychology in academia in Ghana include clinical psychology, social psychology, industrial/organizational psychology, counselling psychology, health psychology, and educational psychology. In terms of practice, specialisations such as counselling, educational, social, community, industrial/organizational, and clinical psychology can be found in Ghana (Oppong Asante & Oppong, 2012). There are also fields such as sports, school, child, health, developmental, and forensic psychology as well as clinical neuropsychology but of relatively less recognition and/or with fewer practitioners in Ghana. However, since 2013/2014 fiscal year, the Government of Ghana officially hired clinical psychologists into the public health system (Dziwornu et al., 2016). These psychologists are mostly

placed at teaching hospitals and regional hospitals. However, there are plans to decentralise to the municipal and district hospitals. In addition, some private hospitals have clinical psychologists as part of their multidisciplinary health teams.

The importance of psychology in everyday life cannot be overemphasized. For example, decision making, stress management and interpersonal relationships are a few instances where psychology is utilised by everyone on a daily basis (Ajzen, 1996; Berscheid, 1994; Mahakud et al., 2013). However, in Ghana and many low- and middle-income countries (LMICs), psychology is less known or appreciated (Daniel, 2013). The outbreak of Coronavirus (COVID-19) has interestingly changed the outlook of psychology in Ghana. The doors of government and other organisations opened for psychology during this time albeit not impassively. This paper presents an account of how and why this became possible in the country. The essence is to present a foundation of how to champion psychological ideas in various spheres of life across time and place. It has some applications in similar LMICs around the world.

## **Psychology in the pre-COVID-19 era in Ghana**

As much as psychology as a discipline is grounded in Ghana, little is known about it among ordinary Ghanaians (Oppong, 2016). Over the years, many of the people who have heard of psychology in Ghana constantly confused it with psychiatry. Many also perceive it to be the discipline that reads minds and treats ‘mad’ people. Job prospects was unclear for psychologists in Ghana until the passage of the Mental Health Act, 2012 (Act 846), followed by the establishment of the Ghana Psychology Council under Part Five of the Health Professions’ Bodies Regulation Act, 2013 (Act 857) (Dziwornu et al., 2016). This challenge can partly be due to the lack of knowledge by the general public about psychology over the years, making it difficult for organisations to readily incorporate psychological services into their activities. From its onset in Ghana, psychology remained largely in the academic circle with little influence on policy and limited influence on lives in general. The lack of recognition is reflected in how persons with psychological challenges often prefer to see physicians and religious leaders (traditional, Islamic or Christian) rather than seek psychological services. When referred to see a psychologist, they perceive that they are not mentally ill and often refuse to see the psychologist. Similarly, organisations preferred to hire the services of human resource management graduates over industrial/organizational psychologists even when the situation clearly requires a psychologist as a better fit (Oppong, 2013), though this is changing gradually with industrial psychologists holding key human resource positions throughout the country (Oppong, 2022).

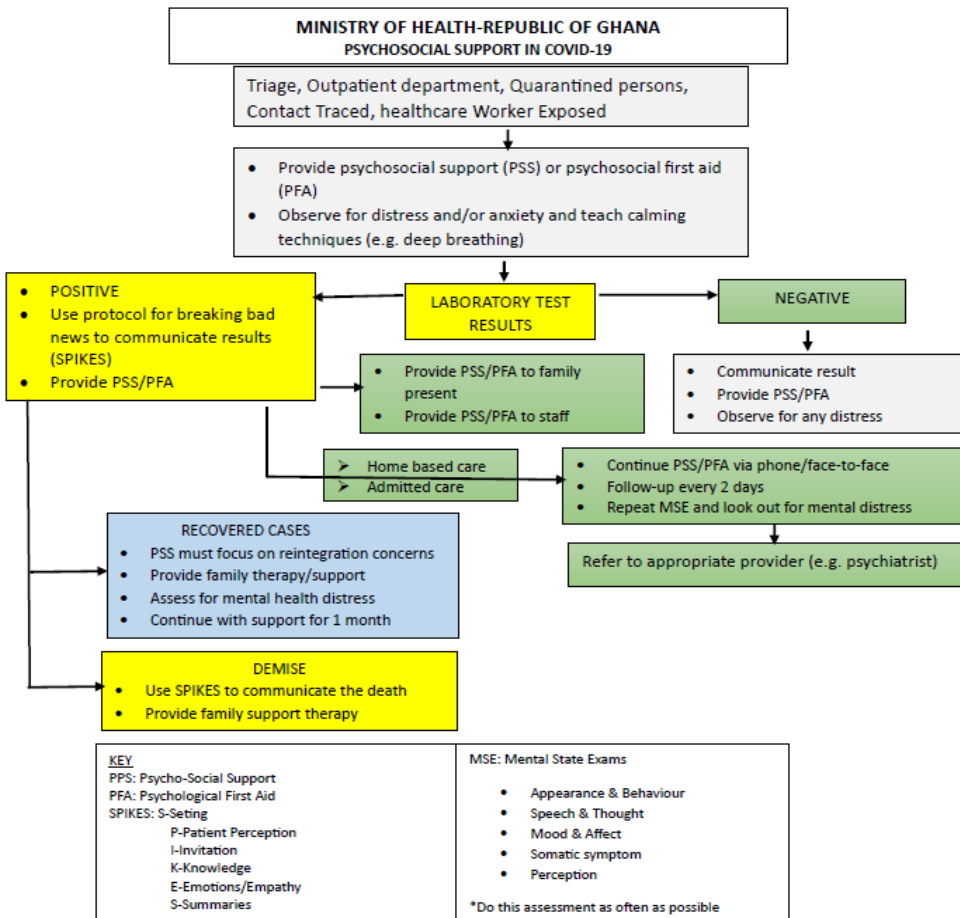
## **Psychology growing in prominence in the COVID-19 era in Ghana**

During pandemics, human behaviour can be said to be affected by several factors and people tend to cope by exhibiting diverse behaviours (Philip & Cherian, 2020). Like

many countries, Ghanaians experienced agitation and panic during the outbreak of COVID-19. There was panic buying, hoarding of consumables, and stigmatisation of persons diagnosed with the infection, people who recovered from the disease and their families, and health persons generally, but specifically those working in the frontline of COVID-19 management. These behaviours needed prompt attention and psychologists in Ghana rose to the task, unlike in the times of other pandemics or epidemics in the past. For example, during Ebola, though no case was recorded in Ghana, there was fear and related distress, myths, and stigma among citizens (Tenkorang, 2017). There was no psychological intervention or arrangement, further worsening the impact in Ghana (Nyarko et al., 2015). Training including psychosocial support to equip health workers earmarked for suspected cases was inadequate (if not totally absent) (Annan et al., 2017), regardless of the WHO guideline at the time (WHO, 2014). Clearly, the utilisation of psychology in public health has been limited in Ghana in the past.

As in the case of Ebola and other disasters, psychologists in Ghana were not invited to the table during the outbreak of the Coronavirus. Presumably, the mode of dealing with the virus and associated impacts were thought to be purely biomedical as was the case in previous epidemics and pandemics. Meanwhile, this model could not fully address the needs of Ghanaians given their conceptions of health (Farre & Rapley, 2017; Oppong et al., 2020), including their fears, depression about the pandemic, confusion, agitations and helplessness. Accordingly, the Ghana Psychological Association (GPA) 'gate-crashed' into the plans of the government and offered to support the mitigation efforts. The GPA officially wrote to the Ghana Health Service (GHS)/ Ministry of Health to be allowed to participate in the management and treatment of COVID-19 patients, outlining the role of psychology in the national response efforts. Without delay, psychologists began to support health workers handling the first few cases to surmount their fears, calm the patients and relatives in and around the holding centres. Generally, there was a state of confusion in the health workers and patients that needed de-escalation, and that was effectively managed by the psychologists. The GPA also had to prepare a model that fits into the already existing COVID-19 treatment model. Upon consultation, GPA adapted the WHO COVID-19 Psychosocial Support protocol (WHO, 2020) (presented in Figure 1) in order to fit into the Ghanaian situation. In fact, psychology in Ghana was very much guided by the understanding of context-specificity of activities in the crucial era of pandemics as also recommended by Afriyie et al. (2020). Using the protocol in Figure 1, psychologists supported patients, broke bad news to patients and relations, engaged in follow-ups, and took part in discharge decisions. They looked out for mental health challenges patients may encounter, planned, and executed interventions, liaised with treatment team members to support patients, and supported team members. It also became necessary that all COVID-19 treatment teams are trained on the psychosocial support protocol as preparedness for the pandemic was generally low among health workers at the time (Afulani et al., 2020). The psychosocial support training was conducted to equip frontline health workers with skills on how to break bad news,

communicate with patients and relatives, support emotionally and socially, and avoid stigmatizing and discriminating. Indeed, the first author of this paper was a trainer of all frontline mental health officers (psychiatric nurses and community psychiatric nurses) on psychosocial support during the pandemic in two regions (Volta and Oti Regions) on the COVID-19 teams in Ghana. These mental health officers were tasked to provide psychosocial support in facilities where no psychologists were located. Generally, the mental health officers provide psychiatric services to communities and facilities without psychiatrists and psychologists. They are in both facilities and communities, ensuring adherence, following up on clients among other duties.



**Figure 1:** The psychosocial support protocol for COVID-19

The GPA and its members in the country pursued some aggressive actions to scale up psychological services and its impact. First, the relentless quest by GPA to be included in the national COVID-19 response team resulted in the request by the GHS that psychologists be assigned to the various treatment teams across the country. By this, clinical, counselling and health psychologists were assigned to the various regional COVID-19 treatment teams. They were quickly trained on the infection prevention and

control (IPC) protocols for handling patients and how to protect themselves. These psychologists became responsible for managing the fear and panic patients experienced. They were responsible for preparing potentially infected persons for testing, breaking news about test results, breaking news about the death of patients to relatives, and preparing families to receive recovered patients. They also trained health workers and other team members on psychosocial support during COVID-19 and on self-care for frontline health workers.

Secondly, there was the provision of psychosocial support for persons under mandatory quarantine. When the Government of Ghana announced the closure of borders, many citizens abroad decided to return home before the closure starts. However, the government deemed it necessary to test all those arriving in the country within that time since the first cases in the country were imported. Thus, a 14-day mandatory quarantine was imposed on some over 1000 returnees. These people became agitated and began to be uncompromising. They also experienced fears regarding their status as they awaited their test results. Psychologists were assigned to the various holding facilities to help contain the situation.

In addition, psychologists participated in public health education through the media and activities of the National Commission for Civic Education (NCCE). In order to reach several Ghanaians, GPA approached media houses, both print and electronic, to present vital information to citizens. There were series of radio and television talks, articles in the newspapers, and flyers and messages through social media platforms. A collaboration was established with the NCCE, Ghana Medical Association (GMA) and Global Media Alliance with support from the Ghana Private Sector COVID-19 Fund and the Ghana National Petroleum Corporation (GNPC) funding to educate citizens on the coronavirus with emphasis on the psychosocial wellbeing, needs and support. This took the form of training of identified groups such as healthcare workers, security services, Ghana Employers' Association, staff of the NCCE and journalists. Additionally, radio jingles were aired in the media, the use of campaign vans in city centres and rural areas, and the mounting of billboards at vantage points in towns were used as educational medium.

Psychologists held and participated in conferences and webinars for the purposes of knowledge dissemination. Efforts to equip Ghanaians with appropriate information was widely spread with the intention of reaching every section of the population. The GPA's annual conference which was already scheduled before the outbreak of the Coronavirus in Ghana was adapted to meet the demands of the time. The conference theme was changed to 'Making Psychology Relevant to the Ghanaian Before, During and After COVID-19 pandemic'. This saw several scientific presentations on pandemics in general and COVID-19 in particular. Meanwhile, publications on the impact of COVID-19 in respective fields of practice were being done (See Gyasi, 2020; Kugbey et al., 2020).

Similarly, psychologists contributed to the nationwide stigma reduction campaign by the Government of Ghana. This action saw a tremendous contribution from social,

community, and industrial psychologists. There were contributions to the 'Meet the Press' programmes organized by the Ministry of Information of the Republic of Ghana, through presentations, answering of questions, clarification of doubts, and the provision of guidelines. It is interesting to note that psychologists had three (3) slots on different dates to address the nation during the 'Meet the Press' programmes. This featured the then Vice president of GPA who is an industrial/organisational psychologist, the interim head of the Social Psychology Division of GPA, and a clinical psychologist stationed at a treatment centre. The presentations touched on what is happening so far to citizens, what should be expected, what psychology is offering and how to fight together. For example, in his statement, the Social Psychology Division's interim head (Starrfm.com.gh, 2020) mentioned that:

Some Ghanaians have responded to recovered COVID-19 persons and their family members in extreme ways. We want to let people know that stigma and discrimination are barriers to an effective response... We must treat each other in a way which almost assumes that tomorrow we are going to need the support from those who have recovered. We must cut the hate and work together as a country to overcome this virus (para 8).

These messages got to Ghanaians as most people watched and analysed the statements made during these programmes. Also, stigma reduction campaign messages for the public were prepared in different local languages for various ethnic groups in the country. The distribution of these messages was championed by various mental health coordinators in the country.

The GPA played an active role in the training for security personnel in Ghana as the security services played a pivotal role in the fight against COVID-19. Foremost, their activities started at the Airport where the returnees needed to be tested and/or quarantined. They guarded the destinations for the quarantines and ensured that the public does not infiltrate into the premises. During the lockdown of two major cities in the country, it took the combined efforts of the security and disaster management service organizations (Ghana Police Service, Ghana Armed Forces, Ghana Fire Service, Bureau of National Investigation, and National Disaster Management Organization) to ensure law and order. Contact tracing operations also involved the security services as some citizens were unwilling to allow surveillance teams into the home. It was necessary to train and prepare the service personnel to be diligent in their line of duty, devoid of stigmatisation. Psychologists organised a series of training programmes for these security personnel accordingly. Psychological services were also made available to officers who encounter personal difficulties in the line of duty.

Finally, Ghanaian psychologists provided tele-counselling services gratis. The GPA and Ghana National Association of Certificated Counsellors (GNACC) provided psychological services to citizens who could not reach psychologists in person. This has become a new-normal for clinical services in these critical times (Xiao, 2020). Contact numbers of psychologists were compiled and disseminated across various platforms (it

was amazing to see the numbers/flyers on family, workplace, and school platforms) for citizens who needed the service to contact psychologists in various languages. Many Ghanaians had the opportunity to call these psychologists and shared their challenges including some who were outside the borders of Ghana. A GPA member also recorded a mindfulness audio to help in relaxation which was also circulated on social media alongside the contacts. To a large extent, many Ghanaians benefited from this exercise and arguably, psychology in Ghana gained some recognition for that.

Throughout the pandemic in Ghana, psychology in Ghana was and still is presenting a united front. Activities were engaged in by the various divisions of the profession with high-level collaboration. Industrial psychologists educated workers on how to work from home and manage the dynamics associated with it. Community psychologists advocated for community cohesion and interventions that could reduce the impact of the lockdown. Social psychologists explained the dynamics of social/physical distancing in collectivistic and/or communal cultures and advised on strategies to reduce stigma and discrimination of patients. Clinical and counselling psychologists were involved in one-on-one cases, assisted treatment teams and other frontline workers. Consequently, psychology has become a common word as health workers easily and quickly call for our support; banks and industries request for our services; and ministries and other agencies collaborate with psychologists to deliver their mandates. Among the populace, psychology is well-known as families refer to and utilise recommendations by psychologists, call hotlines dedicated to tele-counselling, and refer neighbours for services. For instance, the caseload for the Therapy and Wellness Department (a department devoted to providing psychosocial services and so-named to minimise stigma) at the 37th Military Hospital in Accra, Ghana, has seen a drastic increase from about 150 per month to about 330 per month (E. D. Dickson, personal communication, 14 July 2020).

The above actions resulted in recognition from the presidency. The President of the Republic of Ghana invited the President of GPA and the Registrar of the Ghana Psychology Council as part of the series of meetings he (the President) held with stakeholders during the pandemic. Arguably, this is the first time in the history of Ghana that psychology has been called to the same platform with other health professions' bodies by the presidency – first, to the 'Meet the Press', second, to the seat of government.

Collaborations and partnerships with other organizations germinated from the activities of psychology in the country during the pandemic. One of such partnerships was the CoRe (COVID-19 Recovery and Resilience) programme, an initiative of the Springboard Road Show Foundation, sponsored by the Mastercard Foundation and Solidaridad for the training of adolescents in resilience building. There was also the collaboration from the Rotary Club of Accra-South, to commemorate the World Mental Health Day. The Rotary Club has also pledged to build a permanent secretariat for GPA on a plot of land procured by GPA; GPA has since procured four plots of land for that purpose. But for the image of psychology built through the pandemic, these collaborations would have received by the other health groups in the country.



## Lessons learned for promoting psychology and its utilization in similar contexts

Several pertinent lessons can be and have been learnt from the activities of GPA and psychological workers during COVID-19 in Ghana so far. These lessons are useful for the future of the profession in Ghana as well as for other psychological communities in other geographic regions looking for insights for progress and impact on society in general. These include the following:

**Self-marketing:** This is what we describe as '*going to them if they do not come to us*'. With this principle, psychologists must introduce themselves to society using available, appropriate branding strategies to sell their worth. In situations where psychological services are needed to solve national problems, psychologists should seek to avail themselves to society instead of waiting for an official request from the national governments that might never come. This is particularly important because policy makers do not readily think of psychologists when they have problems to solve, even if the problem requires psychological knowledge (McKnight et al., 2005).

**Collaborations:** Indeed, success in many aspects of life involves the inputs of others. Multidisciplinary professional teams often generate quality outputs and outcomes. As a result, psychologists must identify the resources in other professions and seek to work with the professionals for the ultimate good of society.

**Diligence:** When the opportunity presents itself, psychologists must be diligent in the inputs they make. There must be no room for mediocrity and selfishness. Psychologists must always present their best as that will inspire confidence in their profession and hope in the populace. We must also endeavour to exceed expectations. If the government and people know and ask for one, we must offer them '*one plus another*' in an attempt to increase their interest in our services (e.g., if clients ask for a clinical psychologist, we must make them aware of other services they may need by hinting them to see other qualified psychologists trained to offer the needed services).

**Service first, wage later:** This may sound counterproductive and counterintuitive. However, it ought to be a necessary slogan for beginners in many fields. In societies where psychology is not well grounded, it is definitely important to serve the society first. When they experience the quality services of the profession, the benefits in terms of wage will naturally follow. Indeed, the proof of the pudding is in the eating. However, we do not ask that psychologists should forgo their well-deserved salaries when they provide services to clients; rather, we are asking psychologists to utilise problems and opportunities of national scale to showcase the kinds of services the public will receive when they pay to see psychologists in public establishments or private practice. This slogan must keep psychology shining to pave way for future references and contacts, especially in times of emergency/disasters/pandemics.

## Conclusion

In Ghana, the biomedical model to healthcare has crippled efforts that need to be made to involve other equally important approaches to healthcare. Thus, even during disasters, interventions have always focused on physical impacts, neglecting psychosocial interventions (Dziwornu & Kugbey, 2015). Policies regarding healthcare have relegated psychological practices to the background for far too long. It was and is still necessary for psychologists in Ghana to seize any opportunity available to showcase our worth. This opportunity was identified in the COVID-19 pandemic. Fortunately, this has worked as many psychologists are investing their time and effort to realise the dream of showcasing our worth in nation building. What is critical to ponder over now is the post-COVID-19 state of psychology in the country. Psychologists, GPA, and GPC need to strategise now in order to keep the zeal, interest, and gains we have made over this period. Long live psychology in Ghana, Africa, and the world.

## Disclosure statement

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## References

- Afriyie, D. K., Asare, G. A., Amponsah, S. K., & Godman, B. (2020). COVID-19 pandemic in resource-poor countries: challenges, experiences and opportunities in Ghana. *Journal of Infection in Developing Countries*, 14(8), 838–843. <https://doi.org/10.3855/jidc.12909>
- Afulani, P., Gyamerah, A., Aborigo, R., Nutor, J., Malechi, H., Laar, A., Sterling, M., & Awoonor-Williams, J. (2020). Perceived preparedness to respond to the COVID-19 pandemic: A study with healthcare workers in Ghana. *Journal of Global Health Science*, 2(2). <https://doi.org/10.1101/2020.07.10.20151142>
- Ajzen, I. (1996). The social psychology of decision making. In A. W. K. E. Tory Higgins (Ed.), *Social psychology: Handbook of basic principles* (pp. 297–325). Guilford Press.
- Annan, A. A., Yar, D. D., Owusu, M., Biney, E. A., Forson, P. K., Okyere, P. B., Gyimah, A. A., & Owusu-Dabo, E. (2017). Health care workers indicate ill preparedness for Ebola Virus Disease outbreak in Ashanti Region of Ghana. *BMC Public Health*, 17(1), 1–7. <https://doi.org/10.1186/s12889-017-4474-6>

- Berscheid, E. (1994). Interpersonal relationships. *Annual Reviews of Psychology*, 45, 79–129. [https://doi.org/10.5005/jp/books/12786\\_39](https://doi.org/10.5005/jp/books/12786_39)
- Daniel, K. (2013). Analysis of importance of psychology today in Africa. *Global Journal of Human Social Science*, 13(3), 20 - 25.
- Duncan, J. (2020, March 17). *Two cases of coronavirus confirmed in Ghana*. Citinewsroom - Comprehensive News in Ghana. <https://citinewsroom.com/2020/03/two-cases-of-coronavirus-confirmed-in-ghana/>
- Dziwornu, E., & Kugbey, N. (2015). Mental health problems and coping among flood victims in Ghana : A comparative study of victims and non-victims. *Current Research in Psychology*, 6(1), 15.21.
- Dziwornu, E., Otchere, Y. O., & Howusu-Kumi, E. (2016). Post-recruitment issues regarding clinical psychologists in Ghana: the Elephant in the Room? *Journal of Advocacy, Research and Education*, 7(3), 125–133. <https://doi.org/10.3844/crsp.2015.15.21>
- Farre, A., & Rapley, T. (2017). The new old (and old new) medical model: Four decades navigating the biomedical and psychosocial understandings of health and illness. *Healthcare*, 5(4), 88. <https://doi.org/10.3390/healthcare5040088>
- Gyasi, R. M. (2020). Fighting COVID-19: Fear and internal conflict among older adults in Ghana. *Journal of Gerontological Social Work*, 1–3. <https://doi.org/10.1080/01634372.2020.1766630>
- Kugbey, N., Ohene-Oti, N., & Vanderpuye, V. (2020). COVID-19 and its ramifications for cancer patients in low-resource settings: Ghana as a case study. *E-Cancer Medical Science*, 14(1), 10–14. <https://doi.org/10.3332/ECANCER.2020.ED99>
- Mahakud, G. C., Sharma, V., & Gangai, K. N. (2013). Stress Management : Concept and Approaches. *The International Journal Of Humanities & Social Studies*, 1(6), 1–5.
- Mate-Kole, C. C. (2013). Psychology in Ghana Revisited. *Journal of Black Psychology*, 39(3), 316–320. <https://doi.org/10.1177/0095798413480664>
- McKnight, K. M., Sechrest, L., & McKnight, P. E. (2005). Psychology, psychologists, and public policy. *Annual Review of Clinical Psychology*, 1, 557-576. <https://doi.org/10.1146/annurev.clinpsy.1.102803.144130>
- Nyabor, J. (2020, March 16). *Coronavirus: Government bans religious activities, funerals, all other public gatherings*. Citinewsroom - Comprehensive News in Ghana. <https://citinewsroom.com/2020/03/government-bans-church-activities-funerals-all-other-public-gatherings/>
- Nyarko, Y., Goldfrank, L., Ogedegbe, G., Soghoian, S., & de-Graft Aikins, A. (2015). Preparing for Ebola virus disease in West African countries not yet affected:

- perspectives from Ghanaian health professionals. *Globalization and Health*, 11(1), 7–12. <https://doi.org/10.1186/s12992-015-0094-z>
- Oppong Asante, K., & Oppong, S. (2012). Psychology in Ghana. *Journal of Psychology in Africa*, 22(3), 473–478. <https://doi.org/10.1177/0095798413480664>
- Oppong, S. (2013). Industrial and organizational psychology in Ghana. *The Industrial-Organizational Psychologist*, 50 (3), 79 – 83.
- Oppong, S. (2016). The journey towards Africanising psychology in Ghana. *Psychological Thought*, 9(1), 1–14. <https://doi.org/10.5964/psyc.v9i1.128>
- Oppong, S. (2017). History of psychology in Ghana Since 989AD. *Psychological Thought*, 10(1), 7–48. <https://doi.org/10.5964/psyc.v10i1.195>
- Oppong, S. (2022). Industrial and organizational psychology in Ghana: Recent developments in the training and practice. *Agathos*, 13 (1), 203 – 216. [https://www.agathos-international-review.com/issue13\\_1/26.Oppong.pdf](https://www.agathos-international-review.com/issue13_1/26.Oppong.pdf)
- Oppong, S., Brune, K.R., & Mpofu, E. (2020). Indigenous Community Health. In E. Mpofu (Ed.), *Sustainable Community Health: Systems and Practices in Diverse Settings* (pp. 579-610). Palgrave Macmillan. [https://doi.org/10.1007/978-3-030-59687-3\\_17](https://doi.org/10.1007/978-3-030-59687-3_17)
- Oppong, S., Oppong Asante, K., & Kumaku, S. K. (2014). History, Development and Current Status of Psychology in Ghana. In C. S. A. and C. C. Mate-Kole (Ed.), *Contemporary Psychology: Readings from Ghana* (Eds, Issue 34, pp. 1–17). Digibooks Ghana Ltd.
- Philip, J., & Cherian, V. (2020). The psychology of human behavior during a pandemic. *Indian Journal of Psychological Medicine*, 42(4), 402–403. <https://doi.org/10.1177/0253717620935574>
- Serwaa, D., Lamptey, E., Appiah, A. B., Senkyire, E. K., & Ameyaw, J. K. (2020). Knowledge, risk perception and preparedness towards coronavirus disease-2019 (COVID-19) outbreak among ghanaians: A quick online cross-sectional survey. *Pan African Medical Journal*, 35(2), 1–7. <https://doi.org/10.11604/pamj.2020.35.2.22630>
- Starrfm.com.gh (2020, July, 11). *COVID-19 private sector fund launches anti-stigmatization campaign*. <https://starrfm.com.gh/2020/06/covid-19-private-sector-fund-launches-anti-stigmatization-campaign/>
- Tenkorang, E. Y. (2017). Ebola-related stigma in Ghana: Individual and community level determinants. *Social Science and Medicine*, 182, 142–149. <https://doi.org/10.1016/j.socscimed.2017.03.060>
- World Health Organisation (WHO). (2014). *Psychological first aid during Ebola virus disease outbreaks*. <https://doi.org/10.17744/mehc.29.1.5racqxjueafabgwp>

Xiao, C. (2020). A novel approach of consultation on 2019 novel coronavirus (COVID-19)-related psychological and mental problems: Structured letter therapy. *Psychiatry Investigation*, *17*(2), 175–176. <https://doi.org/10.30773/pi.2020.0047>