

**ENSIGN GLOBAL COLLEGE
KPONG, EASTERN REGION, GHANA**

**FACULTY OF PUBLIC HEALTH
DEPARTMENT OF COMMUNITY HEALTH**

**ASSESSMENT OF THE KNOWLEDGE AND PRACTICES OF
CLINICAL PSYCHOLOGISTS IN THE USE OF ART THERAPY
IN ACCRA, GHANA: A QUALITATIVE STUDY**

**BY
EUGENIA PRISCILLA DOKU-ASARE
(207100175)**

JULY, 2022

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**A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH,
FACULTY OF PUBLIC HEALTH, ENSIGN GLOBAL COLLEGE
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE MASTER OF PUBLIC HEALTH DEGREE**

JULY, 2022

DECLARATION

I hereby declare that this thesis is my own work toward the Master of Public Health degree and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the College, except where due acknowledgement has been made in the text.

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DEDICATION

To the Glory of God, this thesis is dedicated to my late father, Mr. Aloysius Asare-Doku, you are gone but not forgotten, to my mum Helena Hammond and all Clinical Psychologists in Ghana.

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“O give thanks unto the LORD; call upon his name: make known his deeds among the people.” (Psalms 105:1). My heartfelt appreciation first goes to the Almighty God who has granted me grace in my life’s journey and studies.

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I am extremely grateful. To my late father, Mr. Aloysius Asare-Doku, you are gone but not forgotten. Your memory lives on. Thank you for nurturing in me the discipline and commitment to lifelong learning, and for making the way for me. I hope you are proud of me.

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DEFINITION OF TERMS

Term	Definition
Art therapy	- An effective mental health treatment for individuals who have experienced depression, trauma, medical illness, and social difficulties using art media and creative processes.
Clinical psychologists	- Experts in mental health disturbances using biomedical approaches and the use of psychological therapies in helping patients overcome psychosis and a range of serious mental disorders.
Cognitive Behaviour Therapy	- A therapy that helps to manage problems by changing the way they think and behave.
Continuous professional development	- A combination of approaches, ideas, and techniques that will help to manage one's own learning and growth.
Dialectical behaviour therapy	- A type of talk therapy specially adapted for people who feel emotions very intensely.
Eye movement desensitization and reprocessing	- A type of psychotherapy that helps people to recover from trauma and other distressing life experiences.
Mental health disorder	- Conditions that affect a person's thinking, feeling, mood, or behaviour, such as depression, anxiety, bipolar disorder, or schizophrenia.
Psychotherapy	- Also known as talk therapy, it is a therapeutic treatment of mental illness provided by a trained mental health professional.
Rational emotive behaviour therapy	- A therapy that helps to identify irrational beliefs and negative thought patterns that may lead to emotional or behavioural issues.

LIST OF ABBREVIATIONS

Abbreviation		Meaning
AATA	-	American Art Therapy Association
ATM	-	African Traditional Medicine
ACT	-	Acceptance and Commitment Therapy
BT	-	Behaviour Therapy
CPD	-	Continuing Professional Development
CT	-	Cognitive Therapy
CBT	-	Cognitive Behavioural Therapy
DBT	-	Dialectical Behaviour Therapy
DTS	-	Davidson Trauma Scale
DSM-IV	-	Diagnostic and Statistical Manual of Mental Disorder- Fourth Edition
DSM-5	-	Diagnostic and Statistical Manual of Mental Disorder-Fifth Edition
EMDR	-	Eye Movement Desensitization and Reprocessing
GPC	-	Ghana Psychology Council
GPA	-	Ghana Psychological Association
GSS	-	Ghana Statistical Service
GT	-	Good Therapy
HAMA	-	Hamilton Anxiety Rating Scale
HAMD	-	Hamilton Depression Rating Scale
MHA	-	Mental Health America
NHS	-	National Health Service
PTG	-	Post Traumatic Growth
PTSD	-	Posttraumatic Stress Disorder
REBT	-	Rational Emotive Behaviour Therapy
VAS	-	Visual Analog Scale
VAT	-	Visual Art Therapy
WHO	-	World Health Organization

ABSTRACT

Background: Evidence shows that art therapy has mental health benefits, and is a great way to express complex emotions in the recovery process. However, there are limited to no studies in the Ghanaian context on whether art therapy is used among clinical psychologists in the therapeutic process. This research sought to explore and assess the knowledge and practices of clinical psychologists in the use of art therapy in treating patients in Accra, Ghana.

Method: The study employed a qualitative approach using semi-structured interviews to attain in-depth information about the use of art therapy among clinical psychologists in Accra. Thematic analysis was employed to analyse the data.

Results: The results revealed that clinical psychologists had limited knowledge of art therapy mainly due to a lack of training. With the use of art therapy, the majority of the participants revealed that they have used a form of art therapy even though uncertain about its functionality and also had low confidence while using art therapy due to lack of training. The enablers in art therapy and barriers in art therapy revealed that training and resources were both the key facilitators and hindrances in the use of art therapy.

Conclusion: Clinical psychologists are cognizant of art therapy albeit they have limited knowledge and training in how to use therapy. Therefore, the Ghana Psychology Council together with the Ghana Psychological Association can introduce art therapy in their continuing professional development (CPD) graduate training programs.

Keywords: Mental health, Art therapy, Clinical psychologists

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CHAPTER ONE

INTRODUCTION

1.1 Background

Mental health disorders are increasing worldwide (WHO, 2021). In the past ten years, the prevalence of mental health illnesses and substance use disorders has increased by 13 percent as a result of demographic changes (WHO, 2021). According to the WHO (World Health Organization, 2021), depression affects an estimated 3.8 percent of the population, including 5.0 percent of adults and 5.7 percent of persons over the age of 60. According to the WHO, 2022, there are 280 million depressed persons in the world, and suicide is the second largest cause of death for people between the ages of 15 and 29. Every day, more than 20 individuals try suicide, and every year, more than 700 000 people die by suicide, or one person every 40 seconds (WHO, 2022). Due to medical diseases that can be prevented, people with severe mental health illnesses can pass away up to two decades earlier than people without them (WHO, 2021). All aspects of life, including school or work performance, relationships with family and friends, and one's capacity to engage in community activities, can be significantly impacted by mental health illnesses. For instance, the worldwide economy loses \$1 trillion annually due to sadness and anxiety, two of the most prevalent mental health illnesses (WHO, 2021).

Participating in individual or group therapy helps a lot of people who have been diagnosed with mental illness to become stronger and heal. People can select the treatment or combination of treatments that best suits them from a wide range of accessible possibilities. As a method of identifying and treating mental health illnesses, some therapy options include traditional or faith healing, which mainly relies on divine revelation (Kpobi, 2018). A qualified mental health professional can treat mental illness therapeutically through

psychotherapy. Psychotherapy examines ideas, emotions, and actions with the goal of enhancing a person's wellbeing. Cognitive behavioural therapy, exposure therapy, and dialectical behaviour therapy are a few examples of psychotherapy (MHA, 2022). Additionally, there are medications that are used to treat the signs of mental illness. Researchers think that chemical imbalances in the brain are the cause of the signs of mental illness. The drug addresses these imbalances to lessen your symptoms, or perhaps to entirely eliminate them (MHA, 2022). When a person's mental illness momentarily worsens, hospitalization may occasionally be required so that they can be carefully watched, appropriately diagnosed, or have their medication modified (MHA, 2022). It might temporarily lessen the strain of daily obligations, allowing you to concentrate on getting better after a mental health crisis. A person may also become so unwell that hospitalization is required even when they do not want to go there because they run the risk of injuring themselves or others (MHA, 2022).

The American Art Therapy Association (AATA, 2021) states that in addition to therapeutic alternatives, art therapy integrates mental health and human services by utilizing "active artmaking, creative process, applied psychological theory, and human experience." These sessions, which are appropriate for people of all ages, are led by licensed experts who have training in both art therapy and therapy. It is feasible to incorporate art therapy into individual sessions, group therapy, and family or relationship counselling. Enhancing people's wellbeing is one of art therapy's primary objectives. It might enhance someone's functionality. In addition to private practices and mental health clinics, art therapy is practiced in educational, medical, and rehabilitation contexts (Dresden, 2020). South Africa is the first and only country in the continent to offer art therapy as a course in their degree program at the University of Johannesburg, despite the challenges inherent in the growth of art therapy in Africa (Westrhenen, 2019). The goal of Westrhenen's 2019 study,

"Art therapy in psychotherapy for traumatized children in South Africa," was to determine whether the use of creative arts in a group psychotherapy program for these kids might have an impact on their posttraumatic stress symptoms, behavioural issues, and posttraumatic growth (PTG). A non-randomized controlled trial was conducted, and the results showed that it was helpful to re-establish or build appropriate emotion regulation after experiencing extreme stress by decreasing hyperarousal symptoms (Westrhenen, 2019).

The majority of years spent living with a disability in Ghana are caused by mental health conditions (Sipsma, 2013). It is estimated that different types of mental health illnesses impact 13% of adults. These individuals may need a wide range of care, including pharmaceutical and non-pharmacological treatments (Oppong, 2016). Nearly 20% of Ghanaian adults, both men and women, are estimated to have mental health disorders, which is a higher estimate than that of adults in South Africa (16%) or Australia (11%) or other developed nations (Sipsma, 2013).

Ghana uses a blend of biological, indigenous, and faith-based therapies to treat mental illness (Kpobi, 2019). The perceived high expense of biological services, the flexibility, and the fact that patients preferred the payment methods accepted by indigenous healers have all been proposed as reasons why people choose to employ indigenous and faith healing for mental illness (Kpobi, 2019). Because the biomedical services did not conform to their beliefs, it has been suggested in literature that people initially turned to indigenous healers. The majority of patients sought treatment through biomedical facilities despite the presumptive supernatural sickness beliefs, even though 20% of patients had sought assistance from alternative healers for the initial episode of illness. Many individuals reportedly only sought therapy from indigenous or religious healers when biological

approaches fell short of their expectations or when they felt that psychotropic medicines had little efficacy (Kpobi, 2019).

In Ghana, there are issues with medication compliance (Oppong, 2016). Patients frequently arrive for therapy late because of the stigma associated with mental illness. Medication is primarily used to treat these people. The main causes of poor adherence were financial difficulties, forgetfulness, and a sense of well-being (Oppong, 2016). But from a practitioner's perspective, there is a lack of information regarding the effectiveness, risks, accessibility, and prescription practices of using medications (Oppong, 2016). They are largely involved in prescribing, dispensing, and administering these pharmaceuticals despite the fact that the system for obtaining them is complicated and riddled with problems like insufficient funding, subpar procurement procedures, and bureaucracies (Oppong, 2016).

The Accra Mental Hospital, Pantang Hospital, and Ankaful Hospital are the three main psychiatric hospitals in the nation. These facilities offer occupational therapy services, outpatient and inpatient management, teaching, and research. However, the facilities are underfunded, overcrowded, and understaffed, so many turn to traditional or faith-based care, which they view as being very affordable (Mensah, 2001).

Ghana has also used art therapy as a therapeutic approach. Clients have spoken positively about the calming and healing effects of arts like bead making. Ndaa (2021) asserts that the act of creating and expressing one's thoughts through beading has the power to raise one's level of consciousness and change the mind into a space of healing, tranquillity, and creativity (Ndaa, 2021). In a different study, consumers could express their emotions through painting (Osei, 2021). In a Ghanaian prison setting, art therapy's potential for helping inmates struggling with psychological difficulties was investigated (Koomson,

2020). Through this research, it was determined that art therapy can be used in addition to traditional psychotherapies. Koomson advised the Ghanaian government and Ghana Prison Service to investigate and incorporate art therapy into their psychotherapies in order to manage undesirable psychological issues in prisons (Koomson, 2020). This study aims to evaluate clinical psychologists' knowledge and practices regarding the usage and advantages of art therapy as a therapeutic tool in light of the studies (Ndaa, 2021; Osei, 2021; Koomson, 2020) that demonstrate the benefits of art therapy in treating mental illness.

1.2 Problem statement

Over two million Ghanaians suffer from moderate to mild mental health disorders, with an annual estimate of 1500 persons committing suicide in Ghana (WHO, 2016). The majority of mental health cases are recorded in Accra. Compared to other cities, Accra has a 40% risk of depression, 20% risk of anxiety, and 10% risk of schizophrenia. These risks are influenced by the rise in loneliness, isolation, and stressful urban lifestyle (Srivastava, 2009).

Furthermore, the general public has little access to mental healthcare. Most mental health patients are unable to receive professional care, with only 2.8 percent of those who are mentally ill being able to seek treatment (Quarshie, 2021). The Accra Psychiatric Hospital, Pantang Hospital, and Ankaful Psychiatric Hospital facilities are far behind with little treatment options due to many years of neglect (Oppong, 2016). The country's mental health sub-sector continues to receive inadequate services, resources, and attention on the national development agenda (Quarshie, 2021). The nation's mental health system faces a number of significant obstacles, including infrastructure limitations, a severe labour shortage, issues with social services, organizational, legal, and judicial, research and

information system, and financial difficulties, as well as significant institutionalized stigma (Quarshie, 2021).

None of the three major psychiatric hospitals provide art therapy services in terms of therapies. Yet, art therapy has been recommended as a potential treatment therapy due to its ability to alleviate destructive emotions such as depression, anxieties, fear and stress (Koomson, 2020). Art therapy allows people to express feelings on any subject through creative work rather than with speech, it is believed to be particularly helpful for those who feel out of touch with their emotions or feelings (Koomson, 2020). Individuals having trouble discussing or remembering painful experiences may also find art therapy especially beneficial.

Furthermore, research into the use of art therapy for mental health treatment is also limited in Ghana. Currently, there is no published study on the knowledge and use of art therapy among clinical psychologists in Accra, Ghana. The current study seeks to understand and explore the knowledge and use of art therapy among clinical psychologists and its benefits.

1.3 Rationale of the study

The American Art Therapy Association states that art therapy aids individuals in reducing stress and anxiety, increasing self-awareness and self-worth, and coping with intense emotions. In Ghana, limited studies have been found on art therapy that talk about its benefits in the Ghanaian context. Clinical psychologists are trained to help people identify problems related to, emotional, mental and behavioural issues in their lives by using therapies such as cognitive behavioural therapy which deals with the thought patterns of the patients, behavioural therapy which deals with negative behaviours that poses threats to their lives and so on. It would be detrimental to investigate and research art therapy

without considering clinical psychologists' world views since they are trained in handling therapies. This was a research gap identified during the search on art therapy in Ghana even though the few studies on art therapy in Ghana recommended that it should be part of the therapies used in treating patients with mental health disorders.

Art therapy is very beneficial to our health and creating that awareness with this current research would help to understand especially what clinical psychologists know about art therapy. In addition, it will inform whether they use any form of art therapy and whether it is beneficial to their patients. Furthermore, it can help to identify treatment challenges in using art therapy, the enablers and how it can be incorporated as part of treatment services since evidence in Ghana has shown improvement in mental health disorders.

1.4 Conceptual Framework

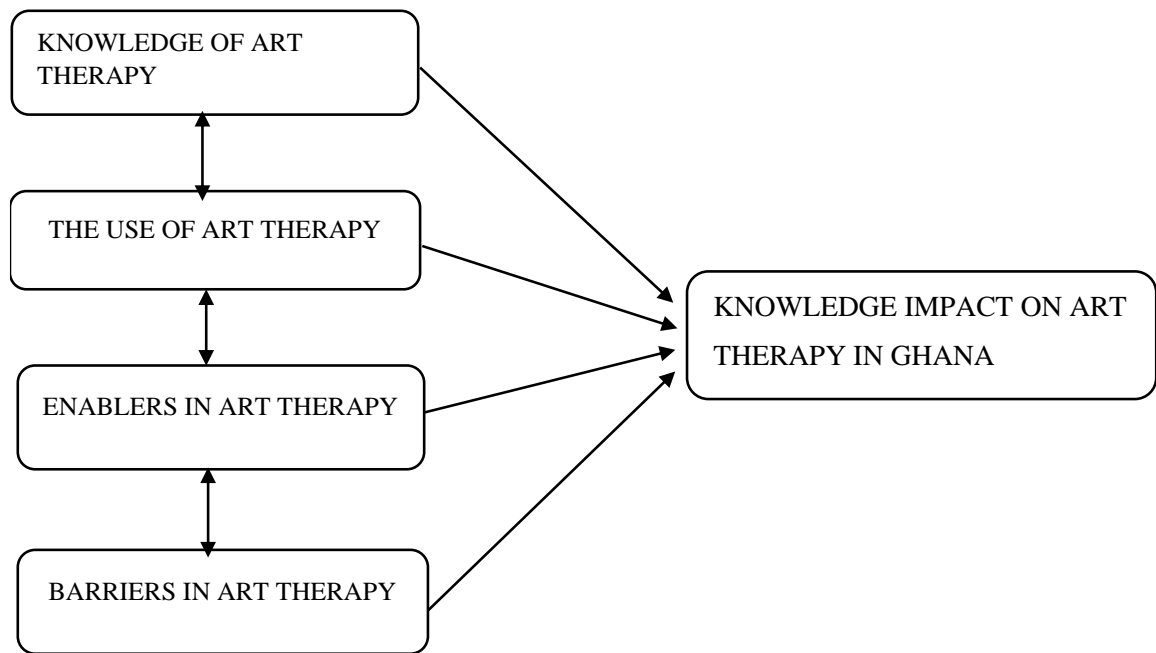
This framework is a summary of this current research where the goal is to add to the knowledge on art therapy in Ghana and inform further research in this area. This research reveals the common treatment models in Ghana and identifies the research gap in this area. Limited studies could be found on art therapy in Ghana therefore this research seeks to explore more on this area by assessing clinical psychologists on the knowledge and use of art therapy in their practice. This is because according to Fairburn and Cooper (2011), therapists' ability to deliver psychological treatments is important. After all, the responsibility of all clinicians is to provide their patients with the best possible care or treatment and this framework gives a visual representation of what is expected in this research.

This research will highlight the knowledge of art therapy that talks about what clinical psychologists know about art therapy, art therapy being part of their training as clinical psychologists, and art therapy in Ghana. The use of art therapy discusses the forms of art

therapy clinical psychologists' use in their therapy sessions and its benefits to their patients. The enablers of art therapy talk about the facilitators of art therapy while the barriers of art therapy refer to the hindrances of art therapy.

With in-depth information from clinical psychologists in all four areas, this research will demonstrate listening to the narratives and experiences of clinical psychologists as a useful tool in assessing their knowledge and use of art therapy where results would consequently add to knowledge and provide effective policy recommendations.

FIGURE 1 1: Conceptual Framework



Source: Mulder, (2017). Conceptual Framework.

1.5 Research questions

The following questions guided the study:

- 1 Do clinical psychologists know about art therapy?
- 2 Is art therapy used among clinical psychologists?
- 3 What are the enablers and barriers of art therapy in the Ghanaian context?

1.6 General objective

To assess the knowledge and usage of art therapy by clinical psychologists and its benefits to Ghanaians living with mental health disorders.

1.7 Specific objectives

1. To understand the knowledge of art therapy by clinical psychologists in Accra.
2. To identify the forms of art therapy used and their importance in the Ghanaian context.
3. To identify the enablers and barriers to using art therapy in Ghana.

1.8 Profile of the study area

Ghana is a country in Western Africa that borders the Gulf of Guinea. Accra, which sits on the Atlantic coast and has a metro population of about three million, is the capital and largest city of the nation (GSS, 2021). Accra houses the city's financial and commercial sectors as well as its primary industrial operations, which include fishing and the production of plywood, textiles, clothes, and chemicals. Accra also serves as the economic and administrative hub of the Greater Accra Region. The city is also growing in popularity as a travel destination (GSS, 2021).

Compared to rural areas, Accra has higher rates of typical mental health issues like loneliness, isolation, and stress, as well as a 40% risk of depression, a 20% risk of anxiety, and a 10% risk of schizophrenia. Urbanization's effects are linked to a rise in mental illnesses (Srivastava, 2009). The migration of people to urban areas necessitates the expansion of infrastructure and the provision of more facilities. This does not coincide with the rising population, which has negative effects on the environment, the availability of suitable infrastructure, and the risk of poverty (Srivastava, 2009). When it comes to mental illnesses, depression, substance addiction, alcoholism, crime, family dissolution, and estrangement, some of these conditions are severe (Srivastava, 2009).

1.9 Scope of the Study

The study assessed the knowledge and use of art therapy among clinical psychologists in Accra. The research sought to find if they were taught art therapy during their training as a clinical psychologist and their continuing professional development courses.

The study also explored their viewpoint on art therapy in Ghana. Clinical psychologists were assessed on whether they used art therapy in their sessions with patients having mental health disorders and the form of art therapy they found themselves using for their patients.

The participants were asked about their stance on art therapy, and whether is indeed important, especially in the Ghanaian context. In terms of enablers and barriers that may facilitate or prevent improvements in practice, clinical psychologists' viewpoints on the enablers and barriers were explored.

1.10 Organization Report

Chapter One contains the introduction of the research on the “assessment of the knowledge and practices of clinical psychologists in the use of art therapy” in Accra, Ghana. Given this, this chapter gives an overview of the background to the thesis, statement of the problem, research questions, general objectives, specific objectives, and the rationale of the study as well as the conceptual framework.

Following this introductory chapter, Chapter Two discusses the literature on the prevalence of mental health disorders, traditional/herbal treatment, medications, traditional/faith healing, art therapy and art therapy in Ghana.

In Chapter Three, the methods of the research are explained. This research draws on the qualitative methods employed for data collected from each of the twenty-one participants. Thematic analysis was used to analyse the data where themes and subthemes were developed as well as limitations of the study were identified.

Chapter Four discusses the results obtained from the data of the respondents. Themes, subthemes, and codes were developed from the transcripts of participants using the six phases approach employed by Braun and Clark (2006) in thematic analysis.

Chapter Five discusses the key results to bring everything into context.

Chapter Six presents the conclusions and recommendations based on findings from the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This is an assessment of what is already known in this field and potential gaps. The review provides the foundation to further explore and extend knowledge of the assessment of the knowledge and practices of clinical psychologists in the use of art therapy.

The literature on the prevalence of mental health disorders, conventional/herbal treatment, drugs, conventional/religious healing, art therapy for prevalent mental health disorders, and art therapy for prevalent mental health disorders in Ghana is discussed in this chapter.

2.1 Prevalence of mental health disorders

Studies have indicated that the likelihood of having a mental problem is higher in women, the elderly, those who have chronic medical issues, and those who work in the industrial sector, children, adolescents, and disaster survivors (Reddy, (2019). According to a study conducted in India, the prevalence of mental and behavioural illnesses was between 9.5 and 102 per 1000 people (Reddy, (2019). Despite the fact that severe mental health disorders and common mental health disorders account for the majority of the world's disease burden, there is evidence that these disorders can be successfully treated with evidence-based interventions provided by trained lay health workers in primary care or community settings with limited resources (Wainberg et al., 2017).

Niels et al. (2018) also wanted to inform readers on urban mental health and identify issues that need immediate attention. Urban environments present unique challenges to mental

health, such as isolation, violence, high crime rates, homelessness, noise, and other pollution, as well as traffic accidents, drug use, and a lack of mental health resources (Niels et al., 2018). These problems are made even worse by urbanization that is quick and unplanned, such that which is occurring in many emerging nations. A number of promising projects are starting to take shape, such as those to eradicate homelessness, increase access to green spaces in urban settings, offer emergency psychiatric care, and create new types of mental health services tailored to urban contexts. Unfortunately, there aren't any established rules of thumb that could assist governments in organizing healthcare for persons with mental illness in cities and aid in preventing mental health issues brought on by fast urbanization.

Psychology and mental health include many theories that serve as guides. Theories have been employed to better understand mental health illnesses, study how various perspectives on mental health have affected treatment options, and take into account how various perspectives on mental health influence our interactions with and responses to mental health (APA, 2009). The framework, which is the study of the mind, body, and behaviour, organizes theories. When it comes to comprehending mental health, there are a number of great or major theories. They are behavioural theory, cognitive theory, social theory, humanistic theory, and biological theory in addition to psychodynamic theory (APA, 2009). There are many variances in the individual preferences and orientations of therapists as well as the theories and orientations from which they approach their practice (Van Lith, 2016). The cognitive theory—which refers to mental processes including how people think, perceive, remember, and learn—is further illuminated in the current study. (APA, 2009). Through interactions with the therapist and art supplies in a fun and comfortable atmosphere, the therapist may help psychosocial difficulties improve (Waller, 2006). Rosal (2016) provided additional clarification by adding that cognitive theory makes use of

information regarding a patient's ideas and feelings in order to discuss, comprehend, and eventually modify behaviour. The patients in this study were asked to learn about, recognize, and access various patterns and modes of thinking and perceiving. Thoughts and feelings are referred to as higher cognitive processes. Patients are subjected to a variety of approaches and activities aimed at changing cognitive processes that are harmful to their mental, emotional, and physical health after recognizing their cognitive pattern. The focus of this idea is on what is flawed about a person and how to correct it. The treatments and communications therapists have with their patients are also guided by this theory. Therapy models are helpful in terms of services and interactions with the therapist, and in Ghana, these three treatment models—traditional/herbal treatment, pharmaceuticals, and traditional/religious healing—are more frequently employed than other treatment models. Four (4) different treatment modalities are covered in this chapter: art therapy, medicine, traditional/faith healing, and traditional/herbal treatment.

2.2 Treatment Models

2.2.1 Traditional /Herbal treatment

According to Kpobi and Swartz (2018), traditional healing practices are essential to the provision of mental health services in low-income nations like Ghana. The perception of herbal healers is that they are more readily available, more economical, and often have the same causal views as their patients. The supernatural predominated in the medicine-views men on mental illness. Because they view mental illness as a punishment or an outcome of envy, and because there was a strong reliance on spiritual guidance from the gods for diagnosis and treatment, they offer knowledge and beliefs incorporating plant, animal, and mineral-based medicines as well as spiritual therapies like meditations.

In addition, a study conducted in Nairobi, Kenya, by Ndeti (2013) looked into the sorts of mental disorders treated by traditional healers as well as their techniques for diagnosing and treating individuals with mental illnesses. A standardized template was used to capture outcomes and other information once eligible papers had their quality evaluated. There were 32 papers that qualified from 20 different nations. Although other findings emerged more consistently, the study found that the published literature on this subject is varied and studies are typically of low quality. Additionally, they discovered some data that supports conventional healers can deliver a successful psychosocial intervention. Through their therapies, prevalent mental diseases including depression and anxiety may experience milder signs of relief. Thus, it is conceivable that many people, particularly those with milder ailments and optimistic hopes, experience subjective advantages from consulting their preferred traditional or spiritual healers. Additionally, research revealed that community members frequently seek the advice of traditional healers for mental illnesses. They are able to identify some mental illnesses, notably those connected to psychosis. They do have some limitations, particularly for common mental illnesses. According to the study's findings, there is a need to teach healers how to identify various mental problems and refer patients who are not responding to their therapies.

The study was conducted in Zimbabwe, and Kajawu et al. (2015) also covered how African traditional healers manage mental illnesses. The study investigated the use of African traditional medicine (ATM) in patients with mental illnesses. In a semi-urban area close to Harare, they employed exploratory qualitative methods to interview 30 traditional healers from the Zimbabwe National Traditional Healers' Association. Thematic analysis was used to code the data and find the main themes. According to the study, herbalists were the primary source of medical care, and most of the patients were female and had issues that were considered to be "supernatural," like witchcraft. The ATM largely featured speech,

rituals that satisfied patients' cultural expectations, and spiritual force. According to the study, biomedicine did not satisfy patients' cultural expectations; instead, only these unique therapeutic approaches did.

According to Tabi et al. (2006)'s research done in Ghana, traditional and modern medicines will always be part of Ghanaian healthcare delivery and efforts should be made to integrate traditional practitioners into the national healthcare delivery system. This is because traditional healers are able to meet patients' cultural expectations, where culture serves as an individual's identity. The study used a semi-structured questionnaire to gather data from nine participants, and it revealed that literate Ghanaians chose either traditional or modern medicine, or a combination of the two. The researchers also found that the influence of family and friends, spirituality, and religious beliefs had a significant impact on these decisions.

In many African nations, seeking health often entails utilizing a variety of healing systems, including indigenous and religious systems in addition to biomedical healthcare systems, according to Kpobi and Swartz (2019). For many years, these many systems coexisted across Africa, including Ghana. The study's goal was to examine Ghana's cooperative efforts across biomedical and non-biomedical health systems. The study found that Ghana's healthcare system heavily relies on indigenous healing and used historical analysis to review pertinent literature. Understanding where the major players are in the discussion will help to improve collaboration between the various healthcare systems.

In conclusion, traditional/herbal remedies provided by herbal healers are seen as more readily available and more reasonably priced. They primarily provide knowledge and beliefs that incorporate natural remedies made from plants, animals, and minerals as well as spiritual practices like meditation. When cultural expectations are in line with the type

of treatment provided to the patient and collaboration with other treatment options has been investigated, traditional/herbal treatments for mental health disorders assist in relieving distress and improving mild symptoms in common mental disorders like depression and anxiety. In regards to this current research, a clinical psychologist would be interviewed in understanding art therapy in the Ghanaian context if it's been accepted as compared to traditional/herbal treatments. More so, what are their limitations if it's adopted? What facilitates it? Reviews have shown that traditional and modern treatment would always be part of the mental healthcare delivery system.

2.2.2 Medications

Despite the fact that many have interaction with healthcare services, the physical health of people who use mental health services is typically poor. A distinct risk factor for poor physical health is adverse medication reactions. But according to research by Nash (2011), irregular medication monitoring still exists. The results of the investigation into the significance of enhancing mental health service users' physical health through medication monitoring revealed that nurse managers need strategic leadership to change practice and improve the physical health of mental health service users through medication monitoring. Implementing best practices recommendations will raise the standard of treatment and lower the possibility of unfavourable outcomes.

The delivery of medication is another crucial therapeutic activity with regard to medication monitoring. However, issues with how this treatment is handled in the acute area have been brought up. Thus, standards and procedures gave clear guidance, but the task remained onerous and the involvement of other experts compromised the integrity of the procedure, according to a study by Duxbury (2010) with registered nurses and patients. The majority

of patients were content to have their medication administered, but they demanded better communication and side-effect control.

Administering medication for mental patients comes with the fear of side effects and other related conditions. In-depth interviews were used in a qualitative study by Cochrane (2006) to examine young homeless people's experiences with mental health and well-being. According to the results, reasons for non-adherence to medication included unpleasant side effects, problems with access and storage, and a lack of support from medical and social organizations. The stress of being homeless on a daily basis exacerbated these issues. Social support, persistent contact with supporting health services, and regular drug delivery all helped to promote medication adherence, which frequently led to improvements in mental health and wellbeing.

Medication for mental health issues is particularly important for patient improvement and wellbeing in the field of mental health. High job demands, low job control, and high job strain were linked to a 12-month prevalence of depressive or anxiety disorders, according to a 2007 study by Virtanen et al. with 3366 members of the Finnish working population in Finland. The study's goal was to examine the associations between work stress and DSM-IV mental disorders and subsequent antidepressant medication. That therefore arrived with the next antidepressant drug.

Additionally, second-generation antipsychotics in particular are increasingly being prescribed to youngsters under the age of 18 in the United States. Although they are frequently used off-label to regulate disruptive behaviours in kids without autism and treat mood issues in kids without bipolar illness, they are approved to treat juvenile bipolar and psychotic disorders as well as aggressive behaviours in patients with autism. The most susceptible kids, such those in foster care, are most likely to benefit. According to this study

by Daviss (2016), alternative therapies that are equally effective but safer should be given priority because children are particularly susceptible to known and prospective negative effects from antipsychotics. The study made many recommendations for enhancing mental health services and safeguarding kids who might be given antipsychotic medicines.

In summary, medications in treating mental health disorders are very needful and helpful in the management of the mental health disorders but if not administered right and monitored in terms of adherence to the drug according to the age of the patient, the condition will persist or may cause other illness. With these findings, in regards to this current study, art therapy has been proven to be useful for mental health patients. This study explores that with a semi-structured interview and also explores the limitations and facilitators by clinical psychologists to uncover potential research in this area.

2.2.3 Traditional/Faith healing treatment

Ghana does not only use herbal remedies or prescription drugs to treat mental illness. It is estimated that a significant portion of service consumers follow non-biomedical routes to pursue wellness. Indigenous and spiritual healing techniques are included in these non-biomedical treatments. Not many researches have looked at the ideas about mental disease and the techniques of treatment used by the healers themselves, despite the fact that some have looked at the causes of the usage of alternative mental health care practices in Ghana. Kpobi (2018) used extensive data on the viewpoints and experiences of indigenous and religion healers to understand how they conceptualize mental diseases. According to the findings, there are discrepancies in how various ailments are classified, viewed as having the best remedies, and treated by indigenous and religious healers, as well as perceptions about the impact of the disorder. The various categories of healers also differed significantly from one another.

Due to resource constraints and religious beliefs, traditional and faith healing are reported to be a frequent practice in many low- and middle-income nations, particularly for conditions like mental disorders. Kpobi and Swartz (2019) conducted this study on the attitudes about mental illness from the standpoint of one group of alternative healers in Ghana, namely Muslim faith healers. The results of the study, which covered their techniques for diagnosing and treating mental problems, indicate that the healers' theories regarding mental illness centred around the idea that Jinn (a spirit) was to blame for most mental ailments.

Africans primarily hold metaphysical views surrounding mental illnesses. In their 2018 study, Van der Watt et al. looked into the qualitative literature on the perceived efficacy of conventional and spiritual healing for mental diseases. Despite alternative biomedical evidence, people will continue to seek therapy from traditional and/or religion healers for mental illness if they believe it is successful, according to research from eight databases.

Additionally, a sizable portion of epileptics in low- and middle-income nations do not receive official biomedical care. They make use of both conventional and alternative medical practitioners. But according to a study by Kpobi and Swartz (2018), there isn't much known about the perspectives and practices of complementary and alternative medical practitioners about epilepsy in many African nations. In order to ascertain the beliefs and perspectives of 36 traditional and religious healers in Ghana as well as their proposed methods for treating epilepsy, the study employed an explanatory models of illness framework. The results of the study demonstrated that traditional and religious healers in Ghana hold numerous exploratory models concerning epilepsy, sometimes at the same time. The recommendations for treatments differed depending on the attitude of the healer, but the causal models for healing showed little difference across the various kinds of healers. People's perceptions of how epilepsy affects those who have it are primarily

grave and detrimental. These opinions have an impact on how epilepsy sufferers are handled and informed that efforts should be made to educate the public and raise awareness.

A study conducted in Ghana by Arias et al. (2016) explores the possibility of collaboration between traditional/religious healing and biomedical care providers. They conducted 50 open-ended, semi-structured interviews with prophets, staff members of Ghana's three public psychiatric facilities, and employees of nine Christian prayer camps. Then selected participants using the purposive sample approach, and they analysed qualitative data using the constant comparative approach. The results showed that employees at prayer camps are keen to learn about biomedicine and that biomedical care providers are interested in interacting with them.

In summary, traditional/faith healing treatment would continue to be patronized by many low- and middle-income countries due to resource limitations and belief systems and also due to the fact it's being accepted by the public regardless of alternative biomedical evidence. This current study seeks to explore the level of use in art therapy and whether it is accepted in the Ghanaian context and also examine its limitations and facilitators to know the stand of collaborations and it being an option in the healing treatments or therapies when it comes to mental health care.

A significant amount of literature explores the use of other treatment models but there is little research specifically on art therapy in Ghana. Much of the art therapy research suggests that is an important component in dealing with mental health disorders, yet little research has gone beyond this to explore the knowledge and the use of art therapy by clinical psychologists.

2.2.4 Art therapy

Blomdahl et al (2016)'s study investigated what specialists believe to be the key components of art therapy in clinical practice for depression patients. Participating were 18 occupational therapists with training in and expertise with art therapy. The experts rated their agreement with 74 propositions after responding to three rounds of Delphi surveys. A score of 70% or greater was considered to be the consensus. The findings revealed that remarks about theoretical frames of reference received higher agreement from experts than statements about clinical practice. It was decided that the key benefits of art therapy were the patients' ability to verbally and artistically express themselves. It was equally crucial that art-related activities offered a chance to talk about depressive feelings, experiences, life events, and physical symptoms. The study found that art themes should encourage expression relating to both depression and personal history. According to professionals in the field of art therapy, this is the main clinical practice in art therapy for patients with depression.

The research by Patterson et al. (2011) that examined the availability and use of art therapy for those with schizophrenia in England is also pertinent to the current investigation. According to the study, art therapy has been suggested as a treatment for those who are experiencing psychosis. The purpose of the study was to outline the accessibility, organization, and content of art therapy for schizophrenia patients offered by NHS facilities in England. A survey of art therapists employed in half of all mental health Trusts in England was utilized as the methodology. The findings showed that several mental health trusts do not hire art therapists. Only a small number of therapists are employed by these organizations, usually on a sessional basis, to practice in a range of inpatient and community-based settings. The majority of art therapists claim that psycho-dynamically based understandings of psychosis serve as the foundation for their profession. However,

art therapists often employ a non-directive approach allowing patients to utilize picture production to express feelings and concretely reflect on them to improve self-understanding rather than seeking to analyse underlying dynamics. Less than half of respondents thought that art therapy was well understood by colleagues or that it was integrated with other programs, even though three-quarters of respondents said that their work was respected by colleagues. According to the study's findings, there is little access to art therapy for patients with schizophrenia in NHS settings.

In the UK, research on art therapy was done by Uttley et al. (2015). The objective was to thoroughly evaluate the clinical and cost-effective data supporting the use of art therapy for individuals with non-psychotic mental health conditions. A quantitative systematic review of clinical effectiveness and a systematic review of studies evaluating the cost-effectiveness of group art therapy were conducted as part of the research, which examined extensive literature searches for studies examining art therapy in populations with non-psychotic mental health disorders conducted in May 2013. Although generalizability to the target population was unknown, group art therapy turned out to be more cost-effective than the wait-list control group, one of the control groups with high certainty.

Additionally, study by Bree, Angel, and Anjan (2014) conducted in the United States of America revealed that the effectiveness of pharmacological treatments for these symptoms is limited, necessitating the use of therapies that reduce neuropsychiatric symptoms and enhance quality of life. By examining the existing literature, this study investigated the idea that art therapy is beneficial for people with dementia. Patients with dementia can create and enjoy visual art with the right organization. After conducting case studies and numerous small trials, it was found that art therapy engages the mind, makes one feel good, and enhances neuropsychiatric symptoms as well as social behaviour and self-esteem. It

relates to the current study because it has proven the relevance of art therapy on mental health disorders like dementia in the United States of America.

Again, Naff's (2014) study on the framework for using art therapy to address cumulative trauma in California indicated that, despite mounting evidence to the contrary, cumulative trauma is mostly unreported in art therapy practice. A qualitative study that was based on semi-structured interviews with three art therapists and creative depictions of their methods offered an art therapy treatment paradigm for cumulative trauma. The treatment strategy, core components of therapy, and utilization of art as a treatment modality are important aspects of practice that should not be overlooked. The study's last finding was that during the diagnostic and therapy process, art therapists pay attention to their clients' subjective degrees of suffering.

Additionally, Spiegel et al. (2006) carried out study in the United States of America to enhance the treatment of posttraumatic stress disorder (PTSD) in veterans of the Iraq War. The study continued by stating that although art therapy has not received enough attention in this area, it has the potential to alleviate difficult-to-treat PTSD symptoms like avoidance and emotional numbing while simultaneously addressing the psychological issues that underlie these symptoms. By placing art therapy within the context of other PTSD treatments, outlining a theoretical justification for using art therapy as a treatment for PTSD, and defining "best practices" for using art therapy as a treatment for combat-related PTSD, the paper established a conceptual foundation for research on art therapy as a treatment for combat-related PTSD. The study suggested three levels of group therapy and suggested that art therapists who treat PTSD brought on by combat undergo specific training in trauma intervention and PTSD theory.

With the goal of understanding therapists' perspectives on the process and outcomes of art therapy (what changes, how it changes, and for whom), and how to enhance its provision, Patterson (2011) conducted a qualitative study in the UK. Participants included 24 art therapists: 14 MATISSE art therapists, 3 key informants (also from MATISSE), and 7 non-MATISSE therapists. For 20 months, focus groups and interviews were the approaches employed. The questions focused on the nature, procedure, and results of art therapy as well as the knowledge and concerns of therapists on schizophrenia. 33.3% of the interviews were supported by documents. Grounded theory utilizing the constant comparative approach and the initial, focused, and theoretical levels of coding. In conclusion, it was decided that art therapy was worthwhile. Expression, wellbeing, identity, and acceptance were strengthened by the therapy interaction, roles of the therapists, and group activities. Additionally, cited as crucial was the connection between therapists, patients, and art.

Additionally, a study on the benefits of art therapy in the treatment, evaluation, and research of individuals with autism spectrum disorders was conducted in the United States of America by Betts, Harmer, and Schmulevich (2014). It introduced the reader to the uses and advantages of art therapy, including the field's contributions to the understanding of autism in the areas of treatment, assessment, and research. Its focus was on the contributions of art therapy to the treatment, assessment, and research with people who have autism spectrum disorders. Additionally, it exposes the reader to art therapy applications for families and caregivers and describes how art therapy can reduce the symptoms of autism in treatment settings like schools. The Face Stimulus Assessment and detailed with support of illustrated case examples were revealed by the study as an assessing symptom of autism, along with art therapy. It came to a conclusion by outlining new and developing fields of art therapy and autism research, with an emphasis on the exciting nexus between art therapy and neuroscience.

Once again, a study on art therapy as a method for treating schizophrenic patients by Crespo (2010) conducted in France revealed that the schizophrenic individual suffers from major abnormalities in ego development, self-esteem, and self-identity. It was discovered that as patients, their graphic art serves as a clear and relevant depiction of the psychopathology symptoms they were experiencing. The use of the creative arts in conjunction with more conventional forms of treatment has been demonstrated to be an effective tool in treating the schizophrenic client interpersonally and intra-psychologically, both in terms of relieving symptomatology and in the potential resolution of the pathology itself. This study supports the efficacy of art therapy.

Elimimian et al. (2020) aimed to ascertain whether a pilot art therapy program could enhance the psychological, emotional, and physical health of cancer patients. Participants were chemotherapy patients, 18 years of age or older, with any type or stage of cancer. The study was a single-arm pilot study that used four visual analogue scales (VAS) with thermometers that measured pain, emotional distress, sadness, and anxiety on a 0–10 scale with 10 being the worst. After an hour-long art therapy session, participants were requested to complete all 4 metrics at the pre-treatment, post-treatment, and 48–72-hour follow-up. Post-intervention changes from baseline in the four VAS indicators were included as primary outcomes. A decent pilot sample of 50 people produced the following findings: 44% had breast cancer, 22% had gastrointestinal cancers, 18% had haematological malignancies, and 20% had other malignancies. Immediately following therapy, all VAS measures were found to have decreased, however upon follow-up, only pain and sadness persisted at low levels, neither emotional distress or anxiety. At baseline, there was a significant difference in the depression VAS ratings between Hispanics (32%) and non-Hispanics (56%) ($p = 0.009$). However, Hispanics showed higher levels of depression during the follow-up periods ($p = 0.047$) and after art therapy ($P = 0.03$) compared to non-

Hispanics. The study came to the conclusion that art therapy at all times reduced emotional distress, despair, anxiety, and pain in all cancer patients. While Hispanic patients' pre-intervention depression levels were higher than those of non-Hispanic patients, it was found that Hispanic patients experienced a bigger overall improvement in their depression scores as a result of art therapy. To ensure clinical efficacy of treatment and better quality of life for cancer patients, it is crucial to develop straightforward, efficient therapeutic approaches.

In Korea, Wu and Lee (2020) looked into how visual art therapy (VAT) could treat post-traumatic stress disorder (PTSD). The technique involved using 93 PTSD patients in total, who were randomly split into two groups: a study group (n = 50) and a control group (n = 43). The trial group received VAT in addition to traditional pharmacological therapy, while the control group received only conventional drug therapy. To examine the differences between the two groups, the scores on the Hamilton Anxiety Rating Scale (HAMA), Hamilton Depression Rating Scale (HAMD), and Davidson Trauma Scale (DTS) were recorded prior to the intervention as well as at 15 days, 1, 2, and 3 months later. The DSM-5 Scale ratings for the two groups were evaluated both before and three months after the intervention. According to the findings, there were no significant differences between the two groups' HAMA, HAMD, and DTS scores prior to the intervention ($P > 0.05$). At 15 days, 1-, 2-, and 3-months following intervention, the study group's HAMA, HAMD, and DSM-5 Scale ratings were considerably lower than those of the control group ($P < 0.05$). At three months following the intervention, the study group's scores on all DSM-5 Scale dimensions were considerably lower than those of the control group's ($p < 0.05$). The study came to the conclusion that VAT can significantly lessen anxiety and despair in PTSD patients, lessen their clinical symptoms, and, to some extent, enhance their cognitive and social capacities.

The impact of art-therapy-based supervision in lowering burnout and death fear among end-of-life care professionals in Hong Kong was investigated by Potash et al. (2014). A quasi-experimental approach was adopted, with 69 participants in a 6-week, 18-hour art therapy-based supervision group and 63 in a 3-day, 18-hour standard skills-based supervision group (n=132). Three outcome measures the Maslach Burnout Inventory General Survey, the Five Facet Mindfulness Questionnaire, and the Death Attitude Profile—Revised—were used in pre- and post-intervention evaluations. T-tests for paired samples were used to assess the data. According to the findings, participants in the supervised group that used art therapy saw significant decreases in weariness and death anxiety as well as significant increases in emotional awareness. The study's conclusion offered preliminary proof that art therapy-based supervision for those who provide care for the terminally ill can lessen burnout by fostering greater emotional awareness and regulation, meaning-making, and contemplation of death. Through the use of a quasi-experimental approach, the study demonstrated the effectiveness of art therapy.

In summary, art therapy has been proven to be effective for various mental health disorders. Even though these articles reviewed touched on art therapy with patients, its limitations and facilitators in different settings or backgrounds. This current study focuses on clinical psychologists and their knowledge and the use of art therapy through a semi-structured interview as well as the enablers and barriers in the Ghanaian context.

Currently, in Ghana, there is no published study on the knowledge and use of art therapy among clinical psychologists. This important phenomenon has been studied in other settings. Even though there is limited literature on art therapy in Ghana, this analysis reviews the limited literature available.

2.2.5 Art therapy in Ghana

Based on the theory, making activities inherent to conventional, user-centred design practices may have an impact on wellbeing, Ndaa, Kwakye, and Shann's study from 2021 sought to discuss the cultural significance of beading in Ghana and how the occupation is used therapeutically in a local mental health hospital. It has been noted that the activity of beading helps clients experience greater well-being by giving them immediate and enjoyable experiences related to the making process while also fostering a sense of meaning and purpose through a process of personal development that is crucial to longer-term well-being. Occupational therapists have utilized beading successfully with patients since it has many advantages. It helps both during admission and after release by preventing relapses brought on by disengagement and financial difficulties. One could consider beading to be a traditional type of art therapy. This study will examine all types of conventional and modern art therapy.

Additionally, Osei and Essel (2020) looked at art therapy among female inmates at the Kumasi Female Prison as a communicative therapeutic intervention. The qualitative study included 34 inmates. With the aid of the Depression, Anxiety, Stress Scale, which identified the convicts with high levels of stress, this group was purposefully sampled. The study's findings, which were based on a thematic analysis of the data, showed that inmates' ability to communicate repressed negative feelings through the use of art as a non-verbal communication method. According to the study's findings, although spoken therapy may make inmates uncomfortable, participating in creative activities might help them express their emotions freely in a secure setting without worrying about being judged. Since art is inherent in the prison environment and can help reduce negative feelings like despair, worries, fear, and tension, art therapy needs to be included in the healing therapies offered in Ghanaian prisons. According to the research, art and its processes are useful in helping

offenders deal with some psychological disorders. This study was examined since it is comparable to the one that is currently being done. Thematic analysis and a qualitative study will both be used in this investigation.

The development of a professional identity is a continual process, according to Osei (2021). By examining her use of art and narratives, Osei discusses her experiences learning to become an art therapist in the United States. She talked about her journey toward conquering her worries as a result of her changing cultural, social, and professional contexts. This article goes beyond the current study in highlighting the value of art therapy in reducing concerns by highlighting its facilitators and limitations as identified by clinical psychologists.

Pyne, Osei, and Adu-Agyem (2013) looked for the symbolic meaning of indigenous arts in the treatment methods used by Ghana's traditional Ashanti therapists, as well as the subsequent projection of this distinctive cultural legacy. On the basis of the qualitative design approach, a descriptive research methodology was used. It was found that the explanations of the reasons of illness offered by the traditional Ashanti healers were based on what society had created and seemed to be a reasonable notion in describing both their therapy and the causes of illness. This current study investigates art in the therapeutic practice of clinical psychologists while looking at traditional art therapy, which is what is often offered, just as a previous study looked at art in the therapeutic practice of traditional therapists and also focused on indigenous art.

It is evident from the literature reviewed in this chapter that little study has been done on art therapy in Ghana. No one has conducted a qualitative study too far that evaluates clinical psychologists' understanding of and usage of art therapy in Accra. This study analyses the data provided by clinical psychologists to close that research gap.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter focuses on the methods of the study. A qualitative design was used for assessing the knowledge and practices of clinical psychologists in the use of art therapy in Accra, Ghana.

3.1 Research method and Design

This study used a qualitative design. The purpose of the qualitative study design was to help gain insight – explore the depth, richness, and complexity of using art therapy as part of therapeutic tools for clinical psychologists. Using a qualitative method provided in-depth knowledge about art therapy by clinical psychologists, and the benefits and limitations experienced.

3.2 Data collection techniques and Tools

Based on the literature, a semi-structured interview guide was created, evaluated, and approved by the thesis advisor, who also checked it for bias and appropriateness. The information from the participants was gathered using this. The semi-structured interview allowed flexibility and enhanced a deep exploration of the world of the participants. Interviews were scheduled at a mutually convenient time via phone with clinical psychologists due to their busy work schedules and unavailability for in-person interviews. Clinical psychologists who agreed to participate gave their consent for their phone recordings of the interviews. Before the recording commenced, their rights to confidentiality were explained, and participants were informed that they could request the recording after transcription. The estimated time for the interview was approximately 20-

30 minutes. Examples of questions that were included in the guide are “*Tell me your experience of being a clinical psychologist*”, or “*Do you use any form of art therapy in your practice as a clinical psychologist?*” and “*What are some of the barriers to using art therapy in Ghana?*” The interview guide is attached as an appendix.

3.3 Study population

The target population for the study was practicing clinical psychologists in Accra, Ghana. The number of practicing clinical psychologists as stated on the Ghana Psychology Council (GPC) website was 98 (Retrieved 03/30/22). According to the 2021 Standing Register, only 98 clinical psychologists have paid their annual registration fees to the Council therefore they are in good standing (GPC, 2021). There may probably be other clinical psychologists who have not completed their annual registration. In Ghana, to qualify as a clinical psychologist, the requirement is to complete an MPhil in Clinical Psychology (GPC, 2021). Clinical psychologists were sampled because of their expertise in mental health using biomedical approaches and the use of psychological therapies in helping patients overcome psychosis and a range of serious mental disorders (Kpobi, 2018). As compared to traditional or faith healers, they are heavily reliant on divine revelation as a means of diagnosing and treating mental health disorders (Kpobi, 2018). According to the Ghana Psychological Council (GPC) 2021 Standing Register, most practicing clinical psychologists are in Accra (GPC, 2021).

3.4 Study variable

This study used a qualitative design; therefore, the four key areas for this study are the knowledge of art therapy, the use of art therapy, enablers in art therapy, and the barriers to art therapy.

3.5 Sampling

Snowball sampling was used because practicing clinical psychologists are registered with the Ghana Psychological Association (GPA) for quarterly meetings and monthly continuing professional development (CPD). An advert was placed on the GPA WhatsApp group page where interested clinical psychologists contacted the researcher. Participants practicing as clinical psychologists with more than 6 months of work experience were targeted for the study. This criterion was used because at 6 months, the researcher perceives that the clinical psychologist would have had experience using therapies.

Per the reflections of Baker and Edwards (2012), a sample size of 12–60 is adequate to thoroughly explore a phenomenon qualitatively. The researcher was further guided by the principle of data saturation and thematic inductive saturation. In terms of data saturation, this means where there is enough information and the ability to obtain additional new information has been attained with no new findings from successive interviews. Thematic inductive saturation was also achieved when further coding (identification of themes) was no longer feasible (Baker & Edwards, 2012). Appendix 5 shows the spread of codes of the participants indicating saturation.

3.6 Pretesting

Two clinical psychologists participated in a pilot research to determine the instrument's validity for this investigation. This is necessary to determine whether the study participants comprehended the questions on the interview guide prior to the real data collection. After explaining the goal of the study to the participants, their agreement was requested. The participants' opinions of how simple it was to understand the questions were requested after each interview. According to the participants' comments, the questions were changed, allowing for additional inquiry during the interviews (Smith & Osborn 2003).

3.7 Data handling

Interviews were conducted with 21 clinical psychologists after they had given their consent. The interviews were conducted between January and March 2022. Each interview was audio recorded. The audio recordings and transcribed interviews of participants were stored on a secured hard drive. The data was accessible to the primary researcher and supervisor. To ensure the confidentiality of participants, no names or any identifying information was associated with the data.

3.8 Data analysis

To gain knowledge and comprehension of the phenomena under study, the data were analysed using a thematic approach. The aim of thematic analysis was to identify trends, patterns, and correlations among the words used, as well as their frequency of use (Mayring, 2000). Thematic analysis was carried out by reading the interview transcription numerous times and coding pertinent information (Patton, 2002). The practice of assigning phrases or words to participant texts is known as coding. The transcripts' text was reflected in the codes. After that, the codes with related concepts were grouped together. After some thought, categories of codes were given themes to allow for reporting of the findings.

The entire data was collected via phone from participants in the English language with their permission to record the conversation. Their oral responses were later transcribed into textual form in Microsoft word for analysis. By directly transcribing participants' responses, a researcher's personal biases were minimized. After transcribing the entire data verbatim by the researcher, the transcribed data was then analysed using the Thematic Analysis technique. Thematic Analysis set of rigorous analysis, examination, and verification of a set of textual information. Codes, sub-themes and themes were then generated from the raw transcripts gathered from the participants. According to Braun and

Clark (2006), themes and sub-themes could be developed from data either through the research questions or through a theoretical bearing. In this research, the themes and sub-themes were generated from the codes organized from the raw data based on the research question and the research objectives.

The thematic analysis of the research employed Braun and Clark's (2006) six phases approach:

- i. Getting familiarized with the data through thorough reading
- ii. Then generate initial codes while reading the transcribed data
- iii. Organize the codes into themes
- iv. Review the themes that were generated at phase (iii)
- v. Define and name each of the generated themes
- vi. Production of report based on the available information gathered through the processes (Braun & Clarke, 2006).

By familiarizing with the data, the researcher read the transcribed data severally to understand the text in the context of the participants and take notes of important words and phrases. To achieve this, after transcribing the data back and front, the researcher listened to the audio over again and re-read the transcribed document to ensure nothing was left out and that the audio document was fully transcribed. The transcribed interviews were then sent to my supervisor and to two colleagues to validate the authenticity of the transcribed data where intercoder reliability was achieved. According to Braun and Clark (2006) generation of initial codes is the phase in which the researcher captures both semantic meaning and conceptual meanings of direct quotations of participants. In total, 42 initial codes were generated from the transcribed which were later scrutinized into 35 codes. Themes were then generated by grouping the codes according to their similarities and purposes. Identified themes were then scrutinized and reorganized into themes and sub-

themes. In all, 4 themes and 9 sub-themes were generated as shown in Table 4.1. After this, the generated themes were defined and named. Then a detailed report was produced on each of the themes based on their specific essence. The final report consisted of providing analytic narratives and putting each narrative into perspective by supporting it with other literature. Differences in generated codes and themes were resolved in consultation with the supervisor. Below is a template of the final phase which consists of the theme, subtheme and definition, codes and their definitions and a sample of the quotes of the participants.

Table 3 1: Themes, subtheme and definition, codes and definitions and sample quotes

Codes on knowledge of art therapy(theme)	Definition	Sample quotes
Practical understanding (subtheme)	Practical study or use of art therapy during their training.	
No formal training	They did not have it in their curriculum	“No, it wasn’t part of the curriculum, art therapy wasn’t part of it” (R5, female, 20 years of experience)
Inadequate training	Briefly mentioned during their training but was not taught extensively	“No, not really, it was mentioned in passing but we didn’t really delve so much into art therapy.” (R8, female, 10 years of experience)
Personal development	Activities designed to improve talents and potential by learning courses.	“Mostly online learning, like I said I do personal development, in creating you need to be exposed and so I do online, read more, read wide, I do online learning.” (R1, male, 6 years of experience)
CPD courses	It’s a kind of in-service training where combinations of approaches, ideas and techniques are used that help to manage learning and growth	“In my line of practice, I have never come across any course or any CPD program which is related to art therapy.” (R15, male, 4 years of experience)

The appendix provides the spread of codes across the participants and coding frame for this research

3.9 Ethical Issues

Ethical clearance was granted and received from the Ensign Global College ethical committee (ENSIGN/IRB-GM/ET/175) to collect data for this research under academic supervision. Verbal consent was sought prior to the interviews conducted with the clinical psychologists. The research is voluntary, and the written consent information specified that the findings are private and anonymous. Participants had a guarantee of secrecy, so their names or other identifying information was not recorded; instead, code names were used to identify them. It was urged to the participants not to identify themselves or other people throughout the recording. Participants were given the assurance that their specific answers would remain anonymous, but that all interviews would be compiled and examined.

3.10 Limitation of the study

Only clinical psychologists in Accra were interviewed. However, there may be other clinical psychologists in other parts of the country, especially where local languages are used more. Also due to their busy work schedules, all interviews with the clinical psychologists were held on the phone. This meant we could not examine their facial expressions, which also adds more understanding to the information given by the participants.

3.11 Assumptions

The foundation of the research study is the premise that the participants will be truthful in their responses to the interview questions, which, based on the extensive data obtained by the researcher, are legitimate and reliable for analysis. The research study is also seen to be timely and pertinent for the participants, which will lead to the findings supplying the knowledge needed to answer the queries.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter focuses on the study results. The qualitative result was the data obtained from participants concerning the assessment and practices of clinical psychologists in the use of art therapy in Accra, Ghana with direct quotes to support various points. The chapter presents the characteristics of the sample and the key findings.

4.1 Sample description

Qualitative data was obtained from the interview conducted with 21 participants. The participants were identified as R1, R2, R3 ... R21, their gender, and years of experience to ensure their anonymity. In all, there were 12 females and 9 male participants. The majority of the participants (8) fell within the age range of 31 and 35 years old. All 21 participants had a master's degree in clinical psychology. Their years of practice as clinical psychologists fell between 1 year and 20 years. Table 4.1 shows a sample of the demographic characteristics of the participants.

Table 4 1: Demographic characteristics of participants

Code	Sex	Age Range	Facility type	Years of practice	University attended	Program offered
R1	Male	36- 40years	Government hospital(tertiary)	6 years	University of Ghana	MPhil in Clinical Psychology
R2	Female	31-35years	Government hospital(tertiary)	6 years	University of Ghana	MPhil in Clinical Psychology
R3	Female	36-40years	Government hospital(tertiary)	3 years	University of Cape Coast	MPhil in Clinical Health Psychology
R4	Female	31-35years	Government hospital(tertiary)	6 years	University of Ghana	MPhil in Clinical Psychology
R5	Female	50-55years	Government hospital(tertiary)	20 years	University of Ghana	MPhil in Clinical Psychology
R6	Male	45-50years	Government hospital(tertiary)	7 years	University of Ghana	MPhil in Clinical Psychology
R7	Female	41-45years	Private hospital & private school(tertiary)	5 years	Methodist university	MPhil in Counselling Psychology with Clinical Option
R8	Female	31-35years	Government hospital(primary)&private practice	10 years	University of Ghana	MPhil in Clinical Psychology

The Appendix provides the spread of the demographic characteristics of all the participants.

4.2 Therapies used by clinical psychologists

It was reported that the majority of the therapies used by clinical psychologists involve psychotherapies such as cognitive behavioural therapy (CBT), rational emotive behaviour therapy (REBT), acceptance and commitment therapy (ACT), behavioural therapy (BT), dialectical behaviour therapy (DBT), eye movement desensitization and reprocessing (EMDR) and cognitive therapy (CT). As part of the study descriptive, participants were asked what their experiences of being a clinical psychologist were. Some participants' responses were classified as positive responses because they get to learn about the diversity of human experience which makes the practice interesting. They formed the majority of the participants (n=15).

People seeking help for their mental ill-health were regarded as positive experiences by clinical psychologists. Clinical psychologists found satisfaction in helping people overcome their mental health challenges as shown by R9 and R11.

“Well I think it’s been interesting, interesting in the sense that I find it fulfilling and also satisfying that I am able to help people deal with challenges that they have with regards to psychological problems”. (R9, male, 5 years of experience)

“It’s been rewarding, as a clinical psychologist I assess for mental illness based on the assessment I make a diagnosis and then I incorporate treatments and then manage the illness after that so assessment, managing the treatment all part of the of the management of mental health and I do research as well, the experiences fall there”. (R11, female, 11years experience)

4.3 Themes from the interviews

The analysis of the interviews revealed four main themes and nine subthemes. Table 4.2 presents these themes and subthemes.

Table 4 2: Major themes and sub-themes

Main themes	Subthemes
1. KNOWLEDGE OF ART THERAPY	Theoretical understanding Practical understanding Personal development CPD courses Art therapy in the Ghanaian context
2. THE USE OF ART THERAPY	Forms of art therapy Importance of art therapy
3. ENABLERS IN ART THERAPY	Facilitators of art therapy
4. BARRIERS TO ART THERAPY	Hindrances in the use of art therapy

4.4 Knowledge of Art Therapy

This theme examined the knowledge of art therapy and competencies among the participants. Three subthemes were identified: 1. theoretical understanding, 2. practical understanding, and 3. art therapy in Ghanaian the context. Theoretical understanding was defined as participants having an understanding and knowledge of art therapy. Practical understanding describes their competencies in art therapy. Participants' reports on their personal development and continuous professional development (CPD) were recorded under the practical understanding. This covered the activities they do to develop their capabilities and potential and also continuous professional development (CPD) - a learning platform to maintain proficiency and competence in a profession. This is to know if art

therapy courses are patronized. Art therapy in the Ghanaian context was defined as how well art therapy fits into the Ghanaian culture and way of living.

4.5 Theoretical understanding of Art Therapy

This sub-theme sought to understand art therapy and its role from the perspective of clinical psychologists.

Findings showed that all twenty-one (21) participants had some knowledge of art therapy but from different perspectives. Some participants attributed art therapy to creative art, others mentioned exploration and some self-expression. Art therapy was described as patients practically doing something creative or showing something to indicate how they feel. The following extracts show the theoretical understanding of participants in art therapy to creative arts:

“...most often than not all these cognitive behavioural therapies (CBT), rational emotive behaviour therapies (REBT), Dialectical behaviour therapies (DBT) and all these even including eye movement desensitization and reprocessing (EMDR) are all more of expressive issues because its more about communication and if you find someone not really able to communicate well, using a form of art to get the person to express himself or herself well is key for me”. (R6, Male, Seven years of experience)

Others also stated that using art therapy helps facilitate their therapy with patients because the patients are more likely to demonstrate through art the issues or problems they cannot verbalize. R14 explained with an example that if a patient is asked to draw, it gives the therapist an opportunity to ask questions about what the patient has drawn and further understand what the patient is going through with the drawing. This is what the participant said:

“Using art to explore and find out the mind of an individual or themselves so for instance what they’ve made to view the perspective of the person about what they have drawn, it will bring up questions that will be able to help you understand what the person is going through”. (R14, Female, Three years of experience)

In addition, some participants also held the view that art therapy is self-expressive. Self-expression is useful in therapy as clients can freely express how they feel inward through art therapy, especially when patients do not have the language or the ability to articulate what is going on with them.

“It’s an art used to show how people express some of their emotions that they are feeling and also helps in understanding how the patient has been feeling in a way that they can’t express verbally”. (R2, female, Six years of experience)

4.6 Practical understanding in Art Therapy:

This sub-theme explored whether clinical psychologists have had any practical study or used art therapy during their training. It was recorded that fourteen (14) participants had no formal training on the use of art therapy. Art therapy was not included in their curriculum or syllabus. They attributed their knowledge to their personal development and learning. Seven (7) participants had inadequate training, meaning that it was briefly mentioned during their training compared to the other therapies which were taught extensively and also attributed their knowledge to personal development.

Also, continuing professional development course (CPD) is a platform for clinical psychologists to study new techniques, approaches, and ideas to manage and ensure proficiency and competency in their profession. This is to build their practical understanding of art therapy and participants commented on this.

According to participants, practicing as a clinical psychologist gave them practical knowledge on how to use art therapy. Others also added that they applied the knowledge gained from performing art in their practice and that it was not taught during their training as clinical psychologists.

“No, I studied strictly performing art but because I am a clinical psychologist, I am able to apply my expertise in performing art. So, it wasn’t part of it when I was studying psychology”. (R6, Male, MPhil in Clinical psychology)

Some used art therapy because they work with children and to help children open up in therapy, they started using art therapy, but they were not taught in school.

“No, it wasn’t it’s from personal studies, I do go and find out whether there are some of the things that I could do that would help my children and my clients to make them come to me”. (R14, Female, 3 years’ experience)

Seven (7) participants also held the view that art therapy was mentioned during the training as one of the therapies but wasn’t explained in detail and attributed their knowledge to personal learning.

“Art therapy was mentioned in passing but we didn’t really delve so much into art therapy so I know that on the bases of my work I have read through art therapy.” (R8, Female, 10 years’ experience)

“Art therapy was not one of the core therapies we were introduced to but then it was mentioned as part of the training, to say that it wasn’t the focus of the training, No I have actually read about that before ok so just have an idea of it. It’s a personal reading”. (R20, Male, 4 years’ experience)

In addition to assessing the knowledge of participants in art therapy, a continuous professional development course (CPD) is a learning platform to maintain proficiency and competence in a profession. Findings revealed that participants have never come across any course on art therapy.

“In my line of practice, I have never come across any course or any CPD program which is related to art therapy”. (R15, Male, 4 years’ experience)

“No, I haven’t come across any course on art therapy”. (R16, Male, 12 years of experience)

4.7 Art Therapy in Ghanaian Context

About thirteen (13) participants were of the view that art therapy in the Ghanaian context would be a cultural challenge, while two (2) participants mentioned acceptance and six (6) mentioned cultural sensitivity.

Art therapy in the Ghanaian context would be a challenge according to the majority of the participants. Some feared that Ghanaians are not art-oriented and did not appreciate art as much as the Westerners. They also added that art was considered something that was not for high academic performers. Some stated that patients tend to ask for medication than art therapy when suggested because they presume that the medication is faster than art therapy.

“Per our culture, I foresee a little challenge, ok so when I say a little challenge even with our normal in quote “therapies” that we are using and doing with the other theories, most patients or most people come and they would want medications, they come with their challenges and they are expecting you to give them medications”. (R7, female, 5 years of experience)

It was also mentioned that it is difficult to tell a Ghanaian to draw or relate to art pieces. For some participants, Ghanaians perceive art as an activity for those who are not intelligent.

“I personally see that it may be difficult for a lot of people, I don’t think we are art oriented because if someone is doing art either the person is seen as unintelligent”. (R17, female, 2 years of experience)

However, two of the participants were of the view that art therapy in the Ghanaian context is acceptable and should be embraced.

“I think Ghanaians would be open to it, we are a very art-conscious country so it’s not something that Ghanaians would kick against”. (R11, female, 11 years of experience)

On the issue of cultural sensitivity, a participant explained that art forms can be incorporated to suit any culture; therefore, in the Ghanaian context, art forms that are interesting to an average Ghanaian can be fitted into our culture.

“Well creativity can be bent to fit any culture and so if I am pushed to see a benefit then I can say that we can look in our context to be the sort of art forms, that your average Ghanaian is interested in or is able to express well in and therefore adapt it to suite our need.”(R5, female, 20 years of experience)

4.8 The use of Art Therapy

This theme is made up of two (2) subthemes. 1. Forms of art therapy used by clinical psychologists 2. Importance of art therapy, which shows the state or fact of being of great significance or value

Therefore, participants were asked if they have used art therapy in any form. The majority (n=14) said they have used a form of art therapy such as painting, writing, and music but drawing was used mostly. Six (6) participants indicated that they have never used it and one (1) participant indicated that they have used it but faced some challenges.

A participant explained that they used play therapy, which is the use of toys to create shapes and forms to occupy children who are hospitalized and having terminal illnesses. Others also explained that they used drawings and paintings in their practice to know how a person was feeling.

“I use play therapy to help children going through terminal illnesses and painful medical experiences to as to where help minimize the intensity of the pain and distract them from there, if you, you could say from the, let me say the reality of the pain, to minimize the psychological pain associated with the physical pain”. (R1, male, 6 years of experience).

“I used painting and different drawings to understand how the person feels ok, I used different colours the person can link it to his feelings to images so I used images to understand the person's feelings. I think that's all”. (R12, male, 3 years of experience)

Another participant indicated that she used a form of art therapy but had challenges with it. Patients are reluctant to do anything art, especially drawing because patients would state they can't draw.

“When you do suggest the drawing, they would say I can't draw, is not a drawing that is like an artwork but something that just helps you to while away the time, it's not something that they are really open to”. (R2, female, 6 years of experience)

Other participants also indicated that they have never used any form of art therapy due to either lack of training or personal choice. There are fears that art therapy would be a challenge because Ghanaians and Africans are not art lovers.

“In as much as I don’t use it I think it would be an interesting aspect to look at but as it stands my only challenge is based at where I work or in Ghana or Africa, for instance, I think they are really not artistically inclined”. (R13, female, 3 years of experience).

Regarding the use of art therapy, participants expressed their views on the importance of art therapy and the majority (n=16) were of the view that art therapy is important. Others also expressed their views that art therapy is important but challenging. Some participants added that art therapy becomes important only when it is not used solely but rather as a combination of therapies while others also added that it depends on the needs of the patient.

Finding out which treatment works better for patients is key. A participant believed that research plays an important role in discovering new treatments, that art therapy is a very good one, and that this research was commendable.

“It’s a very good one, I say kudos to you for doing this research, and I hope that you will be able to get information from your research to help our state”. (R14, female, 3 years of experience)

A participant noted that art therapy was important but challenging because patients were reluctant to try anything art because they felt they didn’t have the skills.

“Yes, it is important I think it is limited because there is so much adults who think they don’t need it because they find difficulties in expressing themselves artistically with artwork even with write-ups is a challenge”. (R2, female, 6 years of experience)

Other participants also believe that art therapy should be a combination of therapies. One participant believed that it is better to have two therapies combined than to have just one therapy during treatment sessions.

“For me, it would be better off, my own opinion it would be best merging it putting it together with another therapy so it’s like using different theories or different therapies ok not only one” (R7, female, 5 years of experience)

Other participants also believed that art therapy is important depending on the patients’ needs, they mentioned that if a patient’s diagnosis doesn’t need art therapy for recovery, it won’t help. But if the patient needs art therapy for recovery, it would be helpful.

“It would be depending on the patient’s needs, so you will choose the therapy based on needs because if the patient is not somebody who maybe not interested in any form of art then I think, you would have to know the problem and then possible therapy that would help so it would depend on the patients need and once its meets their needs I don’t think it won’t help”. (R3, female, 3 years of experience).

4.9 Enablers in Art Therapy

This theme is about how art therapy can be facilitated and what will make clinical psychologists more likely to use art therapy in their practice. A subtheme was identified from the responses of the participants which falls under this major theme: 1. Facilitators of art therapy.

For all the participants (n=21), facilitating art therapy begins with the training of practitioners to provide them with the competence in using it. They also mentioned

research, education, and provision of resources at facilities to engage the patients in art activities such as painting, art media such as canvas, art therapy books, etc.

Participants discussed the training of psychologists by first introducing art therapy into the curriculum for Master's Degree programmers' and continuous professional development (CPD).

"I think first of all, introducing a course in the curriculum for the training of psychologists because people cannot give you what they do not have". (R9, male, 5 years of experience)

"It could also be in terms of the CPD programs practicing psychologists can look at that in adopting it as part of their professional processes" (R15, male, 4 years of experience)

Participants revealed that research is a foundation to build up knowledge and also a stepping stone in making art therapy known to the world.

"I think first of all, to some extent what we are doing now is the foundation that needs to be laid, researching, finding out exactly is out there, what people know and then building up on with that knowledge on training".(R4, female, 6 years of experience)

Participants also added that patients should be educated on art so they are enlightened on the benefits of the treatment given to them so they can appreciate the progress when it starts.

"Education in all because if you are going to do any form of therapy for any client, you need to educate them for them to understand the rationale behind that". (R3, female, 3 years of experience)

Another participant also mentioned the availability of reading materials, i.e. textbooks, on art therapy, space to practice it, and also the experts to handle patients who require art therapy for treatment.

“Well we would need resources, resources as in human resources, and yes because if we are doing it then we would need in-depth training so we will need the people who are the skills to go through so that they know what they are doing, it would require some other reading material resources so both should be available maybe yes resources in terms of space and materials”. (R3, female, 3 years of experience)

4.10 Barriers to Art Therapy

This theme entails the hindrances in the use of art therapy as a subtheme. Regarding this subtheme, participants mentioned key barriers that prevented them from having access to or using art therapy. The majority (n=19) of the participants were of the view that because they lacked knowledge and training, it was difficult for them to practice it due to a lack of competence. Some added that it was expensive because art therapy might be an extra cost for both the patient and the therapist. They argued that the therapist has to get the logistics and tools ready for the activity, which in most cases is quite expensive. Some also mentioned cultural consideration - if our culture is ready to accept art therapy and have an open mind to it. Others also mentioned a lack of skills and resources that is to add that if the clinical psychologist is not competent in using art therapy and they don't have the skills and resources such as space available, it is difficult to practice it. Some added its time-consuming nature and the lack of appreciation.

Some participants were of the view that the lack of training prevents them from managing patients with art-related activities. Even though the patient might have an interest in it, they would not know exactly what to do.

“Well training definitely, if the people are not trained to use it, they wouldn’t know what to do and it’s appropriate that they know the right thing to do”. (R5, female, 20 years of experience)

“For barrier when you are not trained you can’t do something, practice something that you have not been trained on that is one”. (R7, female, 5 years of experience)

Some participants also gave their views on art therapy being expensive and many patients being unable to afford it:

“We can never talk about barriers without bringing economics so sometimes it’s the money, exactly, sometimes we appreciate it, but when it is expensive then it’s like, this I can’t pay”. (R1, male, 6 years of experience)

Others surmised that art therapy might be time-consuming and might not be appreciated:

“Most of us, we can’t appreciate art, I go and stand at an artwork and wonder so what is beautiful about this” (R13, female, 3 years of experience).

“This is also bringing me to remember the fact that people like magic, more than working their way out of problems so they always want a quick fix, except when art is going to provide a quick fix then also there will be a challenge”. (R1, male, 6 years of experience)

Other participants also gave their views on the lack of skills on the side of the patient and the psychologists hence a hesitancy in accepting art therapy.

“Like I said it looks like because we don’t do so much artwork, people turn to find it difficult to express themselves artistically, and that’s the challenge”. (R2, female, 6 years of experience)

CHAPTER FIVE

DISCUSSION

5.0 Introduction

The research from this study is discussed in this chapter in relation to knowledge and practice. Table 4.2 presents an overview of the major findings to kick off the debate. The important findings are categorized by themes, and each subject is then discussed. Strengths and weaknesses are taken into account along with methodological and theoretical contributions. Discussions and recommendations are offered regarding the implications of the study's findings. Future research needs are discussed in the chapter's conclusion.

5.1 Summary of findings

The overall aim of this research was to assess the knowledge and practices of clinical psychologists in the use of art therapy in treating patients in Accra, Ghana. The study also sought to understand the enablers and barriers to using art therapy. This research provides the first empirical evidence base using a semi-structured interview guide to get in-depth information about this phenomenon. Major findings from the research have been categorized and discussed under four thematic areas: knowledge of art therapy, the use of art therapy, enablers in art therapy, and barriers to art therapy.

Demographic characteristics include gender, age, facility type, work experience, university attended and program offered. As expected in a female-dominated industry, women represented the majority of the clinical psychologists in the study. Females are more drawn to psychology because they perceive themselves as more empathic than men (Willyard, 2011). A study done by Crothers et al. (2010) showed the factors related to gender-based differences include a greater likelihood that women tend to take time off to have or care for

children, take family leave or work part-time, and work in non-profit or local government sectors compared to males. With these findings, many women are drawn to the flexibility that a career in psychology provides.

Another demographic characteristic is that most of the participants in the study were working in the public sector as compared to those working in the private sector. Working in the public sector comes with flexibility and job security. Korac et al. (2018) indicated that working in the public service has its perks hence preferences for public sector employment. It is also possible that there may be financial and structural challenges that may hinder clinical psychologists from starting their private practice. Also, there are limited private mental hospitals for clinical psychologists to practice. Anecdotal evidence also indicates that the Ghana Health Service recently started employing clinical psychologists which may show why the majority are working in public hospitals. In regards to the Ghana Health Service's hiring of clinical psychologists, Dvoskin (2019) contends that a ward should have a significant treatment team, which includes a psychologist because they are useful consultants to the direct care and nursing staff and also make significant changes to treatment plans in a timely and dynamic manner.

An important demographic characteristic identified was the university attended. The majority of the participants attended public universities. In Ghana, according to the National Accreditation Board (NAB, 2022), there are thirteen (13) public universities and out of the thirteen, only two universities (i.e., the University of Ghana and the University of Cape Coast) offer MPhil Clinical Psychology programs. To be trained as a clinical psychologist in Ghana, a master's degree can be completed at the University of Ghana or the University of Cape Coast. Although most private universities offer master's programs, no private university in Ghana currently has a clinical psychology master's program. Khan (2008) speculates that the lack of clinical psychology programs at universities may be due

to the sub-specializations and more than 200 different therapeutic modalities that clinical psychology has developed. Clinical psychology programs' constrained intake quota is one of the key issues with all these treatment modalities now available. The lack of clinical psychologist supervisors will make it difficult to provide high-quality supervision. To meet the demand of people who may want to train as clinical psychologists to bridge the treatment gap, other universities need to commence the clinical psychology program or gain accreditation from the Ghana Psychology Council (GPC) - the only Regulatory Body mandated by the Health Professions Act 857 (Section 5) to register and also license to ensure the highest standard of training and practice of applied psychology (GPC, 2022). It would also be beneficial to work together in offering and improving the clinical psychology course such that it would be at a world-class standard and thus would attract more students to join.

In addition to the demographic characteristics, all the participants were master's degree holders. To be a clinical psychologist, the minimum requirement is a Master's degree in the course. Loftin (2001) mentioned that a bachelor of psychology does not teach you the skills to practice clinical psychology. It teaches you the fundamentals of the discipline, the basics of how to do research, and introduces you to the general concepts behind these things. It went on to state that this is the knowledge base you need to learn more advanced skills like how to diagnose, how to practice therapy, how to lead your research study, etc. That's why clinical psychologists have to do several hundred hours of practicum (learning therapy under supervision) before they're allowed to do it on their own. There just isn't time to do that in a bachelor's as well as all the other stuff you need to know. According to the Ghana Psychology Council (2021), students who graduate with a degree in psychology can only be an assistant to clinical psychologists in their practice.

5.2 Major findings

5.2.1 Knowledge of Art Therapy

The majority of the participants didn't have any formal training in art therapy. According to the participants, other therapies such as cognitive behavioural therapy (CBT), which deals with the change in thinking patterns and behavioural patterns, were what they were familiar with in treating patients. They stated that CBT was extensively taught during their training as clinical psychologists. According to Evans (2021), influential theorists including Sigmund Freud, Erik Erikson, and Jean Piaget recommended the use of psychotherapies based on psychological theories. One of the theories is cognitive theory, which was formerly the unique purview of psychiatrists but was adopted by the field following World War II. Evans's (2021) assertion might have had an impact on how the clinical psychology curriculum was created. The ability of therapists to administer psychological treatments is crucial, according to Fairburn and Cooper (2011), as all clinicians have a duty to give their patients the greatest care or therapy. If clinical psychologists are supposed to provide their patients with the best treatment, art therapy, which is effective in the treatment of certain mental health problems should be included in the clinical psychology program. It is recognized that the 2-year MPhil training may not be adequate in gaining competence in all treatment methods. However, it is important to be included in introductory courses in the program.

It is also possible that the lack of training may be due to a lack of faculty to teach the course and the cost involved in teaching and practicing art therapy. Jesson (2020) found that financial concerns were the greatest barrier for students in using art therapy. Franklin (1994) propounded that the variability of competencies of psychologists after 4 years of training and the significance of clearly establishing competencies, distinguished

psychology from other health professionals. Franklin, (1994) statement is valid and suggests that effective training in all therapies is beneficial especially when the ultimate goal for a patient is to give them the best of the best treatments. Another avenue to gain additional competency is utilizing continuous professional development (CPD) courses. It was identified that there have not been any CPD courses on art therapy, unlike the other therapies. All the participants had knowledge on art therapy even though they were not formally taught in their training; and all professional training opportunities did not have art therapy. This takes me to what Sanders, (2018) stated that learning not only happens in the classroom, everything is a learning opportunity. The Ghana Psychology Council together with the Ghana Psychological Association can introduce courses on art therapy as part of clinical psychologists gaining competencies in this also.

Furthermore, when clinical psychologists were asked about art therapy in the Ghanaian context, the majority of the participants stated that there would be a cultural challenge. According to Dieckoss (2017), public funding for the arts in Ghana today is practically non-existent. Does that mean Ghanaians are not interested in art? Are Ghanaians going to embrace art therapy when it is introduced to the system? A renowned Ghanaian artist, Kwesi Agyare, stated that “Ghanaians are not really into arts but foreigners are” (Tweneboah, 2020). He went on to say that foreigners understand the art and also like to patronize them more than Ghanaians. In every case, there is an exception, there are Ghanaians who equally love art just as the foreigners love art. This is where Fairburn and Cooper’s (2011) statement comes to play again that the ability to deliver psychological treatments is important because the responsibility of all clinicians is to provide their patients with the best possible care or treatment. Clinical psychologists in Ghana should be trained to be all-rounded in their profession to be able to treat patients who love art and would consider art as a treatment. It is also recommended that art therapy in this part of the

world especially in Ghana can be applied to children. Children are enthusiastic, full of energy, and willing to exercise their creative abilities. They are not afraid to try new things or to be flexible with their ideas which can aid in a speedy recovery, they turn to open up easily just because they are doing something they enjoy.

5.2.2 The use of Art Therapy

Another finding was that majority of the participants revealed they have used a form of art therapy even though uncertain about its functionality. They reported low confidence while using art therapy because they are not trained or have no competence in art therapy. It is, therefore, possible that acquiring the right training and knowledge will improve confidence in the use of art therapy. That is why every product comes with a manual to give consumers guidelines on how to use a product to provide a solid foundation of knowledge and create standard guidelines for everyone.

According to Brooks (2015), confidence is one trait that has been used to measure effective learning connected with information literacy abilities. Brook's study supports that without information or knowledge, effective learning has not taken place. In addition to this finding, the most used art form by clinical psychologists in this research was drawing and this art form was used on children mostly. This finding is supported by Raffaelli (2012) where the study showed the use of collage and drawing materials are the two approaches that are popular with and widely used by the art therapy community. With more exposure and training for clinical psychologists, the use of art therapy can be expanded to include adults and not just children.

Drawing is a play activity that is useful for both children and adults, according to Robinson et al. (2021). It can be a significant source of excitement and relaxation for adults as well. Allowing yourself to play with the joyous abandon of childhood can have a huge positive

impact on your health over the course of your life. So, Robinson et al (2021) confirm that getting engaged with activities such as drawing does not only give health benefits for children but for adults as well. Research shows that adults are anxious to use art material because there is an aesthetic expectation about what constitutes art, and accompanying fears of being judged on the final product (Waller, 1993).

Children tend not to worry about what other people think of what they draw. They draw without thinking twice. If the fear of making mistakes could be the main reason many adults are not interested in art therapy, specifically drawing, psychoeducation with adult patients about what art therapy is and the benefits may help to change this narrative.

5.2.3 Enablers / Barriers to Art Therapy

Another finding was that the study also looked at the enablers and barriers of art therapy by the participants and the majority of the participants stated that training of psychologists would build their competence in using it and the lack of know-how and training were the top two the responses of the barriers to art therapy.

Why is training a priority for these clinical psychologists? In support of this, the participants were asked if art therapy is important and again majority stated that art therapy is very important. If something is important, the desire to know or have knowledge about it is one's goal. According to Burton (2021), training gives an opportunity to strengthen existing skills and learn new ones and help to boost an individual's performance. Burton (2021) further stated that the importance of training can't be understated. Training helps equip the workforce with the skills they need to work effectively. It also allows them to improve the quality of their work and boosts productivity. The Ghana Psychological Association and the Ghana Psychology Council can take up these findings and organize CPD courses as part of the professional development of clinical psychologists. The MPhil

clinical psychology curriculum can be modified to include art therapy, and collaboration between overseas universities and universities in Ghana may be an opportunity to train to organize online classes for these students so they can be equipped in diagnosing and using art therapy.

Continuing professional development (CPD) courses can also be a platform for psychologists to gain knowledge in art therapy and be competent in it as Principle two (2) of the core principles of clinical psychology states “competent caring for the well-being of persons and peoples”. Falender (2004) noted that although many psychologists engage in the professional practice of supervision, formal training and standards have received little attention. Supervision is very important when it comes to the practice of the profession. When people are trained and equipped enough to train others, they can also supervise the works of clinical psychologists and be sure they meet the standards. The provision of resources was also one of the factors the findings revealed in both the barriers and enablers. This could mean that even when a clinical psychologist is trained in art therapy and the resources including logistics are not available to facilitate the use of art therapy, it would be difficult for the clinicians to recommend and apply it in their sessions (Lee, 2008). These may differ depending on the form of art therapy the clinical psychologist may be applying, be it painting, drawing, pottery, writing, dancing, music, photography, reading, etc.

Each form of art therapy has its supplies and until these supplies are provided, effective therapy cannot be achieved. Some of these supplies are art sets such as colouring pencils or crayons, books, clay dough, papers, pencils, canvases, art therapy furniture, etc. which can be provided by the public hospitals where they work and can serve as a motivation or warm up the idea of using it in their therapy sessions. Other resources such as the space or suitable environment for these forms of art therapy to take place are needed, a national gallery of art for the public to be inspired and scan the history of art and showcase some of

the triumphs of human creativity, as well as offer full spectrum of special exhibitions and public programs freely, are not available, to even talk of expertise needed in the area of art therapy. Lee (2008) agrees that the provision of resources such as art supplies will inspire works of art and even whole ways of thinking about art. He also added that materials open up new forms of technique and expression that allow patients to communicate their thoughts and ideas that make art valuable and enduring.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion

The findings from this research provide an in-depth view of the knowledge and practices of clinical psychologists in the use of art therapy in Accra, Ghana. The clinical psychologists whose experiences were analysed as part of this research provided comprehensive evidence to support the suggestion by Fairburn and Cooper (2011) that therapists' ability to deliver psychological treatments is important because the responsibility of all clinicians is to provide their patients with the best possible care or treatment. It is detrimental to investigate art therapy and propose policy without considering clinical psychologists' world views since they are trained in handling therapies. The results from this current research show that lack of training is a significant component of clinical psychologists having no competencies in art therapy, as was demonstrated through the results chapter. Clinical psychologists' ability to be confident when applying art therapy was challenged, patronage would decrease, and treating children as adults would be a norm in the therapeutic interventions.

This research has provided strong evidence to support the proposition that clinical psychology curriculums in graduate schools should be revised for any future planning and policy concerned with art therapy. This current research has been able to not only challenge clinical psychologists' urgency on art therapy but provide new ideas and insights, particularly around children. There has been no previous research in Ghana that has focused solely on clinical psychologist experiences of art therapy and the current research demonstrated different implications for art therapy in Ghana. As this research has demonstrated listening to the narratives and experiences of clinical psychologists is a useful

tool in assessing their knowledge and use of art therapy, it can consequently provide effective policy recommendations. It is important to acknowledge that art therapy is not new, therefore, it is necessary to plan for the future. Findings from this research must be incorporated into any future planning. The nation, communities, researchers, policy makers and health services must include art therapy in any future planning. It is important that research takes a comprehensive approach to understanding and interpreting the mental health of Ghanaians.

6.2 Recommendations

It is recommended that future research continues to further explore art therapy in mental health treatment in Ghana. This research has provided new insights into clinical psychologists on their knowledge and use of art therapy. What needs to follow is an examination of our curriculum in the field of clinical psychology, drawing on qualitative and quantitative data. A study into examining our curriculum in the field of clinical psychology is a necessary step for the future understanding of mental health interventions and wellbeing.

This research recommends that the Ghana Psychology Council (GPC) together with the Ghana Psychological Association (GPA) introduce in their graduate training programs CPD art therapy courses, existing coursework, offering targeted workshops or seminars with the ultimate goal of building a “culture” that values and promotes art as an essential component of training in psychology. It is also necessary that future research into art therapy take a comprehensive review. This research has highlighted that there are not many studies done in Ghana that consider art therapy in such a holistic manner. This research has provided evidence to suggest that an interdisciplinary framework can be a useful tool when

assessing clinical psychologists in knowledge and use of art therapy. This current research suggests this approach be applied to other aspects of art therapy in Ghana.

This research also recommends that art therapy can focus on children in our Ghanaian society since children enjoy activities and are more prone to open up more during therapy sessions. Having psychoeducation with adult patients about what art therapy is and its benefits may help to change their attitude towards it. Art therapy facilities can be established in collaborations with the Ghana Psychology Council, Ghana Psychological Association, and private foundations where patients can be referred to have their therapy sessions with a variety of forms of art therapy such as a painting studio, pottery studio, and dance studio all in one facility.

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APPENDICES

APPENDIX 1: INTERVIEW SCHEDULE WITH CLINICAL PSYCHOLOGISTS

Assessment of the Knowledge and Practices of Clinical Psychologists in the Use of Art Therapy in the Greater Accra Region of Ghana

Information Sheet

I am Eugenia Priscilla Doku Asare, studying at Ensign Global College. I am conducting research on the assessment of the knowledge and practices of professional counsellors in the use of art therapy in the Greater Accra region of Ghana. The purpose of this interview is to find out your knowledge and usage of art therapy in your practice, its benefits, and limitations. This research will involve your participation in an interview that will take about 20-30mins. The interview will be recorded and transcribed later by me. You are being invited to take part in this research because we feel that you can contribute much to our understanding and knowledge and benefits of using art therapy.

Your participation in this research is voluntary. It is your choice whether to participate or not. You may change your mind later and stop participating even if you agreed earlier. If you have questions later, please ask me. We will not be sharing information about you with anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a pseudonym. Individual results will not be shared; however, the results of the entire research will be written up in my thesis and academic journals.

Use and importance of art therapy

10. Do you use any form of art therapy in your practice as a clinical psychologist?
(Prompt: for examples of art therapy used)

11. What is your view on art therapy in psychology?

12. What is the place of art therapy in the Ghanaian context?

13. Is art therapy important or beneficial in therapy for patients?

14. What kind of mental disorders do you manage with art therapy?

Enablers and barriers of art therapy

15. What are some enablers in using art therapy in Ghana?

16. What are some barriers in using art therapy in Ghana?

17. Do you think art therapy should be included in the curriculum?

18. If an art therapy training course was introduced, would you attend?

Closure & debriefing

19. Do you have anything else to tell me about art therapy?

20. Do you have any questions for me?

21. How did you feel about being interviewed on this topic?

22. Is there anything you wish had been done differently?

APPENDIX 2: INFORMED CONSENT

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Participant Information Statement, a copy of which I have retained.

I understand I can withdraw from the project at any time, and do not have to give any reason for withdrawing.

I consent to participating in an interview and having it recorded and used for academic purposes.

I understand that my personal information will remain confidential to the researchers. I have had the opportunity to have questions answered to my satisfaction.

Name:

Signature: _____

Date: _____

APPENDIX 3: PARTICIPANT INFORMATION STATEMENT

Assessment of The Knowledge and Practices of Clinical Psychologists in The Use of Art Therapy in The Greater Accra Region of Ghana

Information about principal investigator

Eugenia Priscilla Doku Asare
Ensign Global College.
Akosombo.
Priscilla.dokuasare @st.ensign.edu.gh
+233558529689.

You are invited to participate in the research project identified above which is being conducted by Eugenia Priscilla Doku Asare, studying at Ensign Global College.

Why is the research being done?

According to the American Art Therapy Association, Art Therapy is an effective mental health treatment for individuals who have experienced depression, trauma, medical illness and social difficulties. The concept of creative art therapy encompasses a variety of methods including music, visual art, movement and dance, drama/theatre, and expressive/creative writing. People who have experienced emotional trauma, physical violence, domestic abuse, anxiety, depression, and other mental illness can benefit from expressing themselves creatively using art. This current study would explore whether professional clinical psychologists in Ghana use art therapy in their practice

Who can participate in the research?

You are invited to participate if you are a practising clinical psychologist.

What would you be asked to do?

You will be interviewed using an interview guide to understand your knowledge on art therapy and whether you use it in your practise and its benefit to patients. If you agree to participate, you will be asked to complete this interview and some demographic information.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you. If you do decide to participate, you may withdraw from the project at any time prior to the interview.

How much time will it take?

The questionnaire/survey should take about 20-30 minutes to complete.

What are the risks and benefits of participating?

There are no anticipated risks associated with participating in this research. Whilst there are no anticipated benefits to you personally in participating in this research, the findings will help to contribute to the available literature on art therapy in Ghana. By participating in this study, you will have the opportunity to help recommend art therapy in the training curriculum.

How will the information collected be used?

The collected data will contribute towards my thesis and may be presented in academic publications, journals or conferences.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please speak with Eugenia Priscilla Asare-Doku.

Covid-19 health and safety protocols.

In light of COVID-19, during data collection with participants, the use of protective equipment (e.g., masks) for both the principal investigator and research participants will be ensured. Physical distancing will be maintained using the 1.5 meters rule. All participants will be provided with face masks and sanitizers before the interview commences.

Confidentiality Agreement

Any information collected during the interviews will remain confidential and will be disclosed only with your permission, or except as required by law. You will not name you in any of the publications. Only the researchers involved in this study will have access to your details and results. Your name will not be taken but an alias will be given to you to protect your identity. You have the right to access information about you collected as part of the study

APPENDIX 4: DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Code	Sex	Age Range	Facility type	Years of practice	University attended	Program offered
R1	Male	36- 40years	Government hospital(tertiary)	6 years	University of Ghana	MPhil in Clinical Psychology
R2	Female	31-35years	Government hospital(tertiary)	6 years	University of Ghana	MPhil in Clinical Psychology
R3	Female	36-40years	Government hospital(tertiary)	3 years	University of Cape Coast	MPhil in Clinical Health Psychology
R4	Female	31-35years	Government hospital(tertiary)	6 years	University of Ghana	MPhil in Clinical Psychology
R5	Female	50-55years	Government hospital(tertiary)	20 years	University of Ghana	MPhil in Clinical Psychology
R6	Male	45-50years	Government hospital(tertiary)	7 years	University of Ghana	MPhil in Clinical Psychology
R7	Female	41-45years	Private hospital & private school(tertiary)	5 years	Methodist university	MPhil in Counselling Psychology with Clinical Option

R8	Female	31-35years	Government hospital(primary)&private practice	10 years	University of Ghana	MPhil in Clinical Psychology
R9	male	31-35years	Government hospital(primary)&research centre	5 years	University of Ghana	MPhil in Clinical Psychology
R10	female	25-30years	Private preparatory school	3 years	University of Cape Coast	MPhil in Clinical Health Psychology
R11	female	31-35years	Government hospital(tertiary)	11 years	University of Ghana & Stellenbosch university	MPhil in Clinical Psychology& Public Mental health
R12	male	25-30years	Government hospital(primary)&private preparatory school	3 years	University of Cape Coast	MPhil in Clinical Health Psychology
R13	female	31-35years	Government hospital(tertiary)	3 years	University of Ghana	MPhil in Clinical Psychology
R14	female	25-30years	Private preparatory school	3 years	University of Cape Coast	MPhil in Clinical Health Psychology

R15	male	31-35years	Government hospital(tertiary)	4 years	University of Ghana	MPhil in Clinical Psychology
R16	male	36-40years	Government hospital(tertiary)	12 years	University of Ghana	MPhil in Clinical Psychology
R17	female	25-30years	Private hospital(primary)	2 years	University of Ghana	MPhil in Clinical Psychology
R18	male	36-40years	Government hospital(primary)& private hospital	7 years	University of Cape Coast	MPhil in Clinical Health Psychology
R19	female	25-30years	Government hospital(tertiary)	1 years	University of Cape Coast	MPhil in Clinical Health Psychology
R20	male	31-35years	Government hospital(tertiary)	4 years	University of Cape Coast	MPhil in Clinical Health Psychology
R21	male	46-50years	Government school(tertiary)	20years	University of Ghana	MPhil in Clinical Psychology

APPENDIX 5: CODING FRAME

CODES	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	SUM	
Theoretical understanding																							
Creative art	X				x		x	x	x			x	x		x	x							9
Exploration														x									1
Self-expression		x		x		x				x	x							x				x	7
Management			x																				1
Form of treatment																	x		x	x			3

CODES	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	SUM	
Practical understanding																							
No formal training	x		x	x	x	x			x	x	x		x		x	x	x	x	x				14
Inadequate training		x					x	x				x			x					x	x		7
Personal development	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	21
CPD courses	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	21

CODES	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	SUM	
art therapy in Ghanaian context																							
Cultural challenge		x		x			x	x	x	x		x	x	x			x	x		x	x		13
Acceptance			x								x												2
Culturally sensitive	x				x	x									x	x			x				6

CODES	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	SUM	
Forms of art therapy																							
Used a form of art therapy	x		x		x	x		x			x	x		x		x	x	x	x	x	x		14
Never used a form of art therapy				x			x		x	x			x		x								6
Used but had challenges		x																					1

CODES	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	SUM	
Importance of art therapy																							
art therapy is important	x			x	x			x	x	x	x	x	x	x		x	x	x	x	x	x	x	16
art therapy is important but challenging		x																					1
Used with combination of therapies							x																1
depends on the needs of the patient			x			x									x								3

CODES	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	SUM	
facilitators of art therapy																							
training of practitioners	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	21
research	x			x		x		x	x		x		x		x			x	x	x	x	x	12
education		x	x			x			x		x	x	x	x	x			x	x	x	x	x	13
provision of resources	x	x	x		x	x	x			x		x		x		x	x						11

CODES	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16	R17	R18	R19	R20	R21	SUM
Hindrances in the use of art therapy																						
lack knowledge and training,	x	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	19
Expensive	x						x	x			x	x										5
cultural consideration						x																1
lack of skills and resources		x		x	x		x	x			x	x	x						x		x	10
Time consuming								x										x				2
Lack of appreciation	x												x					x				3