

Negotiating Mental Health and Colonial Power: Land, Resistance, and Infrastructure in Gold Coast, 1919–1957

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Keywords	Abstract
Mental Health Colonial Power Land Resistance Infrastructure Kumase Gold Coast	Aside from financial constraints, land acquisition was one of the main issues confronting the colonial government in building a second mental health facility in the Gold Coast, (now present-day Ghana). This work argues that between 1919 and 1957, the inability to institute a second mental hospital was highly influenced by land ownership dynamics and resultant resistance. Although colonial officials recognized that an additional facility was needed to alleviate the dire overcrowding conditions at the Accra Mental Hospital, their actions were hampered by financial constraints and, more importantly, by concerns regarding the availability of appropriate land. This demonstrates how the local chiefs and communities, particularly in places like Dabaa near Kumase, resisted the issuance of their land, which was regarded not only as a means of subsistence but also as a source of political and cultural power. The colonial administration did not adopt large-scale land expropriation for fear of antagonizing local rulers whose cooperation under the indirect rule arrangement was deemed indispensable; instead, prolonged negotiations were preferred without achieving a desirable result. This paper develops the fineness of how colonial power relations, local resistances, and cultural conceptions of land cut through one another to impede infrastructural developments in mental health care and the more significant struggles between colonial ambitions versus localized realities.

INTRODUCTION

Land was central to infrastructure development in colonial contexts where politics and resource allocation were contested. The overcrowding of the Accra Mental Hospital, built in 1906,³ created an urgent need for a second mental facility on the Gold Coast, and its negotiation started in 1919. Although boards addressed

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³ E. B. Forster, "A Historical Survey of Psychiatric Practice in Ghana," *Ghana Medical Journal* 46, no. 3 (2012): 158–62; Akwasi O. Osei, Joseph Bediako Asare, and Mark A. Roberts, *History of Mental Health Care in Ghana* (Accra: Sedco Publishing Limited, 2021)



this issue, their efforts were hindered by financial constraints¹, as noted by existing scholarships. However, one key obstacle that has received less attention is land acquisition.

The quest for a suitable location for the second mental hospital was challenging. With their significant influence, colonial authorities grappled with the conflicting interests of local communities, chiefs, and the colonial administration. Land was not just a commodity but also a political space where issues of ownership, control, and resistance were at play.² While the development of mental health infrastructure was deemed necessary, colonial land politics often impeded the process. This paper contends that colonial political struggles over land acquisition were pivotal in the failure to establish a second mental hospital on the Gold Coast. By showing this often-overlooked aspect, the paper aims to demonstrate how land politics shaped mental health infrastructure development rather than just financial concerns.

HISTORIOGRAPHY

Colonial mental health historiography is well documented. Scholars have demonstrated how mental health facilities across the African continent, to some extent, the world, have been used to define race and madness, social construction, and control instruments.³ Vaughan demonstrated how the colonial government of Malawi used psychiatry and biomedicine in general to define Africans, determining who was “normal” and who was not and who should be confined to the bars of the asylum. She also noted how the colonial government used psychiatry as an apparatus in pathologizing African culture to assert the superiority of the Western cultural paradigm. Even though Vaughan acknowledged no great confinement, she opines that those who failed to conform to colonial rules and regulations found themselves in the asylum.⁴

Similarly, Heaton demonstrated this same trajectory in Nigeria. He showed how colonial psychiatrists kept mentally ill patients in asylum until the demise of colonial rule. He also notes the role of Nigerian psychiatrists in shaping global psychiatry since the 1950s. Heaton argues that Nigerian psychiatrists influence local psychiatry and global understanding of psychiatry. Heaton details how Nigerian postcolonial psychiatrists, particularly Professor Adeoye Lambo, helped transform psychiatry in Nigeria and globally. He also noted Lambo’s contribution to establishing transcultural psychiatry in Nigeria. Heaton’s examination of Nigeria’s transition from the colonial period to the postcolonial period shows that the psychiatric field became an arena for contestation between the local knowledge system and biomedicine, which was the case for the Gold Coast. Moreover, Africans contributed to biomedicine.⁵ Again, the other named historians follow a similar trajectory.

¹ *Accra PRAAD: CSO11.8.10, 1929 to 1939, Correspondence between Colonial Secretary and the Director of Medical and Sanitary Service, September 11, 1931.*

² *Accra PRAAD: CSO11.3.51, 1943 to 1948, Correspondence between the DPW of Asante and the Colonial Secretary, February 9, 1946*

³ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford, Calif.: Stanford University Press, 1991); Jonathan Hal Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Medicine and Society, 10; Berkeley: University of California Press, 1999); Richard C. Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007); Matthew M. Heaton, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry* (New African Histories; Athens, Ohio: Ohio University Press, 2013); Katie Kilroy-Marac, *An Impossible Inheritance: Postcolonial Psychiatry and the Work of Memory in a West African Clinic* (Oakland, California: University of California Press, 2019)

⁴ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford, Calif.: Stanford University Press, 1991), 125

⁵ Matthew M. Heaton, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry* (New African Histories; Athens, Ohio: Ohio University Press, 2013)



However, Heaton and Nana Quarshie have uncovered what stalled the construction of a second mental hospital on the Gold Coast. The two of them acknowledge financial constraints as part of the most important challenges confronting the colonial administration but are far behind in arguing that it was the most or only important reason that no hospital was built.¹ This paper builds on their proposition, arguing that land politics significantly influenced mental health policy on the Gold Coast alongside financial and bureaucratic issues.

COLONIAL MENTAL HEALTH POLICIES AND THE FIRST FACILITY

The colonial government enacted several legislations and laws in the Gold Coast to cater to the alarming number of mentally ill patients. As would be seen in this section, the number of mental health patients progressed from the initial stage till the time that the colonial administrative apparatus phased out.

In 1876, the colonial government enacted its first legislation, the Prison Ordinance. This ordinance contained a significant provision, Section 16, which granted the colonial authorities the authority to confine individuals described as “lunatics” in prisons alongside regular prisoners. The term “lunatics” in this context encompassed both “idiots” and individuals deemed to have “unsound minds.” This practice reflected the prevailing understanding of mental health during that era, where those with mental disabilities or conditions were often treated alongside the general prison population, which differs significantly from modern approaches to mental health care and incarceration. Before this period, mental health patients were left to their fate or sent to be cared for by traditional health practitioners.²

However, in 1887, an old high court building of Victoriaborg Castle was converted into an asylum in colonial Ghana, housing nineteen mental health patients. Of these nineteen mental health patients, fourteen were males, and the remaining five were females. In 1888, the then Governor of the Gold Coast, William Brafford Griffith, signed stand-alone legislation for mentally ill patients, Ordinance No. 3 of 1888, the Lunatic Asylum Ordinance.³ Section 10 of the ordinance legitimized converting Victoriaborg Castle, Accra’s old Court building, into a special prison for mentally ill patients. However, prison warders were placed in this special prison to administer the patients—feeding and reporting on the physical health of the mental health patients. These officers included one Chief Attendant, one Assistant Chief Attendant, one matron, nine male attendants, and one gatekeeper. Also, the ordinance legitimized the establishment of asylums within the colony. By 1891, there were sixty-three patients in the asylum.⁴

By 1904, every indication showed a need for a larger space for mentally ill patients as the number increased. That year, the number of mentally ill patients rose to one hundred and four (104). However, this same year,

¹Nana Osei Quarshie, “Psychiatry on a Shoestring: West Africa and the Global Movements of Deinstitutionalization,” *Bulletin of the History of Medicine* 96, no. 2 (2022): 237–265; Matthew Heaton, “Aliens in the Asylum: Immigration and Madness in the Gold Coast,” *Journal of African History* 54, no. 3 (2013): 373–391

²Ministry of Health (Ghana). *The Centenary of the Accra Psychiatry Hospital 1888-1988*. Ghana: Government Publications, 1998; Ewusi-Mensah, I. “Post Colonial Psychiatric Care in Ghana.” *Psychiatric Bulletin* 25, no. 6 (2001): 228–29; Akwasi O, Osei, Joseph Bediako Asare, and Mark A Roberts. *History of Mental Health Care in Ghana*. Accra, Ghana: Sedco Publishing Limited, 2021

³Annual Colonial Report for 1895, No. 189, Gold Coast; Forster, E B. “A Historical Survey of Psychiatric Practice in Ghana.” *Ghana Medical Journal* 46, no. 3 (2012): 158–62; Akwasi O, Osei, Joseph Bediako Asare, and Mark A Roberts. *History of Mental Health Care in Ghana*. Accra, Ghana: Sedco Publishing Limited, 2021)

⁴Annual Colonial Report for 1895, No. 189, Gold Coast; Forster, E B. “A Historical Survey of Psychiatric Practice in Ghana.” *Ghana Medical Journal* 46, no. 3 (2012): 158–62; Akwasi O, Osei, Joseph Bediako Asare, and Mark A Roberts. *History of Mental Health Care in Ghana*. Accra, Ghana: Sedco Publishing Limited, 2021)



Ordinance No. 1, the Lunatic Removal Ordinance, was passed to remove mentally ill patients who were not Gold Coasters from the Colony. This law was passed as a result of many aliens in the Gold Coast who were suffering from mental health conditions and are being housed in the Accra Mental health facility. During this period, people from the neighboring countries were residing daily on the Gold Coast for the economic prospects the government offered them.¹

In 1906, a new asylum (Accra Psychiatric Hospital), for which the building project had started in 1904, was commissioned and began operating in 1907. It had a capacity of 200 and started with one hundred and ten (110) mentally ill patients, for whom custodial services were only provided. By 1909, two hundred and seventy-five (275) mentally ill patients were in the asylum, more than double the facility's capacity.² At the outset of 1919, the Accra asylum was already grappling with a substantial number of patients, with a reported count of 129 individuals who had mental illness, and there came a proposition for a new mental health hospital.³

The situation reached its zenith in 1938, with 543 mental health patients documented in the Accra asylum. This number was significantly beyond the asylum's capacity, which could accommodate only 330 patients. Despite the challenges, a token vote had been inserted into the 1939-1940 estimate, indicating a recognition of the need for continued support and expansion of mental health services.⁴ By 1956, the Accra Mental Health facility continued to sour with the problem of high mental health patients in the facility.⁵

LAND CHALLENGES AND COLONIAL HESITATION IN BUILDING A SECOND MENTAL HEALTH FACILITY

The major challenge of securing a second mental health facility had been linked to financial constraints and administrative hesitance by the colonial government.⁶ As has been demonstrated above, the Accra Psychiatric Hospital, right from its inception, became overburdened with mental health patients, except in 1906, when the facility was not up to its full capacity. This raised the issue of a second mental health hospital to alleviate congestion or overcrowding at the Accra Psychiatric Hospital. However, searching for a new place for the hospital turned out to be a formidable challenge during the land acquisition process for the new institution.⁷ In the Gold Coast, land was inextricably linked to matters relating to power, administration, and subsistence for its peoples or natives. In towns like Dabaa and Owabi, closer to Kumase, giving out their lands to accommodate a mental institution was unthinkable since this would endanger livelihood and

¹ E. B. Forster, "A Historical Survey of Psychiatric Practice in Ghana," *Ghana Medical Journal* 46, no. 3 (2012): 158–62; Akwasi O. Osei, Joseph Bediako Asare, and Mark A. Roberts, *History of Mental Health Care in Ghana* (Accra: Sedco Publishing Limited, 2021), 45.

² Ibid,ibid

³ CSO11.8.10, 1929 to 1939, *Correspondence between the Chief Alienist and the Director of Medical and Sanitary Service, December 16, 1932.*

⁴ Accra PRAAD: CSO11.8.10, 1929 to 1939, *Correspondence between the Government House and Malcolm MacDonald, July 13, 1939.*

⁵ E. B. Forster, "A Historical Survey of Psychiatric Practice in Ghana," *Ghana Medical Journal* 46, no. 3 (2012): 158–62

⁶ Nana Osei Quarshie, "Psychiatry on a Shoestring: West Africa and the Global Movements of Deinstitutionalization," *Bulletin of the History of Medicine* 96, no. 2 (2022): 237–265; Matthew Heaton, "Aliens in the Asylum: Immigration and Madness in the Gold Coast," *Journal of African History* 54, no. 3 (2013): 373–391

⁷ E. B. Forster, "A Historical Survey of Psychiatric Practice in Ghana," *Ghana Medical Journal* 46, no. 3 (2012): 158–62; Kumase PRAAD: ARG1/14/1/10, 1926 to 1942, Memorandum by Director of Medical and Sanitary Service, April 26, 1926; Accra PRAAD: CSO11.3.51 1943 to 1948, *Correspondence between the Chief Commissioner of Asante and the Colonial Secretary, March 8, 1946*



social structures—the only arable land for agriculture was being taken from them.¹ It was the main factor contributing to the reluctance to relinquish territory or land.

Several places became the focal point, but the idea was aborted due to water and electricity issues. Subsequently, the village of Dabaa, lying near Kumase, became a focal point, but the idea was met with resistance. People in Dabaa used the land mainly for farming, from which they derived food and money for the upkeep of their families. The loss of that land meant the loss of their most important source of livelihood. The land was also an emblem of political and cultural power to the chiefs in Dabaa and other surrounding villages. Chiefs were regarded as custodians of the land, and allowing the colonial government to take this away from them would have undermined their authority and influence over their subjects. This made them unwilling to cooperate with the colonial administration. For the villagers, the land abandonment has gone far beyond the economic aspect and has affected livelihood protection and long-term prospects for their village's future.²

The response by the colonial administration toward such resistance was very cautious and reluctant. Through indirect rule, the British relied so much on local chiefs to administer the colony. In that regard, Asante chiefs held great power and influence among their subjects.³ The colonial authorities feared that a move to expropriate forcibly would result in large-scale civil disturbance and estrangement in the relationships with the chiefs. This fear was a cause of delay and hesitancy. Instead of confrontation, the government officials opted for negotiation, which once more proved tortuously slow without any sign of a settlement. This reluctance to press through with a decision became one of the severe obstacles to constructing the new facility.

The administrative inner disorganization of the colonial government further compounded this. The different sections of the colonial administration were preoccupied with various issues. Health officials advocated an early establishment of the proposed second mental institution since conditions in the Accra Mental Hospital were deteriorating by the day and were casting a slur on the colonial government. Other departments, such as the public works were more concerned about keeping away from or reducing friction with native citizens. This resulted in lots of confusion and deceleration in the pace of decision-making due to this lack of coordination among departments. Where health authorities wanted speedy solutions, others always cautioned against committing to a specific site for the risks involved.

There were indeed many suggestions, all about Kumase, yet none succeeded; as a matter of fact, most of those places were rejected because of their accessibility to water, electricity, and road infrastructure, which made their utilization unviable. Communities like Dabaa did not easily give up their land, and local leaders

¹ Accra PRAAD: CSO11.3.51 1943 to 1948, Correspondence between the Chief Commissioner of Asante and the Colonial Secretary, March 8, 1946

² Kumase PRAAD: ARG1/14/1/10, Correspondence from Commissioner of Kumase and the Chief Commissioner of Asante December 21, 1936; Accra PRAAD: CSO11.3.51 1943 to 1948, Correspondence between the Chief Commissioner of Asante and the Colonial Secretary, March 8, 1946; Accra PRAAD: CSO11.3.51 1943 to 1948, Correspondence between Apagyahene and the Colonial Secretary, June 1, 1946; Kumase PRAAD: ARG2/14/1/1, 1943 to 1953, Correspondence between the Chief Commissioner and the Director of Medical and Sanitary Services, February 5, 1947

³ William Malcolm Hailey, Hailey, and Great Britain. Colonial Office, Native Administration in the British African Territories (London: H.M.S.O, 1950):335-237



in the region remained firm in serving the interests of their people.¹The non-resolution of these issues significantly hampered the progress of the scheme. The vacillation between different schemes and their rejection added to the ascertained mess associated with the land politics of the time. On the Gold Coast, land was inextricably linked to political and cultural identity ideas that the colonial administration did not fully grasp. To the indigenes, land was not only for farming or building; it was a sign of autonomy and authority. To them, the colonial government's taking over any land was tantamount to an imminent threat to their sovereignty and livelihood.

CONCLUSION

We do not simply take resentment over the loss of agricultural land but also their need to maintain traditional authority and social organization structures. The lack of this subtlety in the interpretation by the colonial regime reduced its ability to handle the process of land alienation effectively. The reluctance of the colonial administration to take decisive action was also influenced by its fear of antagonizing the chiefs. Traditional leaders in Asante played a restraining factor in stabilizing the period of British indirect rule. Their cooperation was indispensable to the colonial administration in imposing policies and commanding their authority on native people. Coercive expropriation for the mental health institution might have unseated this arrangement and led to an unsubdued rebellion against colonial rule.

Thus, the administration took a better-safe-than-sorry approach, even at the cost of delaying a badly needed project. The disjointed nature of the colonial administration system also emphasized these failures. Different groups within the administration often worked against each other, with no apparent authority to resolve the dissonance. Health authorities recognized the abysmal situation at the Accra Mental Hospital and wanted to take immediate action, but the proposal did not receive adequate backing from other departments; due to a lack of liaison, one proposed site was axed after another, either owing to dissension or owing to some practical obstruction. Such a lack of follow-through was symptomatic of general failures in colonial administration, wherein, too often, competing interests led to immobilization. This was tantamount to the failure of the colonial administration to provide land for constructing a second facility for mentally disordered people. This was a gain to strategic planning and understanding on the part of the government, which had underrated land issues in local settings, treating them as products to be used rather than an integral part of social and political life. The vocal opposition from villages like Dabaa and the government's reluctance to take on the chiefs made for a stalemate. The plan was thus never realized, and the people's mental health needs were never adequately attended to. This is one specific example of the more general challenges colonial regimes faced in balancing their goals vis-à-vis infrastructure development with the limitations imposed by local resistance and complicated land politics.

BIBLIOGRAPHY

Primary sources

Accra Public Record And Archives Administration Department (PRAAD)

¹ Kumase PRAAD: ARG1/14/1/10, Extract from the minutes of the Asante Health Board in the office of the District Commissioner of Kumase for the purpose of selecting a site for a mental Hospital, May 4, 1935; Accra PRAAD: CSO11.3.51 1943 to 1948, Correspondence between LWW and the Colonial Secretary, April 4, 1943; Accra PRAAD: CSO11.3.51 1943 to 1948, Correspondence between the Chief Commissioner of Asante and the Colonial Secretary, March 8, 1946



Accra PRAAD. *Annual Colonial Report for 1895*, No. 189, Gold Coast.

Accra PRAAD: CSO11.3.51, 1943–1948. Correspondence between LWW and the Colonial Secretary, April 4, 1943.

Accra PRAAD: CSO11.3.51, 1943–1948. Correspondence between the Apagyahene and the Colonial Secretary, June 1, 1946.

Accra PRAAD: CSO11.3.51, 1943–1948. Correspondence between the Chief Commissioner of Asante and the Colonial Secretary, March 8, 1946.

Accra PRAAD: CSO11.3.51, 1943–1948. Correspondence between the DPW of Asante and the Colonial Secretary, February 9, 1946.

Accra PRAAD: CSO11.8.10, 1929–1939. Correspondence between the Chief Alienist and the Director of Medical and Sanitary Service, December 16, 1932.

Accra PRAAD: CSO11.8.10, 1929–1939. Correspondence between the Colonial Secretary and the Director of Medical and Sanitary Service, September 11, 1931.

Accra PRAAD: CSO11.8.10, 1929–1939. Correspondence between the Government House and Malcolm MacDonald, July 13, 1939.

Kumase Public Record and Archives Administration Department (PRAAD)

Kumase PRAAD: ARG2/14/1/1, 1943–1953. Correspondence between the Chief Commissioner and the Director of Medical and Sanitary Services, February 5, 1947.

Kumase PRAAD: ARG1/14/1/10, 1926–1942. Correspondence from the Commissioner of Kumase and the Chief Commissioner of Asante, December 21, 1936.

Kumase PRAAD: ARG1/14/1/10, 1926–1942. Extract from the Minutes of the Asante Health Board in the Office of the District Commissioner of Kumase for the Purpose of Selecting a Site for a Mental Hospital, May 4, 1935.

Kumase PRAAD: ARG1/14/1/10, 1926–1942. Memorandum by the Director of Medical and Sanitary Service, April 26, 1926.

Secondary sources

Akwasi, O., Joseph Bediako Asare, and Mark A. Roberts. *History of Mental Health Care in Ghana*. Accra, Ghana: Sedco Publishing Limited, 2021.

Ewusi-Mensah, I. "Postcolonial Psychiatric Care in Ghana." *Psychiatric Bulletin* 25, no. 6 (2001): 228–29.

Forster, E. B. "A Historical Survey of Psychiatric Practice in Ghana." *Ghana Medical Journal* 46, no. 3 (2012): 158–62.

Hailey, William Malcolm. *Native Administration in the British African Territories*. London: H.M.S.O., 1950.

Heaton, Matthew M. *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry*. Athens, OH: Ohio University Press, 2013.

Heaton, Matthew. "Aliens in the Asylum: Immigration and Madness in the Gold Coast." *Journal of African History* 54, no. 3 (2013): 373–91.



- Keller, Richard C. *Colonial Madness: Psychiatry in French North Africa*. Chicago: University of Chicago Press, 2007.
- Kilroy-Marac, Katie. *An Impossible Inheritance: Postcolonial Psychiatry and the Work of Memory in a West African Clinic*. Oakland, CA: University of California Press, 2019.
- Ministry of Health (Ghana). *The Centenary of the Accra Psychiatry Hospital 1888–1988*. Ghana: Government Publications, 1998.
- Quarshie, Nana Osei. “Psychiatry on a Shoestring: West Africa and the Global Movements of Deinstitutionalization.” *Bulletin of the History of Medicine* 96, no. 2 (2022): 237–65.
- Sadowsky, Jonathan Hal. *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*. Berkeley: University of California Press, 1999.
- Vaughan, Megan. *Curing Their Ills: Colonial Power and African Illness*. Stanford, CA: Stanford University Press, 1991.

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