

Police Views of Suicidal Persons and the Law Criminalizing Attempted Suicide in Ghana: A Qualitative Study With Policy Implications

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Abstract

The penal code of Ghana condemns suicide attempt. The present study sought to explore the views of the police on persons who attempt suicide and the law criminalizing the act. Qualitative in-depth interviews were used to explore the views of 18 officers of the Ghana Police Service. Data were analyzed using thematic analysis technique. Findings showed that the police officers profiled suicide attempters as *needy, enigmatic, ignorant, and blameworthy*. Majority ($n = 14$) of them disagreed with the law and suggested a repeal, whereas only four of them agreed with the law. Regardless of their positions on criminalization, they showed an inclination to *help*, rather than *arrest*, when confronted with such persons in line of their duty. Educating the police on suicidal behavior may help to deepen their understanding and help improve the way they handle suicidal persons. This may also strengthen police suicide prevention gatekeeping obligations.

Keywords

attempted suicide, criminalization, Ghana, Ghana Police Service

Introduction

Suicide is a serious public and mental health challenge. Ranked as the second leading cause of death in 15- to 29-year-olds, globally, suicide claims over 800,000 lives each year, with a suicide-related death occurring every 40 s somewhere around the world, and many more people attempting suicide (World Health Organization [WHO], 2014). As reported generally across the African continent and most low- and middle-income countries (LAMICs), there are no official statistics on the epidemiology and burden of suicide in Ghana (Hjelmeland et al., 2008; Knizek, Akotia, & Hjelmeland, 2011; Quarshie, Osafo, Akotia, & Peprah, 2015; WHO, 2014). However, recent anecdotal statistical evidence shows that about 1,556 people (i.e., roughly five people in a day) die by suicide yearly in Ghana (Citifm Online, 2012). Although these statistics and estimates may appear staggering (and arguably crude), they are undoubtedly a fair reflection of the reality and burden of the phenomenon of suicide in Ghana (Knizek, Akotia, & Hjelmeland, 2011; Quarshie et al., 2015).

WHO (2014) encourages member countries across the world to place high premium on suicide prevention irrespective of a country's current position in terms of suicide rate or suicide prevention activities; and in Africa, there is an urgent

need to prioritize suicide prevention (Burrows & Schlebusch, 2009). Thus, the clarion call to suicide prevention is now a global imperative targeted at reducing the rate of suicide in countries by 10% by the year 2020 (WHO, 2013, 2014). The recommendations to achieve this target according to the WHO (2013, 2014) include (but not exclusively limited to) programs such as timely and effective evidence-based interventions, treatment and support, and decriminalization of suicide attempts. A *suicide attempt* here refers to engagement in a potentially self-destructive behavior which does not result in death but in which there is at least some intent to die (Mars, Burrows, Hjelmeland, & Gunnell, 2014; Nock & Favazza, 2009).

Suicide attempts are 20 times more frequent than “completed” suicides (WHO, 2012, 2014) and leave burdens for

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families and communities such as stigma, complicated grief, and other negative psychosocial outcomes (Ougrin, Zundel, & Ng, 2010). More significantly, prior suicide attempt is known to be the single strongest predictor and risk of death by suicide in the general population (Hawton, Rodham, & Evans, 2006; Ougrin, Zundel, & Ng, 2010; WHO, 2014). The implication is that persons who have attempted suicide in the past are at higher risk of death by suicide in the future than individuals without any prior suicide attempts. Therefore, identifying these at-risk individuals and groups to provide them with follow-up care and support has been underscored as a key element of any comprehensive strategy aimed at suicide prevention (WHO, 2012, 2013, 2014). WHO (2014) admonishes thus, “all countries should review their legal provisions in relation to suicide to ensure they do not deter people from seeking help” (p. 51).

However, Ghana is still one of the WHO member countries with laws against suicide attempt (Adinkrah, 2016; Mishara & Weisstub, 2015; WHO, 2014). *The Criminal Code of Ghana* (Act 29 of Ghana, Section 57; Subsection II, 1960) provides that “whoever attempts to commit suicide shall be guilty of a misdemeanour.” Hence, a person who attempts suicide is subject to arrest and prosecution, and is made to face criminal sanctions upon conviction (Adinkrah, 2012b, 2016; Hjelmeland, Osafo, Akotia, & Knizek, 2014; Kahn & Lester, 2013). This penal code was promulgated based on the British Common Law (Adinkrah, 2016; Adomakoh, 1975; Seidman & Eyison, 1969), which has long been repealed—since 1961—in England and Wales, so that suicide attempt is no longer seen as a criminal offense in these countries, but rather treated as a health problem requiring professional psychological and/or psychiatric attention (Neeleman, 1996).

Seeking to understand the legal position of any country in relation to suicide (specifically, decriminalizing attempted suicide) requires customized, contextually relevant and culturally sensitive research (Adinkrah, 2016; Aggarwal, 2015; Kahn & Lester, 2013; Neeleman, 1996; Ranjan, Kumar, Pattanayak, Dhawan, & Sagar, 2014). In Ghana, the burgeoning research efforts aimed at understanding the attitudes of people toward the act that criminalizes attempted suicide have thus far focused on the views and attitudes of various stakeholders (e.g., media, university students, nurses, psychologists, non-governmental organizations, and researchers) (see Adinkrah, 2012; Adomakoh, 1975; Der, Dakwah, Derkyi-Kwarteng, & Badu, 2016; Hjelmeland, Osafo, Akotia, & Knizek, 2014; Kahn & Lester, 2013; Knizek, Akotia, & Hjelmeland, 2011; Osafo, Knizek, Akotia, & Hjelmeland, 2012). Various arguments for and against the (potential merits and demerits of) decriminalization of attempted suicide in Ghana have been comprehensively discussed elsewhere (e.g., see Adinkrah, 2012b, 2016; Adomakoh, 1975; Doku, Wusu-Takyi, & Awakame, 2012; Hjelmeland et al., 2014; Kahn & Lester, 2013). This study is aimed at extending these studies to include the police in Ghana.

The police have a long-standing history regarding social and community intervention with individuals experiencing mental health problems, even though the extent of their involvement and the posture of their interactions have changed across time (Matheson et al., 2005; Spence & Millott, 2016). The involvement of the police with citizens experiencing mental health problems (including people in suicidal crisis) is explained based on two legal principles (Engel & Silver, 2001; Psarra et al., 2008; Teplin & Pruett, 1992). The first is the *police power function principle*, that is, the duty of the police to protect the safety and welfare of the citizenry by removing dangerous people from the community. This responsibility demands that the police apprehend suspects who break the law irrespective of the suspects’ mental health condition (Engel & Silver, 2001; Teplin & Pruett, 1992). The second principle is *parens patriae*. This principle provides that it is the duty of the police to assist citizens who are in need or unable to help themselves. The principle of *parens patriae* most often informs police decision, discretion, and arrest behavior in cases where a mentally disturbed suspect is involved in a misdemeanor, or criminal situations involving mentally disordered persons, usually posing a threat to themselves or to community members (Engel & Silver, 2001; Psarra et al., 2008; Wachholz & Mullaly, 1993).

Ghana has a projected population of 27,670,174 (Ghana Statistical Service, 2016) with a police–population ratio of 1:784, as against the United Nations’s (UN) policing benchmark of one police person to 500 people (Ankrah, 2015). *The Police Service Act of Ghana* (1970) states that “it shall be the duties of the Police Force to prevent and detect crime, to apprehend offenders and to maintain public order and safety of persons and properties” (Act 350 of Ghana, Section 1). Thus, with suicides and suicide attempts criminalized in Ghana, police officers frequently come into contact with suicidal persons and sometimes their significant others, mainly, because they (the police) are often the first emergency service to be called upon when a person is suspected to be at risk of (or even dead by) suicide, and they regularly help to handle suicide and other mental health–related crises within the community (Lester & Pitts, 1991; Marzano, Smith, Long, Kisby, & Hawton, 2016; Matheson et al., 2005; Quarshie et al., 2015; Spence & Millott, 2016). This implies that the police (apart from maintaining and enforcing law and order) double as frontline mental health workers within the community setting (Fry, O’Riordan, & Geanellos, 2002; Green, 1997; Omoaregba, James, Igbinoanahia, & Akhiwu, 2015; Teplin & Pruett, 1992). Furthermore, in the current *Mental Health Act of Ghana* (Act 846 of Ghana, 2012), the police engagement in mental health is indicated at the level of diversion. They are the first point of potential diversion of the mentally ill to relevant centers for attention and help. Therefore, in the bid to expand the burgeoning evidence (e.g., Adinkrah, 2012b, 2016; Hjelmeland et al., 2014; Kahn & Lester, 2013; Osafo, Akotia, Andoh-Arthur, Boakye, & Quarshie, 2017; Osafo, Akotia, & Boakye, 2016) and training programs (e.g.,

Table 1. Showing Sample Characteristics of Participants.

Characteristic	Frequency (n)	% (n = 18)
Sex		
Male	11	61.1
Female	7	38.9
Age		
25-39	12	66.7
40-50	6	33.3
Rank		
Chief inspector	4	22.2
Inspector	3	16.7
Sergeant	4	22.2
Corporal	4	22.2
Lance corporal	2	11.1
Constable	1	5.6
Religion		
Christianity	13	72.2
Islam	5	27.8
Marital status		
Married	11	61.1
Single	4	22.2
Separated	1	5.6
Widowed	2	11.1

for media personnel, judges and lawyers, health professionals, police officers, etc.) to push for the decriminalization of attempted suicide in Ghana, the present study finds it imperative to explore the views of personnel of the Ghana Police Service on suicidal persons and the law criminalizing suicide attempts in the country. Such a study can further our understanding of the gatekeeping role of the police in suicide prevention, as well as contributing to the debate on decriminalizing attempted suicide in Ghana.

Method

The Ghana Police Service is segmented into 12 administrative regions: Accra, Tema, Ashanti, Eastern, Brong Ahafo, Volta, Western, Central, Northern, Upper East, Upper West, and railways, ports, and harbor regions. The Marine Police Unit (MPU) has recently been created to handle security and policing matters that emanate from the country's steadily developing offshore oil and gas industry (Brookman-Amisshah, Wemegah, & Okyere, 2014). Accra, the capital of Ghana, was the site for this study. The purposive and convenient sampling techniques were used to select 18 personnel of the Ghana Police Service (see characteristics in Table 1). Police officers who were informed about the study by their superiors in their respective stations and registered their interest were approached. The informants were aged between 25 and 50 years, with an average age of 40.2 years; they were ranked from *corporal* through *chief inspector*, with an average policing experience of 15.3 years. The informants were taken through one-to-one semistructured qualitative interviews.

Among other relevant questions, informants were asked, "What is your view on the law criminalizing suicide attempts in Ghana?"; "What is your opinion on why people attempt suicide in Ghana?" Each informant was approached in his or her office and interviewed in English because all of them preferred to have the conversation in that medium. Averagely, each interview lasted 45 min. All the interviews were audiotaped for transcription and analysis.

Thematic analysis, "a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79), was used to analyze the transcribed data. From listening to the audiotaped interviews vis-à-vis the transcripts to correct any errors of omission, typos, and misprints in the transcripts, we began the analysis of the data by noting and agreeing on initial codes that were closely related and relevant to the research question. Each of the researchers iteratively read the transcripts independently to map out themes related to the initial codes noted. To ensure a strong connection between the mapped out working themes and the data, we analyzed and teased out the themes which were closely and sufficiently supported by the evidence contained in the interviews (Braun & Clarke, 2006; Buetow, 2010; Clarke & Braun, 2013). The interpretation of the noted working themes was conducted by iteratively reading the transcripts as well as making reference to relevant literature and research team consensus. Compelling excerpts of the police views contained in the transcripts were culled to support the representation and discussion of the working themes.

The protocol and ethical position of the study were approved and cleared by the Ethics Committee for the Humanities (ECH) of the University of Ghana, Legon, and permission to access participants was granted by the Greater Accra Regional Headquarters of the Ghana Police Service. Each of the informants signed an actual consent form prior to participation.

Findings

The data analysis showed three superordinate themes: profiling suicidal persons, police position on the law, and gatekeeping posture.

Profiling Suicidal Persons

Prior to examining the position of the police on the law criminalizing attempted suicide, it was imperative to explore how the police viewed or profiled suicidal persons as offenders of the law against attempted suicide in Ghana. Offender profiling involves offering an account of the characteristics of an offender based on the nature of the crime committed (Canter, 2004). The theme, *profiling suicidal persons*, thus examines the views of the police regarding suicidal persons based on their (police) experiences of handling suicide-related cases in their line of duty. In this study, the police profiled suicidal persons by drawing upon four psychosocial circumstances

and characteristics they adduced to suicidal behavior: *needy*, *enigmatic*, *ignorant*, and *blameworthy*.

Needy. Some police personnel ($n = 10$) profiled suicidal persons as individuals in need of help. Drawing on facts gathered from previous suicide-related crime investigations, the police reported that persons experiencing suicidal crisis are pushed by their unmet psychological, social, and/or material needs to engage in suicide. When these needs are expressed by the individual but remain unmet or unrecognized by significant others, the result is an enduring psychological pain (*psychache*) as asserted by Shneidman (1993). A police officer illustrated this as follows:

They [suicidal persons] are people who are in need, they need to be helped. You need to have time, listen to them and then you will know the cause, the reason behind their attempt to commit suicide. When you listen to them you might be of help but if you just look at the face value and dismiss it, it's not the right way. (Male, 28 years).

The opinion above points to the fact that persons experiencing suicidal crisis are usually in need, requiring help of some sort, and the need can be identified by a potential helper who genuinely listens to and empathizes with the suicidal person. Implicitly, the opinion further highlights as unhelpful attitude of condemnation and trivialization usually shown by significant others toward persons experiencing suicidal crisis. For example, in Ghana, families tend to sharply condemn a member who attempts suicide, instead of making empathic efforts to understand the reasons for the behavior and/or provide support (Asare-Doku, 2016). This is owed to the fact that families view suicidal behavior as a social injury and as such families become more concerned with protecting their social image and status against stigma and shame (Osafo, 2016b; Osafo, Akotia, Andoh-Arthur, & Quarshie, 2015; Osafo, Hjelmeland, Akotia, & Knizek, 2011). A shameful behavior is perceived contagious because the self is defined in reference to others (Gyekye, 1995). Consequently, a strong disavowal of suicidal behavior is a commonplace in most Ghanaian communities (Osafo, 2016a). Thus, the expressed needs of suicidal persons remain unnoticed and unaddressed, thereby pushing them further into attempting suicide. Another police officer shared a case as follows: "Last year, a houseboy just hanged himself. When we investigated the incident, we found that the guy was suffering, financially" (Male, 36 years). In Ghana, a houseboy is usually a young adult male from a rural area with little or no formal education, who is hired by a middle- or higher-class urban family to perform, usually, multiple roles within the household: a watchman, gardener, cook, driver, steward, and/or gatekeeper (Tsikata, 2011). Houseboys (like other domestic workers in Ghana) receive paltry salaries, which are sometimes not paid consistently at the elapse of time (Tsikata, 2009). However, a houseboy usually has dependents (e.g.,

wife and children or extended relations) to provide for. Generally, domestic workers in Ghana are categorized within the informal sector of the economy, and thus lack any explicit labor and employment legislation or institution providing them with job security and protection (Tsikata, 2009, 2011). The implication is that a domestic worker lacks any legitimate right to negotiate for pay increase or improvement in the general conditions of work, even in the face of the harsh economic realities across the country. Coroner investigations in the aftermath of suicide involve some kind of sociological and psychological autopsies—soliciting the views of significant others regarding the palpable life situation and behavior of the deceased days/months before the suicide (Scourfield, Fincham, Langer, & Shiner, 2012). In the above case in point, it is plausible that the financial problem of the deceased might have been reported to the investigators because while alive the deceased (directly or indirectly) expressed his financial needs to significant others, but received no help. Consequently, the houseboy in the case in point might have equated his financial difficulties to a lack of achievement or a loss of his ability to provide for his dependents (or even himself), presupposing a gross infraction of the social expectation of masculinity. In Ghana, one of the indices of a successful masculinity is a demonstration of the ability to take care of others, and inability to do this invokes social dishonor for a man (Adomako Ampofo & Boateng, 2007). Hence, consistent with previous observation of suicidality among Ghanaian men (e.g., Adinkrah, 2012a; Osafo et al., 2015), the houseboy in the above case might have killed himself to avoid any such dishonor to loss of masculinity and dignity of manliness. Thus, people who attempt suicide are, sometimes, persons whose expressed needs are not recognized or remain unattended to by significant others.

Enigmatic. The police officers ($n = 7$) further profiled suicidal persons as enigmatic—mysterious and elusive persons whose behaviors are difficult to understand and also predict. According to the police officers, a person experiencing suicidal crisis shows no visible eccentric behavior or any sign of suicidal intention, thereby making it very difficult (if not impossible) for significant others to identify to offer any needed timely help or intervention. A police officer reported,

Recently, a police inspector hanged himself. It was very, very shocking, because I saw him personally the night before he killed himself. So we were all like, how? Somebody who appeared to be very strong, and active. . . . We were all surprised and traumatized because we did not suspect him to be like that. (Male, 34 years)

The shock and surprise as indicated by this participant are predicated on the absence of warning signs of suicidal crisis and recent interaction with the deceased. Perhaps clear indication of an impending suicidal crisis would have prepared this participant and others to perhaps provide support for the

deceased. Implicit in the quote is an expectation that the deceased should have shared his crisis with others to enlist their support (Osafu et al., 2011). Accordingly, another officer remarked, “to every problem there is a solution, so people should be open to confide in friends, relatives and share their problems. The best way to solve a problem is not to commit suicide” (Female, 31 years). An assumption implicitly held by this participant is that suicidal persons are obliged to seek early help from their close relatives, because such social supports are available. Her recommendation appears heavily laden with values and moral imperatives within her sociocultural context. But in light of the widespread condemnation and stigma toward suicidal persons in Ghana (Adinkrah, 2012a, 2012b; Osafu, 2016b; Osafu et al., 2011), the utility of such suggestion might be questionable.

Ignorant. The police officers in this study ($n = 9$) reported that some people experiencing suicidal crisis go on to attempt suicide or kill themselves mainly because they are naïve as to the availability of expert workable alternative solutions to the unmet needs fueling their crisis. As opined by an officer,

They [suicidal persons] lack knowledge. When people don't have enough education or enough ideas about something then they turn around to do what they understand. Yes, because people don't have knowledge on how to control or manage the stress and troubles they are going through, they feel that the best way is to take their lives, after all, “all die be die.” (Male, 43 years)

This participant views a suicidal person as bereft of insight in existential struggles, and that such ignorance is often the cause for suicidality. As he implied, a well-thought-through solution to crisis in life should lead to a resolve to pursue life and living than dying. He makes reference to a pervasive folk knowledge (*owuo biara ye owuo* or “all die be die”) to illustrate the apathy toward healthy lifestyle, and thus a manifestation of the ignorance he was expounding. There is evidence elsewhere in Ghana that illustrates, for example, that such kinds of folk knowledge which belittles personal efforts in improving health attitudes are easily adopted by people at risk of HIV/AIDS to neutralize campaign efforts, programs, and messages aimed at promoting safer sex and reducing HIV infection in Ghana (Awusabo-Asare, Abane, Badasu, & Anarfi, 1999). Such mundane understandings provide the lexica for the understanding and expression of suicidal (and other mental health) crises and the frame of reference for managing them (Konradsen, van der Hoek, & Peiris, 2006; Marecek, 1998). In general, his view that suicidal persons are ignorant may be explained by lay understandings of suicide in societies where mental health knowledge and services are less developed and expert knowledge is absent from the dominant social discourse on health issues (Marecek, 1998).

In addition, another police officer (female, 31 years) reported, “most people who attempt or commit suicide don't

even know that it's against the laws of Ghana and God. So, it's all about information and knowledge that they [suicidal persons] don't have.” This opinion underscored two facts: (a) as observed in previous studies (e.g., Adinkrah, 2012b, 2016), most Ghanaians are not aware of the country's anti-suicide law; and (b) although Ghana may be described as a religious country by behavior and practices (see Gilani, Shahid, & Zuetzel, 2012), people who attempt or commit suicide do not seem to know that the act is a religious transgression. Perhaps she is asserting that awareness of these proscriptive imperatives would have deterred the suicidal person. Such kind of ignorance, as she espouses, reflects lack of information about the prohibitive normative structures against the act. Such view reflects a superficial, informational knowledge gap more than the lack of generalized insight for living intimated earlier by the male participant (male, 43 years). Generally, as observed in other LAMICs with antisuicide laws, illiteracy is high and most people do not know that suicidal behavior is a punishable crime (Latha & Geetha, 2004).

Blameworthy. Saliency analysis (Buetow, 2010) of the responses by four of the police officers ($n = 4$) as to what motivates people to attempt/commit suicide revealed that “completed” and attempted suicides are consequential to the blameworthy conducts of suicidal persons. According to these police officers, some people experience suicidal crisis because of certain self-defeating lifestyle choices they have made and habits they have formed over time. In a police officer's opinion,

There is no influence from anywhere . . . If you choose to be an alcohol man [sic] and you take alcohol and get very drunk, then you cannot control your brain. So whatever comes into your mind you will do it. So, it depends on the choice of the individual himself. (Male, 39 years)

In the above quote, the police officer appeared to suggest that the precursors and agency in suicidal behavior lie entirely within the individual. The power to refrain from attempting/committing suicide belongs to and is wielded entirely by the individual, unless the individual willingly relinquishes that control or personal sense of agency through the adoption of a self-defeating habit or lifestyle: alcoholism. Alcoholism has been implicated as having a significant influence on the suicidal process, especially among men in Sub-Saharan Africa (Kizza, Hjelmeland, Kinyanda, & Knizek, 2012; Knizek, Kinyanda, Owens, & Hjelmeland, 2011; Ovuga, Boardman, & Wasserman, 2007). People with chronic alcoholism tend to lose their sense of personal control during suicidal crisis and go on to kill themselves following a suicidal motivation (Kizza, Hjelmeland, et al., 2012; Kizza, Knizek, Kinyanda, & Hjelmeland, 2012; Knizek, Akotia, & Hjelmeland, 2011).

Although all the police officers in this study considered attempted suicide as a criminal offense, generally those who

profiled suicidal persons as *needy, enigmatic, and ignorant* appeared to base the culpability of the suicidal person on factors beyond the control of the individual suicidal person (e.g., economic and financial difficulties, intense social stigma, etc.). Hence, such persons need to be helped rather than punished. However, police officers who profiled suicidal persons as *blameworthy* considered such persons as entirely culpable of the offense, requiring arrest, conviction, and punishment by the law.

Police Position on the Law

This superordinate theme relates to the police officers' responses to the question, "What is your view on the law criminalizing attempted suicide in Ghana?" All the police officers in this study indicated their awareness of the existing law criminalizing attempted suicide in Ghana and showed fair understanding of the reasoning behind its promulgation. Majority ($n = 14$) of the police officers disagreed with the law and suggested a repeal, whereas a few ($n = 4$) of them agreed with the law and thus suggested it should be maintained. Drawing on how they profiled suicidal persons and their understanding of the rationale behind the law, the police officers provided reasons for or against the law criminalizing attempted suicide in Ghana.

Reasons for maintaining the law. Police officers who, largely, profiled suicidal persons as *blameworthy* agreed with the law criminalizing attempted suicide in Ghana, and therefore suggested that the law should be maintained because of its *deterrent effect* and on grounds of *protecting lives*.

Deterrent effect. Here, police officers argued that maintaining the law and sanctioning perpetrators would serve to deter others from attempting suicide. For instance, "I agree with the law because when you are caught and punished for attempted suicide, it will deter others who will also have the idea or perceive to do it" (male, 38 years). The probable assumption undergirding this reasoning is that sometimes people learn by imitating the behaviors of others based on the (positive social) consequences following the imitated behavior (Bandura & Walters, 1977). So, generally, a person would refrain from modeling the behavior of a significant other if the behavior is followed by punishment or unpleasant consequences.

Protecting lives. Police officers who provided this reason for the keeping of the law took an ethical position of judging attempted suicide in the light of rules governing human life. For example,

It is a crime to kill, whether you attempt to kill someone or you attempt to kill yourself. You don't have the right to kill. So if you attempt killing yourself and the law gets you, you will be punished. (Female, 25 years)

The police officer of the above opinion essentially equated "completed" suicide/attempted suicide to murder/attempted murder within the purview of the law. Both acts involved taking (or an attempt at taking) human life, which is forbidden by the law.

Reasons for a repeal of the law. Predominantly, police officers who profiled suicidal persons as *needy, enigmatic, and ignorant* disagreed with the law. According to these officers, the law criminalizing attempted suicide in Ghana should be repealed because *the law prevents reporting of suicide* and it is *inefficient in providing support*.

The law prevents reporting of suicide. Police officers who advanced this reason for disagreeing with the law reflected on the general inhibitory effect of the law and the considerable stigma associated with suicidal behavior in Ghana. As narrated by an officer, "people don't report it because it is a disgrace to the family and also because of the police. Therefore, most times when it happens people try to say somebody else killed the person" (male, 41 years). Fear of marring the family social image (Osafa, 2016b) converges with prosecution from the police to inhibit people from reporting suicidal behavior and perhaps also seek early help. Data that could be helpful to inform suicide prevention programs may thus be hampered. Another participant also explains the dynamics of fear of the law and how it further blocks the evidence for eventual prosecution:

Suicide attempt is about evidence. People would come and report suicidal persons but they will not lead you to get the evidence because they know when you get the evidence you will be able to prosecute the person . . . (Male, 39 years)

Here, the participant espouses that fear to follow through with evidence for prosecution is a challenge to the antisuicide law. The law thus becomes a "white elephant" because fear of prosecution robs the police of the details of cases reported as evidence. Generally, Ghanaians show an intense hesitation to involving the police in family affairs, possibly because of the fear of stigma, abuse of power, or incarceration of family members (Boateng & Lee, 2014).

The law is insensitive. The argument here is that the anti-suicide law is insensitive to the mental health needs of suicidal persons. For instance,

I don't think anybody will just wake up and try to end his or her own life. If somebody wants to commit suicide and you compound it by sentencing the person then what are you doing? I think those who attempt suicide should not be treated like that. We should find a way of counseling them . . . As a society, we have to provide the needs for the person to come out of his problems. (Male, 48 years)

The above opinion alluded to the fact that suicidal behavior is caused by some unmet needs or malaise in the life of

suicidal persons. Again, the antisuicide law of Ghana is only punitive, as it does not provide for, even, the chance for mental health assessment, apart from police investigation toward the establishment of criminal evidence tenable in court. Given that Ghana's prisons are in deplorable state and less supportive of inmates, a person convicted on the grounds of attempted suicide may return from jail with worse mental health outcomes. In place of the unsupportive antisuicide law, the police argued that society must devise ways to address the unmet needs which motivate suicidal behavior in the first place. In the view of another police officer,

People do not even understand why they should be prosecuted for attempting to take their own lives. Sometimes they ask, "when I had problems I got nobody to help me but when I tried to kill myself (but not someone else) the government has come in to arrest me?" So, personally I think it [the law] should be amended in a way to meet the needs of people who are going through suicidal tendencies. (Female, 38 years)

In the above quote, the participant highlights an inherent paradox the public finds in the antisuicide law: The law is dormant when people are experiencing distress but suddenly springs up when an incident occurs, transforming a person in crisis into a criminal. This appears to inform his view for calling for a reform of the law.

Gatekeeping Posturing

This theme highlights the implicit attitudes of the police officers in this study toward the enforcement of the antisuicide law when they receive information about suicide attempt. Almost all the police officers in this study, regardless of how they profiled suicidal persons and their position on the antisuicide law, appeared to have an implicit attitude of either hope inspiration or diversion as illustrated in the following quotes:

We've been encountering people who have become suicidal every now and then, especially, people who try to commit suicide . . . We talk to them in our own small ways about alternative ways of managing their difficulties, although we are not professional counselors . . . Personally, I've been using the Word of God because the Bible says that the Word of God heals, so I speak the Word of God to them so that they will be healed. (Female, 43 years)

I once handled a case of suicide attempt. What happened was that, when the man attempted suicide the first time, I counseled him, and I invited his relatives to the station and we arranged for him to see a psychologist also for help. After that we discharged him to his family. But after some time, like three months, he made another attempt. This time when the case came to me, I sent him to court and he was sentenced to six months in prison. (Male, 41 years)

Both quotes above have one common thing: The police officers, at the encounter of an attempted suicide case (at least in the first instance), tried to informally "fix the situation"

without effecting any arrest or the full enforcement of the law. In the first quote, the police officer appeared not to apply the law at all, whereas in the second quote, the police officer engaged in diversion until a recurrence of the suicide attempt. Prosecuting and jailing the suicidal person in the second quote indicate the frustration experienced by police officers who handle repeat attempters and the lack of expert knowledge and understanding of suicidal behavior on the part of the police.

Discussion

Three key findings emerged from this study. First, the police in this study profiled suicidal persons differently (persons who are *needy*, *enigmatic*, *ignorant*, and *blameworthy*). Second, the study reveals that contrasting views on the law criminalizing suicide attempt (law be repealed vs. law be maintained) existed among the police. The third key finding shows a common inclination of the police toward "helping" instead of "arresting" suicide attempters in spite of the contrasting views about suicidal persons and the laws criminalizing the act.

All the police in this study viewed suicide attempt as a breach of the law. However, majority of the police officers ($n = 14$) reflect and draw on their understanding of the psychological and sociocultural precursors of suicidal crises to profile suicidal persons as *needy*, *enigmatic*, and *ignorant* offenders of the law. The import of these profiles is that suicidal persons cannot be held responsible for their offense because they are motivated by unmet needs and factors beyond their control. These police officers, therefore, appear sympathetic and supportive of suicidal persons. As observed in previous studies (e.g., Latha & Geetha, 2004), a person driven to attempt suicide by factors beyond his or her control (e.g., financial difficulties, poverty/unemployment, endogenous biological causes, love problems, setbacks in marriage, and family or other such reasons) may be implicated under the antisuicide law but cannot be held accountable for the suicidal behavior. Thus, guided by the *parens patriae* principle of policing, the majority of the police in the present study try to informally help to ameliorate the suicidal crisis of an offender by attempting to help the suicidal person. Hence, these police officers refrain from arresting suicide attempters. However, the few police officers in this study who viewed the suicidal persons as *blameworthy* found the suicidal person culpable for incarceration. The *blameworthy* offender is perceived as entirely responsible for the act and considered dangerous to other members of the community. In this case, the *police power function* principle informs the police decision to arrest, prosecute, and punish the suicidal person to ensure the greater safety of the rest of the community. This *blameworthy* position may be problematic because the presence of mental illness and distress in suicidality have been established. Consequently, suicidal crisis may represent a cry for help as well as a means of, or communicating,

distress to significant others for help (Latha & Geetha, 2004; WHO, 2014). Incarceration will only amount to worsening the person's mental health state.

The finding that majority of the police officers in this study disagreed with Ghana's antisuicide law supports previous evidence (i.e., Hjelmeland et al., 2014) on the subject matter in Ghana where some of the participating police officers in the study agreed with the antisuicide law, whereas a greater number of them disagreed with the law and called for a repeal. In the present study, the argument for keeping the antisuicide law is anchored in utilitarian arguments for punishing to ensure the greater good for the greatest number of people (Carlsmith, Darley, & Robinson, 2002; Mensah-Bonsu, 2001). It must serve the purpose of punishing the perceived criminal nature of suicidality, as they implied, and eventually reduce the occurrence of the act in the country. It is worthy of note that although the sanctity of human life demands that life must be respected and as such the law must deal with anyone who willfully takes (or attempts to take) life, criminal law serves no purpose in the mental health problem of suicide (Latha & Geetha, 2004; WHO, 2014). To date, no data or study has shown any clear cause-effect relationship or correlation between any antisuicide law and deterrent of suicidal behavior (WHO, 2014). What is clear is that people experiencing suicidal crisis are rather deterred from seeking help, keep their suicidal intentions secret, stigmatized, and punished by the law (Adinkrah, 2012b, 2016; Aggarwal, 2015; WHO, 2014). Thus, persons experiencing suicidal crisis need to be helped but not punished. The (potential) benefits of repealing the antisuicide law may far outstrip those (if any) associated with the keeping of the antisuicide law (WHO, 2014). For example, people in suicidal crisis are likely to seek early help which may provide us with data for designing prevention and intervention schemes. This resonates with the observation in the present study where majority (77.8%) of the police officers indicated that the antisuicide law of Ghana *prevents reporting of suicide* and it is insensitive to the needs of the suicidal person. As admonished by WHO (2014),

It is possible that decriminalization will increase the reporting of suicides once fear of legal recriminations is eliminated. This allows for more accurate estimates of the true extent of the issue. When suicide is considered a criminal act, suicide attempts are often hidden and suicide deaths are unreported, thus giving the false impression that suicidal behaviours are less prevalent. (p. 51)

Therefore, the conviction is that decriminalizing attempted suicide, potentially, would (among other benefits) embolden people experiencing suicidal crisis to seek professional help, as the social stigma would be reduced considerably (if not eliminated).

Although the police in this study perceive suicide attempt as a threat to both the suicidal person and (at least, the social image of) the community in which it occurs, the police

implicit attitude of hope inspiration and diversion highlights the application of the *parens patriae* principle. In this instance, the police perceive suicidal persons as citizens who are in need and unable to help themselves, but not as criminals to be arrested, put before the law court, and punished. Thus, the principle of *parens patriae* influences and informs the discretion of the police to, informally, offer help to meet the needs of suicidal persons. This observation is consistent with previous findings (e.g., Cotton, 2004; Green, 1997; Psarra et al., 2008; Teplin & Pruett, 1992). Another plausible reason for this gatekeeping posturing manifested through hope inspiration and diversion relates to the practical realities of policing. The police spend relatively less of their time on criminal law enforcement duties (Green, 1997). They spend the greater chunk of their time and resources on regulatory issues and cases, including traffic control and activities broadly described as peacekeeping. In this vein, criminal offenses involving mental health problems (e.g., suicidal behaviors) do not provoke serious application of the criminal law or regulatory control. Rather, police officers judge such cases as analogous to public nuisance, requiring the police officer to make efforts to fix the situation by helping to ameliorate the crisis of the suicidal person (Green, 1997; Teplin & Pruett, 1992).

Conclusion and Implications

Suicidal behavior is viewed by the police in this study as an infraction of the law but not a crime punishable by criminal law. Thus, majority of the police in this study disagree with the antisuicide law of Ghana, calling for a repeal to encourage the reporting of suicide and to help meet the needs of suicidal persons. Thus, the police attempt to help, rather than arrest and prosecute, attempters of suicide in Ghana. Contemporary principles of law and punishment have witnessed a paradigm shift from deterrent to reformation (Latha & Geetha, 2004); therefore, the time has come for the legislature of Ghana to consider repealing the country's antisuicide law, Section 57, Subsection II, of Act 29, *The Criminal Code of Ghana* (1960).

Based on the findings of this study, a couple of useful implications for practice, policy, and research can be identified. Regarding practice, the expression of frustration in the handling of suicide persons as revealed in some of the voices in the study points to inadequate evidence-based expert knowledge about suicide and suicidal persons. This calls for increased suicide literacy and training aimed at equipping the police in the handling of suicidal persons in the line of their professional duties. While training of police, may enhance their awareness of the needs of suicide attempters and sharpen police's responsiveness in dealing with such persons, it may also help foster collaboration with suicide researchers in the timely release of suicide information for purposes of intervention and treatment (Green, 1997). Recent evidence (e.g., Marzano et al., 2016;

Spence & Millott, 2016) shows that police education and training related to suicide and mental health are helpful in improving police attitudes and confidence, and increasing their skills and knowledge in handling suicidal persons. Thus, suicidologists (and other allied professionals) in Ghana may consider organizing gatekeeper training workshops for the police in this regard. A recent study in Ghana, for instance, has revealed a double-edged role of the police in matters relating to suicide. On one hand, the police can be key allies for helping people bereaved by suicide, while on the other hand, their presence can induce fear leading to further invulnerabilities (Andoh-Arthur, Hjelmeland, Knizek, & Osafu, 2016). However, effective training of the police in proscriptive and resource poor contexts, as recommended in the study above, potentially may help enhance police gatekeeping roles in two ways: for research purposes regarding access to data and suicidal persons, and for suicide prevention purposes regarding diversion of suicidal persons into the mental health system (Andoh-Arthur et al., 2016; Osafu et al., 2017). On policy, the Ghana Police Council and the Ghana Police Service may consider including in the curriculum for training police personnel elective courses on handling persons with mental problems (including suicidal persons) who break the law. The courses should be mandatory and that periodic training on intervention and de-escalation should be part of their curriculum. Police officers, within this framework, could be therefore patient and empathic in the handling of attempt survivors. The police service stands to benefit, a great deal, from this in terms of good exchange between persons in suicidal crisis and police personnel who double as gatekeepers in suicide prevention (Marzano et al., 2016; Omoaregba et al., 2015; Teplin & Pruett, 1992).

This study could not sample a larger number of police officers to participate in the study mainly because of the busy nature of the work of the officers. As qualitative researchers, we do not discount the use of large sample in research (Sandelowski, 2001). However, our focus in this exploratory study (which is part of a larger study, $N = 500$) was aimed at understanding the views of a hard-to-reach but powerful professional group whose views and actions have significant implications for the law on suicide attempts. We are convinced that the findings of this study represent a fair reflection of the views of the police on suicidal persons and the antisuicide law in this study and would be useful in training them as gatekeepers in suicide prevention. Future studies aimed at expanding the evidence base to push for the decriminalization of suicidal behavior in Ghana may consider soliciting the views of other gatekeepers and persons who have primary contact with suicidal persons and the law in Ghana. These include medical doctors, prisons officers, lawyers, judges, and members of Parliament.

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